

PERSPECTIVES

the journal of the American Probation and Parole Association

Volume 38

Number 3

Summer 2014



DUI.

a perspectives spotlight



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president's message

Find someone you can trust and tell them how you are feeling. It was not your fault and silence can be isolating. Don't stay on that island by yourself. We have your back."

-William Kellibrew IV

A Word From *Carmen*



CARMEN RODRIGUEZ

President

American Probation and Parole Association

Without question, the Affordable Care Act (ACA) is the result of at least a few "beaten down doors." It is now here knocking on ours to offer an unprecedented opportunity to break the vicious cycle of crime and re-incarceration by making it possible for justice-involved individuals to obtain community-based health and mental health services that improve outcomes and reduce recidivism.

By removing the financial barriers that often prevent community corrections populations from accessing medical and substance abuse and mental health services, the ACA will make it realistic for more individuals to fulfill court or releasing authority imposed supervision conditions. In addition, it may even make mandated treatment continuation possible for the first time in many of our communities.

As we all know, the clinical challenges faced by the majority of the adult correctional populations are staggering. It has been estimated that: 53 percent of prison inmates, 68 percent of jail detainees and 35-40 percent of probationers meet diagnostic criteria for drug and/or alcohol use disorders; 16 percent (prisons), 17 percent (jails) and 79 percent (probationers) have serious mental disorders such as schizophrenia and bipolar disorder; and 59 percent (prisons), 72 percent (jails) and 49 percent (probationers) have both (i.e., co-occurring) substance use and mental health disorders. And, most of them who are in prisons and jails are being released to our

communities – under our supervision—without ongoing services to address these issues. The numbers in the juvenile justice system are just as alarming.

By providing much-needed access to community-based clinical services, the ACA is beyond exciting for APPA members who are constantly in search of more tools to effectively manage their caseloads on the frontlines. Consider: When was the last time you reviewed individual case/supervision plans and were actually optimistic that those you supervise could not only access, but achieve their required treatment goals?

The ACA presents a clear opportunity for us to work together to advance our field while dramatically improving the lives of those we supervise and enhancing public safety in our communities. However, answering the “knock” at the door is only the first step.... It is clear that we cannot effectively enroll the pretrial/probation/parole population in the appropriate treatment programs unless we develop a stronger understanding of the ACA’s provisions and develop practical systems for implementation at the local level. I strongly encourage each of you to become informed about the ACA, and to build the necessary collaborations in each of your communities to help realize its fullest potential.

Thank you to the New Orleans Program chairs Michael Cimino, Deputy Chief at Maricopa County Adult Probation and Aaron O’Connell, Digital Learning and Development Manager at National Curriculum & Training Institute for their dedication in carefully reviewing all submitted proposals. Being a program chair is not an easy task, and these two gentlemen spent hours coordinating the outstanding program in New Orleans.

Moving forward, I am also pleased to share that the ever-growing Community Corrections Collaborative Network continues to become increasingly successful in its efforts to serve our members by addressing emerging issues, activities and goals of the community corrections field. The network has grown to represent 60,000 members

By removing the financial barriers that often prevent community corrections populations from accessing medical and substance abuse and mental health services, the ACA will make it realistic for more individuals to fulfill court or releasing authority imposed supervision conditions.

president's message

"A man sooner or later discovers that he is the master-gardener of his soul, the director of his life." -James Allen

from various associations. We are collaborating to establish priority research areas emerging from international and national operational experiences that promote evidence-based practices. At our April 2014 meeting, we were able to make our unified voice stronger by creating new partnerships with the National Association of Drug Court Professionals, Treatment Alternatives for Safe Communities and Justice for Vets.

There have been some pretty incredible developments that were helped made possible by the strength and leadership of the APPA and its membership over the past several months. I remain incredibly proud to serve you. I look forward to beating down more doors with all of you, advancing our field and improving the lives and public safety among the communities we serve! >>▲

Carmen Rodriguez

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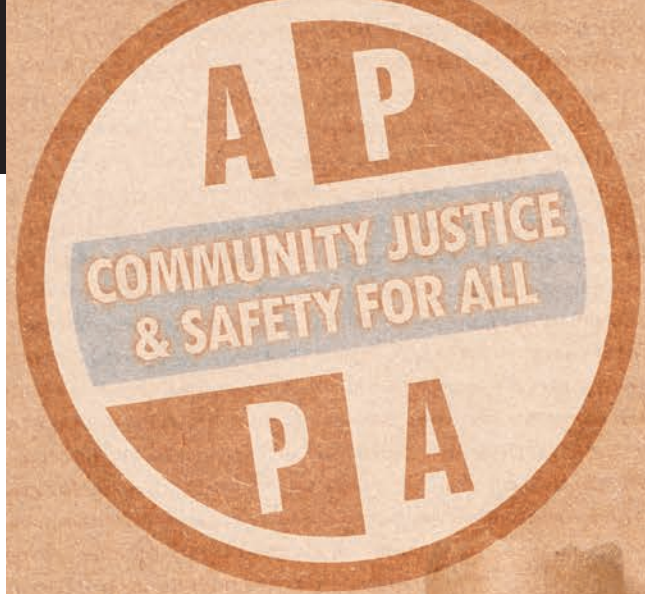
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editor's notes

Welcome to the Summer 2014 issue of *Perspectives*. In this issue, we focus on the challenges of supervising offenders convicted of driving under the influence (DUI). This offender group has been a steadily expanding part of the probation and parole caseload since President Ronald Reagan's campaign to reduce DUI in the early 1980s. Increased societal awareness, statutory and policy changes and increased law enforcement have all contributed to increase the DUI workload in community corrections. This caseload presents unique and complex challenges as it sits at the nexus of criminal justice, addictions treatment and motor vehicle licensing systems.



WILLIAM D. BURRELL

Editorial Chair for *Perspectives*
American Probation and Parole Association

In the article, "Impaired Drivers and Risk Assessment", APPA Regional Representative Robyn Robertson and her colleagues provide a rich and wide-ranging review of the research on the characteristics of the DUI offender population. This information on offender background, criminal and driving records, system involvement and a host of other factors provides a compelling profile of what we are facing in this offender population.

How to approach this population in terms of the nature and extent of supervision has been a challenge. Risk and need assessment is an accepted and validated aspect of our work with criminal and delinquent offenders, however the assessment of DUI offenders is a much less well-developed field. We are pleased to present the results of an APPA project that will significantly address this shortcoming in our technology. Nathan Lowe describes the results of an APPA project, funded by the national National Highway Traffic Safety Administration (NHTSA) to develop a screening tool for assessing DUI offenders.

As the Reagan era DUI reform efforts developed, Mothers Against Drunk Driving (MADD) championed

Victim Impact Panels (VIP) where the victims of DUI accidents were given the opportunity to speak to DUI offenders to describe the impact of the incident on them and their family. The VIP concept combines restorative justice principles (providing the victim a role and voice in the process) with more traditional rehabilitative efforts to change offender behavior. George Heroux provides an overview of VIPs. This is an area which cries out for empirical research to determine its effectiveness.

APPA has developed another resource for the field in dealing with DUI offenders. Again in partnership with NHTSA, APPA now has its second Probation Fellow, a position designed to provide support and technical assistance to the field. Mark Stodola, the current Probation Fellow, provides a brief description of his role and the resources available to the field.

Another specialized population which poses significant challenges to community corrections is sex offenders. In the Research Update, Brandy Blasko explores the issue of the effectiveness of sex offender treatment. She explores the effectiveness of the risk/needs/responsivity (RNR) model and then introduces the Good Lives Model (GLM), a strengths-based model that seems to be gaining support for treating this challenging population.

In the PSN Update, APPA staffers Mary Ann Mowatt and Adam Matz explore the issue of Native Americans and gang involvement. This combines a relatively unexplored offender group (Native Americans) with a high stakes problem (gangs). Their update increases our knowledge about both aspects and makes helpful suggestions for policy and strategy.

Field work is an essential and often dangerous aspect of our work. In the Safety Update, Bob Thornton provides very practical advice in the event that you are involved in a use-of-force incident in the field. While these incidents are rare, the increasing use of defensive weapons and related training

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editor's notes

increases the likelihood that an incident might occur. Being aware and prepared to respond could be very valuable as you deal with the aftermath.

Global Positioning Satellite (GPS) systems are becoming increasingly popular with legislators and policy makers (although less so with practitioners). We are seeing increasing incidents that reveal the misuse or under-use of GPS monitoring systems. In the Technology Update, Joe Russo explores this issue and describes some of the developments underway to help us deal with the growing technology.

We have been expanding our coverage of community corrections internationally, and in this issue's International Update, we feature the development of community corrections in the People's Republic of China. While it is a relatively recent development, community corrections is growing rapidly. The Update describes one of the dangers of rapid expansion, that of corruption in the administration of community corrections.

As we watch the expansion of (and feel the effects) of big data and analytics in the private sector, it is important to keep track of how the justice community is evolving in this area. The National Data Exchange (N-Dex) is a project that is developing the means for justice agencies, including community corrections) to share critical data across data systems, agency lines and geographic boundaries. This technology expands exponentially the

capacity of justice agencies to share critical data and leverage existing resources in the pursuit of justice.

In her President's Message, Carmen Rodriguez highlights the incredibly powerful presentation by William Kellibrew IV at the New Orleans Institute. I could hardly think of a better illustration of the power of human resilience in the face of unspeakable trauma. This has been the theme of Carmen's presidency and the Institute highlighted it in a moving and inspirational way. Stay tuned for more, as we will be presenting a special issue of Perspectives on trauma and community corrections in our Summer 2015 issue.

With this issue, we have some changes on the Editorial Committee. Leaving us is Ed Rhine, a valued colleague and member who has been with the Committee since the beginning of my tenure as editor in 2000. We welcome Brian Lovins of the Harris County, TX Community Supervision and Corrections Department in Houston, and Jason Stauffer of the Pennsylvania Board of Probation and Parole in Harrisburg. We welcome Brian and Jason to the Committee and look forward to working with them.

We hope you enjoy this issue and that you find much to challenge you and help you. As always, we welcome feedback on this, your professional journal. ▷▷▲



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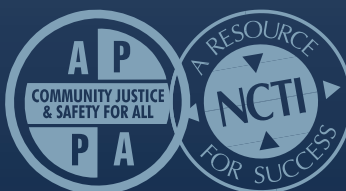


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INSTRUCTIONS TO AUTHORS

PERSPECTIVES disseminates information to the American Probation and Parole Association's members on relevant policy and program issues and provides updates on activities of the Association. The membership represents adult and juvenile probation, parole and community corrections agencies throughout the United States and Canada. Articles submitted for publication are screened by an editorial committee and, on occasion, selected reviewers, to determine acceptability based on relevance to the field of criminal justice, clarity of presentation or research methodology. PERSPECTIVES does not reflect unsupported personal opinions. Submissions are encouraged following these procedures: Articles can be emailed to kmucci@csg.org in accordance with the following deadlines:

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Unless previously discussed with the editors, submissions should not exceed 12 typed pages, numbered consecutively and double-spaced. All charts, graphs, tables and photographs must be of reproduction quality. Optional titles may be submitted and selected after review with the editors.

All submissions must be in English. Authors should provide a one paragraph biography, along with contact information. Notes should be used only for clarification or substantive comments, and should appear at the end of the text. References to source documents should appear in the body of the text with the author's surname and the year of publication in parentheses, e.g., (Jackson, 1985: 162-165). Alphabetize each reference at the end of the text using the following format:

Anderson, Paul J. "Salary Survey of Juvenile Probation Officers." Criminal Justice Center, University of Michigan (1982).

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THE IMPAIRED DRIVING ASSESSMENT TRAINING

This training session is one day. Limited to 25 participants.

*1 day
Limited to 25 participants*

TRAINING DESCRIPTION

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and David Timken (Center for Impaired Driving Research and Evaluation). The course will provide students with an overview of the development of the IDA, explain the administration process of the IDA, instruct students with how to score and interpret completed IDA instruments, and describe how the information obtained thru the IDA may be used for purposes of sentencing and supervision.

LEARNING OBJECTIVES

- Understand the development of the IDA
- Identify major risk areas of DWI recidivism
- Demonstrate the administration of the IDA to DWI offenders
- Demonstrate the scoring procedure and interpretation of the results of the IDA
- Employ the results of the IDA for purposes of sentencing and supervision

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LEVERAGING OFFENDER TRACKING DATA: IDENTIFICATION OF INAPPROPRIATE ASSOCIATIONS AND BEYOND

In April 2014, two homeless sex offenders in southern California were arrested and charged with the rape and murder of four women. The accused, Franc Cano and Steven Gordon, were both on federal probation and state parole concurrently and were both monitored with GPS devices. The pair is also suspected in the death of a fifth woman. Naturally, a great deal of media attention remains focused on this case and it has been unfairly cited as an example of the failure of offender tracking. Much of the scrutiny is being aimed at the utility (or lack thereof) of offender tracking technology as a crime prevention tool. Those “in the know” understand that recent research has demonstrated that while offender tracking can improve recidivism outcomes, it cannot prevent determined individuals from committing a new crime. In this case, while GPS technology did not prevent the crimes it was eventually instrumental in the arrest of the two accused serial killers. After the body of the first victim was found in March, detectives with the Anaheim (CA) Police Department matched the crime scene location with historical offender location points which led them first to Cano and then to Gordon.

More important than the issue of whether GPS can prevent crime, I believe, are the questions from the victim's families and other observers about why two tracked sex offenders were permitted to associate in violation of their supervision conditions. The alleged murders were committed over a four to five month period and the media reported that Cano and Gordon had been long time friends. In fact, in 2012 while the two were supervised by state parole, they removed their GPS devices and fled together to Las Vegas. The problem, in large part, is that in the current case, while both offenders were tracked with GPS devices, Cano was wearing a device monitored by the state of California while Gordon's device was monitored by U.S. Probation – Central District of California and each agency uses different GPS vendors.

In an Administrative Office of U.S. Courts (AOUSC) review of Cano and Gordon's supervision, no fault was found in the way the offenders were supervised. Additionally, there is no mention of any technical problems with the GPS devices. The report did, however, note that probation officers did not explore cross referencing GPS records from Cano and Gordon citing the technical issues working across vendor platforms and workload implications relative to the volume of location data points to be analyzed. The report did contain a specific recommendation that AOUSC explore potential policy, procedural and technical challenges to facilitate the easier

identification of two or more offenders associating while on GPS monitoring noting that in this case the two offenders had to associate without the knowledge of probation and parole officers. The recommendation notes that there may be solutions to the obstacles created by having different agencies, equipment and vendors monitoring large numbers of offenders.

Solutions are closer than most readers realize.

Several years ago this requirement was articulated by the National Institute of Justice's (NIJ) Community Corrections Technology Working Group (TWG). The TWG recognized that information overload is a problem inherent in operating offender tracking programs and there is a great need to develop automated tools to help officers detect patterns of movement/behavior hidden within the data to include associations. Based on the TWG recommendation, NIJ funded the University of Oklahoma to develop a toolkit called *TRACKS* that will work with an offender tracking system's software. The toolkit is being developed and tested in conjunction with the Oklahoma Department of Corrections. Included among the features of the toolkit is the ability to approve an offender's daily movement pattern and then be alerted to only deviations from the approved pattern; the ability to view offender proximity to key location points such as bars, schools and pawn shops; viewing

technology update

daily routes in relation to concentration of crime and the ability to compare offender social networks and common location of congregation. This last feature is particularly relevant in light of the Cano/Gordon case as their interactions would have automatically been detected by the toolkit. To mitigate the number of “false positives” the toolkit allows officers to set parameters for alerts based on the length of interaction in minutes. This will eliminate alerts for incidental interactions that might occur at a stoplight or in passing, as pedestrians. A workshop on the *TRACKS* toolkit was delivered at the APPA 2013 Annual Training Institute in Baltimore, MD.

One limitation of this research is that *TRACKS* was developed using one agency and one vendor. A major objective of *TRACKS* is that it be vendor neutral so the next step in the process is to test and validate the toolkit in a second agency which contracts with a different offender tracking vendor. Once validated, the system will be available to the larger corrections community.

Independently, a private company called G2 Research has developed a tool that provides similar functionality. *ICU Observer* was developed to work with existing GPS monitoring systems to allow officers to automatically analyze location data and understand patterns of movement over time to include associations. At the APPA 2014 Winter Training Institute in Houston,

TX, representatives from Leaders in Correctional Alternatives (LCA), a private corrections services provider, presented a workshop on a pilot they are conducting using *ICU Observer*. LCA monitors offenders using multiple electronic monitoring providers and the tool is showing great promise as a way to save officer time and quickly identify potentially problematic behavior across vendor platforms.

On another front, NIJ is supporting a project to develop and test an information exchange model for offender tracking data that is conformant with the National Information Exchange Model (NIEM). The near-term goal of the project is to address an issue that agencies and vendors currently face when an agency changes their provider. Much of the data (demographics, inclusion zones, exclusion zones, curfews, etc.) has to be manually re-entered into the new vendor’s system to re-enroll the offender. This can be a time consuming process. A standard information exchange model will help automate much of this process which will be a benefit for both the agencies and the vendors. The longer-term goal of the project is to build the technical foundation for information sharing of offender location points to support wide-area, cross jurisdictional and cross vendor platform incident correlation. As illustrated by the Cano/Gordon case, there are many areas of the country where offenders living in close proximity might be supervised by different agencies and monitored with

different vendor GPS devices. Through the development of a standard exchange the infrastructure should be in place in the near future to allow authorities to match offender location points to reported crime scenes or identify associations regardless of supervision agency or equipment provider.

As mentioned above and in the AOUSC report, GPS tracking will not prevent the commission of a new crime but through some of the initiatives and

advances listed above, the field should be better equipped to identify and react to patterns of concern and as a result, improve public safety.

For further information on the APPA Technology Committee please feel free to contact Joe Russo at jrusso@du.edu. >>>▲

JOE RUSSO is Director of the NLECTC – Corrections Technology Center of Excellence in Denver, Colorado and is chair of the APPA Technology Committee.

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YOU NOW HAVE A CRIME SCENE! WHAT WILL YOU DO - PART I

Picture in your mind, an incident has occurred involving the use of force--your use of force. It could be a physical conflict, use of OC spray or an electronic control weapon (taser) or the use of a firearm. You have handled the conflict but someone is injured. It may be the person under supervision, a third party or maybe you are injured. **What do you do?** In this article we will discuss considerations for the officer in handling the scene of a use of force. In Part II, we will discuss considerations for the agency in responding to both the immediate and future personal trauma and potential legal process.

Over the years I have reviewed numerous situations involving use of force by officers—I've even been involved in a few myself. Most of the situations have been handled well in that treatment has been obtained, evidence preserved and the scene secured. If there was follow-up investigation or even litigation, things worked out well for the officer.

But in some situations that was not the case. Witnesses were lost, evidence was not preserved and in some cases even removed and never found and the officers' account of the situation was called into question, with some cases resulting in litigation. What made the difference? In most cases it hinged on how the probation/parole officer handled the scene immediately after the conflict. There are some basic guidelines for both the officer and the agency which, if followed, can increase the professional handling of the scene, preservation of evidence and hopefully lead to the actions of the officer(s) being found justified.

The first consideration is officer safety. After a conflict occurs, even if injuries to other parties have occurred, your safety and that of any other officer(s) is paramount—GET OUT! As soon as you are in a safe location call police advising them of what just happened and where, call medical aid (although in most cases that will be handled by the dispatching agency) and call your administration. Evidence may be lost, but no piece of evidence is worth sacrificing your safety.

If it is safe for you and any other officers present to stay, you now have what is commonly referred to as a crime scene.

Secure all weapons. Separate third parties from any weapons that were involved or could be used against you. If possible, move the parties—not the weapon(s). Investigators want to have a scene that shows exact locations of weapons, shell casings or any other items relating to the situation. If you must move items for safety reasons, in your statements to police (we'll talk more about that later) let them know what was moved and why. Of course, if you have weapons, especially if you were forced to use them, secure your weapons and only turn them over to proper authorities.

Secure the scene. The basic rule is that no one comes in or leaves until the scene is turned over to investigators. I have reviewed

The first consideration is officer safety. After a conflict occurs, even if injuries to other parties have occurred, your safety and that of any other officer(s) is paramount—GET OUT!

spotlight on safety

cases involving the use of firearms by officers where problems were created because officers let witnesses leave and, unbeknownst to the officers at the time, took the assailant's weapon with them, never to be recovered. Conversely, I've reviewed cases where investigative officers have been able to recover the assailant's weapon that ended up some distance from the assailant because the officers involved secured the scene, not allowing any access or movement by others and thus crucial evidence was recovered.

No one leaves. Your ability to enforce that directive will depend on your law enforcement status and the policies of your agency. Irrespective of those variables, at least make the directive. Obviously, if someone needs to be removed for medical reasons you must let them go, but make sure no evidence leaves with them.

Contact police and medical aid. In many jurisdictions that can be accomplished in one call to police dispatch. When dispatch sends responding officers, they will generally send medical aid if requested or they feel medical attention is needed for anyone at the scene. Thus, it is important to give them as much information regarding medical needs as possible. If you have special knowledge of any medical issues for anyone involved in the situation let them know.

First of course, police and medical aid need to know where to respond. On

your next home contact, when you are inside the residence, think about whether you would be able to give the address of your location? More than once I've seen officers ask offenders/defendants or third parties for the address when calling police. In one situation I used the offender's landline instead of a cell phone or radio to call police as I couldn't recall the address and I didn't want to let the offender know I couldn't give police my exact location. By using the landline, police had the address.

Contact your administration. The last thing an administrator wants is to be notified by police or the media about an officer-involved event! Call the office and provide administration with as much information as you can.

Media constantly monitors police calls. If an officer injury or death is involved, you do not want the family notified about the victim officer via television, email or a call from the media. As we'll discuss in part two this article, your agency should have a policy and procedure in place for just such an event.

Even if there isn't an officer injury, consider asking your office to call significant others to advise them you are all right or if you have time, which many times you don't, give family a call yourself. Remember, if a significant level of force has been used in the situation the media will be broadcasting about the event before long.

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Know your rights. Responding police will have to know the basics of what happened, but consider how much information you should give at the moment. Significant research has been done on memory recall and we know that your recall can be affected by the trauma of the event and that recall tends to enhance with time. You and your agency should have guidelines about what information should be given to the first responding officers.

In the “Tactical PO” class offered through APPA, we discuss the “Garrity” rule which basically says that, if invoked, statements given to your agency cannot later be used for outside investigative purposes without your permission.

In the last U.S. Probation District in which I served we were provided laminated cards with the office, home and cell phone numbers of the administration. Also on the card was a statement we were directed to quote in the event of a shooting or significant use of force:

My name is _____. I am a U.S. Probation Officer. There has been a (describe event) at (give address). I have nothing further to say until I have consulted my office.

Of course you need to give dispatch information as to weapons, injuries, numbers of people present and answer other questions that may help them determine what type of aid to send and

how fast. So far in 2014, traffic accidents are the number one cause of police officer deaths. You don’t want an officer or others killed or injured by an officer responding as if every second counts if it doesn’t.

If you have association or union representation available, know how to immediately access them.

Most of you will go through your career and not have to deal with the issues discussed, but if you do, that is not the time to wonder what to do and possibly make mistakes that can have long lasting ramifications. Seek the counsel, and hopefully the training, made available to you by your agency and legal representatives or other agency approved sources. Probation and parole officers have more information available to them than ever before regarding how to handle use of force situations. Seek it out—don’t wait for it to come to you! ▷▷▲

Agency policies and court holdings can vary significantly between jurisdictions. As such, it is advisable to seek the advice of a local prosecutor, legal adviser and your agency regarding questions on specific policies and law. This article is not intended to constitute legal advice.

REFERENCES

Ronald Scheidt, Ronald G. Schweer, and Robert L. Thornton, *The Tactical PO* training program, 2014.

ROBERT THORNTON is the Director of the Community Corrections Institute, Springdale, Washington.

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NATIVE AMERICAN INVOLVEMENT IN GANGS

Much has been written about the place of gangs in American culture and their current impact. New information regarding the involvement of Native Americans in gangs, both in and outside of Indian Country, is beginning to emerge (National Drug Intelligence Center [NDIC], 2011). Limited research has been conducted regarding this phenomenon leaving many unanswered questions concerning the exact extent of this involvement. This update provides an overview of what is known about the prevalence and nature of Native American involvement in gangs in Indian communities as well as within other U.S. jurisdictions. It concludes with a brief summary of Native American-sensitive programs that integrate traditional cultural

values which have been a continued source of strength for this population.

Three different types of gangs will be discussed in this update. The first is gangs located within Indian Country. The second type is the urban gang located in a major metropolitan community. The third type of gang to be discussed is referred to as the “hybrid” gang which reflects a gang that has components of both Indian Country and urban organizations and often reflects a new, emerging entity. When considering gangs of any of these three types, it is important to remember that while almost all tribal communities share some common issues and challenges, each community is ultimately unique. What describes gangs or explains gang issues on one reservation, within one nation or in one urban community may not apply to another (National Violence Prevention Resource Center [NVPRC], 2006; Grant, 2013).

That said, well over 400 gangs and 28,000 Native American gang members are believed to reside on tribal land and in urban areas (Cobb, Matz, & Mullins, 2011; Joseph & Taylor, 2003; Rogers, Matz, & Mowatt, 2013).³ Among the largest reservations in the United States, the Navajo Nation is reported to have over 225 gangs, primarily located on tribal land in Arizona and New Mexico. The Pine Ridge Reservation in South Dakota is estimated to be home to over 39 gangs (Eckholm, 2009) and more than 5,000 gang members (Pember, 2009).⁴ Another

major reservation, the Tohono O’odham Nation in Arizona has identified 19 gangs (Eckholm, 2009).

In a 2010 study by the NDIC, face-to-face interviews with individuals who were known or believed to be knowledgeable about gang activity in Indian Country were conducted. Eligible tribal communities represented in this study meet two of the following criteria: identified a gang presence through intelligence assessments, federal investigations or open-source research; bordered a major metropolitan area that had a gang presence; and/or were within 100 miles of a major U.S. interstate highway. Ultimately, 81 percent of the 132 tribal communities involved in the study reported that gang activity was present.

NATIVE AMERICAN INVOLVEMENT IN GANGS ON THE RESERVATION

Gangs on reservations in Indian Country are a relatively recent phenomenon, first appearing in the 1980s. A significant increase followed during the 1990s (Major, Egle, Howell, Mendenhall, & Armstrong, 2004). Due in part to their geographic isolation, Indian Country reservation gangs tend to be smaller than traditional street gangs. Many gangs include as few as five members and one survey conducted by Major et al. indicates that most of these reservation gangs have 25 or fewer members. Larger reservation communities (population over 4,000) are more likely

to experience gang activity than smaller communities (Major et al., 2004). The membership of reservation gangs are most often composed of juveniles. In some locations, crime patterns represent a more violent picture of crime which has not historically been associated with Indian Country gangs such as drug distribution, murder, robbery, prostitution, human trafficking and white

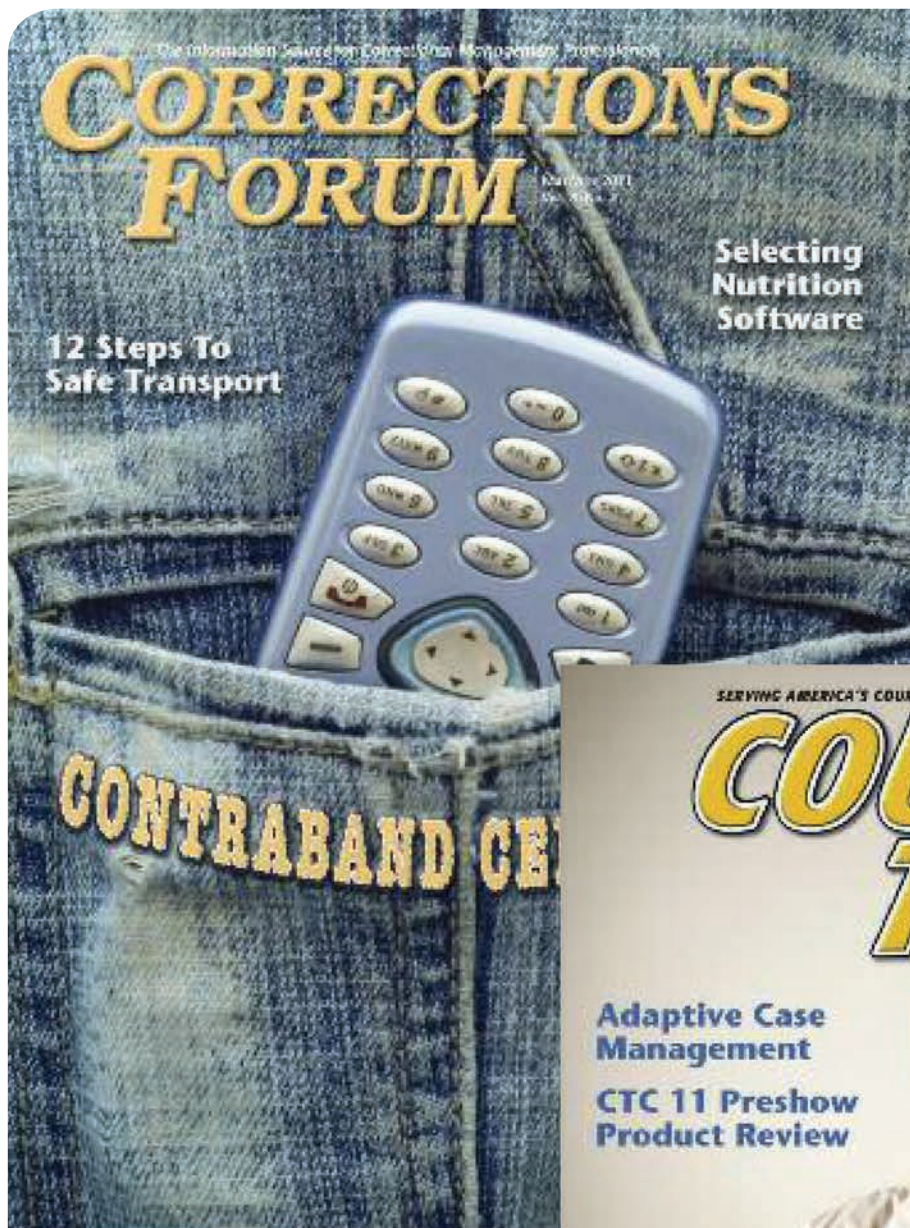
collar crimes including fraud and money laundering (NGIC, 2011). Criminal enterprise has not been a major characteristic of tribal gangs in the past but it is becoming more a part of the fabric of gang activity (Major et al., 2004) with some outside gang members using Indian Reservations to operate and expand their drug enterprises (NGIC, 2011).

Some gangs on larger reservations mirror the structure of traditional Indian organizational models. Leaders may carry the title of "chief" and members with full status may be known as "warriors."

Geographic isolation tends to limit the recruiting potential of gangs in Indian Country and often results in fragmented, loosely organized structures (Grant, 2013). Usually, these gangs are territorially-oriented and tend to be comprised of individuals with a common relationship bond such as extended family. Some gangs may have no formal "leader" (Pember, 2009). The term "crews" is also used to refer to gang-like organizations on the reservation. While originally used to describe assemblies of young people who gathered regularly to "party," drink and use drugs, some of these crews have moved into criminal activities and have become traditional gangs. The term "crew" even appears in some gang names such as the 420 and 840 Crews on the Pine Ridge reservation (NVPRC, 2006) (Van Dyke & Cuestas, 2006).

Some gangs on larger reservations mirror the structure of traditional Indian organizational models. Leaders may carry the title of "chief" and members with full status may be known as "warriors." They may use traditional symbols such as the medicine wheel and bear paw. They also may adopt traditional native rituals and ceremonies such as pow-wows as a means to attract

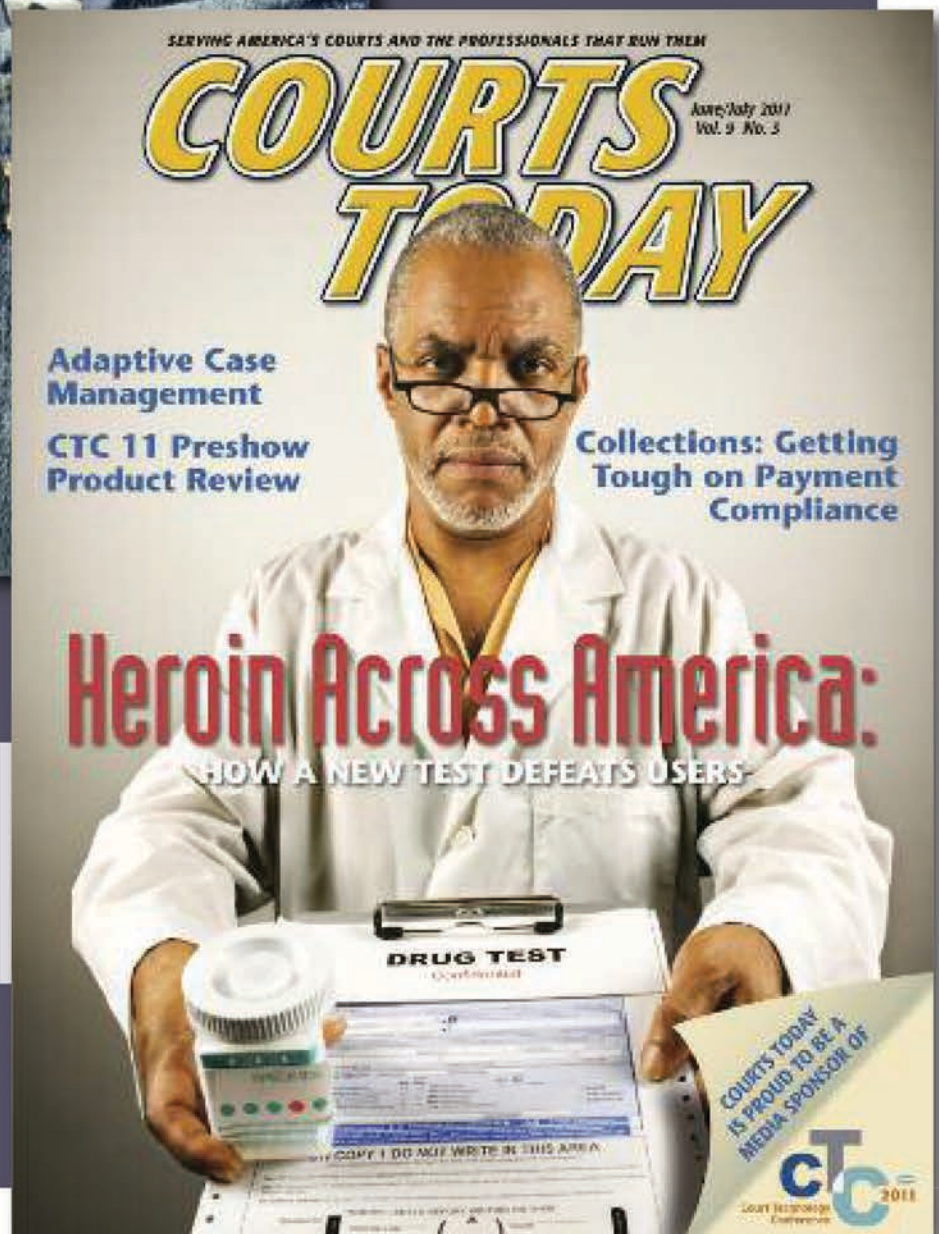
new young recruits seeking some link to their traditions (McKinney & Norfleet, 2012).



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NATIVE AMERICAN INVOLVEMENT IN URBAN GANGS

Sixty-four percent of Native American/Alaskan Natives reside in urban areas and some young people residing in these urban communities have formed gangs similar to those previously established by other racial and ethnic groups such as African Americans, Asians and Hispanics residing in these communities. However, levels of participation and the propensity for violence in Native American gangs has tended to be lower than other urban street gangs (Hailer & Hart, 1999; Hailer, 2008).

Native American gang members may adopt similar identification and communication patterns to those of other urban street gangs. This includes styles of clothing, colors, symbols, hand signs, individual monikers and graffiti symbols unique to a given faction. While tattoos are common among other urban gangs, members of Native American groups tend to utilize branding more frequently (Rogers et al., 2013). Major and his colleagues (2004) found that when an urban area was located in close proximity to tribal lands a cross-over effect occurred; making it difficult to differentiate the specific location of and to accurately measure gang activities.

There is also a high level of mobility between the reservation and urban Indian communities, particularly among young people. The Native Mob and Sovereign Natural Warriors are among some of the Indian gangs that began in an urban

setting and continue to have an ongoing, significant urban presence (Grant, 2013).

EMERGING HYBRID GANGS

Gangs are dynamic entities, constantly evolving and changing. One of the manifestations is the emergence of an enhanced type of gang structure that represents the convergence of Native Americans involved in the reservation gang, the urban gang and other criminal entities in the United States; these are referred to as "hybrids." Some "hybrid" gangs are named after and mimic major urban gangs but do not have any direct connection to those gangs. The Tre Tre Crips gang on the Pine Ridge Reservation is a "hybrid" of a large gang of the same name in Denver. The names and structure were brought to the reservation by individuals who were exposed to members of the Denver gang while in prison (NVPRC, 2006).

Prisons are a major force in the "hybridization" of Native American gangs. Some Indian gangs such as the Native American Brotherhood (NAB), Native Nation and the Warrior Society began as prison gangs. Large gangs often have affiliate organizations within prisons (Arizona Department of Corrections, n.d.; Grant, 2013). As individuals return to their home communities from prison, they bring with them their knowledge of the various gangs they have been exposed to in that setting thus "cross-pollinating" the nature of Native American gangs



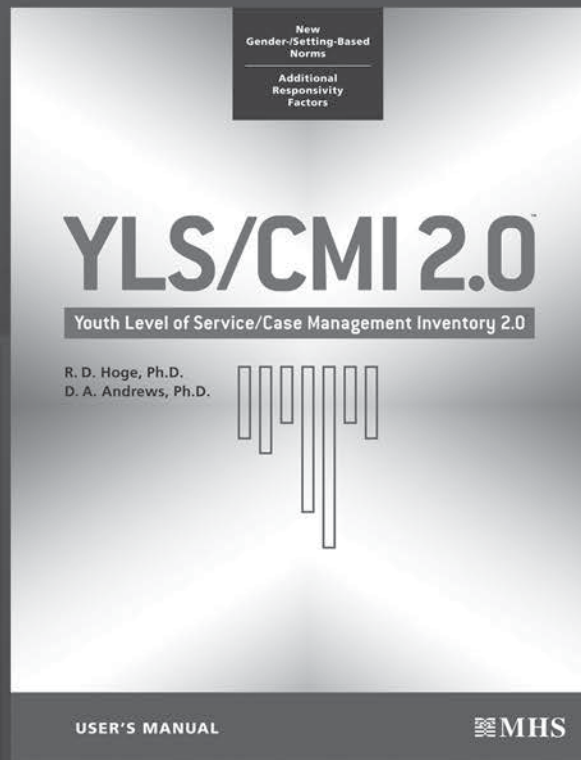
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from one location to another. As pieces from one gang culture are transplanted into another gang culture, the process of “hybridization” expands. The influence of tribal youth living in or visiting the community who have experienced an urban street gang culture also contributes to this “hybridization” process (NVPRC, 2006).

There is some limited penetration of Indian Country gangs by urban gangs. The remote location and sometimes understaffed law enforcement resources on reservations make them prime sites, especially near the Mexican and Canadian borders, for drug smuggling and human trafficking operations (NGIC, 2011). They also provide relatively safe refuge for those urban gang members with a need to “hide out” from law enforcement or rival gang members. The impact of the complex maze of jurisdictional issues which makes prosecution more challenging on the reservation is not lost on these gang members (Pember, 2009). NGIC (2011) also reports that national-level non-Indian gangs such as the Barrio Azteca, Bloods, Crips, Mexican Mafia, Norteños, Sureños, and Juggalos are moving into some reservation settings to expand and facilitate their criminal objectives.

ISSUES UNDERLYING THE EMERGENCE OF NATIVE AMERICAN INVOLVEMENT IN GANGS

In 1999, Barbara Mendenhall and Troy Armstrong from California State University, Sacramento, undertook a comprehensive study of the gang phenomenon that was occurring in the Navajo Nation that has become a benchmark in understanding the emergence of Native American involvement in gangs. Their research has identified a number of factors:

- Issues disproportionately impacting tribal communities such as poverty, substance abuse issues, domestic abuse and family dysfunction.
- Losses of traditional culture but persistent kinship ties.
- Alienated youth who strongly relate to and identify with other strains of youth culture, especially a “gangsta” identity. Estranged youth are alienated and attracted to the themes of opposition to authority and a proud identity being expressed through provocative music, movies, and television.
- High rates of mobility of families and youth between the reservation and urban areas. This pattern has disrupted connectedness to the tighter reservation community and makes relationships more transient and tentative, disrupting the stability of the family and the



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community. Instead of identifying with and being socialized by their family and extended family, these youth may turn to peers and the street where gangs are a major socialization factor and offer a cohesive system of support, recognition, camaraderie and meaningful interaction.

- Shifts in reservation housing configurations that are not consistent with traditional patterns. Housing on reservations has traditionally been dispersed. New housing has been established on a “cluster” basis, thus bringing unrelated individuals into closer proximity to each other and breaking up the solid connections of families and extended families that formed the nucleus of smaller residential groupings that characterized past housing configurations. Traditional points of connectedness to the community were lost, and popular, generic cultural models emerged and became more dominant for young people. Living in cluster housing isolates families and young people from the support and shared resources of other relatives.
- Kinship is important. There continues to be a strong connection between siblings and cousins on the reservation and in urban settings. This relationship is often cited as a reason for joining gangs or joining a specific gang because “all my brothers/sisters/cousins were in it.”

Others, including Chris Cuestas, an independent consultant who co-authored the NVPRC report titled “An Assessment of the Pine Ridge Oglala Sioux Tribe’s Gangs, Youth Violence, and Drugs” in 2006, have identified similar influences and have added other dynamics that have contributed to the involvement of Native Americans in Indian Country and urban gangs (Van Dyke & Cuestas, 2006; Eckholm, 2009):

- Lack of recreational and social options for young people. The response to this void may be boredom and the propensity to join with other similarly impacted youth, creating bonds and activities which can take the form of gangs. Some at-risk youth are not able to participate in activities because of limited access to transportation.
- The strong influence of a relatively small number of adults active in the larger gang culture that are providing a type of negative “mentorship” to the youth of the community.
- The lack of sufficient positive adult role models in the community.
- The absence of fear of being held accountable for criminal or disruptive behavior in the community. This has resulted from several forces including limited law enforcement resources, adults reluctant to intervene, the acceptance of this type



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of behavior as “normal,” and the denial of many adults in the community that a gang presence exists.

- High truancy and school drop-out rates. If students are not present, the school cannot provide a stabilizing influence and provide positive activities and motivation. Dropping out of school also further restricts already limited employment opportunities and perpetuates the cycle of poverty and economic marginalization.
- A sense of alienation and hopelessness that is reflected in a suicide rate for Indian youth that is more than three times the national average.

PROGRAMS SENSITIVE TO THE NEEDS OF NATIVE AMERICANS

This section provides several examples of programs sensitive to the needs of Native Americans. The Ginew Golden Eagle Youth Program, for example, is a Native American youth prevention program. The Salt River Pima-Maricopa Indian Community Program is an adult intervention program for Native American fathers and the Muscogee Nation Reintegration Program targets recidivism of former offenders.

GINEW GOLDEN EAGLE YOUTH PROGRAM

The Ginew Golden Eagle Youth Program, based in Minneapolis, Minnesota, is designed as a year-round after school program serving American Indian youth ages 5-18. The program follows a 23-unit curriculum that is culturally specific and is designed to embrace and enhance the resiliency of American Indian youth. The goals of the program are to:

- Strengthen the self-esteem and sense of identity of American Indian youth by offering cultural activities.
- Decrease the risk of alcohol and substance abuse by American Indian youth by offering chemical awareness, education involving talking circles, drug awareness, education sessions and chemical-free activities.
- Increase the academic success of American Indian youth through educational programming.
- Increase the physical well-being of American Indian youth by offering recreational activities and health education.

One of the key components of the Ginew Golden Eagle Youth Program is the Indian Youth Study Time which focuses on academic enhancement programs such as the Summer Reading Program and the Learning Disabilities Association (LDA) Learning

Center collaboration for school success and the Challenge to Achieve program. Other essential components include recreation and sports. Youth are provided the opportunity to be involved in team sports and open recreation through guest speakers and teachers.

The Youth Intervention program works with youth, ages 9-18 who have issues with truancy, who are involved in the judicial system, completed a chemical dependency program and/or who have not completed high school.⁵

THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY PROGRAM

The Salt River Pima-Maricopa Indian Community (SRPMIC) is an adult mentoring program that includes the SRPMIC O'odham Piipaash Fatherhood Program and the Healthy Relationship Program. Both programs support the tribal adults' active participation in their children's lives and their community (Grant, 2013). The program is open to all Native American men and men raising Native American children. The philosophy of the group is that if you are a Native American man, then you are considered a father. Men come together to discuss issues such as gang activity. Many resources and referrals are available through this program including individual counseling, job seeking assistance, job preparation, transportation for job seeking and some housing services.

The Healthy Relationships Program is a family-based skill-building program designed to provide men and women information, support and assistance in creating strong and healthy relationships. The ultimate goal is building a healthy and safe environment for their children.⁶

THE MUSCOGEE (CREEK) NATION REINTEGRATION PROGRAM

The Muscogee (Creek) National Reintegration Program was established in 2004 as a result of growing concerns over the number of tribal members who recidivate after being released from the Oklahoma Department of Corrections.

This program involves a high degree of understanding, cooperation and accountability, through culturally focused wraparound reentry practices. The conditions of reentry reinforce the practice of individual responsibility for the Muscogee (Creek) Nation Community (MCN). The program supports a celebration of success and accomplishment for the individual's positive contributions toward family and spiritual growth. Program participants are encouraged to embrace their traditions to facilitate positive change.

Qualified participants for the MCN Reintegration Program must meet the following criteria:

- Native American with tribal membership
- Must be living within the MCN tribal jurisdiction

- Have 6-12 months left on sentence
- Have minor children in immediate family, or be of child-bearing age
- Must be dealing with drug or alcohol dependency

Initial outcomes for the 115 MCN releases who entered the program in 2010 were positive. Only 12 of the 115 individuals released in 2010 failed to complete the reentry program and re-offended (Grant, 2013).⁷

FINAL REMARKS

Among the roles of the probation officer is to serve as a resource to assist tribal officials, tribal elders and others concerned with community members' ability to identify potential prevention and intervention programs; to assist in the development and initiation of these programs; to support the programs with the officers' expertise; and to make appropriate referrals of individuals who are identified in the course of their work as being at-risk. The probation officer is uniquely positioned to not only supervise the probationer, but to offer guidance to the family as well. Such referrals could be preventative or intervention-oriented in nature.

Probation may also partner with law enforcement for added protection and legitimacy when conducting home visits (Kim, Matz, Gerber, Beto, & Lambert, 2013; Matz, DeMichele, & Lowe, 2012; Matz & Kim, 2013). Police officers can serve as additional eyes on the street

during the course of their regular patrols and alert the supervising officer of potential technical violations. Specifically, law enforcement can conduct curfew checks on behalf of the probation agency (e.g., Jones & Sigler, 2002). They can also inform the supervising officer of gang activity in the community as well as popular locations where youth congregate, even conducting joint patrols in such areas in a systematic fashion. Laws and statutes vary by state and this may be especially unique for Native American lands, but by being knowledgeable of probationers in the community, law enforcement can often conduct legal searches of the probationers' person or property without the need for a warrant or *probable cause* (by articulating a *reasonable suspicion* of criminal activity) (Hemmens, Turner, & Matz, 2014).⁸ Simply put, working with law enforcement can have many advantages for probation as well as police.

That said, it is imperative probation officers play a critical role in prevention, intervention and suppression efforts. This is accomplished through enforcement of the terms and conditions of supervision, performing risk and need assessments, establishing regular contacts, utilizing sanctions to respond to violations and incentives to respond to positive compliance and accomplishments, and making referrals to appropriate community service providers. By working in cooperation with other community resources such as schools, Indian child

welfare, social service agencies, public health services, and local program and activity providers, probation agencies can be more effective (Cobb, Mowatt, & Mullins, 2013; Cobb et al., 2011; Cobb & Mullins, 2010). Further, Native American communities are rich in history, tradition, culture and strong tribal values. These values can be powerful influences on the probationer and can be built into the supervision plan by the community supervision officer (Grant, 2013).

Common terms and conditions for gang members who are on probation should include curfew restrictions, geographic exclusion (areas known for gang activity), do-not-associate clauses and internet usage agreements aimed at separating the probationer from their gang-involved peers. New trends should be identified such as the use of the internet by gangs and incorporated into the terms and conditions of probation supervision. Restricting certain behaviors and activities and the ability to recommend to the court that an individual be removed from the community (incarceration) are primary features of this authority and responsibility.

Being a probation officer with a caseload involving gang-affiliated Native Americans should be augmented with a unique set of interventions and resources pertinent to this unique population whenever possible. As prescribed by the responsivity principle of RNR (Taxman & Thanner, 2006), treatment modalities

should consider the unique needs of the probationer. For some, Native American culture may be especially important and desistance-enabling, but for others on Native American lands it may be inappropriate. Nonetheless, officers should be aware that Native American gang members exist across the country on reservations and in urban areas. They may be integrated with mix-ethnic gangs or secluded to like-minded disadvantaged Native American youth. Strategies need to be tailored to the unique needs of a given community, but core principles of other programs, as described previously, should be adopted when applicable. ►►▲

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ENDNOTES

1 The PSN Update is supported by Cooperative Agreement Number 2011-GP-BX-K032 awarded by the Bureau of Justice Assistance under the Project Safe Neighborhoods (PSN) anti-gun/gang initiative. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Preventions, the Office for Victims of Crime, and the SMART Office. Points of view in this document and related materials are those of the authors and do not necessarily represent the official policies or positions of the U.S. Department of Justice. For more information on PSN please visit APPA's PSN project page and dedicated website at <http://www.appa-net.org/psn/>. 1,000-1,500 word submissions (otherwise follow Perspectives' submission guidelines) for consideration in the PSN Update are welcome and encouraged. To be considered papers must be relevant to community corrections (probation/parole) and concern interagency collaboration (e.g., police-probation/parole partnerships), Project Safe Neighborhoods (PSN), gangs, and/or gun violence. Please direct PSN Update manuscripts to amatz@csg.org.

2 Mary Ann Mowatt and Adam K. Matz are both research associates with the American Probation and Parole Association (APPA).

3 Actual estimates of the number of Indian gangs members is difficult to locate. This figure, 28,000, was determined by using the FBI's estimate of 1.4 million gangs members nationwide X .02

representing the percentage listed as racial/ethnic "other" by OJJDP and then X .45 which reflects OJJDP's estimate of the percentage of the "other" category represented by Indian gang members.

4 When considering the characteristics, activities, and etiology of tribal gangs, it must be recognized that, while almost all tribal communities share some common issues and challenges, each community is unique. What describes gangs or explains the gang issues on one reservation or within one Nation or one urban community may not be applicable to another.

5 Additional information regarding this program can be found at <http://www.maicnet.org/programs/ginewgolden-eagle/>

6 Additional information regarding the SRPMIC program can be found by visiting <http://www.srpmic-nsn.gov/government/>


7 Additional information can be found at <http://mcnrip.com/index.php/services/asessment-information>

8 Agencies should work with their legal counsel to determine the appropriate parameters for permitting law enforcement to conduct searches of probationers without a warrant or probable cause. States vary and there is no guidance available specifically pertaining to Indian Country across the U.S.

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OFFENDER SUPERVISION IN EUROPE

Edited by Fergus McNeill
and Kristel Beyens
Palgrave Macmillan, UK
2013

ver the past nearly two decades there has been considerable attention paid by both academics and practitioners to the issues of reducing the use of imprisonment and a reduction in offending by those subjected to the various forms of penal supervision imposed. One result of the desire to reduce the use of prisons has been the obvious search for alternative punishments that would hopefully be both economical and effective. Community supervision is being viewed as an important tool in efforts to alleviate the overuse of imprisonment as the go-to option for administering justice. Unfortunately, although there are considerable scholarly publications and research into the issue of mass incarceration and the need to downsize the prison population, there is a very scant literature on supervision in community settings. Since the 1990s there has indeed been quite a robust research agenda into specific interventions driven by the impetus on “what works” and the growth in assessment technologies but the wider field in which supervision occurs is only now being considered. The new concern is related to the increased use of supervision strategies as a means of retreating from concerns about mass incarceration, which has led to more people being placed under various forms of community supervision creating what is now being referred to as mass supervision with the possibility of an ever increasing number of people subjected to penal supervision. This issue is not just a North American problem, but is being experienced in other countries as well. Just as we have developed a scholarly literature on imprisonment (and continue to do so) we need to turn our attention to what is supervision in the community and how it can be received by the public as a strong symbol of punishment and

instrumentally sufficient as a replacement for prison. In fact, for the majority of those supervised it can actually be a preferred option to imprisonment. This of course is a tall order and it calls on us to know what we know but to also know what we do not know. Fortunately, a start has been made in Europe.

A group of European scholars formed an “Action” or research network of over 100 individuals representing 21 countries with funding from the European Compensation in Science and Technology (COST) to explore as comprehensively as possible, what is known and not known about community supervision. Dr. Fergus McNeill at the University of Glasgow, Scotland currently chairs the network and along with Professor Kristel Beyens at the Vrije University, Brussels, Belgium has edited this current collection of findings from the first stage in this ambitious but critical project. This collection contains the main findings from four working groups each looking at specific aspects related to supervision. The editors contribute an introduction and conclusion so that the book has a unified feel and readers are made aware of the considerable effort involved at the working level of this research endeavor.

In the introduction, McNeill and Beyens clearly set out the agenda of the network and bring to our attention the significance, scale and reach of community supervision in Europe. They address the issue of neglect by scholars and some of the

more pragmatic problems that occur as a result. In their own words they note the following:

“...it is the growth of ‘mass incarceration’ that has preoccupied scholars, unwittingly allowing the neglect of the parallel development of ‘mass supervision’. This neglect has analytical and practical consequences. It skews academic, political, professional and public representations and understanding of the penal field and in consequence, it produces a failure to deliver the kinds of analyses that are now urgently required to engage with political, policy and practice communities grappling with the challenges of delivering justice efficiently and effectively in fiscally strained times – and with the challenges of communicating the meaning, nature, legitimacy and utility of supervisory sanctions to their publics”.

The format of the book is explained, and the next four chapters deal with the results from the four working groups on various aspects of supervision. The four significant themes are: experiencing supervision, decision-making and offender supervision, practicing supervision and European norms, policy and practice. The scholars writing these sections and providing reports from various countries is impressive. I can only briefly touch on some of the ideas expressed in these

chapters and suggest that probation practitioners would benefit from a close reading of what is reported in this small book!

Looking at the subject of how supervision is experienced by both those subject to it and affected by it, the authors of this section note that “community supervision enjoys considerable support” and that the impact of supervision is constructed somewhere between “the offender’s characteristics, attitudes, disposition and situation and the characteristics, attitudes, disposition and situation of the officer.”

The next theme discusses the decision-making processes (pre-trial, sentencing and pre-release) connected to supervision. The authors of this chapter explore existing knowledge on “the processes involved in the imposition and administration of Offender Supervision at different stages of the criminal justice process”. They note the difficulties encountered due to the different legal systems in place and the scarce literature on the subject, however, it is clear that there is very little research done on the decision-making process itself. Future work by this group of researchers will involve developing appropriate research designs and testing in order to further gain knowledge of this important aspect of supervision.

The third theme examines how supervision is constructed by those who practice it and by the organizations in

which it is embedded. The chapter focuses on “the collection and synthesis of the available empirical literature” related to the following:

- Roles, characteristics, recruitment and training of practitioners
- Interactions and relationships between practitioners and other professionals
- Delivery, practice and performance of offender supervision
- Role of tools and technologies in the delivery of offender supervision
- Management, supervision and regulation of practitioners and their practice

As with most literature reviews, what is unknown exceeds what we know! The authors provide helpful guidance regarding what has been neglected, where there are barriers to this type of research and the extent to which current research has had an impact on practice.

The final theme examines the influence of European norms, standards and framework decisions on offender supervision. The majority of this chapter explains the European context and the implications of this context for community supervision. There is a discussion of “cross-cutting issues” in Europe such as the following:

- Sentences that infringe human rights in respect of their intensity or nature
- Social rehabilitation: terminology,

concepts and interpretations

- Offender involvement: consent and cooperation
- Breach and subsequent decisions
- Given the nature of the European context, another value of this form of exploration is what we might be able to learn about the transfer of policy and practice between various jurisdictions.

In the concluding chapter, the editors examine the need to study mass supervision comparatively. They discuss why, how and who to compare and remind us that this will be a considerable challenge.

This is a very useful book for anyone interested in offender supervision and it would be worthwhile to those of us in North America to follow the activity and results of this interesting, informative and insightful project and at the same time to encourage similar explorations in our own jurisdictions. It could provide clues as to how we can get ahead of the curve in terms of making sure mass supervision doesn't have the same results as mass incarceration in terms of public safety and wasted human lives! ►►▲

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CHINA UPDATE – SIGNIFICANT PROGRESS AND NEW CHALLENGES

China's rapidly expanding initiative of community corrections is making significant progress and facing new challenges. This article describes some of the highlights of the system's growth and explores one key obstacle to effective functioning.

IMPRESSIVE STATISTICS

The development of community corrections services has been impressive. Ten years ago, the initiative was launched in Shanghai, Beijing and four provinces as an experiment, which led to the creation of the first community corrections services in China. The initiative became more standardized and was expanded to the entire country in 2009. According to a recently published report in the official newspaper of the Ministry of Justice, *The Legal Daily*, the number of offenders serving sentences in community corrections in a given year has increased from 215,000 in 2009 to 709,000 in 2014. To date, a total of 1,847,000 offenders have been admitted to community

corrections, and 1,138,000 of them have completed their sentences.

INSTITUTIONAL DEVELOPMENT

In 2010, the Ministry of Justice created a designated Community Corrections Office, which was upgraded to the Community Corrections Bureau in 2012. Since then, the justice bureaus in China's 31 provinces and autonomous regions have set up their own community corrections bureaus, 95 percent of the administrative regions and region-level cities as well as 89 percent of the counties and districts have also created their own designated community corrections administrative departments. Nationwide, following the example of the Sunshine Halfway House in the Chaoyang District of Beijing, a total of 932 halfway houses have been set up throughout the country.

Furthermore, to engage the communities and the public in community corrections, China has established over 23,000 community service centers, 8,460 community education centers and 7,700 enterprise-based employment and training centers.

FINANCIAL AND TECHNICAL SUPPORT

Community corrections is receiving more resources from all levels of government. In 2012, the Ministry of Finance and the Ministry of Justice jointly issued a decision to add community corrections to the list of items in

government budgets. Out of the total of 31 provinces and autonomous regions, 28 have already implemented this decision by creating a special budget item for community corrections. Some 72 percent of the regions and region-level cities as well as 62 percent of the counties and districts did the same.

These new services have received more technical support as well. In 2013, the Ministry of Justice started to implement its "Technical Regulations on Community Corrections Information Systems" and the "Technical Regulations on the Positioning System of Those Subject to Community Corrections". This led to the creation of an electronic database which contains the information of all the offenders who are placed in community corrections nationwide. Most local community corrections centers have access to this system.

LOW RATES OF RECIDIVISM

All of the above have contributed to the positive results of community corrections. According to the government, over the years, the rates of recidivism during the time of serving sentences in community corrections has always been low, between 0.2-0.6 percent.

REVISED LAWS AND NEW REGULATIONS

In September 2009, the Supreme People's Court (SPC), Supreme People's Procuratorate (SPP), Ministry of Public

Security (MPS) and Ministry of Justice (MOJ) jointly issued the “Opinions on the Provisional Operation of Community Corrections Nationwide”, which provides the general principles and strategies for the introduction of community corrections in China.

In 2011, the national Criminal Law and the Criminal Procedural Law were amended, resulting with corrections being formally recognized for the first time by the laws as a new way of sentence execution. Under the amended laws, community corrections is available to offenders sentenced to surveillance, probation, parole or “temporary execution of sentence outside of the prison”.

One year later, in May 2012, the SPC, SPP, MPS and MOJ jointly issued a set of new operational rules under the title of “Methods for the Implementation of Community Corrections”. These contain more detailed rules than those in the 2009 Opinions. In 2013-2014, the Chinese government conducted a round of internal consultations for the preparation of the first national law on community corrections. No detail of the drafting process has yet to be published. It is very likely that China’s first national law on community corrections will be enacted within the next two years.

THE PROBLEM OF CORRUPTION

China faces enormous challenges related to corruption in virtually all

fields of life. Corruption exists in every component of the Chinese justice system, including the police forces, the judiciary, prosecution services and correctional services.

In March 2014, while attending the 12th National People’s Congress, Justice Zhang Liyong, President of the Higher Court of Henan Province, had an interview with the Chinese press. According to Zhang, “problems of unfairness exist in many aspects of the justice system, including the operation of sentence reduction, parole and temporary execution of sentence outside of prison.” In practice, the so called “temporary execution of sentence outside of prison” (hereinafter “temporary medical release”) usually becomes permanent early release based on the need for medical treatment but not on the condition of time served in prison, which has become a large loophole in the system. In other words, after the prisoner is released for medical treatment, he is very likely going to stay home for the rest of his sentence. Such a “deal” has often been given to corrupted officials and wealthy prisoners who are usually diagnosed with heart disease, diabetes or high blood pressure. These chronic diseases and medical conditions are unlikely to disappear or be cured completely.

In the execution of sentences of those convicted of corruption or financial crimes, Zhang said, “there have been many incidents of paying money in exchange



20 WEB COURSES for Motivational Interviewing (MI)

What is Motivational Interviewing?

Motivational Interviewing is an *Evidence-Based Practice* for Corrections that is a helpful way of assisting offenders in finding their own reasons for change

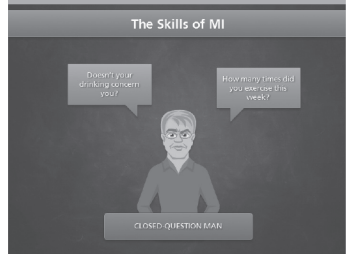
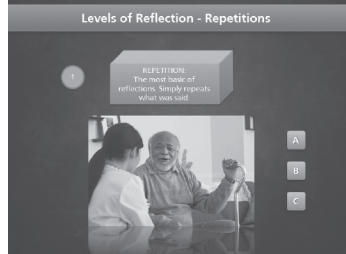
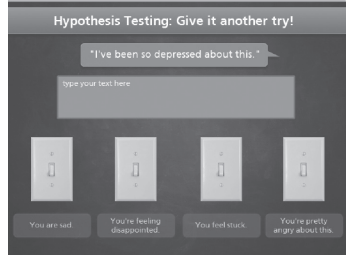
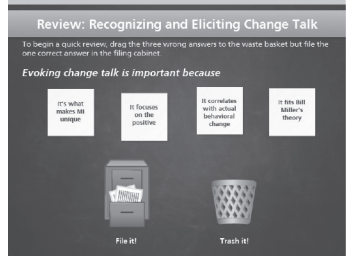
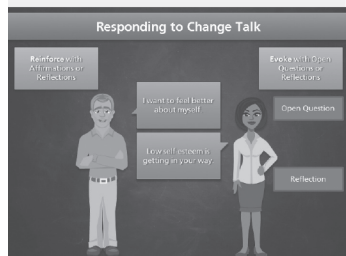
Why should Corrections use the Motivational Interviewing (MI) approach?

- Get officers “get back into the game” of behavior change. Increases engagement and retention in treatment
- The majority of corrections work *occurs in conversations*. Motivational Interviewing improves these conversations by making them “change-focused.”
- Stop the arguing! Trying to coerce or force change is exhausting for staff and leads to poor outcomes. *Help your staff work with people who don't want to work with them.*

Why access MI training through new internet-based Web Courses?

- Corrective feedback. No more “learn wrong-do wrong” as *with old CEU courses*
- Reduce distractions to department operations and save on travel expenses
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for reduced sentences, giving money to get someone out of a prison or abusing power to get someone out.” Apparently, these corrupt practices have become a threat to the integrity of the correctional system. As Zhang indicated in the press interview, China has had a problem of sentencing disparity, that is, offenders convicted of the same kind of offenses with similar circumstances are given very different sentences. Now, the new problem is disparity in the execution of sentences, that is, offenders sentenced to jail for the same number of years can receive very different “deals” during the execution of their sentences. According to Zhang, for example, “if an ordinary citizen is sentenced to ten years of imprisonment, he may have to sit in jail for ten years, whereas a sentenced official may get out of jail after four or five years by faking the records of good behavior.” The governments in Henan Province, which is China’s most populous province, have already investigated “quite a few corruption cases of this kind, involving collaboration between prison officials and the relatives of prisoners as well as judges.” Obviously, a system that works well in promoting justice in one country can defeat its purpose in another just because of corruption.

NEW RULES TO PREVENT CORRUPTION

In February 2014, the Central Committee on Political and Judicial Affairs of China issued a set of “Guiding

Opinions to Strictly Regulate the Operation of Sentence Reduction, Parole and Temporary Execution of Sentence Outside of Prison and Effectively Prevent Corruption in Justice”. Under the Guiding Opinions, offenders convicted of corruption, financial crime or organized crime and sentenced to death with two years suspension, which is usually reduced to life imprisonment after the two years, shall actually serve at least 22 years in prison, no matter how many times the sentence is reduced and even if parole is eventually granted. Unlike in the past, such an offender can only be granted a reduced sentence every two years, and each time the sentence can only be reduced a year at the most.

The Guiding Opinions requests that all decisions of reduced sentences, paroles and temporary medical releases be published on-line. Decisions to reduce a sentence or grant parole to a prisoner originally sentenced to death with two year suspension or life imprisonment can only be granted after an open hearing in a court. A decision to grant a reduced sentence, parole or temporary medical release to a prisoner who was an official of the rank of bureau director before shall be reported to the Central Government. A decision of this kind for an offender whose rank was division or county chief shall be reported to the provincial government.

Interestingly, the Central Committee was also keen to ensure accountability in compliance and enforcement. The

Guiding Opinions stipulate that first, those who process the cases and give approvals of reduced sentences, paroles and temporary medical releases will be held accountable for the quality of the decisions for life; second, justice officials involved in the fabrication of facts or documents, receiving bribes or even attending meals hosted by relatives or friends of the offenders will be dismissed from the government without mercy; third, those who abuse their power or engage in corrupt practices will be prosecuted and punished; and fourth, those who issue medical certificates containing fabricated health problems shall be criminally prosecuted. Officials involved in corruptive practices will be “severely punished”.

CONCLUSION

Similar to other aspects of on-going reforms in the justice sector in China, the development of community corrections has achieved impressive results in recent years. This is a great relief to all the Canadians who were the international pioneers, providing technical assistance to this development through the China Program of the Vancouver based International Centre for Criminal Law Reform and Criminal Justice Policies from 1997 to 2008. However, China may lose what has been learned and built over the past 17 years if it cannot effectively contain the spread of corruption in the justice system. As always, introducing new laws and regulations is only the beginning. To address the problem more

effectively, a country needs to make the rules work, build the rule of law, strengthen the checks and balances and engage the public in a more transparent process as it relates to the administration of justice. ▸▸▲

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SEXUAL OFFENDER TREATMENT: WHERE ARE WE AT AND WHERE ARE WE GOING?

To date, research overwhelmingly suggests that interventions with the general offender population are most effective at reducing recidivism when they adhere to principles described within the Risk-Need-Responsivity (RNR) framework (Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Andrews & Dowden, 2006; Lowenkamp, Latessa, & Holsinger, 2006). According to the RNR model, those at highest risk for recidivism should receive the most intensive programming; offender programs should target dynamic criminogenic needs; and correctional interventions should be tailored to meet the individual needs of offenders. Evidence suggests that the principles delineated in the RNR framework also apply to treatment outcomes for interventions with sexual offenders. In their meta-analysis of sexual offender recidivism studies, Hanson and colleagues (2009) found that when sexual offenders participated in treatment programs adhering to principles of the RNR model they were less likely to reoffend sexually. Moreover, their meta-analysis showed that for each additional principle adhered to by programs (e.g., only the risk principle, both the risk and need principle) there was a subsequent increase in program effectiveness as demonstrated by reductions in sexual recidivism (Hanson, Bourgon, Helmus, & Hodgson, 2009).

Treatment directed by the RNR framework aims primarily to reduce sexual offenders' risk of re-offending by motivating them to address their individual criminogenic needs, or dynamic risk factors, associated with reoffending. A common way clinicians do this in sexual offender treatment is via the use of relapse prevention plans (Willis, Ward & Levenson, 2013). The typical relapse prevention program for sexual offenders uses a cognitive-behavioral approach to identify and teach sexual offenders how to manage high risk situations that could lead to sexual re-offending. Programs typically focus on modifying thoughts, feelings and behavior associated with sexual offending. Therefore, the typical relapse prevention program for sexual offenders is problem-focused by aiming to reduce the factors associated with inappropriate sexual behavior,

including: intimacy deficits, deviant sexual preferences, cognitive distortions, empathy deficits and difficulties managing negative emotional states (Ward, Mann, & Gannon, 2007).

In part due to the emphasis on deficits (i.e., risk and need factors) in the Risk-Need-Responsivity model, strengths-based models, such as the Good Lives Model (GLM), have been developed as alternative frameworks to existing models of sexual offender treatment and supervision. Strength-based frameworks borrow from the positive psychology movement where the emphasis is not only on addressing deficits, but also on building strengths to counter deficits, or in this case, factors that may contribute to re-offending. A strength-based approach recognizes that individuals have both positive and negative attributes.

Under the GLM, clinicians and providers are directed to not only consider the deficit-based dynamic factors associated with their odds of re-offending, but also to understand each sexual offender's unique values, life position and goals when conceptualizing management strategies and treatment planning. This framework is based on the understanding that each individual has basic or primary needs that drive human behavior. Criminal behavior represents a maladaptive way to achieve these needs (Yates, Prescott, & Ward, 2011). From this conceptualization, it follows that re-offending may be curbed if a sexual

offender's unique needs are understood and if more adaptive means of achieving these primary needs are developed (Ward & Stewart, 2003). The GLM framework considers an offender's personal goals as important and valued and encourages the offender to recognize that the problem is not in the goal, but rather in the means they are using to achieve the goal (Yates, Prescott, & Ward 2010). By examining their pathways to offending and offense related goals and strategies, offenders are able to identify which of the primary goods (life, knowledge, being good at work and play, personal choice and independence, peace of mind, relationships and friends, community, spirituality, happiness and creativity) outlined in the GLM were important to them. For example, if a sexual offender identifies personal choice and independence as important, one way he may have met this goal in the past was by controlling or demanding. In treatment, utilizing a cognitive behavioral therapy approach, this sexual offender would work to first understand just how important personal choice and independence were to him, and then work to achieve personal choice and independence through pro-social ways. For example, offenders learn how to work towards goals rather than to simply demand from or control others to achieve goals.

Research in the area of strengths-based sexual offender treatment programs has shown positive preliminary results (Willis & Ward 2013; Willis, Levenson, & Ward, 2013). For example, sexual

offenders enrolled in treatment groups that use good lives plans (strengths-based) as compared to relapse prevention plans (deficits-based) report improved satisfaction with programming and are more likely to complete treatment (Ware & Bright, 2008). Similarly, Mann and her colleagues (2004) found that sexual offenders enrolled in a traditional relapse prevention program (e.g., identifying high risk situations and deriving ways to avoid the situations) were less likely to: (a) disclose and discuss problem areas; (b) use skills learned in treatment; and (c) be motivated to live an offense-free life as compared to sexual offenders participating in strengths-based sexual offender treatment.

With regard to the relationship between strengths-based sexual offender programming and recidivism, there is indirect support from a wealth of theoretical frameworks (e.g., strain theory, desistance theories) (Ward & Maruna, 2007), and a handful of recent empirical studies. For example, Marshall and his colleagues (2011) found a 3.2 percent sexual recidivism rate over 5.4 years and 5.6 percent rate over 8.4 years among a 535 sexual offenders participating in the Rockwood Primary Programme, a strengths-based sexual offender treatment program in Canada. Based upon the sexual offenders' risk scores in the sample, it was expected their rate of recidivism would have been 16.8 percent at 5.4 years and 23.8 percent at 8.4 years, yet their rate was lower following program participation. The rate of reoffending

among the sample was also lower than the average rate according to meta-analyses of sexual offender treatment completers, which is 12 percent (Hanson et al., 2002).

WHERE ARE WE GOING?

Sexual offenders are generally considered the pariahs of our society. Should practitioners take time to understand their strengths? Do they deserve "good lives?" Of the sexual offenders who begin treatment, 30-50 percent drop out. Research suggests sexual offenders who drop out, as compared to those who complete treatment, are a higher risk for sexual recidivism. Thus, at minimum for the safety of society, we should make a better effort to understand how to better engage and retain sexual offenders in treatment and supervision. The *Principles of Effective Correctional Programs* (Andrews, 2011) note "if the host agency is not understanding of or interested in clinically relevant approaches to reduced antisocial behavior—effectiveness will be reduced" (p. 235). In other words, ignoring empirical research and thus continuing ineffective approaches to supervision and treatment, does little for public safety in the long-term.

On the one hand, to date, the risk management approach has not worked well and improvements are needed (Marques et al., 2005; Lösel & Schmucker, 2005). Teaching sexual offenders to avoid "people, places, and things" (relapse

prevention plans) that place them at higher risk for re-offending sets them up for a life of avoidance. Similarly, the highest level of supervision (high external controls) does little to help them function on their own (using internal controls) once supervision is complete. On the other hand, for practitioners to use strength-based models with sexual offenders in criminal justice settings, where they require a great deal of individualized attention and time, is challenging. This, coupled with the significant system-initiated restrictions for sexual offenders (e.g., mandated high-risk supervision, community registration, employment and housing restrictions), makes focus on strength-based supervision and treatment a far-reaching goal even for practitioners who wish to implement this approach. The future of sexual offender treatment programs lies in a better understanding of how to implement strengths-based frameworks while at the same time considering the significant system restrictions placed on sexual offenders. ►►▲

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THE PROBATION FELLOW: A RESOURCE FOR IMPAIRED DRIVER SUPERVISION

According to the National Highway Traffic Safety Administration (NHTSA), in calendar year 2012, drunk drivers were responsible for 10,322 fatalities. This represents 31 percent of all traffic fatalities that occurred that year, (NHTSA 2013). The majority of individuals who are convicted of their first DUI are unlikely to recidivate. However, the hard core drunk driver with multiple offenses, high blood alcohol concentration (BAC) levels and a strong resistance to change comprise the population most often a danger to our communities and as a result, make up approximately eight percent of our probation caseloads (APPA/Century Council 2010, pp. 5-6).

In response to this challenge, NHTSA has organized a network of criminal justice professionals: law enforcement officers, prosecutors, judges; along with law enforcement liaisons, traffic safety, resource prosecutors, and judicial outreach liaisons who share, peer-to-peer, impaired driving resources throughout their professional communities. In 2009, APPA, in cooperation with NHTSA, added a Probation Fellow position to its network of criminal justice professionals. The primary purposes of this position are to provide training, education and technical assistance to probation officers and other criminal justice professionals regarding impaired driving responses and to promote promising sentencing and supervision practices related to impaired driving.

The Probation Fellow is a valuable

resource that is available to provide services at no cost to community corrections agencies and professionals. These services include:

- Training programs
- Workshop presentations
- Technical assistance on policy and practice specific to supervision of impaired drivers
- Research related to impaired drivers
- Information on DUI assessment tools
- Assistance in identifying and using evidence based resources
- Assistance in developing outreach strategies

For more information on how the Probation Fellow can serve your department in the supervision of impaired drivers, contact Mark Stodola at Probationfellow@csg.org or call him at 602-402-0523. >>>

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MARK STODOLA is a Probation Fellow with the American Probation and Parole Association.

CONSTITUTION AMENDMENT

The Board of Directors shall guide the overall direction of the Association and shall ratify actions of the Executive Committee which require Board of Directors approval at their next scheduled board of directors meeting. The Board is responsible for guarding the vision, guiding the future of the Association and providing leadership to the field. Furthermore, the Board is responsible for presenting and discussing issues germane to the field and setting the course for future initiatives of the Association.

When a vacancy occurs in the office of the President, the President-Elect shall automatically act in the capacity of the President of the Association for the balance of the term. The President of the Association will preside at all Board meetings.

When a vacancy occurs in the Office of the President-Elect, the President shall continue to serve as President until such

time as a special election can be held to elect a new President-Elect. Said election shall be held within sixty (60) days of written notification to the President that the President-Elect will be unable to serve in the position. The new President-Elect will move to the position of President at the next scheduled meeting of the membership if the President's term of office has expired at the previous membership meeting.

When a vacancy occurs in the Office of the Vice-President, the Secretary or the Treasurer, the President may call for a special election to be held to elect a new officer to replace the vacancy. Said election shall be held within sixty (60) days of written notification to the President that the Officer will be unable to serve in that position. The new Officer will immediately assume the vacant position for the remainder of the unexpired term following the election.

N-DEX: BENEFITING PROFESSIONALS THROUGHOUT THE ENTIRE CRIMINAL JUSTICE COMMUNITY.



(N-DEX)

The National Data Exchange (N-DEX) provides criminal justice agencies with a mechanism for sharing, searching, linking and analyzing information across jurisdictional boundaries. A national repository of criminal justice records submitted by agencies from around the nation, N-DEX uses those records to “connect the dots” between data on people, places and things that may seem unrelated in order to link investigations...and investigators. N-DEX supplies free, secure and immediate access to relevant information, enhances the criminal justice community’s ability to share that information in a timely manner and provides analysis and collaboration tools to assist investigators working cases cooperatively with other agencies.

Institutional corrections investigators can use N-DEX to enhance their knowledge and understanding of inmates. N-DEX helps discover links and associations among inmates and visitors and offers information about an inmate’s visitor and mailing lists. By searching nearly 5,000 criminal justice agencies’ records when conducting investigations, N-DEX can help make informed decisions with regard to inmate classification and release planning.

N-DEX gives pre-trial/probation/parole officers information on previously unknown relationships among their clients, allowing more effective client monitoring. It also allows officers to be quickly notified when a client has any form of contact with law enforcement and to learn when law enforcement has an interest in their client. Through a subscription feature, N-DEX brings together officers whose cases somehow intersect. With N-DEX, officers realize the previously unavailable advantage of collaborating with thousands of participating agencies and their investigators, which serve as additional eyes and ears for the officer. N-DEX returns search results regarding all manner of a client’s interaction with criminal justice agencies, not simply arrest reports.

N-DEX CONTINUES WORK WITH DOCS, ICOTS

N-DEX continues its commitment to increase participation by the corrections, pretrial, probation and parole communities. Department of Correction (DOC) agencies currently submitting data to N-DEX include Indiana, Kansas, Mississippi, Nebraska, Oklahoma, Pennsylvania and Rhode Island. In the near future, DOCs from, Maine, Minnesota, Ohio, West Virginia, Virginia and Wisconsin will submit their data to N-DEX. In addition, N-DEX will soon include submissions from the Interstate Compact Offender Tracking System (ICOTS), a web-based system that facilitates the transfer of supervision for probationers and parolees from one state to another. Each year, the 50 states and three (3) territories that comprise the Interstate Compact for Adult Offender Supervision (ICAOS) use ICOTS to process approximately 150,000 transfer requests and more than 1,000,000 compact activities for nearly 102,000 active supervision cases. These activities include notifications of departures, arrivals, progress, violations and case closures.

N-DEX STATISTICS

With approximately 5,000 agencies contributing information to N-DEX, criminal justice agencies can conduct searches across jurisdictions nationwide providing access to nearly 300 million records, including 38 million records from the Department of Homeland

Security and another 44 million records from the International Criminal Police Organization (INTERPOL). System records contain information on roughly one billion searchable entities (persons, places, things, and events) allowing investigators to access records from the full criminal justice lifecycle - from arrest, to incarceration, to pretrial, probation and parole.

With the addition of a new data contributor link on the N-DEX Home Page, users can quickly view data-contributing agencies within each state and the number of records being contributed.

SIGNIFICANT SYSTEM ENHANCEMENTS COMING IN 2014

NCIC - Connection to the National Crime Information Center (NCIC) as a leveraged data source via the N-DEX Portal will be available. With CJIS Systems Officer (CSO) approval, authorized N-DEX users will have the ability to send queries to NCIC when conducting targeted searches from the N-DEX User Interface.

Result Topics - N-DEX will provide the ability to filter a set of search results based on recurring topics found within the set. The similar information detected in the data set can reveal connections or trends that weren't previously known.

[Messages](#) [Data Contributors](#) [Policy Manual](#) [User's Manual](#) [Training CBTs](#) [Sign](#)

Probabilistic Name Matching -

During a Targeted Person search, N-DEx will locate similar names, common nicknames and name transpositions in addition to the name entered in the user's search request. This feature can also be disabled to allow exact name matching.

Increased Record Ingestion

-Improvements centering on stability and maximum throughput are being made to the ingest capability of N-DEx.

Enhanced Targeted Search -

Targeted person or vehicle searches will now query both narrative and structured fields and return corresponding records.

Suggested Search Terms - When results are returned for simple search, N-DEx will provide suggested search terms and phrases that are semantically equivalent to the original search terms.

Link Visualization Upgrade - The link visualization feature will be upgraded to include new path detection capabilities, enhancements to the user interface, and an improved User Help section. The upgrade also includes improvements in application speed and browser compatibility.

HAVE A SUCCESS TO SHARE?

As the national leader in enhancing public safety and reducing crime through effective information sharing, the FBI's N-DEx has helped local, state, tribal and federal agencies across the nation generate case leads, protect victims and solve crimes.

In an effort to identify and highlight these efforts, N-DEx has implemented a *Success Story of the Year Award* that showcases a situation in which N-DEx information made a significant contribution to an investigative, prosecutorial or preventive action that has taken place in the last two years.

If you are an officer, investigator or analyst who uses N-DEx and has a story to share for consideration, please contact the N-DEx Program Office via e-mail at ndex@leo.gov.

ACCESS TO N-DEX

If you are an authorized criminal justice employee and would like to gain access to N-DEx, contact the N-DEx Program Office via e-mail at ndex@leo.gov. ►►▲

SCOTIA KNOUFF LINE OFFICER OF THE YEAR



TIFFANY WERNETTE

Probation Officer II
Coconino County Probation Dept.
Flagstaff, AZ

Tiffany is a true leader with a heart for helping others and advancing the field. Her professionalism and desire to improve supervision services for the sake of the offenders she supervises is a rare and impressive quality. She has a positive attitude, an incredible work ethic, a kind heart and a wonderful ability to build rapport with her clients. It is because of this that Tiffany was named Probation Officer of the Year for the State of Arizona; an award voted on by all Arizona county chiefs and directors. Tiffany is a Force for Positive Change and models the ideal of what we ask of community corrections professionals.

In addition to her duties as a standard officer, Tiffany volunteers her time to facilitate MRT (Moral Reconciliation Therapy) in the evenings for probation clientele. She actively uses the skills in her case management, which is evident from the outcomes that she sees.

Hi everyone! My name is Tiffany Wernette. I work for the Coconino County Adult Probation Department in Flagstaff, Arizona. I work in a standard supervision field unit, and my caseload is primarily in the city. In addition to my regular duties, I enjoy being a Moral Reconciliation Therapy (MRT) Facilitator, assisting with the DUI Impact Panel, and coaching my peers in the use of Effective Practices in Corrections Settings (EPICS II). I am attending this conference with the love of my life, who is also a probation officer in my Department. We have a couple of dogs whom we love dearly, and I also love increasing my running stamina by participating in local races.

I feel extremely honored to be receiving the Scotia Knouff Line Officer of the Year Award. I am very grateful for the recognition I have received for the work and dedication I give to my clients on a daily basis. My involvement in Epics II has strengthened my abilities as a probation officer and has shown me the power of change. This award could not have been achieved without the inspiration I have gained from my supervisor, Karen Madden and my colleagues, from whom I have derived the strength to challenge myself and work toward becoming an agent of change. I sincerely thank everyone in my Department for helping me achieve this incredible milestone. I feel blessed to have crossed paths with so many remarkable criminal justice practitioners, contributors and probationers.

NOMINEES FOR THE SCOTIA KNOUFF LINE OFFICER OF THE YEAR AWARD

Patricia Allen
Parole Officer
GA Board of Pardons and Paroles
Atlanta, GA

Michael Cotignola
Correctional Probation Specialist
FL Dept. of Corrections
Tampa, FL

John Harlan
Parole/Probation Officer
Multnomah County Dept. of Community Justice
Portland, OR

Jeffrey King
Correctional Probation Specialist
FL Dept. of Corrections
Tampa, FL

Barbara McDowell
Correctional Probation Sr. Officer
FL Dept. of Corrections
Tampa, FL

Carmen Peek
Correctional Probation Sr. Officer
FL Dept. of Corrections
Tampa, FL

Tamika Ross
Probation and Parole Officer III
OK Dept. of Corrections
Tulsa, OK

Dennis Stickley
Sr. US Probation Officer
US Probation Dept.
Central Islip, NY



WALTER DUNBAR MEMORIAL AWARD

RONALD SCHWEER
Chief US Probation Officer
Kansas City, KS

Ron Schweer has over 29 years of experience in criminal justice, corrections and law enforcement. He has served in the federal system since 1990 and previously held the position of Court Services Specialist in charge all juvenile and adult probation programs for the Kansas Supreme Court, Office of Judicial Administration. Ron was also a Chief Court Services Officer for the Seventh Judicial District in Kansas.

In 1998, Ron was the recipient of the Paul J. Weber Award presented by the Kansas Correctional Association for his contributions to the field of community corrections. He has also received recognition as an EXCEL Award recipient by the U.S. Courts and has held a position as an adjunct faculty member at a local community college.

In April 2004, then Deputy Chief U.S. Probation Officer, Ronald G. Schweer (Eastern District of Missouri) completed a three week temporary duty (TDY) assignment with the Office of Probation and Pretrial Services to commence the process of creating a new hazardous duty reporting system. This project resulted in the eventual development of the Safety Information and Reporting System (SIRS). This data base system went live for the nation in April of 2009 and remains the central depository for hazardous duty information for the federal probation and pretrial system.

I am very proud to be associated with the name and memory of Walter Dunbar. He was one of the true leaders in the field of community corrections. It is indeed a pleasure to be recognized for a career of service that has been such an integral part of my life, the lives of my colleagues and co-workers, and in particular my family. The APPA has been a cornerstone in my career and to this organization I extend my humblest thanks and sincere gratitude.



APPA MEMBER OF THE YEAR

**DEBORAH
MENARDI**
Deputy Probation Administrator
Nebraska Supreme Court Office of Probation
Administration
Lincoln, NE

Deb is an amazing visionary for probation and community based supervision in general. She is regularly called upon to create new and innovative training or programming to assist her agency's officers in better serving clients. She is constantly seeking out new ways of doing things, so that staff can be leaders in the implementation of EBP. Her commitment to improving the lives of community members through improving the lives of the individuals served is exemplary.

She consistently pushes staff to raise the bar when it comes to investigations and supervision. Her vision helped to create the Specialized Substance Abuse Supervision program in Nebraska, which was recognized by APPA with the President's Award in 2010. Her leadership has influenced not only Nebraska, but other states through her service as a Regional Representative on the APPA Board of Directors.

As a member of APPA, and now as a board member, Deb refers people to the services that APPA can provide. She also is a strong advocate for membership in APPA within our system and beyond. Deb has made important strides in giving APPA a much broader reach both within Nebraska as well as nationally.

Being recognized by those that you admire is one of the most honored experiences you can have. As someone who always has something to say, I ironically find myself struggling for the perfect words to express my overwhelming joy in receiving this award. I am surrounded daily by people who inspire me. To think that I have inspired others is as much a gift to me as it is to them. I am proud to say I am a "lifer" when it comes to serving the courts and probation. Probation was the career I chose in college and still love it today. APPA has been foundational to me as a professional. When I was young to the organization I aspired to be like the leaders I watched. Having grown-up in the organization I now try to ignite a spark in others to appreciate what this amazing organization has to offer. Joining the ranks of those who have received this award before me is truly a privilege and one of the highlights of my career. Thank-you, thank-you, thank-you!

PRESIDENT'S AWARD

NAPA COUNTY PROBATION DEPT

Evidence Based Practices Initiative

Napa, CA

*Accepting the award will be Mary Butler,
Chief Probation Officer*

The Napa County Probation Department (NCPD) implemented an evidence-based approach to supervision prior to the passage of SB 678 in 2009 and has continued to use and expand these practices to help address issues facing its local justice system. For example, in 2005, faced with an overcrowded jail, the NCPD reached out to its justice system partners, including the county administration office and the board of supervisors, in an attempt to resolve this problem without building another jail. As a result, the county board of supervisors adopted the goal of having an evidence-based criminal justice system and to this day, Napa County has effectively managed its offender population without building another jail. Under the direction of Chief Probation Officer Mary Butler, the NCPD has prioritized the implementation of evidence-based practices with the help of SB 678 funds. A summary of the NCPD's progress in each of the five categories of EBP implementation, as measured by the AOC's Annual Assessment survey, shows the department's success.

It is an honor to be selected as this year's recipient of the APPA President's Award. Having attended the conference for many years I have seen the caliber of the awardees. It is humbling to be among this group. Napa County Probation has been implementing evidence based practices for the past nine years. It has been a culture shift and learning process. While accountability is still a major focus of our work, rehabilitation has become an equally important focus. Probation Officers and Juvenile Hall Counselors have been trained in Motivational Interviewing and over half of the staff has volunteered to become cognitive behavioral group facilitators. We implement a number of programs run by staff. The culture change has had a positive impact on the probationer – probation officer relationship. Officers are now seen as helpers rather than only disciplinarians. The implementation of a risk/needs tool has given the Department the ability to reduce caseload size and assure the appropriate services are offered to the probationer. We want to thank Mark Carey for nominating our department and thank APPA for recognizing Napa County Probation.



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IMPAIRED DRIVERS AND RISK ASSESSMENT: WHAT HAVE WE LEARNED?

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Drinking and driving has been widely recognized as a major social problem in North America for more than three decades. In the United States, the number of fatalities, which peaked in 1982 at more than 21,000, was followed by steady reports of 13,000-14,000 impaired driving fatalities annually between the late 1990s and early 2000s. New decreases have only recently been recorded as fatalities dropped to a new low of 10,136 in 2010 and 9,878 in 2011 (NHTSA 2012). Yet despite the progress achieved, 32 percent of road deaths continue to involve a driver with a blood or breath alcohol concentration (BAC) of .08 or higher. In addition, convicted impaired driving offenders represent approximately 15 percent of the four million adults on probation. To better manage and intervene with this population, probation agencies are seeking guidance to help identify better ways to supervise these individuals (DeMichele and Payne 2013).

Similar patterns of minimal declines in drinking and driving in Canada are evidenced in crash data. Although a general decreasing trend in the number of persons killed in a traffic crash involving a drinking driver¹ occurred in Canada between 1995 and 2008, the progress achieved since the late 1990s has been nominal and the number of persons killed and injured in crashes involving drinking drivers remains high. In 2010, (the most recent year for which data are available), 744 people were killed in Canada in road crashes that involved a driver who had been drinking, and approximately 2,733 drivers (excluding Newfoundland and Labrador) were involved in alcohol-related serious injury crashes in Canada (Brown et al. 2013). In addition, one-third (33.6 percent) of fatally injured drivers in Canada had a blood alcohol concentration (BAC) in excess of the legal limit of .08 (Brown et al. 2013).

In light of these trends, increased knowledge and understanding of the profile and characteristics of impaired drivers and the factors that put them at risk for recidivism can inform the activities of criminal justice and health practitioners to better identify, manage, and address this high-risk population.

INTRODUCTION

There is growing awareness among researchers and practitioners of the limitations of a solely punitive approach to the impaired driving problem. Although there is less awareness of these limitations at a political or public level, the “get tough” philosophy still dominates much of the application of justice. In particular, persistent impaired drivers are more often viewed by researchers and practitioners as offenders who may suffer from a treatable problem with substance misuse² (and who may or may not have other issues as well), as opposed to being viewed merely as persistent offenders who are

ABOUT THE TRAFFIC INJURY RESEARCH FOUNDATION



The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is an independent, charitable road safety research institute.

Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in identifying the causes of road crashes and developing program and policies to effectively address them.

This primer was contracted with the Traffic Injury Research Foundation (TIRF) and funded by the Canadian Institutes of Health Research (CIHR) Team in Transdisciplinary Studies in Driving While Impaired Onset, Persistence, Prevention, and Treatment. A complete copy of the report is available at: www.tirf.ca in the publications section under the topic of impaired driving.



unlikely and/or not able to change their behavior.

The good news is that there is increasing recognition of the importance and benefits of tools such as risk assessment and treatment as alternatives to complement punitive measures. Research shows that properly designed strategies and tools that match offenders' risks and needs with appropriate programs and interventions have beneficial effects (Bonta 2002; NIDA 2006; Ogloff and Davis 2004), including reductions in recidivism as well as substance misuse. These reductions can translate into long-term risk reduction and higher levels of public safety. The use of evidence-informed risk assessment tools and practices is a linchpin to improve the allocation of resources and reduce the problem.

Research to inform the risk assessment of impaired drivers has grown in the past decade. In conjunction with this, demand for knowledge has increased as agencies seek to better utilize limited resources to effectively manage this population. Risk assessment instruments are widely utilized to help courts and probation and parole officers differentiate among various types of impaired drivers, especially those more prone to recidivism, and, to tailor plans for individual offenders. However, it is equally important that these professionals understand the most effective ways to apply risk assessment

instruments to better manage impaired drivers and to direct them towards appropriate interventions that are built upon best practices.

The purpose of this article is to provide a high level review of available knowledge about impaired drivers and the risks that they pose in order to benefit court, probation, parole and treatment practitioners. It draws upon research in criminology, psychology, transportation, health, addiction medicine and neuroscience and summarizes the research to compare and contrast first and repeat offenders as well as differences between males and females. These characteristics serve to illustrate the complex and heterogeneous nature of the impaired driving offender population that makes it challenging to develop a robust theory or model of their behavior. It also reviews relevant risk factors that have been linked to repeat impaired driving offenses, while acknowledging some of the key limitations of the research in this field. Links to the full report and relevant resources are also included.

PROFILE AND CHARACTERISTICS OF IMPAIRED DRIVERS

This section briefly summarizes what is known about male and female impaired drivers. It is important to note that a much larger body of research focuses on males and attempts to identify differences in the profile and characteristics of first versus repeat impaired drivers. However, some of this research has also included female offenders and more recently, a larger

number of studies focusing exclusively on female impaired drivers have become available.

Key dimensions that are considered include: demographic factors, personality and psychosocial factors, substance misuse including engagement in treatment, co-occurring disorders, cognitive impairment and driver and criminal history. Distinctions are drawn between first versus repeat offenders in relation to all of these issues.

To help place these findings in context, it is worthwhile to highlight some of the limitations of this body of research, aptly described in Bud Perrine's theory of "the Quick, the Caught, and the Dead" (1990) and noted by Wanberg et al. (2005) in their book entitled *Driving With Care: Education and Treatment of the Impaired Driving Offender (The Provider's Guide)*. There are three main sources of information that can inform our understanding of impaired drivers. Much of what is currently known has been drawn from observations of samples of offenders who have been "caught" by the criminal justice system. These so-called convenience samples of offenders are more easily studied, but are not necessarily representative of the entire offender population. Some of what is known has been learned from studies of the "dead," that is, those impaired drivers who have been killed in road crashes. Fatal road crashes are relatively rare events and arise from a confluence of factors (e.g., poor road design), so

these drivers also are not necessarily representative of the entire offender population either. In sharp contrast, little is known about “the Quick,” or those impaired drivers who drink and drive, sometimes repeatedly, but are not detected.

At this time, it is not known if these impaired drivers share common characteristics with their counterparts who are arrested or who die in road crashes. This is a recognized gap in the field; more information about this latter group of offenders is needed to increase our understanding of impaired driver behavior and ways it can be prevented or reduced.

MALE IMPAIRED DRIVERS

For more than 30 years, research has shown that between 70 percent and 80 percent of impaired drivers are male. Only in more recent years are women beginning to represent a larger proportion of the impaired driving problem. However, it is difficult to gauge whether women are in fact drinking and driving more than they did previously, or if they are merely more likely to be detected and arrested today than they were in the past.

DEMOGRAPHIC FACTORS

A majority of male impaired drivers are between 20 and 45 years old with almost half of them being between the ages of 20 and 30 years old (Simpson and Mayhew 1991; Jones and Lacey 2001; Wanberg et al. 2005). Drinking and driving behavior generally begins to substantially decrease after 45 years of age (Hingson and Winter

2003), although this behavior persists in some drivers into their 60s. This “aging out” phenomenon is very consistent with patterns of behavior exhibited by other criminal offenders (Nagin et al. 2008; Pew 2012). Hence, similar to other types of offenses, a significant portion of the impaired driving problem is perpetrated by a subgroup of the population.

Most impaired drivers have completed elementary school and at least some high school, but the majority have no college or post-secondary education. Some studies suggest that perhaps as many as one-third of convicted offenders have at least some post-secondary education (Nochajski et al. 1993; Wilson 1991). Contrary to popular belief, the majority of impaired drivers are employed, although they are more likely to be unemployed relative to the general population (Wanberg et al. 2005). It is important to note that these offenders are more often in the lower-to-middle income range (Ambtman 1990; Wilson and Jonah 1985; Nochajski et al. 1993), and occupational instability is more common among them. To place these findings in context, the income of impaired drivers is infrequently reported as part of research studies. Moreover, when such information is reported, different income categories and time periods are used. Collectively, these variations make comparisons of findings across studies challenging.

Of interest, self-report studies involving non-convicted drinking drivers suggest there are differences in income relative to convicted impaired driving offenders

in that more self-reported drinking drivers declare income in excess of \$60,000. While some have hypothesized that this discrepancy indicates that drinking drivers with higher incomes are better able to avoid detection by driving newer vehicles and having more disposable income to afford a private attorney, others have argued that drinking drivers with higher incomes may drive at lower BACs (Beirness et al. 1997). More research is needed to increase understanding of this issue.

Research on the marital status of impaired drivers is fairly consistent with some variations. Some studies suggest that more than two-thirds (65-75 percent) of impaired drivers are single, separated or divorced (Simpson et al. 1996; Wilson 1991; Nochajski et al. 1993). Thus, while approximately half of impaired drivers are in fact married (but perhaps separated), the other half is comprised of those who are currently unmarried or who have never been married. Interestingly, while in male offenders, being married or in a stable relationship represents a protective factor against future impaired driving offenses, among female offenders the marital or relationship status is not a protective factor but rather an aggravating one. This may arise in part because women are more often in relationships with spouses who also have alcohol problems (Brown et al. 1995).

It is important to underscore that many of these studies were conducted two decades ago at a time when being married was more often equated with having a stable relationship, whereas today this may be less often the case. As such, it may be more useful and practical to consider the level of stability of any co-habiting relationship as opposed to focusing on the specific marital status of this population.

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More than 30 years of research suggests that a majority of impaired drivers are Caucasian, although there has been less research on ethnicity relative to other demographic factors such as age and sex. However, while ethnicity is one of the factors that is linked to impaired driving (Ferguson et al. 2002; Jones and Lacey 2001), differences between populations studied and the ways in which questions have been posed have resulted in inconsistent evidence in relation to this factor (Caetano and McGrath 2005).

Finally, measures of BAC among impaired drivers are quite high relative to the legal limit in North America of .08 (Simpson et al. 2004; NHTSA 2003). In the U.S., the average BAC among drivers in fatal crashes is .18 (NHTSA 2010); in Canada, the mean BAC .17 (Mayhew et al. 2011). However, there is evidence to suggest that while BAC is a good measure of alcohol use, it is not a reliable indicator of alcohol-related problems, involvement in impaired driving or risk of recidivism (Wieczorek et al. 1992).

PERSONALITY AND PSYCHOSOCIAL FACTORS

A variety of personality and psychosocial factors have been studied in relation to impaired drivers. These include: sensation-seeking, hostility, aggression, psychopathic deviance, assertiveness, antisocial personality, impulse control, risk perception, narcissistic personality, intermittent explosive disorder, external locus of control (i.e., blaming others for problems) and emotional adjustment.

In particular, a comprehensive review by Wanberg et al. (2005) reported that the “most salient personality variables associated with [DWI] behavior include: agitation, irritability, resentment, aggression, overt and covert hostility; thrill and sensation-seeking; low levels of assertiveness, low self-esteem, feelings of inadequacy and sensitivity to criticism and rejection; helplessness, depression and emotional stress; impulsiveness, external locus of control (blame others for problems); social deviance and non-conformity, anti-authoritarian attitudes” (p.23).

ALCOHOL MISUSE

The role of alcohol misuse in relation to impaired driving behavior has been studied more than almost any other factor. Historically it was believed that substance-related problems were a critical factor in impaired driving offending. However, more recent research has demonstrated that it is not a casual factor, although it is strongly correlated with the behavior. Key findings pertaining to the relationship between substance misuse and impaired driving are briefly summarized below.

Family history is linked to impaired driving behavior although what it represents in the impaired driving literature is often vague. The two characteristics that are the most strongly associated with number of impaired driving offenses as an adult include having a father with a drinking problem (Schuckit 1999; 2009); and having a relative who was arrested for impaired

driving (McMillen et al. 1992a; Wieczorek and Nochajski 2005). The “modeling” of drinking and driving behavior within the family appears common (Elliott et al. 2006; Gulliver and Begg 2004). It is important to acknowledge that both genetic predisposition to alcohol abuse (e.g., tolerance for heavy drinking, euphoria vs. sedation, externalizing personality) and the social genetics of being brought up in an alcoholic environment (e.g., greater likelihood of exposure to alcohol at an earlier, neurodevelopmentally vulnerable age) are likely involved.

Early onset of alcohol and other drug use are also predictive of substance use and abuse in adulthood (Hingson et al. 2002; 2003; Grant and Dawson 1997; Wanberg et al. 2005) and this finding is well-established. Individuals who begin drinking alcohol under the age of 14 often consume more alcohol as compared to those who begin drinking in their late teens or who wait until they reach the legal drinking age of 21 (in the U.S.). Equally concerning, these same individuals are more likely to believe that driving after drinking is only risky if individuals are obviously impaired and may be less likely to believe that driving after drinking increases the risk for injury or crashes.

More generally, an examination of drinking patterns among impaired driving offenders reveals that these individuals generally consumed greater amounts of alcohol per occasion and more often than the general population of drinkers

(Beirness et al. 1997). There is also research to indicate that a majority of impaired drivers are, in fact, binge drinkers (Caetano and McGrath 2005; Chou et al. 2006). A study by Flowers et al. (2008) indicated that 84 percent of alcohol-impaired drivers were binge drinkers while 88 percent of impaired driving episodes involved binge drinkers. These findings challenge a popular belief that alcoholism is at the root of impaired driving behavior.

There are considerable discrepancies with regard to estimates of problem drinking and substance abuse problems across studies (Simpson et al. 1996; Wanberg et al. 2005; Vingilis 1983; Beirness et al. 1997; Baker et al. 2002; Kramer 1986; Maruschak 1999; Brinkmann et al. 2002). This may be a result of different procedures that studies have used to reach such estimates including: definitions of alcohol problems; data reporting practices; the populations sampled and sampling methods; and, instruments to diagnose problem drinking and substance abuse, some of which may not have items related to impaired driving behavior.

Some research also suggests that a diagnosis of alcohol abuse (as opposed to alcohol dependence) is more common among first offenders than repeat offenders, suggesting that this group may generally have lower levels of problem severity relative to repeat offenders (Wieczorek and Nochajski 2005). Research further indicates that approximately

only one-third of first offenders have a history of varying degrees of involvement in treatment (Wieczorek and Nochajski 2005).

Of note, many offenders, regardless of their number of prior offenses, are assessed as being in the pre-contemplative stage in relation to the stages of change with regard to their drinking and driving behavior³. This suggests that, despite the consequences of prior impaired driving convictions, a majority of offenders still fail to recognize the need to change their behavior or do not begin to think about changing their behavior, much less develop the motivation to do so (Nochajski and Stasiewicz 2006; Wieczorek and Nochajski 2005). There is also research demonstrating that impaired driving offenders may be more defensive of their drinking behavior and more resistant to self-disclose the extent of their alcohol consumption (BHRCS 2007) than the average patient who engages in alcohol treatment.

As a practical consequence of their repeated experiences with offenders who fail to be forthcoming about their drinking behavior, practitioners who conduct screening and assessment of these offenders more often tend to doubt or distrust reports of alcohol consumption disclosed by impaired drivers. However, it has been argued that clinicians should not underestimate or overlook the value of self-reported drinking by offenders. In fact,

self-reports provide a good indication of an offender's perceptions of their drinking behavior. Therefore, this information may be interpreted as an indication of the offender's self-appraisal of their impaired driving behavior as opposed to their presumed denial or resistance. In sharp contrast, impaired drivers appear to be much less defensive to disclosing use of drugs than they are to disclosing alcohol use and associated disruptive symptoms (Wanberg et al. 2005), although the reason for this is not known.

A more detailed examination of those offenders who delay participation in remedial programs conducted in 2008 by Brown et al. further revealed that more than 50 percent of offenders identified key reasons for this delay as being due to having made other transportation arrangements, the cost of remedial program participation, no access to a vehicle and no interest in driving. One-third identified no interest in and/or ability to change their alcohol usage as an obstacle. The study further reported that the reluctance of offenders to engage in remedial impaired driving programs, was due, in part, to the fact that their personal objectives for change were inconsistent with the goal of the intervention which was to significantly reduce drinking.

To this end, offenders who fail to complete mandated remedial programs are more likely to possess the following characteristics: older, lower income in last 30 days, less likely to be married or with a partner, unemployment, similar drinking

patterns, more cocaine dependence, higher proportion of positives on axis 1 disorders (e.g., anxiety, depression), and higher proportion of antisocial personality features, in comparison to those who do complete these programs. Logistic regression analysis further revealed that unemployment was the main predictor of non-compliance (Nadeau 2010), suggesting that cost may be a major obstacle to increased participation among poorer offenders.

CO-OCCURRING DISORDERS

Several research studies suggest that psychiatric disorders are more pronounced among impaired drivers (Shaffer et al. 2007; Lapham et al. 2001; McMillen et al. 1992a; Wieczorek and Nochajski 2005). Various mental health and psychiatric conditions that have been linked to impaired driving offenders include antisocial personality disorder, anxiety, conduct disorder, impulse control disorder, narcissism, depression, post-traumatic stress disorder (PTSD) and bipolar disorder. These factors have become a growing source of interest in the past decade and more recently are increasingly recognized as a contributing factor in this behavior due to the significant numbers of soldiers and veterans who are involved in impaired driving events either overseas or upon their return to North America.

Stress is also considered an important factor (Wanberg et al. 2005). Stress frequently occurs in situations that exceed an individual's ability to cope with events and/or the demands made on them. It should be underscored that stress and its resulting emotional conditions (i.e., guilt, anger, depression) can significantly influence substance use given that people often rely upon alcohol and other drugs to either cope with or relieve stress and associated unpleasant emotions.

Many offenders, regardless of their number of prior offenses, are assessed as being in the pre-contemplative stage in relation to the stages of change with regard to their drinking and driving behavior.

Research examining the effects of anxiety disorder in relation to substance use has also produced significant findings that may have important implications for impaired drivers. A study by Kushner et al. (2011) reported that the presence of an anxiety disorder affects the brain such that the transition from regular drunkenness to alcohol dependence is accelerated. An important factor in this process is the age of onset of anxiety disorder in relation to important drinking milestones. Men may experience shorter transition times relative to women, as women may not experience such “telescoping” of the development of alcohol dependence. Moreover, the study reported that the age of onset of drinking in this sample of alcohol dependent patients in a chemical dependency program was earlier for women than for men; in sharp contrast to findings from other studies of alcoholism.

Many impaired drivers have substantial histories of drug use (Beirness and Davis 2008). Rates of drug use among first and repeat offenders are not only important but also are not limited to “soft” drugs like marijuana. A comprehensive review of the literature by Wanberg et al. (2005) revealed that about 11-12 percent of impaired drivers are multiple drug users who report significant involvement in drugs other than alcohol and marijuana; close to 50 percent report a history of marijuana use. In a Texas study, Maxwell (2011) found that cannabis was identified as a primary problem among the youngest arrested impaired drivers whereas alcohol and crack cocaine were

more prevalent among older drivers. In addition, Caucasian arrestees more often had problems with other opiates, methamphetamines and sedatives in contrast to Hispanics who more often had problems with powder cocaine and cannabis.

COGNITIVE IMPAIRMENT

Executive cognitive function “involves the set of abilities that allows one to select behavior appropriate to a situation, including the ability to inhibit inappropriate behaviors and to focus on a specific task in spite of distraction” (Brown et al. 2008, p. 115). Deficits are linked to impulse control and self-regulation, capacity to learn and retain intervention content, problem solving, abstracting and the speed of information processing, among other abilities. Preliminary studies of neurocognitive characteristics of first-time offenders indicate that they are more likely to suffer deficits related to executive cognitive function compared to normal drivers (Brown et al. 2010a; Couture et al. 2010, August). Generally, it is estimated that it may take a minimum of six months for individuals to begin to recover from reversible deficits in executive function due to alcohol (Zinn et al. 2004). In cases involving much heavier drinking for extended periods, it may take two to four years, and some individuals may never fully recover from all deficits (Parsons 1998).

DRIVER AND CRIMINAL HISTORY

There is evidence that other driving violations as well as other criminal

history are common among a significant proportion of impaired driving offenders. In particular, the propensity to accumulate these two categories of offenses appears to be more pronounced among repeat offenders (Simpson et al. 1996; Jones and Lacey 2001; Syrcle and White 2006; Wieczorek and Nochajski 2005). This suggests that impaired driving is likely not an isolated high-risk driving behavior in some offenders. In other words, some individuals who drive while impaired may also have a history of other unsafe and/or high-risk driving behaviors (Beirness et al. 1997).

More recently, a study was conducted to analyze the past criminal histories of first impaired driving offenders in California (CA), Florida (FL), and New York (NY) in order to gauge whether there were common prior offenses. Analyses of these data consistently revealed that between 26 percent and 44 percent had been engaged in criminal activities prior to their impaired driving arrest. Two of these states (CA and FL) included traffic offenses and reported that more than one in three people had a prior arrest history for other offenses at the time of their first impaired driving arrest (Caldwell-Aden et al. 2009). Results of this study also revealed that drug offenses, assault and theft offenses were the most common reasons for arrest prior to the impaired driving offense among those with criminal histories in these states; and between 45 percent and 85 percent of those with a prior arrest had also been arrested for at least one of these three offenses (Caldwell-Aden et al. 2009).

Moreover, reliance solely on driving records to identify these drivers is problematic in light of gaps in reporting and record keeping systems (Simpson and Robertson 2001; Nochajski and Stasiewicz 2006). Studies investigating criminal history of these offenders also illustrate that at least a portion of convicted impaired drivers have a history of other criminal offenses and suggest that strengthening linkages between the criminal justice system and impaired driver treatment programs may be beneficial.

REPEAT AND/OR HARD CORE⁴ IMPAIRED DRIVERS.

This segment of the impaired driver population generally has many similar characteristics to first impaired drivers, however these characteristics are often more pronounced (Wieczorek and Nochajski 2005).

Research shows that some 90 percent of recidivists are male and between the ages of 23 and 45 years. In comparison to first offenders, repeat offenders are more often single, separated or divorced, have less education, lower levels of income and have higher levels of unemployment. While a majority of repeat offenders can be classified as Anglo-white (Jones and Lacey 2001; Wanberg et al. 2005), it has also been suggested that ethnicity is related to repeat impaired driver status, however this varies according to region. Finally, among repeat offenders, arrests at higher BACs of .18 or over .20 are more common compared to first-time offenders (Wanberg et al. 2005). This is equally true

in relation to test refusal at the roadside (Robertson and Simpson 2002).

Results from studies investigating personality differences between first and repeat offenders are inconsistent. Some studies report that repeat offenders demonstrated higher levels of hostility, sensation-seeking, psychopathic deviance, mania and depression and antisocial tendencies, as well as lower levels of assertiveness and emotional adjustment, self-esteem, locus of control, social desirability (McMillan et al. 1992a; Wieczorek and Nochajski 2005; Cavaiola et al. 2007). In sharp contrast, other studies have failed to identify significant differences between these two groups (Cavaiola and Wuth 2002; Wanberg et al. 2005). Of importance, these apparently contradictory conclusions reveal the fact that the research to date has failed to adequately disentangle the significant heterogeneity that is evident in the impaired driver offender population. Socially desirable responding among impaired drivers in self-report studies may also bias our understanding of personality and behavioral factors (Schell et al. 2006).

Similar to first offenders, family history, age of onset and alcohol misuse issues play important roles in relation to repeat impaired driving offenders. A comprehensive review of the literature by Wanberg et al. (2005) similarly reported that repeat offenders have higher levels of disruptive alcohol use symptoms.

Repeat offenders have significantly higher levels of co-occurring disorders

(Wieczorek and Nochajski 2005; Wanberg et al. 2005; Jones and Lacey 2001; Simpson et al. 1996). In light of research to suggest treatment is more difficult when individuals possess emotional and psychiatric problems in conjunction with substance-related problems (Lapham et al. 2001), mental health issues among impaired drivers are an important consideration. Not only can co-occurring disorders decrease the effectiveness of treatment, but they are also considered a predictor of poorer treatment outcomes (Lapham et al. 2001; Laplante et al. 2008; Shaffer et al. 2007).

Findings also reveal significant differences in drug use by the number of prior offenses and persistent offenders have higher levels of use than first offenders (Wieczorek and Nochajski 2005; Wanberg et al. 2005; White and Gasperin 2006).

Cognitive impairments are also more likely to be a problem among repeat offenders. The most intervention-resistant offenders have a decreased ability for self-regulation, for learning and retaining intervention content and for exercising good decision-making even when sober. Not all of these problems are attributable to alcohol abuse severity. This suggests that new strategies in the design of remedial programs and interventions directed at some offenders with the highest risk of recidivism may be needed (Ouimet et al. 2007; Maldonado-Bouchard et al. 2012; Brown et al. 2008).

Finally, repeat offenders are also more likely to have more traffic offenses and to have been involved in crashes more frequently than first offenders (McMillen et al. 1992a; Nochajski and Wieczorek 2000; Wieczorek and Nochajski 2005). This is true in relation to official records as well as self-report. Of note, a Massachusetts study by Labrie et al. (2007) examined 1,281 repeat offenders that opted to participate in a treatment program in lieu of a period of incarceration. It revealed that more than half (61 percent) of participants had criminal histories that involved substance-related crimes only and more than one-third had a more extensive criminal history. Among this one-third, almost half (45 percent) had committed only property crimes, one-fifth (22 percent) had committed only crimes against persons and one-third had histories that involved property and person-related crimes. It further noted that more severe criminality (moving from substance-related to property crimes to crimes against persons) was related to higher levels of recidivism. Results showed that participants involved in property crime were 1.4 times more likely to be re-arrested for impaired driving and participants involved in crimes against persons were twice as likely to recidivate relative to those participants with a history of impaired driving only. The study also found that participants with less prior involvement in crime responded better to treatment whereas those with more criminal involvement did not respond as well.

FEMALE IMPAIRED DRIVERS

Historically, road safety research demonstrated that fatalities and injuries related to road crashes (due to alcohol or other unsafe driving behaviors) have predominantly involved males (Mayhew et al. 1981; Beirness and Simpson 1988; Mayhew and Simpson 1990; Mayhew et al. 1990; Kelley-Baker and Romano 2010). But in the past decade this has changed, particularly in relation to impaired driving.

One of the historical challenges associated with better understanding the characteristics of female impaired drivers has been the smaller number of them who are detected, arrested and convicted for impaired driving, as well as the smaller number of female offenders who re-offend or recidivate (although their rate of recidivism following a first conviction is equivalent to males). Generally speaking, this has resulted in making it more difficult to conduct research on this sub-group of the impaired driver population (Moore 1994). While data on the characteristics of female impaired drivers has increased in recent years, much more research has been conducted on populations of females who consume alcohol generally and not all of this research is specific to impaired driving offenders.

An examination of alcohol crash data from the U.S. Fatality Analysis Reporting System (FARS) indicates that the involvement of female drivers in alcohol-impaired road crashes has remained fairly stable with incremental increases from

12 percent in the 1980s to 14 percent in the 2000s. Since 2006, the percentage of women drivers who tested positive for any amount of alcohol in fatal crashes has averaged 16 percent annually, while in 2008 1,837 fatalities in crashes involved an alcohol-impaired female driver (NHTSA 2009). Similarly, in Canada, since 2002, females have accounted for 13-16 percent of fatally injured impaired drivers, reaching a high of 16.4 percent in 2006 (TIRF 2012). However, this percentage seems to have stabilized in the past four years, and, overall, females continue to account for a minority of this population.

However, an examination of arrest data in the United States reveals a different picture. The number of female impaired driving arrests in the U.S. rose nationally by 28.8 percent between 1998 and 2007 (Lapham et al. 2000; Schwartz and Rookey 2008). Thus, while in the 1990s it was estimated that about ten percent of impaired drivers were female, as of the 2000s it has been estimated that women account for closer to 20 percent (Wanberg et al. 2005; Schwartz and Rookey 2008), with some jurisdictions reporting in excess of 20 percent of impaired driving arrests involving women. Increases are also evident in Canada, however these increases have only recently emerged. In Canada, the impaired driving rate for females generally declined up to 1997 and remained stable through to 2005. Of concern, only since 2005 has this picture changed, with females accounting for one in every six impaired drivers in 2001, compared to just 1 in 13 in 1986 (Perreault 2013).

Three main explanations have been put forward in an effort to explain these increases. First, it has been suggested that female roles in society have evolved in the past 30 years and this has contributed to changes in their driving behaviors (Popkin 1991; Bergdahl 1999; Mayhew et al. 2003; Tsai et al. 2008; Robertson et al. 2011a). Not only has there been a large influx of female workers in the labor force which has contributed to the more frequent use of vehicles and the driving of longer distances by women than occurred historically, but women today are more likely than their older counterparts to possess a driver's license, to drive more miles, to drive during nights and weekends when crashes are more likely to occur, to be the driver of the vehicle and even to drive more aggressively (Hu and Reuscher 2004; IIHS 2001). More generally, it has further been suggested that women have engaged in more high-risk driving activities as a result of changing social norms (Elliott et al. 2006).

Another explanation relates to changes in social norms that are believed to have made it more acceptable for women to consume alcohol, either in public or at home (Gudrais 2011). In the 1960s through to the 1980s, alcohol consumption patterns remained relatively stable and overall, there was no evidence of converging alcohol use patterns between males and females. However, a small increase has been noted in the proportion of men abstaining from alcohol as well as a decrease in younger female abstainers during the 1980s. Of interest, young women now consume their first

alcoholic drink at an increasingly younger age that is more comparable to men (Gudrais 2011).

Finally, it has also been argued that changes in the socio-legal climate, mechanisms of social control and social control policies have resulted not only in women having increased access to alcohol, but also in their being increasingly accountable for their behavior related to alcohol consumption. To illustrate, research from the 1980s suggested that when young women came into contact with police for impaired driving, warnings were more commonly issued instead of traffic violations or a citation for impaired driving (Farrow and Brissing 1990). More recently, this appears to occur less frequently as changes in drunk driving laws as well as law enforcement practices have increased female exposure to detection and arrest for impaired driving (Schwartz and Rookey 2008). In addition, a growing number of female police officers and higher levels of bureaucratization within police agencies have led to greater uniformity in the management of male and female offenders (Schwartz and Steffensmeier 2007; Robertson et al. 2011a).

Although much of the research investigating female impaired drivers is dated (Robertson et al. 2011b), in 2013 a series of case studies were conducted with more than 150 convicted female impaired driving offenders who participated in interview focus groups in four U.S. states (California, Michigan, Missouri and New York) (Robertson et al. 2013). In particular,

three distinct profiles of female impaired drivers also emerged from this study and are briefly described below. It is estimated that more than three-quarters of the study participants matched one of these profiles.

YOUNG WOMEN

It is estimated that at least one-quarter of the study participants were women under the age of 25, some of whom had accumulated multiple impaired driving offenses in a rather short period of time. In fact, one participant had served one year in prison following her fourth offense at the age of 24.

These young women reported that they did most of their drinking in bars or at house parties and that they had attempted to drive home from those locations when they were arrested. They often reported drinking to relax, to feel comfortable or to “fit in” in social settings.

Moreover, many of them reported that they felt pressure to “keep up” with male friends or boyfriends in terms of the amount of alcohol that they consumed. Young women who had grown up in a stable home environment also reported drinking in order to cope with the high expectations of family members and what they perceived as “the pressure to succeed.”

Daily alcohol consumption and binge drinking was not uncommon among this subgroup and this is consistent with research findings identifying binge drinking among college-age women as a phenomenon of growing concern (CDC

2013). These women tended to be single or had a partner who also drank heavily and facilitated and/or encouraged their use of alcohol.

RECENTLY MARRIED WOMEN WITH CHILDREN

This group of female impaired driving offenders included those who had recently become seriously involved with a partner who drank heavily or who had gotten married and/or who had had children. These women reported that their drinking did not become a problem or 'take off' until after their children were born. In some instances, these women suffered symptoms of postpartum depression and drank as a coping mechanism or as a result of feelings of isolation and loneliness. Much of the alcohol consumption occurred with family or friends at home (e.g., they would drink while they did household chores, while on the phone or with friends or their partner). If a spouse was present, more often than not, they would also drink heavily which in some cases led to incidences of domestic violence. Of note, most of the women who fit into this profile stated that they did not have a drinking problem prior to entering into the relationship with the partner who abused alcohol and/or prior to the birth of their children. The circumstances that led up to the arrest of these women were often characterized by running errands close to the home such as picking up their children from school, buying groceries or going to get gas. Many of these women were convicted of felony impaired driving offenses on account of their children being

passengers in the vehicle at the time of their arrest (this was especially common in New York due to the passage of Leandra's Law⁵). While a majority of the women acknowledged that they were aware that they should not be driving after drinking with their children in the vehicle, it was often perceived as the only or the safest option (e.g., they were the more sober partner or childcare was not available).

DIVORCED OLDER WOMEN AND/OR EMPTY NESTERS.

Women who were not convicted of impaired driving until later in life typically reported that they developed a drinking problem in their late 30s or early 40s. Catalysts for their drinking included divorce or failed long-term relationships, shared custody arrangements or grown children leaving home or parental illness/death. These women most often drank at home when they were alone and reported depression or feelings of isolation. Some of these women also reported drinking to feel comfortable in social settings, such as bars, because it had been a very long time since they had engaged in social activities of this nature. In particular, the women who fit this profile reported that they had more intense feelings of embarrassment and shame as their children were old enough to appreciate the stigma associated with their offending behavior, and in some cases, were also called to bail them out of jail following the arrest.

While it is estimated that a small minority of participants did not fit into one of these three profiles, a majority of them possessed many of the

characteristics frequently reported in the scientific literature including failed relationships, mental health problems, history of alcohol misuse within the family, multiple impaired driving arrests, history of trauma and feelings of shame, guilt and embarrassment (Robertson et al. 2011b). A more complete overview of the literature on this topic is provided below.

DEMOGRAPHIC FACTORS

The average age of female first impaired driving offenders is 31 and the average age of recidivists is 30, although this fact is drawn from older research (Shore and McCoy 1987). Most recently, U.S. data from the Federal Bureau of Investigation (FBI) Uniform Crime Reports (UCR) in 2009 reveal that there were 251,695 women arrested for impaired driving compared to 860,689 men. Of the total impaired driving arrests for females, almost 28 percent were aged 18-24 and almost 18 percent were aged 25-29. In addition, women aged 30-34 accounted for 12 percent of arrests; ages 35-39 were 11 percent; and, ages 40-44 and 45-49 were ten percent each. Finally, women aged 50 and older accounted for 11 percent of impaired driving arrests (FBI 2010).

Robertson et al. (2013) reported that female impaired driving offenders ranged in age from late teens to mid-60s, suggesting that women are comparable to men in that individuals of all ages drink and drive. However a majority of participants were an estimated 20 to 40 years of age. Generally, rates of

involvement in alcohol-impaired motor vehicle crashes decrease with age and the population of greatest concern is often young females (Peck et al. 2008). In particular, the increasing involvement of young women with alcohol, in combination with their inexperience driving and their growing propensity for risky driving (Lynskey et al. 2007; Tsai et al. 2010) warrants attention and further research.

The literature regarding levels of education and employment among female impaired drivers is inconsistent. Female impaired drivers are generally older than men and have higher levels of education (Peck et al. 2008) but lower paying jobs (Chalmers et al. 1993; Shore and McCoy 1987). The study by Robertson et al. (2013) reported it was estimated that more than three-quarters of the study participants reported having completed high school or their General Equivalency Diploma (GED) and at least one-third of these women also reported having initiated and/or completed some type of post-secondary education to obtain a professional degree, license, or certificate. Low academic achievement in young females represents a risk factor for impaired driving comparable to that observed in males (McMurrin et al. 2011).

Research into the marital status of female impaired drivers has produced more consistency, showing that female impaired drivers, when compared to male impaired drivers, are even more likely to be divorced or single (McMurrin

et al. 2011; Chang et al. 1996; Shore and McCoy 1987; Argeriou et al. 1986). A significant proportion of female impaired drivers are single, divorced or separated or are more likely to be living with a partner with an alcohol problem compared to women with no past impaired driving offenses (McMurran et al. 2011; Chang et al. 1996; Shore and McCoy 1987; Argeriou et al. 1986).

It has been suggested that the higher divorce rate among female impaired drivers compared to males may indicate that relationship failure has had a stronger impact on the drinking behavior of females compared to males. This has been linked to the possibility that females have a more internalized response to stress than males, such as alcohol or drug use, which can increase their risk of other dangerous behavior such as impaired driving. Generally speaking, female impaired drivers are more likely to be the primary caretaker of children at the time of arrest, are more likely to have experienced abuse and are more likely to have physical and mental health needs compared to their male counterparts (Bloom et al. 2003). McMurran et al. (2011) concluded that females, distressed by their marital situation, may turn to alcohol as a coping mechanism. However, it should be noted that females in a relationship were most likely to be living with someone who had an alcohol problem (McMurran et al. 2011).

Fewer studies have investigated the prevalence of personality and psychosocial

factors among female impaired drivers, in sharp contrast to the number of studies examining this issue among male impaired drivers. Overall, these studies suggest that psychosocial problems among female impaired drivers may not be uncommon and that, at least a portion of these women may experience depression, boredom, and problems at home and school that are related to their drinking (McMurran et al. 2011).

ALCOHOL MISUSE

Alcohol use among women is a very important factor to consider in relation to impaired driving for several reasons. Research shows that women metabolize alcohol differently than men (Gudrais 2011; Greenfield 2002). In addition, females generally have less water in the body and a lower body mass. Physiological differences also contribute in part to the more rapid progression of alcohol dependence such that women often require medical intervention an average of four years earlier than males who are problem drinkers (Gudrais 2011). It is also important to note that a study by Elliott et al. (2006) found that women are more vulnerable to all types of traffic incidents following alcohol consumption.

Similar to males, a constellation of family history factors, including a history of alcoholism within the family, experience with abuse, anxiety and depression and family and personal relationships that encouraged heavy drinking (White and Hennessey 2006), are associated with female impaired driving offending to

varying extents, however the specific influence of each factor is unclear.

While research shows that females tend to consume less alcohol than males (Jones and Lacey 2001; Greenfield 2002), more recently the onset of drinking and heavier drinking among females is occurring at an earlier age and the gender gap between young females and young males in relation to alcohol dependence is also shrinking (Greenfield 2002; Robertson et al. 2011a). Most recently, Robertson et al. (2013) reported that the extent of substance use varied substantially across study participants. It is estimated that almost one-half of women reported early onset of drinking with many experimenting with alcohol and/ or drugs in their early or mid-teen years; the lowest reported age of onset of drinking was nine years old. Conversely, it was estimated that between one-quarter and one-third of women did not begin to regularly use or develop a problem with alcohol or drugs or begin to drive after using these substances, until they were in their 30s or 40s.

Estimates of alcohol diagnoses among female impaired drivers vary but are significant and comparable to or greater than males (Lapham et al. 2000; Maxwell and Freeman 2007; Maxwell 2011). In a study by Robertson et al. (2013) a universal theme that emerged in interview focus groups with more than 150 convicted female impaired drivers was reports that they drank for emotional reasons or that alcohol consumption

was a coping mechanism to help them manage their emotions and stress.

These studies demonstrate that a substantial proportion of female impaired driving offenders are experiencing substance abuse problems and that the gravity and complexity of those problems are significant (White and Hennessey 2006). There is also some evidence to suggest that female alcohol consumption in general may be a result of issues specific to women such as “their tendency to act as caretakers, sometimes to the exclusion of their own needs” (Gudrais 2011, p.10).

CO-OCCURRING DISORDERS

Findings indicate that there is a need to treat some female impaired drivers not only for alcohol misuse problems but mental health problems as well (McMurrin et al. 2011). Female impaired driving offenders have significantly higher psychiatric co-morbidity relative to their male counterparts (Laplante et al. 2008). Diagnoses of anxiety, depression and post-traumatic stress disorder (PTSD) are common among female impaired driving offenders. Histories of trauma are also not uncommon among female impaired drivers (Robertson et al. 2013).

The use of illicit and licit substances among female impaired drivers is prevalent. Some studies suggest that involvement in drug use may be more comparable among males and females (Lapham et al. 2000). However, Maxwell and Freeman (2007) reported that the use

of illicit drugs was higher among females as compared to males, noting that females are most likely to be diagnosed with a primary problem with sedatives or opiates, whereas males were most likely to be diagnosed with a primary problem with alcohol and cannabis (Maxwell 2011). More recently, Robertson et al. (2013) reported that, although prescription drug use was common, less than one-third of female impaired drivers reported use of illicit substances. Given that the use of drugs appears to be somewhat common among female impaired drivers, it is important that female offenders are appropriately screened, identified and treated for all drug use disorders.

COGNITIVE IMPAIRMENT

While there has been limited research into the prevalence of cognitive impairments among female impaired drivers, Brown et al. (2013) reported that executive control appears to be a feature of female first impaired driving offending and that their ability to identify goals, plan, execute, inhibit old behavior patterns and learn from experience is reduced. These impairments worsened with alcohol intake. As such, alcohol appeared to contribute to female first impaired driving offending through acute and chronic disruption of executive control functioning.

DRIVER AND CRIMINAL HISTORY

There are limited data to suggest that a smaller number of female impaired driving offenders relative to males have a history of other traffic offenses or criminal offenses, although more research into

this topic is needed. Common criminal offenses in females may include drug offenses, theft offenses and assault (Caldwell-Aden et al. 2009), although the sample sizes in this study were small such that the drawing of conclusions was difficult.

REPEAT FEMALE IMPAIRED DRIVERS

Female repeat impaired driving offenders often share similar characteristics to their male counterparts. Older research suggests that repeat female offenders are approximately 30 years old but more current research on this issue is needed. Similar to males, there is also evidence that this population has lower levels of education, employment and income, and is much more likely to be single, separated or divorced than first offenders. And, like their male counterparts, repeat female impaired driving offenders are more likely to drink more frequently and exhibit higher levels of impairment, more often abuse drugs and utilize treatment services (Argeriou et al. 1986).

However, there are some differences between female and male repeat offenders. For example, repeat female impaired driving offenders have higher levels of psychiatric co-morbidity than male repeat offenders and are more likely to also use drugs (Laplane et al. 2008; Maxwell 2011).

Recidivism rates among male and female impaired drivers show some consistent patterns, depending on the studies consulted. Available data suggest

recidivism risk may be higher for young males than females (Argeriou et al. 1986; Jones and Lacey 2001; McMurrin et al. 2011; Webster et al. 2009; Wells-Parker et al. 1991), but it appears that risk of recidivism may converge as adults of both sexes age (Lapham et al. 2000). A comparison of rates among older offenders revealed few differences between sexes (Laplante et al. 2008; Rauch et al. 2010). As relatively few studies have specifically examined this issue, more research is needed.

SUMMARY OF SIMILARITIES AND DIFFERENCES BETWEEN MALES AND FEMALES

On average, impaired drivers of both sexes are generally aged 20 to 40, with many offenders being in their 30s. Relative to the general population, impaired drivers of both sexes also are more likely to have less education and lower levels of employment and income; this finding is more pronounced among repeat offenders. Similarly, impaired drivers of both sexes are more likely to be single, separated or divorced. Again, this finding is more pronounced among repeat offenders.

Alcohol-related diagnoses are very common among impaired drivers of both sexes. In particular, the age of onset of drinking and family history warrant attention. To reiterate, while such diagnoses are highly correlated with impaired driving offending, they are not necessarily a causal factor. Both male and female impaired drivers also have higher

levels of psychiatric symptoms relative to the general population so co-occurring disorders should not be overlooked during screening and assessment of this population. Moreover, recidivism rates for impaired driving among men and women of adult age appear similar following a first alcohol-related conviction.

There are also some important differences between male and female impaired drivers. Men appear to exhibit a higher degree of antisocial attitudes and behaviors relative to women, although research comparing these populations on this dimension is sparse. Conversely, women experience more severe psychological and mental health symptoms as well as report greater involvement in drugs. Men may be more defensive about alcohol problems and, in particular, repeat male impaired drivers may demonstrate a greater readiness for change.

In addition, younger males appear to have higher recidivism rates relative to females in this age category. Male impaired drivers also have more extensive histories of driving offenses and other criminal offenses as well as more prior experience with impaired driving interventions.

To summarize, this research makes abundantly clear why the interventions based upon simple theoretical models that emphasize distinct aspects of behavior, as opposed to a broader examination of the constellation of behaviors that are

intimately linked to impaired driving, have failed to produce more dramatic results. This critical fact was succinctly captured in Wanberg et al. (2005) who stated “there is no simple cause and effect model that can explain, let alone predict, impaired driving conduct. Many factors – early age drinking, environmental events, problem behavior, personality characteristics, stress and the emotional syndromes of stress, cognitive and behavioral reinforcement and the impaired control – that interact with drinking and driving to result in impaired driving behavior” (p.20).

Of clinical importance, this highlights the need for increased collaboration across disciplines to inform the development and delivery of interventions that are better suited to both match and target the diverse characteristics of this offender population.

IMPAIRED DRIVING RISK FACTORS

Risk factors are characteristics that are identified (according to sufficient research evidence) to be indicators of the potential for a group of individuals with shared characteristics to engage in a specific behavior in the future. It cannot be emphasized enough that “understanding the factors associated with recidivism is critical to our capacity for better detection of high-risk offenders and our ability to orchestrate effective countermeasures” (Ouimet et al. 2007, p. 743).

Generally speaking, risk factors are organized in two distinct categories: 1) static factors (e.g., number of prior offenses) that cannot be changed; and, 2)

dynamic factors (e.g., substance abuse) which may change over time (Gendreau et al. 1996; DeMichele and Lowe 2011). It is important to underscore that risk factors are relative to a group and not an individual and, subsequently, these measures are not very robust (Nadeau 2010).

Risk assessment is a process that utilizes identified risk factors (usually in relation to multiple domains) to predict future behavior. Risk assessment is not an exact science and risk factors only provide insight into the probability or likelihood of recidivism of offenders based upon existing research that is available. In this regard, much of the research around risk prediction has focused on criminal offenders and, in particular, those who have committed violent and/ or sexual offenses.

Historically, risk assessment instruments were viewed as little more than educated guess work and, generally speaking, studies have demonstrated that the accuracy of risk assessment tools is questionable. As such, practitioners are cognizant of the potential for both false-positives and false-negatives (Miller and Brodsky 2011). False-positives are the application of a high- risk classification to offenders who do not recidivate. False-negatives, on the other hand, are the application of a low-risk classification to offenders who do recidivate. Strategies used to reduce the frequency of false-positives and negatives often utilize multiple factors and combine actuarial evaluation and clinical observation.

More recently, the quality of instruments⁶ used with offenders has greatly improved (Andrews and Dowden 2006) as our understanding of risk factors has grown. Risk assessment instruments that possess a higher degree of accuracy in prediction generally account for multiple risk factors to reach a determination as to the probability of recidivism and place a greater emphasis on objective measures as opposed to just the reliance on professional judgment which is more often subjective.

A broad range of risk factors have been noted in the literature regarding impaired drivers including: sex, age, marital status, socio-economic status, history of prior treatment, impaired driving history, criminal history of violent aggression, prior traffic offenses, test refusal or high-BAC and drinking patterns to name a few (Syrle and White 2006). Yet, these studies vary dramatically in terms of the populations studied, sample sizes, variables and measures utilized, data sources, analyses conducted, comparison groups employed, the time period used to measure recidivism and the interpretation of results. Moreover, the number of studies that have examined the reliability of each individual risk factor is relatively small, which makes the drawing of conclusions a challenge.

As a consequence, to date, there are no reliable predictors of risk among impaired drivers (Nadeau 2010). Moreover, what research there has been regarding the prediction of risk among impaired drivers has focused more on males than females (Lapham et al. 2000).

In light of the limitations associated with research investigating risk factors associated with impaired driving, what is currently known about impaired driving risk factors should be interpreted cautiously. At best, no single impaired driving risk factor provides a clear indication regarding the potential for future impaired driving recidivism. Collectively, however, these risk factors may provide some insight that enable practitioners to gauge the need to further explore individual cases and the need for more intensive interventions.

A brief overview of some of the key research studies that have been conducted on impaired driving risk factors is provided below. Inconsistent findings across studies are clearly evident in relation to some factors. An emphasis has been placed mainly on studies that have been conducted since 2000 with a few exceptions. Practitioners interested in more detailed information about risk factors are encouraged to consult the individual studies cited and to carefully consider the research designs that were used in the drawing of conclusions.

In brief, there is some limited evidence to support the use of the following factors as predictors of impaired driving recidivism among males:

- Younger age (Lapham et al. 2000; C'de Baca et al. 2001; Rauch et al. 2010);
- Male gender (C'de Baca et al. 2001; Rauch et al 2010);
- Life history including family members or spouses with alcohol problems or impaired driving arrests (Lapham et al. 2000; Wieczorek and Nochajski 2005);

- Early onset alcohol and drug use and abuse, frequency of drinking, amount of alcohol consumed (Hingson et al. 2003; Schell et al. 2006);
- BAC is often cited as a reliable predictor of recidivism but research findings are mixed and more recent research suggests that BAC alone is not useful and should be interpreted cautiously or in combination with other predictive variables (Cavaiola et al. 2007; Dugosh et al. 2013);
- Instruments with some strength in predicting recidivism include the MAST (Lapham et al. 2000; Cavaiola et al. 2003), the MAC scale of the MMPI (Lapham et al. 1997; Brown and Ouimet 2013), and the subtle items of alcoholism on the RIASI (Nochajski and Wieczorek 1998). Of importance, different jurisdictions or offender samples will have higher or lower rates of failing and agencies need to make decisions about how to balance the positive and negative predictions. That is, assessment is an exercise in prediction and prediction has error. It is a bit of an art to balance these issues, but also a matter of agency capacity. The bottom line is that because of decisions regarding instrument precision, practitioners should be careful about comparing different assessments and even the same assessment across different populations;
- Biomarkers can detect the presence of alcohol disorders fairly accurately and a number of studies have investigated the extent to which biomarkers are predictive of impaired driving recidivism. More recently, there is research to suggest that biomarkers are not a good predictor of recidivism individually or as a group. The primary reason for this is that biomarkers may not capture the drinking patterns that are most common among impaired driving offenders (e.g., binge drinking) (Couture et al. 2010);
- A poor driving record that includes offenses both prior to and following the initial impaired driving offense is predictive of recidivism (Peck et al. 1994; Rauch et al. 2002; Wieczorek and Nochajski 2005; Cavaiola et al. 2007). However, some have noted that prior impaired driving arrests may not be a good predictor as the presence of prior arrests is influenced to a large extent by the level of impaired driving enforcement as well as the length of the “look-back” period for counting prior arrests (Nochajski and Stasiewicz 2006);
- Research investigating risk factors associated with criminal re-offending has identified a number of objective and verifiable risk indicators that are useful to distinguish between first and repeat impaired drivers. These variables are associated with an offender’s criminal history and include: “age at time of first arrest for any criminal act, age at time of first impaired driving conviction, having a prior summary of alcohol- or drug-related offense, having a prior misdemeanor offense, having a misdemeanor offense for a crime against persons or having five or more prior moving violations” (Dugosh et al. 2013, p.8);

- Research suggests that a high rate or pattern of BAC fail readings from the alcohol interlock, particularly in excess of .02, is predictive of the likelihood of impaired driving recidivism (Marques et al. 2003; Beirness and Marques 2004). Researchers have also determined that the presence of elevated BAC tests during early morning hours can also assist in predicting future impaired driving offenses (Beirness and Marques 2004); and,
- A number of recent studies have identified risk factors among repeat offenders in comparison to first offenders (Nadeau 2010). Low levels of participation or involvement in treatment and treatment interventions is considered predictive of recidivism (Aharonovich et al. 2003; Crews et al. 2005; Syrcle and White 2006; Wanberg et al. 2005). Neurocognitive deficits have also been reported as predictive of recidivism among repeat offenders. More specifically, these deficits can contribute to variation in affect, impulsivity, problem solving, perception and memory (Glass et al. 2000; Ouimet et al. 2007). Finally, a reduced ability to change is also predictive among repeat offenders of future impaired driving offenses (Buntain-Ricklefs et al. 1995; Glass et al. 2000; Ouimet et al. 2007).

With regard to female impaired drivers, there is one key study that examined differences in risk factors among men and women. For the most part, few differences were found in terms of predictive variables with the exception that women were more likely to report a history of aggressive behavior towards a partner than were males and this indicator was associated with increased recidivism (Lapham et al. 2000).

While it is clear that a wide range of risk factors have been examined in relation to the prediction of repeat impaired driving offenses in the past two decades, the findings from this research are inconsistent in many cases and far from conclusive. There are only a small handful of common factors that have been investigated across several studies, however with regard to criminological research, more is known about risk factors among repeat drunk drivers. For these reasons, practitioners in the field are encouraged to take a broader view of and approach to the use of these factors and focus on the presence of a number of risk factors collectively as a basis to inform decisions, as opposed to the presence or absence of individual factors. Much more research on this issue is needed before definitive conclusions can be reached.

CONCLUSIONS

Much has been learned about the profile and characteristics of impaired drivers over the course of the past three decades. To a lesser extent, knowledge has also grown with regard to the factors that put them at risk. Collectively these research findings can help practitioners begin to address the risks and needs of impaired drivers under supervision.

Still, continued efforts are needed to increase understanding of these topics and to inform approaches that can best prevent impaired driving behavior, as well as manage, supervise and treat those who are detected and processed through the criminal justice system. Important gaps still remain in relation to our understanding of offender behavior, our knowledge of effective interventions and learning with regard to how best interventions can be delivered. These issues warrant future attention and frontline practitioners, including probation, parole and community correction. ▷▷▲

ENDNOTES

Reported Canadian national data on alcohol-related crashes resulting in fatalities and serious injuries include all drivers that test positive for any amount of alcohol. This means that drivers that are below the legal limit for impairment as well as those above the legal limit are included in these counts. Hence the term drinking driver is used as opposed to impaired driver.

² Substance misuse is defined by the World Health Organization as the “use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications. The term is preferred by some to abuse in the belief that it is less judgmental.” (WHO 2013)

³ The transtheoretical stages of change model posits that individuals with behavior problems, such as substance dependence, experience several conditions and differ in their willingness to acknowledge that they have a problem and work towards change (Alexander 2000). Interventions or treatment strategies are most likely to be successful when geared toward the stage of change that the individual client is in. Adapted from Prochaska et al.’s (1992) readiness for change process stages, the various stages include: 1) Pre-contemplation (lack of awareness of a problem; no contemplation

of change); 2) Contemplation (recognition of a problem; contemplation of change); 3) Preparation (consideration of behavior change); 4) Action (taking steps to change behavior such as participation in treatment); and, 5) Maintenance (relapse prevention).

⁴ Hard core impaired drivers, also known as hard core drunk drivers are defined as drivers who drink and drive repeatedly, often at high blood alcohol concentrations, and have a history of prior convictions for impaired driving and or substance abuse problems.

⁵ Leandra’s Law was passed in 2009. This law made any DWI conviction where a child 16 years of age or under was present in the vehicle at the time of the arrest a felony. This law also provided for mandatory ignition interlocks for a minimum period of six months for all misdemeanor and felony DWI convictions.

⁶ It is equally important that risk assessment instruments demonstrate proven reliability and are scientifically validated and standardized on an appropriate population.

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SSI 20/30 unit

Camera required
in some states

Portable Alcohol Monitoring



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- Small, discrete size
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- G.P.S. capabilities
- No hum features
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- Integrates with Photo I.D. for easy user identification

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a perspectives spotlight

DUI'S AND THE VICTIM IMPACT PANEL

by George A.M. Heroux

In many counties throughout the country, judges are ordering first-time DUI offenders to attend Victim Impact Panels (VIPs) right along with fines and evaluations. Clearly, the fines provide monetary sanctions. Evaluations are necessary to determine if the defendant has a drinking problem and, if so, to what extent. So what are the Victim Impact Panels all about?

These panels are made up of victims of drunk driving crashes – some whom have been seriously injured, some whom have lost a family member to such a crash – and others who have assisted victims through victim advocacy.

While fines and even short jail terms provide sanctions to discourage drunk driving, the single purpose of a Victim Impact Panel is to reach the minds of drunk drivers to illustrate through personal stories and visuals that there is a genuine possibility that a drunk driver can kill or seriously injure himself or herself or kill or seriously injure someone else. It is a direct effort to reach the first-time offenders with the clear message that their actions are real and dangerous, not illusory, not a video game, not fiction.

Mothers Against Drunk Driving, the creator of the first Victim Impact Panel, believes that the panels (1) allow offenders, perhaps for the first time, to consider the pain and suffering impaired driving can cause other people, (2) help offenders move beyond being “stuck” in focusing on their own “bad luck,” (3) serve as a first step in breaking the denial of alcoholics or those addicted to other drugs, (4) imprint images of real people in offenders’ minds that will replay when drinking and driving is considered at some future point, and (5) change behavior and save lives.¹

The panel speakers tell their very personal stories of how a drunk driver was responsible for the death of a seventeen- or eighteen-year-old daughter or son, for instance. Or a victim who sits in his wheelchair tells how his life was changed in an instant as a result of a DUI crash. A victim advocate who has assisted hundreds of victims will show pictures of the victims and tell their stories and how their families’ lives were impacted.

The audience is always told that the panelists are not blaming them for their losses, that they are there, instead, to change the DUI offenders’ way of thinking and perhaps save their lives or the lives of others in the future.

The audience is always spell-bound by the presentations. DUI offenders listen in rapt silence; it becomes obvious that they have never really considered the possible tragic consequences of drinking and driving. Often, each member of the audience is requested

to evaluate the panel concept and the panelists' presentations. Here are typical responses:

"I believe this Victim Impact Panel has made a huge impact on my life." Whiteside County VIP.

"Very informative and powerfully touching impact story." Ogle County VIP.

"I can feel the pain that drinking and driving has caused." Bond County VIP.

"The speakers were very emotional and moving." Richland County VIP.

"Well presented and by God's grace, this will help my life." Douglas County VIP.

"I thought a lot about what they said, and it's very true." Jackson County VIP.

"Good job. Keep changing lives." Mason County VIP.

Statistical results from attendee evaluations include the following:

- Ninety-six percent of attendees indicate that the Victim Impact Panel is beneficial to them.
- Ninety-nine percent say that it is "very unlikely" that they will continue to drink and drive. Only one percent report that it is "somewhat likely" that they will continue that behavior.
- After attending the panels, 58 percent report that, in the future, they will drink but not drive. Forty-two percent say they will never drink again!

Typically, the VIP is ordered by the judge on the recommendation of the prosecuting attorney, knowing that the panels are not a substitute for traditional sanctions. However, some judges have made it a point to attend the VIP themselves, realizing that they have frustrations in communicating to the DUI offender the enormous potential for tragedy that drinking and driving may precipitate. One judge, having attended a panel, stated that personalizing the offense of drunk driving, in his view, was the most significant program that has been developed for dealing with drunk drivers.² Another judge stated that judges have an obligation and an opportunity to make sure that the offender receives the best possible education and treatment. Often, he says, that means ordering attendance at a Victim Impact Panel.³

However, it is generally believed by the organizations that provide the panels that

only first-time DUI offenders should attend. This, they believe, is the best possibility to deter behavior that may well result in more serious charges against an offender through recidivism resulting sometimes in tragic consequences. It is probably true that multiple offenders require more complex intervention.

SPEAKERS BENEFIT, ALSO

Even though it is the clear objective of a VIP to influence a drunk driver's future behavior, it is generally acknowledged by the speakers that they, too, benefit by the presentations. DUI crash victims often feel helpless and powerless. The

tragedy that took a family member's life is sudden and difficult to comprehend. Then, they are told that their loss is a crime against the State and must be handled by prosecutors. Except for an opportunity to view the proceedings and to present a Victim Impact Statement at sentencing, they feel as though they are on the outside looking in. If, eventually, they participate in a Victim Impact Panel, the experience can lighten personal pain and promote the healing process; they experience something positive from a devastating event and they can take pride in the fact that they may prevent others from victimization.



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F O U N D A T I O N

As harsh as it may seem, friends and family members often become wary of hearing about the details of a tragedy, so the VIP becomes one of the few places where victims can talk about their loss. For those who have re-married, there are instances where the new spouse doesn't want to hear about the former spouse and/or children. VIPs give speakers the opportunity to continue to express their feelings, albeit to strangers, but importantly to strangers who could be positively influenced by their words.

Many speakers believe that they are honoring victims by participating in the panels. In this way, victims themselves, even if they have lost their lives in DUI crashes, are contributing to the prevention of future similar tragedies by having their stories told.

THE ILLINOIS STATUTE

Before 2003, ordering Victim Impact Panels was not contained anywhere in the law in Illinois; it was simply judicial discretion. That year, a proposed bill called for a requirement that all first-time DUI offenders be required to attend Victim Impact Panels. Because of some concern that the requirement would minimize judicial discretion by mandating a segment of a sentence, the bill was amended simply to include the authority of the judges to order the VIPs.⁴ Since that time, an increasing number of State's Attorneys and probation departments have recommended the ordering of panels. This law has served as a model for other states.

OTHER STATE STATUTES CONCERNING VIPS

Victim Impact Panels are merely authorized, not mandated, in most states. Nevada requires attendance at a panel if a panel is available within 60 miles of the offender's residence.⁵ New York simply provides that the court may require a DUI defendant, as part of or as a condition of sentence, to attend a Victim Impact Panel.⁶ The Oregon statutes state that a court may require that the "defendant attend a victim treatment session."⁷

In Connecticut, Indiana, Oklahoma, Washington and Wisconsin, statutes include the phrase "may order" a defendant to participate in a Victim Impact Panel.⁸

Why is it so necessary to make first-time DUI offenders understand the consequences of the offense? The National Highway Traffic Safety Administration reports that in the most recent year that figures are available, 2009, 10,839 people were killed in alcohol-impaired-driving crashes. NHTSA also reports that there were 12,774 deaths when there was any amount of alcohol involved.⁹ Any effort to reduce these numbers is worth doing. Keying in on first-time DUI offenders to prevent recidivism – and, consequently, the possibility of deaths and serious injuries – is certainly worthwhile.

VIP STUDIES AND DETRACTORS

There has been no comprehensive study of the effectiveness of Victim

Impact Panels in preventing recidivism. There have been a handful of limited scope studies in several states or within disciplines.

The Washington Department of Corrections administered pre- and post-tests to offenders that indicated that most VIP attendees had increased sensitivity and understanding of the negative result of their behavior on victims. Another study in Louisiana focused on benefits to speakers with a conclusion that recovery was aided for 82 percent of victims who told their stories at Victim Impact Panels.

A study by the Department of Health Promotion and Behavior at the University of Georgia involved comparing 404 VIP attendees with a group that did not attend the VIPs. Results indicated that re-arrest rates were lower for the VIP group. The study concluded that considering alternative explanations for the results, VIPs can be a cost-effective way of reducing the probability of re-arrest in DUI offenders. When costs of DUI in human misery and dollars are considered, the potential benefits of a large-scale implementation of VIP programs appear to be well worth the effort.

In Nassau County, New York, a sample of 385 individuals aged 17 to 65 who attended Victim Impact Panels during an eight-month period were evaluated. The subjects included both first-time offenders and chronic offenders. During the following four years, seven and a half-percent were re-arrested for impaired

driving and 2.6 percent were re-arrested for multiple offenses (impaired driving plus other crimes). The study's findings suggest that younger offenders (ages 17-25) are more likely than older offenders to repeat the crime after attending a panel. The study determined that none of the offenders aged 36-45 were re-arrested for impaired driving within the four-year period after attending a VIP.

In a study published in the *Journal of Studies on Alcohol* (1999), it was reported that participation in a one-hour Victim Impact Panel reduced the likelihood of being re-arrested for DUI by 65 percent within the first year following the panel. Logistic regression was used to compare the importance of specific independent variables on re-arrest. Whether or not a subject was in the group who heard a Victim Impact Panel was the most powerful predictor of re-arrest.

DETRACTORS

William R. Miller, a director of research at the Center on Alcoholism, Substance Abuse and Addiction at The University of New Mexico doesn't believe that repeat offenses can be prevented by "shaming" or "shocking" people through confrontation with the devastating suffering caused by alcohol-related crashes. Research on confrontational approaches to treatment, he claims, indicate they have no beneficial effect.

In a newsletter published by Phillips Law Offices in Chicago, Dr. David J. Hanson, who often testifies for the

defense in DUI trials as an expert witness, asks whether Victim Impact Panels are effective in reducing DUIs. Apparently not, he concludes, according to research. (Unfortunately he doesn't detail the research.) And there is some evidence, Hanson claims, that in some cases VIPs may even be counter-productive – worse than doing nothing.

One letter writer (a DUI offender perhaps?) to a web site of an organization called Responsibility in DUI Laws, Inc. had this message: "Has anyone ever considered protesting the Victim Impact Panels? This would be a great site to pass out educational literature to people who would be the most receptive to our message and a good way to inform people of the ways [Victim Impact Panels] have been dismantling their rights before they get bombarded with bogus propaganda."

Paradoxically, some defense lawyers have encouraged DUI offenders to voluntarily attend a Victim Impact Panel, even when not ordered to do so. The objective, of course, is to obtain a plea agreement to a lesser charge or to relate the attendance to a judge at sentencing to mitigate possible penalties.

PROBATION'S INVOLVEMENT

It is the responsibility of probation departments in most states to verify that anyone who has been ordered to attend a VIP does so. Usually, the presenting organization provides a sign-in list to the probation department that is

overseeing compliance with the order. In some locations, probation departments handle checking in procedures directly to ascertain compliance immediately, without waiting for the presenting organization to provide the information.

Often, a VIP is the final requirement to reinstatement of a driver's license. This amplifies the importance of the probation department's participation.

VIPS IN ILLINOIS

In eleven counties in Illinois, VIPs are presented by Victim Impact Speakers, a not-for-profit organization made up of twenty-five victims and a victim advocate who has assisted approximately 300 victims at no charge. The organization is funded by fees collected from the DUI offenders who have to pay to attend the panels. Currently, Victim Impact Speakers offers Victim Impact Panels online, especially for DUI offenders who have some travel or time constraints. In several other counties, the panels are put together by Mothers Against Drunk Driving or the Alliance Against Intoxicated Motorists. In some counties, the panels are organized by the State's Attorney's Office or by the probation department.

For VIPs presented by Victim Impact Speakers, attendees also receive a copy of *But for the Crash*, a message novel inspired by a tragedy that occurred in 2001 when three college students were killed by a drunk driver going the wrong way on a four-lane highway.

Even though the main objective of a VIP is to demonstrate the real dangers involved in drinking and driving, attendees are also educated in the legal consequences. For example, they are informed of the law that now mandates the sentencing of a drunk driver responsible for a death to three to fourteen years (six to 28 years for multiple deaths in the same crash).¹⁰

Some judges have determined that Victim Impact Panels would be worthwhile also for underage drinkers, even if they were not drunk drivers. Certainly, illustrating consequences of underage drinking, even when not driving, is a valuable learning experience for this group of young people. Other judges have ordered defendants to victim impact panels who were not drunk drivers but were individuals who created some other traffic danger – reckless driving or distracted driving.

Court-ordered attendance at a Victim Impact Panel does not serve as a penalty aimed at preventing recidivism as do fines or jail terms. Instead, a Victim Impact Panel convinces first-time DUI offenders to recognize the seriousness of their actions. Many believe that that influence is much more successful in preventing recidivism than any penalty could ever be. ▷▷▲

ENDNOTES

1 How To Guide for Victim Impact Panels, Janis Harris Lord (2001)

2 Judge David S. Admire, Northeast District Court, King County, Washington

3 Judge Wayne Anderson, 1st Municipal District Traffic Center, Cook County, Illinois

4 625 ILCS 5/11-501.01

5 Nevada (Section 484)

6 New York (Vehicle and Traffic Law Section 1193 [f])

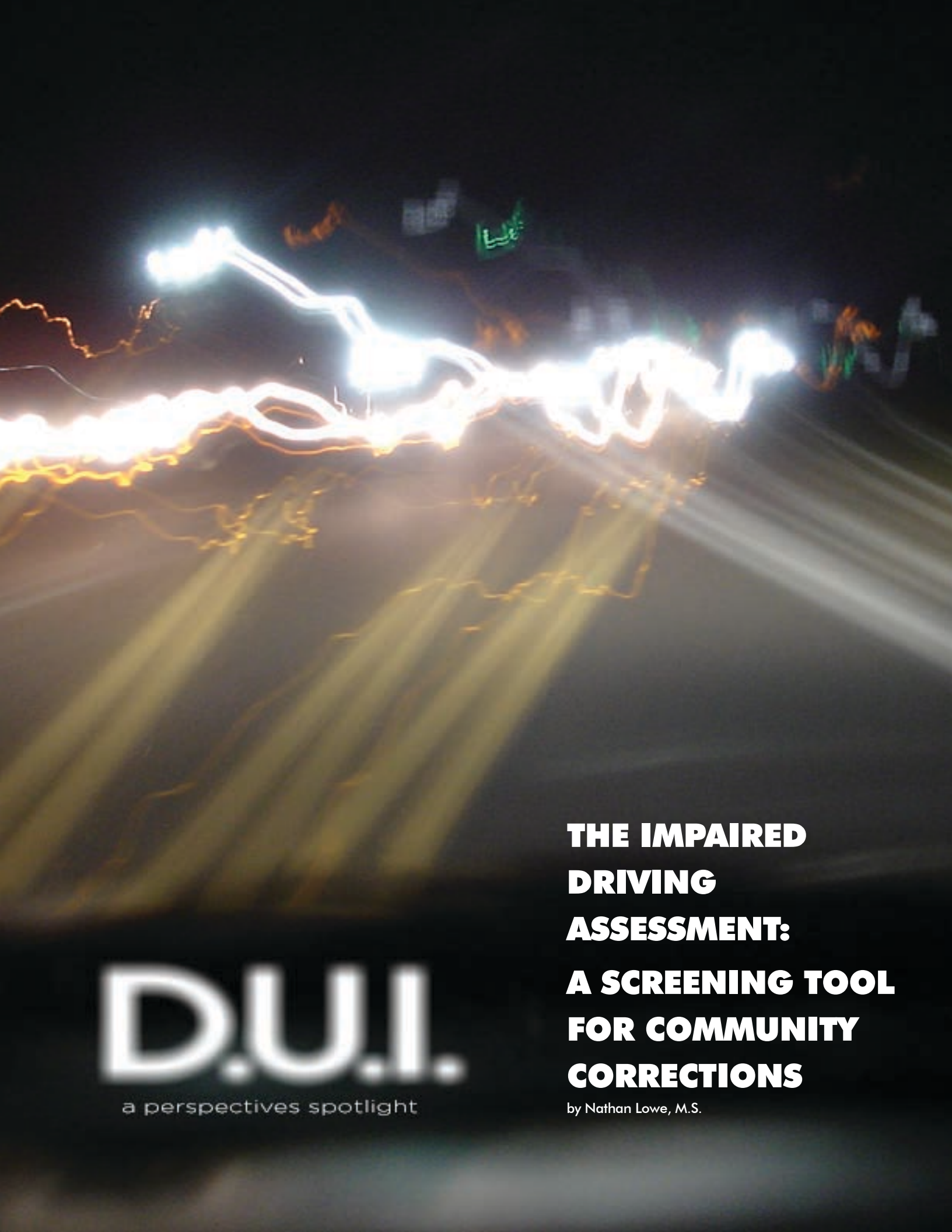
7 Oregon (Section 813.020 [3])

8 Connecticut (Section 42-4-1202 [4] [f]), Indiana (Sections IC9-30-14 and IC9-30-143 [3]), Oklahoma (22 Section 991a (A) 5 and 47 Section 11-902 (I)), Washington (Section 46.61.5152), Wisconsin (Sections 343.30 [1q] [d] and [2l])

9 National Highway Traffic Safety Administration

10 625 ILCS 5/11-501 (d) (2) (G)

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D.U.I.

a perspectives spotlight

**THE IMPAIRED
DRIVING
ASSESSMENT:
A SCREENING TOOL
FOR COMMUNITY
CORRECTIONS**

by Nathan Lowe, M.S.

While the number of alcohol-impaired-driving fatalities has been significantly reduced over the past decade, drunk driving continues to be a serious public health concern and a threat to public safety in the United States. A number of changes in policy and practice related to the enforcement and prosecution of individuals arrested and convicted of a driving while impaired (DWI) offense has contributed to the reductions in such fatalities. Yet, the National Highway Traffic Safety Administration (NHTSA) and others have continued to work to further reduce the number of fatalities and other negative consequences related to impaired driving. In particular, greater efforts have been made in recent years to enhance assessment practices for individuals convicted of DWI in order to increase the effectiveness of identification of persons who are most likely to continue to drive impaired. Although a number of risk screening instruments are available for the general criminal population, there are not any widely used risk assessment instruments specifically designed to assist community supervision officers or case managers to determine what, if any, level of supervision is needed for individuals convicted of DWI. In 2008, NHTSA provided funding to the American Probation and Parole Association (APPA) to develop an instrument that can increase the probability of identifying an individual's risk level of engaging in future conduct of impaired driving and to help determine the most effective community supervision that will reduce such risk. The result of this project was the Impaired Driving Assessment (IDA).

DEVELOPMENT OF THE IDA

APPA took several steps in the initial development of the IDA. First, a literature review was conducted to discern what instruments were available and what research had been done to define critical variables that can indicate the probability of DWI recidivism (see Lowe, 2014; Robertson, Wood, & Holmes, 2014). In general, research has established the causal factors of DWI recidivism to be a combination of alcohol or other drug (AOD) abuse or addiction and the risky decision-making process of high-risk drivers—individuals who lack appropriate levels of restraint or self-control to resist the impulsivity of driving while impaired. Furthermore, research on impaired driving suggests it is rooted in complex processes of social learning and psychological factors that promote antisocial attitudes and rationalizations acceptable of law violations.

Second, analyses were done on a large sample of DWI offenders from the Oklahoma Department of Corrections who were administered two commonly used substance abuse and general risk assessments in the field. The Adult Substance Use Survey (ASUS), and its revision (ASUS-R; Wanberg, 2010), is used as a differential screening instrument to identify level of risk, substance use and abuse involvement and supervision and referral

needs of clients involved in the justice system. The Level of Service Inventory-Revised (Andrews & Bonta, 1995) is one of the most popular general risk assessment tools used in the community corrections field today to measure risk of recidivism and develop case plans for justice-involved clients. In these analyses, the number of prior DWI offenses was used as the variable to be predicted. Several critical items were found to be statistically associated with prior DWI arrests (see DeMichele & Lowe, 2011).

Third, both individual item and total scale results of the Adult Substance Use and Driving Survey, a more in-depth differential assessment of the DWI offender in the areas of substance use and abuse, alcohol involvement and other areas of life-adjustment problems (ASUDS; Wanberg & Timken, 1998), and its revision (ASUDS-R; Wanberg & Timken, 2012) taken on four large samples of DWI clients from four different jurisdictions were studied to examine the relationship of selected questions in the ASUDS and risk outcome variables. Finally, a number of experts in the field of impaired driving research and treatment were consulted about their views on critical variables and areas of assessment that are most predictive of DWI recidivism. Feedback gained from these experts provided guidelines for selecting the measurement components of the most appropriate instrument.

From these steps, the project team identified several major risk areas of

DWI recidivism. Not surprisingly, an individual's past behavior stood out across multiple risk areas. This included prior DWI and non-DWI involvement in the justice system and prior involvement with AOD. In addition, resistance to and non-compliance with current and past involvement in the justice system was identified as a major risk area. Mental health and mood adjustment problems were found to be a risk area as well. This preliminary work was in line with the prior research on DWI recidivism in that its causal factors are a combination of AOD abuse or addiction and the risky decision-making process of high-risk drivers.

All of these identified areas informed the inclusion of certain items on the development of the IDA. The IDA is comprised of two components – a self-report (SR) and an evaluator report (ER). The SR is comprised of 34 questions designed to measure both retrospective and current perceptions of conditions related to mental health and mood adjustment, AOD involvement and disruption, social and legal non-conformity and acknowledgment of problem behaviors and motivation to seek help for these problems. The ER component is comprised of 11 questions that provide information around the individual's past DWI and non-DWI involvement in the judicial system, prior education and treatment episodes, past response to DWI education and/or treatment and current status with respect to community supervision and assignment to education and/or treatment services.

The comparison of the ER with the SR provides an estimate of the individual's level of defensiveness and openness to self-disclose, measures that are also important in the estimation of potential risk for recidivism. Eight scales were developed from the individual items; Table 1 provides a description of the scales.

IDA PILOT STUDY

Four adult county probation departments were selected to pilot the IDA with DWI probationers: Brown County Adult Probation, Minnesota; Nicollet County Adult Probation, Minnesota; Westchester County Probation Department, New York; and Tarrant County Community Supervision and Corrections Department, Texas. Supervision officers at each agency underwent training on how to properly administer the IDA to probationers. Officers then implemented the IDA to new cases for a period of six to eight months, beginning in August 2011 and concluding in April 2012. After accounting for various reasons for removal from the study, a total of 948 DWI probationers across the four agencies

TABLE 1: DESCRIPTIONS OF IDA SCALES

SCALE NAME	DESCRIPTION
PSYCHOSOCIAL	Measures the client's self-perception of past and current psychological and work adjustment issues; comprised of 8 items on the SR
AOD INVOLVEMENT	Measures the client's past involvement and problems associated with AOD; comprised of 9 items on the SR
LEGAL NON-CONFORMITY	Measures the client's past involvement in antisocial conduct and the legal system; comprised of 8 items on the SR
ACCEPTANCE/MOTIVATION	Measures the client's willingness to accept responsibility for the impaired-driving offense and to engage in intervention services; comprised of 6 items on the SR
DEFENSIVENESS	Measures the client's reluctance to present themselves as socially and psychologically unstable, or to admit to past behaviors that may lead to further punishment and loss of basic privileges, and that may require them to engage in intervention programs; comprised of 13 items on the SR
SR GENERAL	Measures the extent to which the client is generally involved in problems, behaviors, and conditions related to impaired driving; comprised of 23 of the 34 items on the SR
ER GENERAL	Measures the key factors for estimating the degree of risk that the client's impaired-driving conduct imposed on traffic and public safety; comprised of 11 items on the ER
DWI RISK-SUPERVISION ESTIMATE	Measures the client's general risk of non-compliance on community supervision and returning to behavior patterns that lead to the impaired-driving offense; comprised of 24 items on the SR, 7 items on the ER, and 2 demographic items

voluntarily participated to be in the study. The probationers were then tracked for a follow-up period of 12 months from the time they were placed on supervision and administered the IDA (see Lowe, 2014).

The statistical analysis of the data examined the effects of the eight IDA scales on the main outcome variable, "probation failure," which was measured by whether DWI probationers were arrested or revoked during the study period. The results of the analysis revealed that all eight scales were found to have statistically significant relationships with probation failure. There were many noteworthy findings of the analysis. First, legal and psychosocial factors had the strongest effects on probation failure. DWI probationers with more extensive legal histories (e.g., numerous arrests as juvenile and adult, incarceration in jail or prison) and more mental health and mood adjustment problems (e.g., depression, chronic unemployment) were more likely to fail probation.

Second, probationers who reported higher levels of AOD involvement and who showed more acceptance of the problems caused by their impaired driving and less defensiveness, were more likely to fail probation. One interpretation of these findings may be that while these individuals may acknowledge their problematic behaviors from AOD use, they do not stop using and, as a result, become more entrenched in the legal system. Alternatively, these findings give support to the past research literature on DWI recidivism in that while AOD addiction is a key factor in determining the risk for recidivism, it may be confounded by other factors, such as risky driving

behaviors and poor decision-making.

And lastly, probationers with higher scores on the DWI RISK-SUPERVISION ESTIMATE (DRSE) scale were more likely to fail probation. This is an important finding, because this scale is comprised of items from both the SR and ER, as well as two key demographic variables. So it is a fairly concise scale, as compared to the IDA in its entirety and it was found to have sufficient predictability of recidivism. Given this, the DRSE scale is a good example of how the IDA may be used in practice at either the sentencing stage or during supervision. Evaluators may be able to use the factors that comprise this scale to make informed decisions about an individual's risk to reoffend and service-level needs.

Practical Application of the IDA

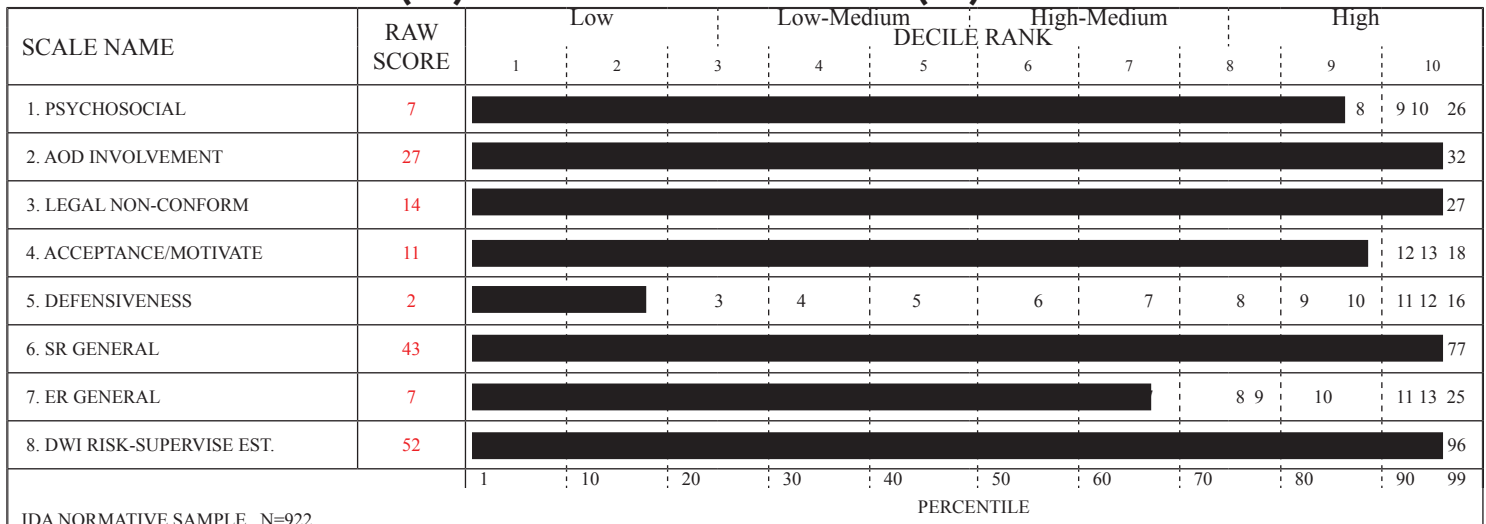
The main goal for the development of the IDA scales is to provide community supervision officers and the court with substantive information that can increase the effectiveness of community supervision and help discern the most appropriate level of DWI/AOD education and treatment services. The IDA scales provide a brief screening of conditions that are important to address in community supervision and intervention services, as it is important for both to be addressed in conjunction with one another. The IDA is designed so that it can be easily hand-scored by the evaluator. A form, the IDA SUMMARY, is used by the evaluator to summarize the scales and identify the DWI client's problem areas in order to develop the supervision plan. Figure 1 provides a prototype of the form. The scales of the profile use percentile and decile scores to standardize the raw scale scores of IDA.

Figure 1: IDA SUMMARY Form

A. DESCRIPTIVE INFORMATION

SUPERVISEE ID: 123456		EVALUATOR: Probation Officer		DATE: 01/15/2013
AGENCY: Probation Agency USA		ARREST DATE: 10/01/2012		SENTENCING DATE: 12/15/2012
AGE: 25	SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EDUCATION: high school diploma		
RACE/ETHNIC: <input checked="" type="checkbox"/> WHITE/NON-HISP <input type="checkbox"/> BLACK/NON-HISP <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> AI/AN <input type="checkbox"/> OTHER				
MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> PARTNER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW				

B. IDA SELF-REPORT (SR) AND EVALUATOR REPORT (ER) PROFILE



C. SUMMARY OF CRITICAL ITEMS FOR EVALUATING SUPERVISION LEVEL

ARREST BAC: <input type="checkbox"/> .00-.07 <input type="checkbox"/> .08-.14 <input type="checkbox"/> .15-.19 <input type="checkbox"/> .20-.25 <input type="checkbox"/> .26+ <input checked="" type="checkbox"/> REFUSED	PRIOR DWI: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
PRIOR DWI/AOD EDUCATION EPISODES: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+	PRIOR AOD TREATMENT EPISODES: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+
PAST INTERLOCK: <input type="checkbox"/> NEVER/DON'T KNOW <input checked="" type="checkbox"/> ON/COMPLIANT <input type="checkbox"/> ON/NON-COMPLIANT	
OTHER ELEC. MONITORING TO DETECT ALCOHOL USE: <input checked="" type="checkbox"/> NEVER/DON'T KNOW <input type="checkbox"/> ON/COMPLIANT <input type="checkbox"/> ON/NON-COMPLIANT	
RELATED TO DWI ARREST: ACCIDENT <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	BODILY INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES
FATALITY <input type="checkbox"/> NO <input type="checkbox"/> YES	
PAST FELONY DWI: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	CHILD WAS IN THE CAR AT THE TIME OF DWI ARREST: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

D. GUIDELINES FOR CONSIDERING SUPERVISION LEVEL

<input checked="" type="checkbox"/> ARREST BAC >.14 OR REFUSED	<input checked="" type="checkbox"/> PRIOR DWI ARRESTS	<input checked="" type="checkbox"/> PRIOR DWI/AOD EDUC	<input checked="" type="checkbox"/> PRIOR TREATMENT
DWI RISK-SUPERVISION ESTIMATE SCORE: <input type="checkbox"/> LOW: 0-10 <input type="checkbox"/> LOW-MEDIUM: 11-36 <input type="checkbox"/> HIGH-MEDIUM: 37-50 <input checked="" type="checkbox"/> HIGH: 51-96			

E. EVALUATOR RECOMMENDATIONS

SUPERVISION LEVEL: LOW (PAPER/< 1 FACE/MO)	<input type="checkbox"/> MEDIUM (1 FACE/MO)	<input type="checkbox"/> HIGH (2-3 FACE/MO)	<input checked="" type="checkbox"/> MAX (4+ FACE/MO)
POSSIBLE SERVICE NEEDS: <input checked="" type="checkbox"/> DWI/AOD EDUCATION <input checked="" type="checkbox"/> AOD TREATMENT <input checked="" type="checkbox"/> EMPLOYMENT/GENERAL EDUCATION	<input checked="" type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> FAMILY	<input checked="" type="checkbox"/> NON-DWI CRIMINAL CONDUCT	

A brief interpretation of the profile for the case represented in Figure 1 is presented below, as well as a description of how to use the form.

The evaluator completes Part A of the form, all of which can be taken from the SR and ER. Part B of the form allows the evaluator to plot the profile using the various scoring formats to understand the meaning of each of the IDA scales. Part C of the form includes several critical items commonly associated with assessing risk and determining level and length of supervision for DWI clients. These items relate not only to the client's potential engagement in future impaired-driving behavior, but also to the degree in which the offender has jeopardized traffic safety and put the community at risk. Part D of the form provides four critical variables that the evaluator may use, in conjunction with the DRSE scale, when developing the supervision and services plan of the DWI client. Lastly, Part E of the form outlines the evaluator's recommendations for assigning community supervision to the DWI client, based on all of the data and information acquired during the assessment and classification process.

A number of issues can be ascertained using the information on the provided case example of the IDA SUMMARY form. In this case, the client scored low on the DEFENSIVENESS scale and he seems self-disclosing and motivated to change. He was defensive at the time of arrest, however, based on his refusal of a BAC test. He has a high level of

past AOD involvement, particularly with alcohol and marijuana, which resulted in two episodes of AOD treatment. He also has a significant history of legal non-conforming conduct and involvement in the justice system with prior DWI arrests, short-term incarceration and past placement on probation supervision. His justice involvement may also be non-DWI related. His scores on the SR GENERAL and ER GENERAL scales are congruent; yet, the SR GENERAL seems to reflect higher levels of problems. Finally, his scores on the AOD INVOLVEMENT, PSYCHOSOCIAL and LEGAL NON-CONFORMITY scales were higher than 90 percent of others in the sample.

Based on this information, several recommendations can be made for this case. He should be referred for more extensive evaluation in the areas of psychosocial, AOD use and legal non-conforming conduct. Further, high risk and needs suggests that he would benefit from higher levels of community supervision and AOD treatment. Supervision should focus on risk for relapse into pattern of prior AOD-use problems and helping him learn how to manage the high risk situations that can lead to such problems and impaired driving. He should undergo random drug tests as part of the supervision process, as well as have an interlock device implemented on his vehicle when his driving privileges are restored. The treatment that he receives needs to address the thinking that leads to antisocial and legal non-conforming conduct.

FOR MORE INFORMATION

Simply put, the IDA acts as a screener to provide an estimate risk level among individuals convicted of an impaired-driving offense, identify their potential service needs, assess their responsiveness to intervention efforts and considers the compromise to traffic and public safety of their behaviors. The IDA is designed to be administered at the front end of the justice system, preferably around the time of sentencing. It should be used to inform supervision and case management practices, as well as to determine whether comprehensive assessments are needed for individuals. Currently, it is publicly available in paper form only, although efforts are underway to automate the tool for future use. Individuals must undergo training to gain access to and use the instrument, as well as all relevant materials. The only training option available at this time is provided on-site and involves some costs; however, an online training option will be made publicly available in the near future. For more information about the IDA, please contact the author: nlowe@csg.org or 859-244-8057. >>>▲

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calendar of events

SEPTEMBER 22-25, 2014

NAJIS 32nd Annual Conference
Salt Lake City, UT. For more information go
to: www.najis.org

SEPTEMBER 24-26, 2014

36th Annual Utah Fall Substance Abuse
Conference, St. George, UT For more
information go to: www.ufsac.org

SEPTEMBER 25-27, 2014

MCJA 2014 Annual Meeting
Chicago, IL. For more information go t:
<http://www.mcja.org/annual-meeting.html>

SEPTEMBER 28-OCTOBER 1, 2014

2014 Women Working in Corrections and
Juvenile Justice National Conference
Pittsburgh, PA. For more information
go to: [http://www.cor.state.pa.us/
portal/server.pt/community/
women_working_in_corrections_and_
juvenile_justice_%28wwicj%29_2014_
conference/21537](http://www.cor.state.pa.us/portal/server.pt/community/women_working_in_corrections_and_juvenile_justice_%28wwicj%29_2014_conference/21537)

OCTOBER 5-8, 2014

International Association of Correctional
Training Personnel Annual Trainers'
Conference, Scottsdale, AZ. For more
information go to: [http://iactp.org/
conferences/](http://iactp.org/conferences/)

OCTOBER 19-23, 2014

20th Annual National Symposium on
Juvenile Justice, Greensboro, NC. For
more information go to: [www.npjs.org/
symposium](http://www.npjs.org/symposium)

OCTOBER 20-21, 2014

30th Annual Washington State Prevention
Summit Conference, Yakima, WA.
For more information go to: [www.
preventionsummit.org](http://www.preventionsummit.org)

NOVEMBER 19-22, 2014

American Society of Criminology (ASC)
Annual Meeting, San Francisco, CA. For
more information go to: [http://www.
asc41.com/annualmeeting.htm](http://www.asc41.com/annualmeeting.htm)



JANUARY 11-14, 2015

APPA 2015 Winter Training Institute
Tampa, FL. For more information, go to:
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JULY 12-15, 2015

APPA 40th Annual Training Institute
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