

A Preliminary Analysis of the Orange County DUI Court

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Outline of Presentation

- **Evidence supporting DUI court approach**
- **Orange County DUI court elements**
- **Logic model & evaluation plan**
- **Research design**
- **Preliminary findings from intake surveys & observation**
- **Conclusion & future directions**

Research Evidence that Supports a Comprehensive DUI Court Approach

- **Drug courts combining treatment and judicial supervision decrease substance use, recidivism** (Belenko, 2002)
- **A combination of license action and alcohol treatment is a more effective DUI sanction, monitoring and participation also key elements** (DeYoung, 1997; Voas & Fisher, 2001)
- **Among untreated samples (n = 17 studies) average abstinence rate is 21% or a 14% decrease in mean drinks per week** (Moyer & Finney, 2002)
- **Longer duration in treatment associated with better alcohol outcomes, sustained participation in AA, and less treatment in future** (Moos & Moos, 2004a,b)
- **Extended participation in AA contributes to better alcohol-related outcomes and reduced need for treatment** (Moos & Moos, 2004a,b)

Orange County DUI Court Major Elements

- **Collaboration between:**
 - Harbor Justice Center Newport Beach (Judge, Collaborative Court Coordinators, Attorneys)
 - Health Care Agency (counseling, testing)
 - OC Probation (monitoring, testing)
 - Law enforcement
 - SB38/1344 providers
 - MADD (Mothers Against Drunk Driving)
 - CSULB (evaluation)
- **Funded by OTS for 2 years**
- **Weekly team meetings**
- **Comprehensive case management services**
- **Judicial monitoring**

Orange County DUI Court Elements

- **Phase I**
- **Phase II**
- **Phase III**
- **Graduated Sanctions**
- **Incentives**

Logic Model: Resources, Activities and Outputs

Resources	Activities	Outputs
<p>Participants: 2nd and 3rd time non-violent DUI offenders, residents of OC, case in HJC-NB, and acknowledge s/a problem</p> <p>Staff: Judge, HCA, Probation DA, PD, Law enforcement:, Coordinators</p> <p>Facilities: 1 court room Community-based agency partnerships for service provision</p> <p>Equipment: Alcohol-testing BAC & SCRAM</p>	<p>DUI court program provides early referral of offenders to a 12-month program comprised of mandatory treatment including alcohol/drug testing, individual and group counseling, and regular attendance at self-help meetings, education, and formal supervision with weekly contacts and programs tailored to individual needs of offender, including residential or outpatient treatment</p>	<p># and % referred to DUI court</p> <p># and % admitted to DUI court (target: 300)</p> <p># and % test positive for alcohol or drugs</p> <p># and % receive sanctions</p> <p># and % completed each component</p> <p># and % graduated (target: 75 after 2 years)</p> <p># and % recidivate with DUI offense</p>

Logic Model: Outcomes

- **Initial**

- Knowledge of how to manage addiction

- **Intermediate**

- Practice abstinence on ongoing basis
- Increase likelihood of successful rehabilitation
 - Stable employment
 - Stable family life

- **Long-term**

- Decreased risk of reoffending
- Reduced alcohol abuse
- Reduced DUI recidivism

Logic Model: Key Influencing Factors

- Age at onset of alcoholism
- Other substance abuse
- Mental health issues
- Family composition
- Criminal history
- Employment
- Reason for self medication
- Motivation to change behavior
- Perception of DUI court process by participants
- Perception of HCA treatment by participants
- Judicial monitoring

Research Design and Data Collection

- **Quasi-experimental with non-equivalent comparison groups**
- **Longitudinal – 3 data points (intake, 6 months, 12 months)**
- **Quantitative (standardized assessments) and Qualitative (semi-structured interviews) data collection**

Background Characteristics Oct. 1st, 2005

	Intake	All Participants
(N varies)	N = 74	N = 164
1st DUI:	5.4%	7.3%
2nd DUI:	73%	76.2%
3rd DUI:	27%	25.6%
Avg. age:	37 years old	37 years old
Employed FT:	77%	75.6%
Avg. age at 1st use of alcohol:	17.6 years old	17.4 years old
Years using alcohol:	18.9 years	18.8 years

Background Characteristics (cont.)

(N varies)	Intake N = 74	All Participants N = 164
Avg. BAC level:	.178	.177
Outpatient:	12.2%	8.5%
Residential:	10.8%	11.6%
Married:	10.8%	18.3%
Single:	64.9%	57.9%
No children:	64.9%	60.4%
Female:	32.4%	23.8%
Avg. jail days 1 st DUI:	98.8 days	93.9 days

Outcomes Measured and Instruments Discussed Today

- **Initial: Knowledge of how to manage alcohol addiction** – Understanding Alcoholism Scale
- **Intermediate: Likelihood of successful rehabilitation by stable employment and family life** – Community Assessment Inventory
- **Long-term: Decreased risk of reoffending**
– Behavior & Attitudes towards Drunk Driving Scale
- **Influencing Factor: Reason for Self-Medication** – Reason for Drinking Scale

Understanding of Alcoholism Scale

(Moyers & Miller, 1993)

At Intake and 12 months:

- What is participant knowledge of alcoholism at intake, and does it change during the year of treatment?

For outcome analysis:

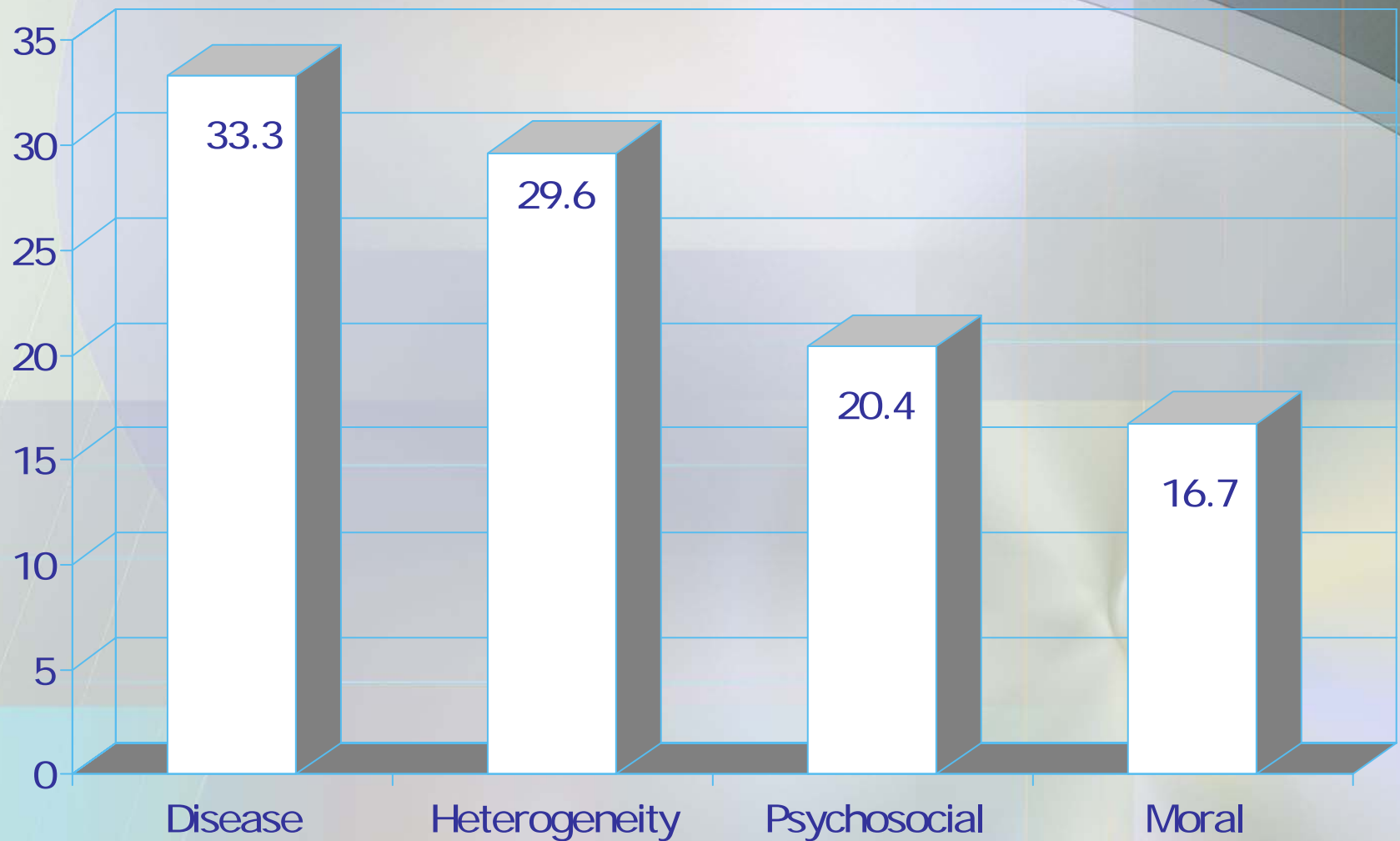
- Do beliefs about cause of alcoholism (disease model, psychosocial, eclectic or heterogeneity, moral/spiritual) impact subsequent recidivism?

Subscales of Understanding of Alcoholism

Cronbach Alpha for full scale: .85 (n = 54)

- **Disease model (.89, n = 56):**
 - People can be born alcoholic.
 - Anyone who has blackouts is an alcoholic.
 - A person's genes determine whether he or she will be an alcoholic.
- **Heterogeneity (.37, n = 61):**
 - Denial is part of the personality of alcoholics.
 - There are "problem drinkers" who have significant problems with alcohol, but who are not alcoholic.
 - In the long run, most alcoholics recover and live relatively normal lives.
- **Psychosocial (.58, n = 62):**
 - Anyone can develop alcoholism if he or she drinks enough.
 - Alcoholism is caused, in part, by growing up in a troubled family.
 - A person's environment plays an important role in determining whether he or she develops alcoholism.
- **Moral/spiritual (.67, n = 58):**
 - Alcoholics tend to be weak in morals or character.
 - Spiritual problems lie at the core of alcoholism
- Factor analysis needed to confirm categories and will be performed in final analysis.

Understanding of Alcoholism: Highest Average Sub-scale Score per Participant at Intake (n = 54)



Based on z-scores

Community Assessment Inventory

(Brown, O'Grady, Battjes & Katz, 2004)

At intake and 6 months:

- **What is participant level of stability, based on support from friends and family, at intake and 6 months?**

For outcome analysis:

- **Is level of support related to recidivism?**

Community Assessment Inventory

Living situation at Intake (N varies):

- 21.2% alone (n = 52)
- 22.1% spouse/partner (n = 68)
- 19.4% children (n = 67)
- 19.7% mother (n = 66)
- 15.4% father (n = 65)
- 12.1% other relatives (n = 66)
- 24.6% non-relatives (n = 65)

Participants can be in more than one category, so totals will not add up to 100%.

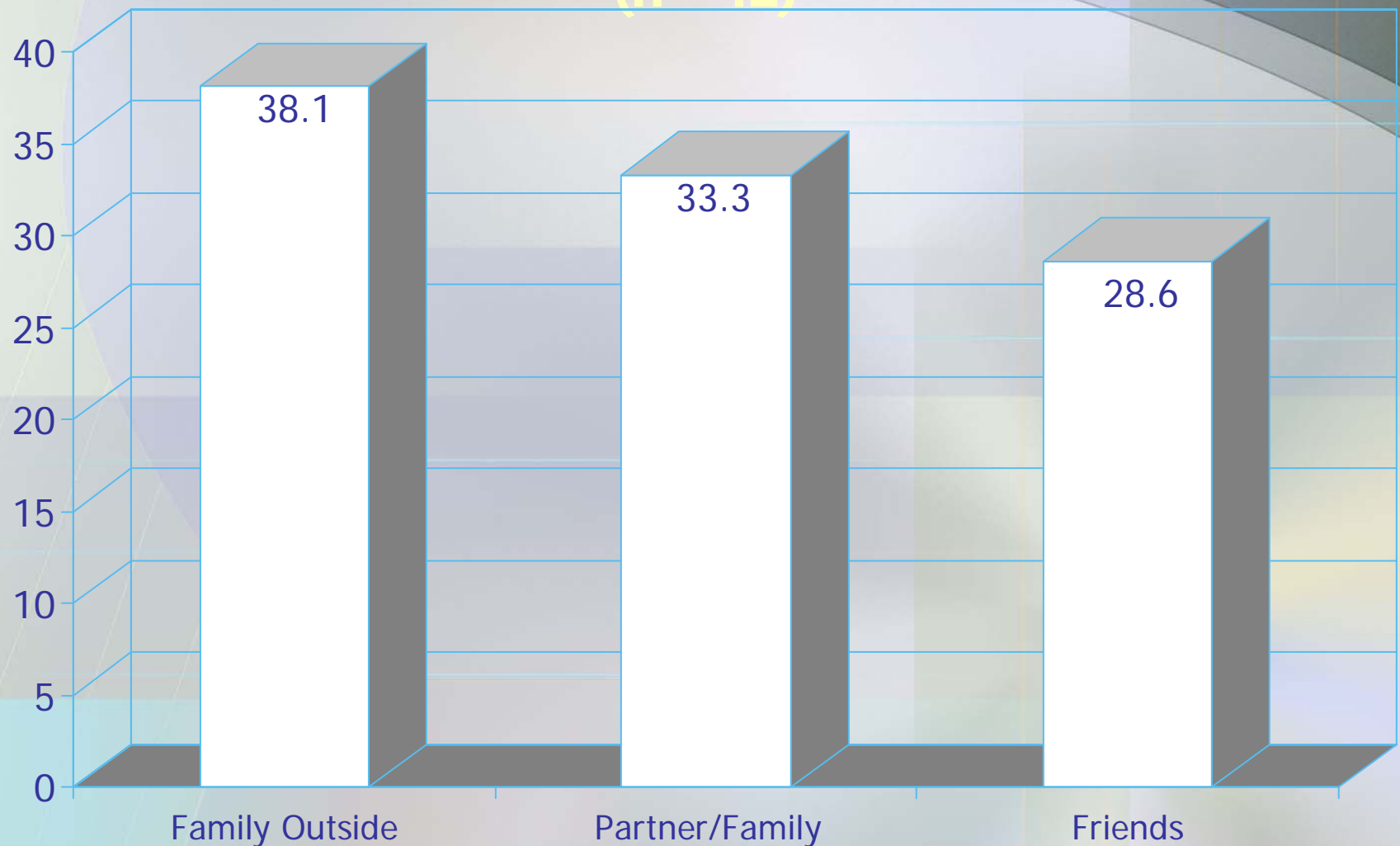
Community Assessment Inventory Subscale Questions

Cronbach's alpha for full scale: (.88, n = 42)

Support from:

- **Partner/family in the home (.82, n = 52):**
 - My partner and I are really a team in getting my life together.
 - When the going gets tough, you're on your own.
 - My partner understands what drug abuse does to a person.
- **Friends (.76, n = 71):**
 - Most of the people I hang out with like to keep their problems to themselves.
 - I have at least one friend I can count on to be there for me no matter what.
- **Family outside of the home (.89, n = 60):**
 - Anytime I need something I can count on my family to help.
 - My family doesn't know much about my life.

Community Assessment Inventory: Highest Average Subscale Score per Participant at Intake (n = 42)



Based on z-scores

Behavior & Attitudes toward Drinking & Driving

(Jewell & Hupp, 2005)

At intake and 6 months:

- Do participants experience a change in attitude and behaviors regarding drinking and driving at intake and 6 months?

For outcome analysis:

- Are changes in attitude or behavior related to a reduced risk of recidivism?

Behavior & Attitudes toward Drinking & Driving

At Intake:

- **In the last month, how many times have you been the PASSENGER with a driver who has had 1 or 2 drinks ?**
- **(n = 71)**
 - **76.1% (54) of participants said 0 times**
 - **11.3% (8) said 1 or 2 times**
 - **12.6% (9) said 4 to 15 times**

Behavior & Attitudes toward Drinking & Driving

At intake:

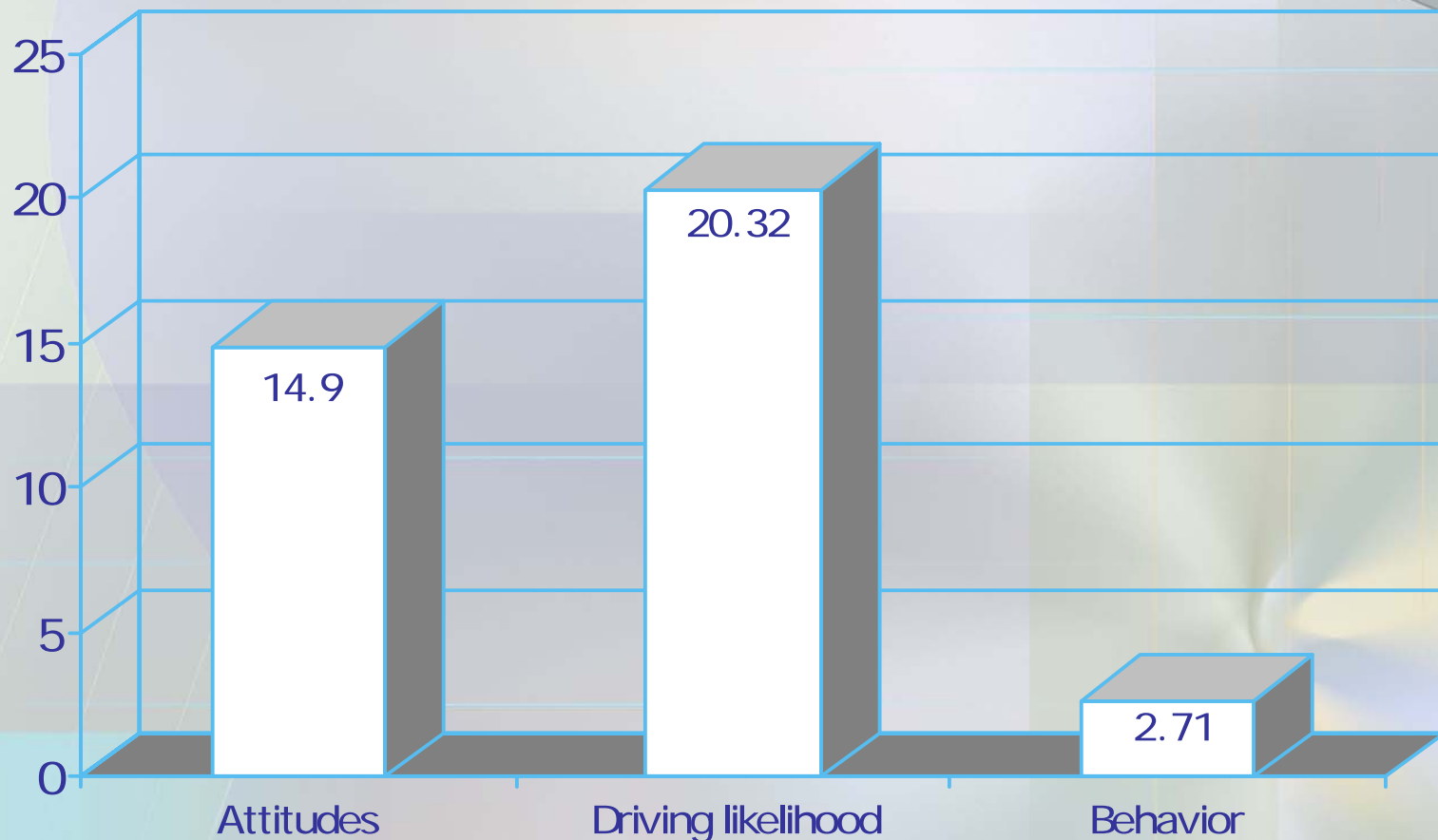
- How many days have you had 1 or more drinks in the last 30 days?
- (n = 72)
 - 80.6% (58) said 0 days
 - 19.4% (14) said 1 to 31 days

Behavior & Attitudes toward Drinking & Driving Subscale Questions

Cronbach's alpha on full scale: (.94, n = 64)

- **Attitudes towards drinking & driving (.86, n = 71):**
 - I believe it is okay to drink and drive if... you had only one drink with a meal.
 - I believe it is okay to drink and drive if...it is an unplanned emergency.
- **Driving likelihood (.95, n = 68)**
 - How likely are you to drive a short distance (a few blocks to a mile) after having...1 drink, 2 drinks, 3-4 drinks, 5-6 drinks, over 6 drinks.
- **Behaviors towards drinking & driving (.95, n = 70)**
 - In the last month, how many times have you been the passenger with a driver who has had 3 or more drinks?

Behavior & Attitudes toward Drinking & Driving: Average Scores on 3 subscales at Intake (n = 68-71)



Higher scores = more accepting of drinking and driving

Reasons for Drinking

(Zwiyak, Westerberg, Connors & Maisto, 2003)

At intake and 6 months:

- What are participants' reasons for drinking at intake and 6 months?

For outcome analysis:

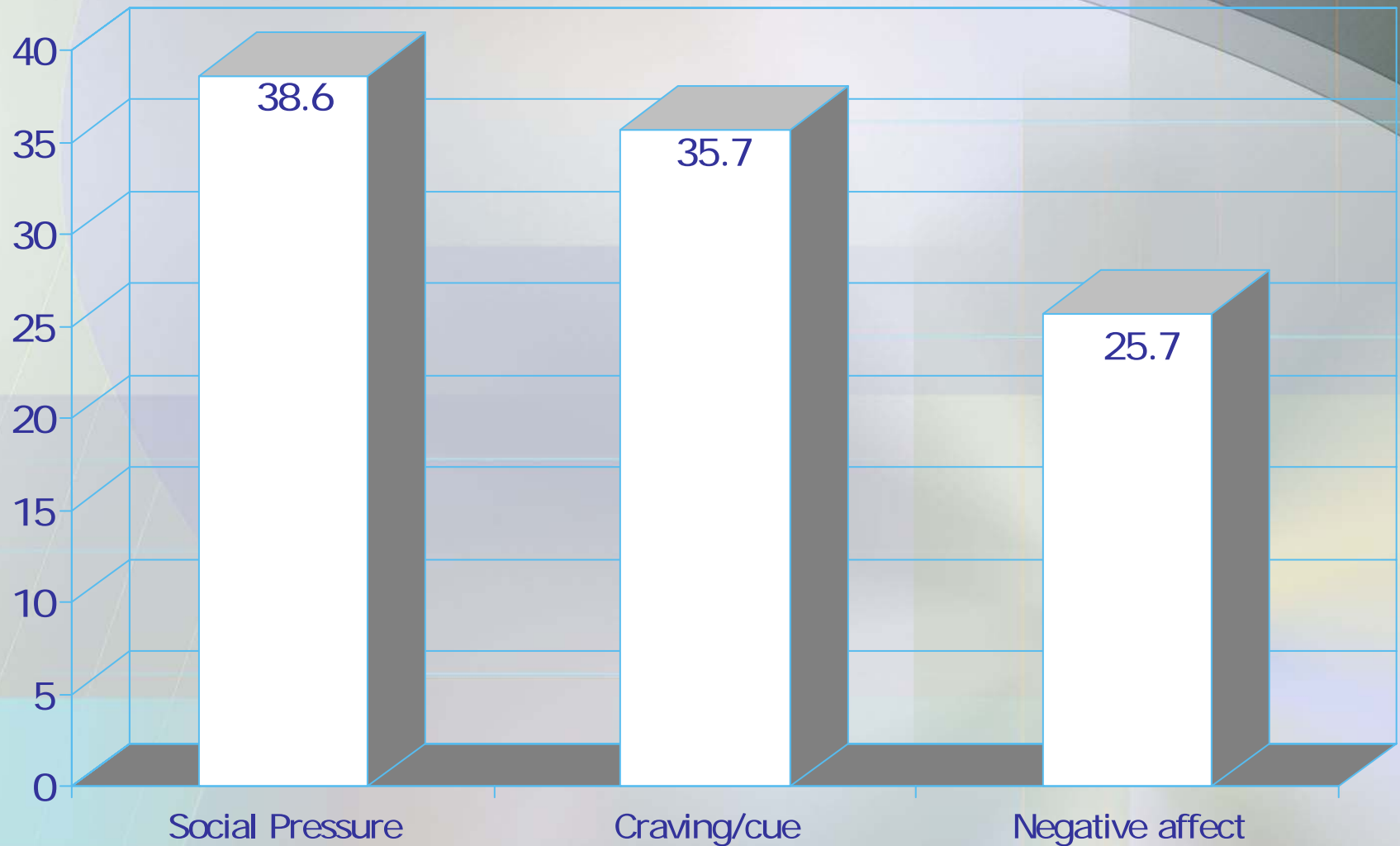
- Do different reasons for drinking (negative affect, social pressure, craving/cue) result in different rates of recidivism?

Reasons for Drinking Subscale Questions

Cronbach's alpha for full scale: (.92, n = 70)

- **Negative affect (.93, n = 70):**
 - I felt angry or frustrated, either with myself or because things were not going my way.
 - I felt anxious or tense.
- **Social pressure (.79, n = 73):**
 - Someone offered me a drink.
 - I was with others having a good time and we felt like getting drunk together.
- **Craving/Cue (.79, n = 73)**
 - When I saw alcohol I just had to give in.
 - I felt ill or in pain or uncomfortable because I wanted a drink.

Reasons for Drinking: Highest Average Subscale Score per Participant (n = 70)



Based on z-scores

Qualitative Observations

- The Judge clearly takes a strong interest in clients, talking to them personally during the judicial monitoring sessions each week
- A group dynamic among participants can be observed as they get to know one another
- Participants' essays contain revealing and emotional stories and show that personal reflection is occurring at least to the extent that the essays are credible
- Participants relate with DUI team members in a friendly and personable way during weekly testing

Study Limitations

- **Participation of comparison group will limit ability to isolate program effectiveness**
- **Quasi-experimental design may result in selection and maturation effects**
- **Study sample size is currently less than 50%, although demographics appear quite similar**

Conclusion & Future Directions

- **Findings represent preliminary data**
 - **1 more year of data collection**
 - Need to increase sample size
 - Slow response rate for 6 months (n = 49)
 - Planned interviews at exit (12 months)
 - **Final report due in December 2006**
- **DUI court continues intakes**
 - **Currently over 130 participants**
 - **Some adaptations to services made**
 - **Planned graduation in November**

Thank you for your attention!