

Use of Motivational Interviewing to Engage and Retain DWI Offenders in Treatment

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Abstract

A motivational interviewing (MI) approach focused on harm reduction of substance use may provide a way for therapists to better engage and retain DWI clients in the treatment process. This study involved 25 individuals who were assessed using a MI approach. Of the 25 individuals, eight met qualifications for a substance use disorder and were referred for treatment. All eight individuals completed the treatment program. The other 17 initially did not meet criteria for a substance use disorder and were not officially mandated to treatment. However, 14 of these individuals (82%) came back for follow-up harm reduction sessions. Furthermore, within a 24-month follow-up period, none of the eight treated or 14 harm reduction session attendees were subsequently arrested for a DWI following discharge from the program. In contrast, one of the three individuals that chose not to participate in further harm reduction sessions was subsequently arrested for a DWI in the follow-up period. The findings suggest that an MI approach can be effective with DWI offenders.

Introduction

Persons convicted of alcohol or drug-related driving offenses (in this proposal, DWI will refer to any alcohol or drug-related driving offense) who fail to follow through with treatment seeking, or who dropout from treatment, represent a substantial public health problem. Recent research has demonstrated that DWI offenders who drop out of treatment have higher recidivism rates (1,2,3). In addition, the results of another study suggest two possible reasons for client dropout. First, DWI offenders often view treatment as having a high cost, and relatively low benefit (4). Second, many of these individuals express ambivalence about the need for change and may find themselves referred to an alcohol treatment program unconvinced that formal treatment is necessary (4). These data suggest that the majority of DWI offenders may be unmotivated to attend alcohol treatment and may either complete treatment but never be fully engaged in the process, or drop out. Given that those who drop out tend to be at greatest risk for recidivism

(1,2,3), there is a need for interventions that focus on increasing treatment involvement and completion.

While systematic study of procedures for increasing DWI offenders involvement in treatment is sparse, research with alcoholics and drug abusers has demonstrated that interventions focused on reducing the harmful consequences of future alcohol/drug consumption and increasing client motivation for change have a positive impact on treatment engagement and treatment outcome. Therefore, we propose an intervention for DWI offenders that includes the use of motivational interviewing strategies (5) within the context of a comprehensive harm reduction (6) approach that focuses on decreasing future harm related to alcohol and drug use, including DWI recidivism. In an ongoing investigation at our outpatient substance abuse clinic, convicted DWI offenders were administered a battery of standardized substance abuse assessment instruments and then received feedback using principles of motivational interviewing to engage and retain these individuals in treatment. The assessment approach is described below.

Methods

Sample: Participants were convicted drinking/drugged drivers (N = 25) who were referred by the legal system for a substance use evaluation. As with most DWI offender samples, the majority of individuals were male (88%), with 72 percent single and 8% separated or widowed.. The mean age of the sample was 34 (SD=7.6), with 64% of the sample having more than the current DWI on their driving records. Of the 25 participants, an alcohol use disorder was determined for only eight individuals (6 abuse; 2 dependent). Finally, the mean time for DWI recidivism follow-up was 24-months, ranging from 9 to 42-months.

Sociodemographic and substance abuse measures. Data on demographics, and lifetime and current alcohol and other substance use were gathered using a comprehensive semi-structured interview. Also administered was the Brief Michigan Alcoholism Screening Test (BMAST) to screen for lifetime history of alcohol abuse. The Short-form Alcohol Dependence Data Questionnaire (SADD) was used to assess severity of alcohol dependence, and the Drug Abuse Screening Test (DAST) was used to screen for drug use/abuse in the past year. Finally, a 90-day Timeline Follow-Back (TLFB) was used to assess recent alcohol consumption.

Situational and cognitive measures. The Inventory of Drinking Situations (IDS-42) and the Situational Confidence Questionnaire (SCQ) were used to assess how often an individual drank heavily in a variety of situations and his/her self-efficacy to resist drinking in similar situations, respectively. The Alcohol Beliefs Scale (ABS) was used to assess individuals beliefs about the effects of alcohol on emotion, cognition, and behavior.

Motivation to change alcohol use. The Readiness to Change questionnaire (RCQ) was used to assess individuals readiness to change his or her alcohol use. This measure yields 3 subscale scores: Precontemplation, Contemplation, and Action.

General Procedures

Individuals who called seeking a DWI assessment participated in three, one-hour assessment sessions. This included a feedback session during which the assessment results were shared with the individual and recommendations for treatment, if any, were discussed. The assessment was

conducted by a New York State Certified Alcoholism and Substance Abuse Counselor who was trained in the administration of these measures and in motivational interviewing techniques. Throughout the assessment phase, the counselor used motivational interviewing strategies (e.g., express empathy, avoid argumentation and labeling) to minimize the client feeling pressured or coerced and to engage the client in the assessment process. Examples of how the assessment information was used to facilitate client motivation for treatment are described below.

Substance Abuse Measures

Goal(s):

- ! Identify problems related to alcohol consumption
- ! Build rationale for treatment recommendations

Interview Strategies:

- ! Express empathy
- ! Emphasize personal control
- ! Develop discrepancy
- ! Avoid argumentation and labeling

Examples:

- ! Counselor conveys understanding of the stressors related to DWI arrest
- ! Client is told that they are free to choose another clinic if not satisfied and that they need not accept our recommendations.
- ! Use inconsistencies between verbal reports and assessment results to help change clients perceptions of problem while minimizing feeling of being pressured or coerced
- ! Dispense with labels such as alcoholic or criminal offender and speak of alcohol-related problems.

Situational and Cognitive Measures

Goal(s):

- ! Identification of situations that increase risk of recidivism
- ! Build rationale for treatment recommendations

Interview Strategies:

- ! Providing feedback
- ! Positive reinforcement

- ! Develop discrepancy

Examples:

- ! Link DWI event with high-risk situations for heavy drinking (e.g., the IDS-42 profile reveals that negative emotional situations place client at risk for heavy drinking and client reports that DWI occurred when drinking in response to a negative emotional event). Same information also used to develop treatment targets (e.g., coping skills).
- ! Client receives positive reinforcement (e.g., verbal praise) for accurate beliefs about the disruptive effects of alcohol on motor performance.
- ! Point out inconsistencies between beliefs about effects of alcohol and level of alcohol consumption on day of DWI (e.g., client reports that 4-6 drinks result in intoxication and motor impairment, yet reported consuming 10 drinks on day arrested).
- ! Use inaccurate beliefs about alcohol's effects to build rationale for treatment and to develop treatment targets.

Motivation to Change (RCQ)

Goal(s):

- ! Identify client's readiness to change

Interview Strategies:

- ! Affirmation
- ! Eliciting self-motivational statements
- ! Develop discrepancy

Examples:

- ! Counselor provides positive verbal reinforcement for taking steps to change alcohol consumption pattern.
- ! Ask open-ended questions regarding client's drinking goals and methods to achieve and maintain goals.
- ! Clarify inconsistencies between client self-reported stage of change and recent changes in drinking behavior (e.g., client is in precontemplation stage yet reports no alcohol consumption since time of arrest)

Results

As previously indicated in the methods section, only eight individuals were determined to have an alcohol use disorder, meaning that they needed to complete a treatment program prior to being

relicensed. All eight individuals agreed to participate in the MI program and all were successfully completed from the program. While the numbers are small, it is encouraging to note that none of the eight individuals dropped out of the treatment program. The mean number of sessions attended for this group was 16 (SD=7.6), ranging from a low of 6 to a high of 27 sessions.

Of the remaining 17 individuals in this sample, three elected not to participate in any harm reduction sessions and refused any further contact. The remaining 14 individuals agreed to come back for follow-up harm reduction sessions. The mean number of sessions attended for this latter group was 17 (SD=12.5), with a range from 5-49 sessions. It is important to note, that the individuals who were not diagnosed with an alcohol use disorder were under no court mandate to return to treatment, yet the majority did so.

For those individuals who were determined to have an alcohol use disorder, the mean follow-up time for DWI recidivism was 2.25 years (SD=0.91), ranging from 1.1 to 3.5 years. None of the eight individuals were arrested subsequent to successful completion of the treatment program.

For those individuals who did not qualify for an alcohol use disorder but who chose to return for harm reduction sessions, the mean follow-up time was 1.8 years (SD=0.82), ranging from 0.71 to 3.2-years. Similar to the group diagnosed with an alcohol use disorder, none of these individuals were arrested subsequent to successful completion of the treatment program.

Finally, for the individuals that refused further treatment, the mean follow-up time was 2.7 years (SD=0.83), ranging from 1.8 to 3.5-years. Of the three individuals that refused treatment, one was subsequently arrested for an alcohol/drug-related driving offense. The time between the evaluation date and subsequent arrest was six-months.

Discussion

Although the numbers are small, the results are promising and suggest that motivational interviewing techniques can be successful in engaging and maintaining the DWI population in treatment. It appears that the assessment of the reasons for heavy drinking, and the personalized feedback of the assessment results, are important components of the evaluation process that function to minimize client defensiveness and resistance to treatment recommendations. Specifically, by assessing high-risk drinking situations, inaccurate beliefs about alcohol's effects, and readiness to change, the counselor can build a rationale for treatment that is based on managing high-risk drinking situations and reducing the risk of recidivism. This is accomplished by providing clients with coping skills to help manage future high-risk situations and by providing them with education about safe levels of drinking, information about blood alcohol levels, and accurate information about alcohol's effects on emotion, cognition and behavior. Although a primary goal of the assessment is to de-emphasize whether or not the person is an alcoholic, we have observed that clients are often more willing to discuss or disclose such problems following the personalized feedback session and throughout the treatment phase.

References

1. Nochajski, T. H., Miller, B.A., Wieczorek, W.F., & Whitney, R. The effects of a drinker-driver treatment program: Does criminal history make a difference? *Criminal Justice and Behavior* 1993; 20, 174-189.
2. Nochajski, T. H. & Walter, J. M. . Association of licensing agency and clinical evaluation outcomes. [Abstract] *Alcoholism: Clinical and Experimental Research* 1998; 22(3), 440.
3. Nochajski, T. H. (1999). Alcohol program completion: Does it matter for DWI recidivism? [Abstract] *Alcoholism: Clinical and Experimental Research* 1999; 23(5), 239.
4. Wieczorek, W. F., Callahan, C. & Morales, M. Motivation for change among DWI offenders. In C. Mercier-Guyon (Ed.), *Alcohol, drugs and traffic safety - T97, CERMT: Annecy, France, 1997*, pp. 1069-1075.
5. Miller, W. R., and Rollnick, S. *Motivational interviewing*. New York: Guilford Press, 1991.
6. Marlatt, G. A. (1998). Basic principles and strategies of harm reduction. In G. A. Marlatt (Ed.), *Harm reduction: Pragmatic strategies for managing high-risk behaviors*, New York: The Guilford Press, 1998, pp. 49-66.