

Colorado Probation Research in Brief

The Effect of Cognitive-Behavioral Therapy on Driving While Intoxicated Recidivism

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DWI offenders, treatment, LSI-R

Summary/Conclusions

The current study examined if cognitive-behavioral therapy (CBT) results in better outcomes than standard treatment for drunk drivers. Both groups completed pre and posts tests. The tests measured a number of factors including cognitive and behavioral functioning, coping responses, treatment outcomes, and reoffending. Researchers discovered that the CBT group only had a recidivism rate of 11% after three years, had significant declines in LSI-R scores, and showed significant improvement in overall functioning.

Limitations of Information

The study population is not from Colorado. The study consists of predominately educated (high school degree) male, Caucasians, who are employed at least part-time. It is not clear if the treatment would be as effective with other populations. The difference in therapists providing the treatment is one of the biggest limitations to the study. The study does not mention if there were any similarities or differences in supervision (e.g. officer, reporting requirements) of the control and study groups.

Caveat: The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

Decreasing Recidivism Through CBT

The study examined a total of 486 participants receiving either CBT (n=286) or treatment as usual (n=200). Both groups were demographically similar. The CBT group received 16 weeks of treatment, focused on teaching individuals skills to enhance their coping abilities. Probationers could not miss more than two sessions before being unsuccessfully discharged from the program. The control group received standard treatment based on a 12-step oriented program in an outpatient setting. Fidelity was often limited due to the expense and organizational challenges. In order to obtain the functioning, symptomology, quality of life, and risk, survey and assessment data was collected before and after treatment. Recidivism in this study was any new alcohol-related driving offense for 3 years from the date of the treatment referral.

When researchers examined the pre-treatment scores between the two groups, the researchers determined that despite a few small differences in scores both groups were determined to be equivalent. Many significant differences emerged after the two groups completed treatment. The first difference was recidivism. Recidivism for the CBT treatment group was 11% while the standard treatment group was 24%. Even in the CBT treatment probationers who reoffended, their pattern of re-offense decreased by approximately 50%. In addition to an actual decrease in recidivism, the LSI-R shows a larger decrease in risk (8.38) compared to the standard treatment (4.62). The CBT

group also showed significant gains in overall functioning, fewer symptoms, a higher quality of life, and a higher overall treatment satisfaction than the standard treatment group.

Practical Applications

- ✓ Consider referring clients to CBT who struggle with coping or are in a pre-contemplative stage with substance abuse.
- ✓ Have conversations with LSIP clients on probation for DUI/DWAI about how their CBT treatment progress relates back to their offense.
- ✓ Enroll in Brain Train to become familiar with the use of CBT in regular probation appointment settings.
- ✓ Refer to treatment providers if that adhere to fidelity with CBT curriculum.
- ✓ Spend time discussing treatment engagement and service satisfaction with probationers. This may help identify how treatment is progressing.
- ✓ Discuss coping skills, overall functioning, and quality of life with probationers participating in CBT. Their improvements may build self-efficacy and reaffirm progress.
- ✓ If your department doesn't already offer in-house CBT, ask your supervisor if/how your department can bring CBT in-house.
- ✓ Try matching the probationer to the most appropriate agency/treatment. Some offenders may require additional resources, address these responsibility factors accordingly.

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