Different Forms of Development in Long-Term Therapy with DUI Offenders

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In Germany a driving licence can be revoked either in accordance with penal code provisions (such as drunken driving, hit-and-run offences, major road traffic offences) or else in accordance with certain provisions of our administrative law. In case of frequent offences against road traffic laws, or in the second event of drunken driving (or first with more than .16% blood alcohol content (BAC)) the offender's licence will be revoked and will not be automatically regranted. Rather, the driver will have to undergo a Medico-Psychological Examination (called MPE in this paper) of his personal aptitude to drive a car. This examination is carried out by the Medico-Psychological Institutes (MPI) of the German TÜV (a Technical Control Association). Should this MPE prove that the driver is not apted to drive a car and that further offences are to be expected, then the licence will be regranted only if the deficiencies have been eliminated. Some of the drivers having failed in the first MPE are then offered a driver improvement course, a group program carried through by the MPI.

For such drivers, however, who have been classified as not apted for driving and not eligible for the driver improvement programs offered by the MPI the Verkehrsspsychologische Praxis (Practice for Traffic Psychology) has developed its "Driver Therapy". This treatment, conceived as an individual therapy, aims at identifying and changing the behaviour patterns that caused those massive or repeated traffic offences. The treatment consists of four parts:

1. An initial examination serves to make a first analysis of the client's problem, to check whether there are any reasons for exclusion and to define the first approach. This examination comprises a detailed case history, tests of psychophysical performance, a test of the client's knowledge, a personality profile, and - in the case of DUI (driving under the influence of alcohol)- a check-up of his medical status.

2. The actual therapy is done by therapeutically qualified psychologists and is based on behaviour therapy and client-centered psychotherapy. It is important to point out that diagnosis and therapy are done by different persons ensuring

that the client will have the chance to speak openly even about negative aspects of his behaviour. The aim of this therapy is to reduce the probability of future traffic offences. Hence, course and the character of the therapy will strongly depend on the individual case.

3. The final examination is to verify, independently of the therapist's opinion, whether or not treatment has been successful. The procedure is more or less the same as that of the initial examination. If the effect of the therapy is found to be not sufficient yet, the client is encouraged to undergo further therapy. Otherwise he is given a detailed final report stating the reason, run and result of this driver therapy. This report is for presentation in the following MPE or in court.

4. After the therapy an internal multi-step evaluation to verify the effectiveness of the therapy will follow. At a minimum it consists of a detailed questionnaire after 6 months, an interview of at least one hour's length after one year, a further questionnaire after two years together with a letter written by the client himself and an offer of one more interview, and after three years we will check the client's road traffic probation period.

With a eight year record of therapy following a uniform concept we are able to make some reliable statements on its success in general as well as on its effectiveness for certain target groups in particular. Since, as a principle, any driver can undergo this therapy irrespective of the type of his offences, his traffic record or the status of legal proceedings that he may be involved in, the clientele is very heterogenous. Here are some details to demonstrate the extent of the case histories:

Total number of clients	604	(100.0%)
Average age	39.9 years	
current cases	68	(11.3%)
discontinuation by practice or client	152	(25.2%)
completion with final examination	384	(63.6%)
males	573	(94.9%)
females	31	(5.1%)
DUI (driving under influence)	530	(87.7%)
in 530: 3 offences or more	235	(44.3%)
at least one time .2 mg %	327	(61.7%)
only non-alcohol-related offences	74	(12.3%)

hit-and-run offences in case history	129	(21.4%)
driving without licence in case history	177	(29.3%)
general criminal offences in case history	119	(19.7%)
1 positive MPE minimally	238	(39.4%)
1 negative MPE minimally	430	(71.2%)
no previvous MPE	119	(19.7%)
previous driver improvement	62	(10.3%)

Table 1: Composition of clients

These figures demonstrate that the clients of the Practice for Road Traffic Psychology constitute a section of traffic offenders whose offences are very heterogenous and, as a rule, grave. In approximately one in four cases the therapy is not being completed because either the client or the therapist discontinue for various reasons. The majority of the clients are males and alcohol offenders, but both the rate of women and that of clients without any drunken driving offences has increased during the past years. The majority of the alcohol offenders are recidivists with mostly high blood alcohol contents (up to .38). In general, there is also a sentence for hit-and-run offences, for driving without a licence or for an offence against the general penal code in our clients' case histories. It is only a minority who undergo therapy before their first Medico-Psychological Examination, some 40% have committed a renewed traffic offence despite a previous positive expert opinion on their personal aptitude, 10% have committed a second offence though they did participate in a driver improvement programm.

In the actual therapy the number of sessions and the duration of the therapy will strongly depend on each client's individual problems. On an average, there are 25 hours of therapy within a period of about six months. This period tends to be longer for alcoholics since one years's total abstinence is required of them. In these cases the therapy of road traffic behaviour acquires the character of an additional therapeutical measure as we normally do not only demand a one year's period without drinking but also expect these clients to simultaneously join a self-help group such as the Alcoholics Anonymous or comparable groups.

There are various criteria how to measure the success of the therapy of traffic behaviour. Chronologically, the first one is whether the therapy has been completed or discontinued. The rate of clients who discontinue is 28.3% compared with the number of completed cases, with different reasons underlying this rupture: Either the initial examination shows performance deficits; or the client is unwilling or unable to pay for the therapy; or he commits an offence while undergoing therapy; or he does not comply with the obligations imposed on him; or he breaks off contact with his therapist without giving any reason; et cetera. If you compare the group of clients breaking off their therapy with those who finish you will find that those who discontinue have had significantly less education, and among them you

tend to find more foreigners. The records of their traffic behaviour, however, are rather similar in both groups; those who discontinue are likely to have committed fewer traffic offences with lower BACs, but have significantly more often violated the general penal code. According to the profile resulting from the initial personality questionnaire they tend to be more simple-minded, self assertive, suspicious and independent than those clients who complete. To sum it up, it seems that those who discontinue are used to go their own way.

A second and even more important criterion is a positive expert opinion on the results of the driver therapy, i.e. an MPE which the client normally does at the end of his therapy. Since the decision criterion of assessment in this external report is, as it is in the therapy, the prognosis of recidivism such expert rating is of quite some importance. Normally these experts come to the same conclusions as the Practice for Road Traffic Psychology did before: An average of 89.5% of the clients who had an MPE after therapy get a positive judgement. If you compare the clients with positive and negative judgement you will hardly find any differences with regard to biographical data or traffic case histories. The only significant exceptions are hit-and-run offences, which are found more often in the group of clients with negative judgements and the sex: Women more often get negative judgements. The data of the personality profiles indicate nearly no differences between clients with positive and negative judgement, so that a conservative assumption is that both the experts of the MPE and those working in the Practice for Road Traffic Psychology use relatively similar criteria of assessment.

The last and decisive criterion, however, is the probability of reconviction. Only if the therapy of traffic behaviour succeeds in avoiding further offences can one maintain that this type of therapy is effective. In verifying this criterion, however, a methodical problem will arise. We would need a control group with comparable case histories and a known reconviction rate without therapy - but there is no such group, not least due to the fact that drivers with case histories comparable to those of our clients would, unless undergoing therapy, have practically no chance at all to ever get their driving licences back, which would be the precondition for them to pass a road traffic probation period.

But there are three facts that at least permit a estimation of the reduction of recidivism achieved through the therapy of traffic behaviour:

1. According to various studies the rate of recidivism of drivers with two DUI offences is, without any intervention, 30% within 3 years.

2. The rate of recidivism of drivers after two DUI offences and a subsequent positive expert judgement is, in Germany, approximately 18% within 3 years.

3. From among those persons who have been treated with a traditional driver improvement program 13.3% are reconvicted within 3 years.

Compared to these figures our clients' data will reveal the following picture:

Meanwhile, we have compiled the results of the road traffic probation period of 130 clients with DUI offences, out of whom only 9 have committed another DUI offence within a period of 2 years (which was the probation period initially included in our evaluation). Only such clients were counted as having passed the legal probation period of whom we had obtained valid information from the Central Index of Road Traffic Offences (an Institution storing all traffic offences nation-wide for a certain period of time). On the other hand, we counted those clients as recidivists of whom, somehow or other, a second offence had become known up to the date of our survey, even if such offence had not (yet) been included in the client's index list of offences subject to probation - so what we have here is rather a conservative estimate. Our results correspond to a recidivism rate of 6.9% after 2 years and are thus - the different lengths of the evaluation periods well taken into account - even better than those obtained through traditional group programs - although, in comparison, our clients are more difficult. Hence, the therapy of road traffic behaviour is apt to effect a significant reduction of the probability of reconviction.

Though a comparison between clients who committed a second DUI offence and those who did not must be read with some reserve due to their small number, there are some differences as the following table will show:

	Passed probation	Failed probation	
Number of clients	121	9	
Average age	41.1 years	38.2 years	n.s.
Number of DUI offences	2.59	3.00	n.s.
Mean highest BAC	.213 mg%	.203 mg%	n.s.
Hit-and-run offences	24.0%	22.2%	n.s.
Driving without licence	28.1%	55.6%	<
General criminal offences	19.0%	33.3%	n.s.
Hours of therapy	24.5 hours	29.2 hours	*
Days of therapy	148.3 days	195.4 days	n.s.

Abbreviations:
* significant at 5% level
< tendency (p<10%)
n.s. not significant

Table 2: Comparison of clients who passed versus failed probation period

The table demonstrates that those clients who failed the probation period show major problems in their case histories, they have more often driven under the influence of alcohol, they have more often been sentenced for driving without a licence and for general criminal offences. Interestingly, their therapy has definitely taken more time both with regard to the number of hours and the number of days. This indicates that the intensity of the clients' problems have well become apparent during treatment despite the therapy's failure to bring about a lasting solution.

A first analysis of the data shown in the personality questionnaire will produce surprising results. The following diagram shows a mental profile resulting from the STEN-scores of the clients who passed their probation period and those who failed as they were produced in the test at the end of the therapy. The questionnaire used is the 16-PF in its German version, the score descriptions in the diagramme have been translated from German into English and are not identical with the English original version.

The astonishing fact is that there are no significant differences - in contrast to the profiles we obtained from clients with non-alcohol-related offences. Recidivism of drunken drivers seems to be unpredictable in terms of personality factors - even though the profiles suggest that a recidivist is a person whom we tend to describe as being inclined to lose self-control in group-situations.

Low score description		4	5	6	7	High score descrip.
A	Matter-of-fact					Outgoing
B	Concrete thinking					Abstract thinking
C	Emotional instability					Emotional stability
E	Social accommodation					Self-assertion
F	Soberness					Enthusiasm
G	Flexibility					Conscientiousness
H	Shyness					Self-confidence
I	Toughness					Sensitivity
L	Trustfulness					Scepticism
M	Pragmatism					Unconventionality
N	Artlessness					Shrewdness
O	Self-assurance					Apprehensiveness
Q1	Conservative					Experimenting
Q2	Group dependence					Self-sufficiency
Q3	Spontaneity					Selfcontrol
Q4	Tranquility					Tenseness
QI	Carelesss of social rules					Strict observance
QII	Low stress resistance					High stress resist.
QIII	Low independence					High independence
QIV	Low decisiveness					High decisiveness
QV	Low sociability					High sociability

recidivists clients with no further offence

Table 3: Mental profile of DUI recidivists vs.clients who passed probation.

Further surveys will have to prove whether this result may be generalized. We suppose there are different processes underlying recidivism of DUI offenders - it is not a single trait that needs alteration in therapy, but a unique person needs an individual form of therapy and it is difficult to standardize more than general conditions for this process.