Treatment Histories of Severe DWI Offenders

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1. Introduction

The need for alcohol-related treatment is substantial among DWI offenders (persons convicted of any drinking and driving offense) because of the high rate of alcohol abuse and/or dependence in this population (Vingilis, 1983; Miller & Windle, 1990, Wieczorek et al., 1990). Although there are a multitude of treatment outcome studies on DWI offenders (see reviews by Fitzgerald, 1992; Foon, 1988; Mann et al., 1988), no research has focused on the treatment histories of this population. Knowledge of the treatment histories of DWI offenders would be useful for identifying ways to improve the system of referral and treatment for DWI offenders. The great majority of outcome studies examined only one or a few treatment alternatives. However, in many places in the United States, DWI offenders may be mandated for treatment, but the treatment modality is left to the choice of the offender. Examination of the treatment histories of DWI offenders could provide valuable insights on how DWI offenders get into treatment, which treatments they attend, and ways to improve the treatment and referral process.

Furthermore, the treatment histories of severe DWI offenders (e.g., repeat offenders and/or offenders associated with particularly serious offenses) would be of special interest because (1) severe offenders are an identifiable group who present a heightened risk to public safety, (2) these offenders are more likely to have a drinking problem and thus more likely to have a treatment history, and (3) multiple DWI offenders may not have received the most appropriate treatment as evidenced by their rearrests for DWI. Thus, an evaluation of the treatment histories of severe DWI offenders may be especially useful.

This project examined the treatment histories of 214 severe DWI offenders (repeat offenders and/or on probation for DWI) in Erie County, New York to determine (1) the type of treatment received, (2) the number of different times in treatment, not the number of sessions for each treatment, and (3) how other variables such as alcohol dependence are related to treatment history.
2. Method

The sample was recruited by distributing pamphlets to DWI offenders on probation in Erie County, New York. DWI offenders who are repeat offenders or who had a particularly serious DWI incident are placed under the supervision of the probation department. This recruitment is part of a larger project to develop a typology of DWI offenders (Wieczorek & Miller, 1992). After explaining the project and the procedures to assure confidentiality to the subjects, signed consent was obtained and face-to-face interviews were conducted at the Research Institute on Addictions. A total of 214 DWI offenders were interviewed from September, 1991 to June, 1992.

Demographics, history of alcohol-related treatments, total number of DWI arrests, and diagnostic criteria for alcohol dependence were obtained for each DWI offender during the interview. The alcohol treatment history items assessed whether the offender had ever been in each of 8 specific types of treatment options (i.e., inpatient, outpatient, halfway house, marriage/family counseling, religious counseling, private medical doctor, private therapist, vocational rehabilitation). Each treatment type was presented as a distinct option clearly differentiated from the others to avoid over-counting and other response errors. The number of times that each treatment was used, not the number of sessions in the treatment program, was also obtained. In addition, subjects were asked if they had participated in mutual aid groups such as Alcoholics Anonymous.

DSM-III-R alcohol dependence criteria (American Psychiatric Association, 1987) were measured using the appropriate items from the Diagnostic Interview Schedule (Robins et al., 1989). DSM-III-R alcohol dependence is based primarily on the alcohol dependence syndrome (Edward & Gross, 1976) and is measured by 9 criteria such as attempts to cut down, marked tolerance and withdrawal, greater use than intended, and abdication of social responsibilities while drinking. Previous research using DSM-III-R alcohol diagnoses with DWI offenders found strong support for using the number of criteria as a measure of dependence severity (Wieczorek et al., 1990).

3. Results

The sample was predominantly male (90%) and White (81%), which is common for DWI populations (Perrine et al., 1989). The great majority of the offenders have received treatment for their problems associated with drinking. About 83% of the sample has been in some form of treatment, not counting participation in mutual aid groups such as Alcoholics Anonymous (AA). Almost everyone in the sample (91%) has participated in a mutual aid group such as AA.
The remainder of this paper focuses on the professional treatment programs rather than the mutual aid groups.

The proportion of offenders who participated in each type of treatment is: 44% inpatient treatment, 77% outpatient clinic/program, 8% halfway house program, 11% marriage/family counseling, 6% religious counseling, 11% private medical doctor, 12% private therapist, 8% vocational rehabilitation. A complex treatment history is common among these severe DWI offenders as over 60% were in treatment more than once. The mean number of different treatment experiences was 2.9 (SD±3.1), not counting participation in mutual aid groups.

Contingency table analysis using chi-square, analysis of variance (ANOVA), and correlation analysis were used to examine the relationship between demographics, severity of alcohol dependence, total DWI arrests, and treatment history (times in treatment and treatment type). Although this project is an exploratory analysis, only results significant at the p<.01 level are reported to minimize the probability of chance findings. Subjects who had never been in a treatment program were excluded from the analyses to avoid systematic bias that would result from the same group of offenders being in the no treatment category for all treatment comparisons.

3.1. Treatment History and Demographic Characteristics

No gender-based differences or relationships were found for the treatment history variables. Similarly, no significant relationships were evident between education and the measures of treatment history. No significant relations were found between times in treatment and any of the demographic variables. The only significant findings related to race were that African-Americans were more likely to have participated in religious counseling than Whites (chi-square=9.6, p<.01). Inpatient treatment was more prevalent among the unemployed (chi-square=16.1, p<.001), suggesting that not having job-related responsibilities makes it easier to participate in a full-time residential modality. More unemployed than employed offenders had used vocational rehabilitation (chi-square=9.6, p<.01).

3.2. Treatment History and Alcohol Dependence Severity

The overall dependence level among the offenders who received treatment was severe, as indicated by the mean number of criteria (6.9, SD±2.1). Alcohol dependence severity was significantly correlated with the total number of times in treatment (r=.34, p<.01). ANOVAs comparing offenders who participated
in each type of program with those who didn't, found three modalities (inpatient, halfway house, marriage/family counseling) in which the participants were more severely dependent (all \( p < .006 \)).

### 3.3. Treatment History and Total DWI Arrests

The mean number of DWI arrests per offender (3.2, SD ± 1.7) substantiates the severity of the offenders in this sample. The total number of DWI arrests was not correlated with the number of treatment experiences (\( r = .08 \), NS). No evidence was found in the ANOVAs to support the idea that offenders with more arrests differentially attended any specific type of program.

### 3.4. Type of Treatment and Number of Times in Treatment

After removing those without any treatment history, the mean number of treatment experiences was 3.5 (SD ± 3.1). As previously mentioned, the number of times in treatment was correlated significantly with alcohol dependence severity. Not surprisingly, the total number of treatments was significantly (all \( p < .01 \)) greater when contrasting each treatment type by those participated in that treatment with those who didn’t, with only a single exception (halfway house). An examination of the overlap between inpatient and outpatient treatment was done because these two treatments were most prevalent. The overlap was substantial as 83 out of 92 subjects with inpatient treatment also reported participating in an outpatient program. In addition, 51 offenders with severe dependence (7 or more criteria) had never been in an inpatient program and 11 severely dependent individuals had never been in either an inpatient or outpatient program.

### 4. Discussion

The complexity of the treatment histories of these severe DWI offenders is an unexpected finding that has substantial implications. The fact that the great majority of the DWI offenders had received treatment for alcohol-related problems was quite predictable. However, the breadth of treatment programs and number of treatment experiences strongly suggest that the current system of referral and treatment is not optimal for these DWI offenders.

The high mean number of treatments, the significant correlation between times in treatment and alcohol dependence severity, and the fact that for several specific types of treatment participants had higher dependence severity all suggest
that a substantial amount of treatment "shopping" is occurring. The offenders may be attending the least intrusive options to meet the requirements for regaining their driving privileges, rather than self-matching to more appropriate treatments. Offenders with severe dependence appear to eventually end up in outpatient or inpatient treatment programs, but the large mean number of treatment experiences suggests that ineffective treatment options were often utilized. These findings indicate that more effort should be put into developing, implementing, and evaluating treatment matching programs for DWI offenders (Wieczorek & Miller, 1992). In addition, the matching of DWI offenders should focus on such characteristics as the severity of the alcohol problem rather than the number of DWI arrests.

Future research on DWI multiple offenders needs to account for treatment history when examining DWI-related outcomes, especially when evaluating specific interventions targeted at DWI offenders. DWI outcome studies should account for treatment history in a manner similar to controlling for driving exposure to minimize the possibility of spurious results. In addition, research is necessary that would expand on this preliminary examination of the treatment histories of DWI offenders. For example, the current project lacks information on the timing and sequence of past treatments that would be useful for tracking the specific path into and out of each type of treatment. Moreover, the high rate of problem drinking among first offenders suggests that a treatment history may be more common than expected in this group. Finally, the current project clearly shows that treatment history is important to consider in research on DWI offenders.

5. References


the drinking driver (pp. 248-269). Chicago: The University of Chicago Press.


6. Notes

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