The Need for Appropriate Assignment Criteria to Improve the Efficiency of Rehabilitation Courses for Drinking Drivers

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INTRODUCTION

It was in the late sixties when traffic psychologists started the first driver improvement programmes for multiple traffic offenders in Germany. The idea of rehabilitating the driver by psychological means came up in the United States some decades earlier. Therefore it was reasonable to study the American programmes in detail in order to gain from the experience that was gathered so far even when the more or less pessimistic assessment of the value of rehabilitation measures in terms of reducing highway crashes was not encouraging at the time of the ASAPs (Alcohol Safety Action Projects) in the mid seventies.

Soon Austria and Switzerland began to implement driver improvement programmes into their national systems of driver licensing, too (Spoerer; Ruby; Hess; 1987, Spoerer; Ruby; Siegrist; 1994). Ideas, perspectives and experience in this particular traffic safety field are shared since 1978 by running so-called Driver Improvement Workshops. The sixth workshop in this series will be held in October 1997 in Berlin, Germany.

Evaluation studies of rehabilitation programmes for drink-and-drive repeaters (two or more drinking and driving offences) show remarkable effects in reducing recidivism rates even in the long-term (Winkler; Jacobshagen; Nickel; 1988, Winkler; Jacobshagen; Nickel; 1990, Jacobshagen; 1996). Compared with the recidivism rates that could be observed at the time prior to programme implementation nearly one of two relapses was avoided. But, after ten years of follow-up investigation it is to admit that 30.4 of the rehabilitated subjects showed another drinking and driving offence.

The conclusions that were and have to be drawn must be discussed in detail.
THE NEED OF MEDICAL-PSYCHOLOGICAL ASSESSMENT AS PREREQUISITE FOR FAVOURABLE ASSIGNMENT TO REHABILITATION PROGRAMMES

The benefit that was gained by running rehabilitation courses in Germany and Austria for drinking drivers would not have been achieved if the subjects for treatment had not undergone a comprehensive medical-psychological assessment as it was recommended as an essential tool within the driver’s licencing system by an international ICADTS working group on ‘Regranting of Licences’ two years ago (Nickel; 1995).

Rehabilitation programmes have a particular structure in terms of objectives, methods, qualification of the staff involved, duration of the programme, single or group approach, group size, overall number of sessions, number of sessions per time unit (e.g. per week) and the like. This means that a specific programme cannot meet every kind of deficiency that may be found by assessing an individual’s capability to drive responsibly after a drinking and driving offence and his questionable dismissal to the road again.

In a highly developed driver improvement system a variety of rehabilitation programs has to be offered to meet as many deficiencies as possible in which the number of programmes naturally is much smaller than the number of conceivable deficiencies. While programme developers have to define the nature of the cluster of deficiencies they try to cope with the art of assessment has to be seen in the right decision what kind of cluster (programme) will meet the found deficiencies best so that the optimal gain for the driver can be expected.

This kind of assessment cannot be performed by the administration which is responsible for granting or refusing someone’s driver’s licence because of the lack of medical and/or psychological qualification. This type of screening procedures requires highly educated specialists with a wide-ranged experience in this particular field.

THE SEARCH FOR ACCURATE CRITERIA

The success of the medical-psychological assessment prior to rehabilitation efforts depends on the acuity of the prediction of someone’s future drinking and driving behaviour taking into
account whether and if so to what extent a particularly recommended rehabilitation measure may contribute to the subject's capability to separate drinking and driving after the reinstallment of his or her driver's licence.

There are many criteria which were and are used in this assessment process. Most of them have shown their usefulness in various studies by correlating with the crucial factors of relapses, involvement in accidents and the like. Some of these indicators seem to play a dominant role recently because of their simplicity, e.g. the subjects BAC level at the time of the incident. More than one half of the clients who undergo a medical-psychological assessment in Germany gets no chance of being subject of one of different standardized rehabilitation programs, many of them because their BAC exceeded 1.6 per mille. They mostly are urged to abstain from alcohol and to join self-administered groups (like AA) before they can apply for another examination one year later. This schematic procedure keep many drivers from evaluating their real problems behind the excessive alcohol consumption.

The subject's BAC level is only one example of an indicator who may predict unchanged behaviour patterns and therefore may lead to future convictions. Other examples are age, the number of convictions, marital status, employment, residence, intensity of police enforcement or medical indicators (e.g. liver enzymes like GGT) (Jacobshagen; 1996).

Any of this indicators (and many others which are not mentioned in this paper) is a valuable tool in the process of assessment but they are too technical as to meet the nature of resources which an individual may have to reinforce the process of rehabilitation. What has to be taken more into account than in the past are psychological variables which seem to be favourable prerequisites for a successful improvement.

To mention just some of them: the awareness of being fully responsible for what happened on the road (which in many cases is not self-evident), the ability to see not only the driver's licence problem but moreover the problem that lies behind excessive drinking, a certain capability of introspection, at least a slight readiness not only to change the drinking patterns but also to change everyday's habits, a cooperative attitude, social competence.
THE NEED FOR RESEARCH

Too many studies in this area deal with what we called technical factors such as the ones in the subject’s file (biographical and socio-economical data, circumstances of the drinking and driving event, biochemical markers and the like). There is a need for studies that try to focus on those variables which contribute to a successful rehabilitation looking also to the resources a subject has at his disposal. At the time being the assessment expert has to rely on his personal judgement which is not independent from personal attitudes, habits and opinions.

REFERENCES


