The rehabilitation of drivers who have committed repeated or serious driving offences¹

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Abstract

Background
In Germany, license restoration after serious or repeated offences requires a positive Medical Psychological Assessment (MPA, a test to determine the driver’s aptitude). Fulfilling the conditions necessary for a positive MPA often takes longer than the driving ban period.

Aim
The aim of the study was to analyze the key aspects of successful rehabilitation after repeated or serious driving offences.

Methods
After participating in the MPA, 1,631 subjects filled in a questionnaire about rehabilitation efforts in order to regain their driver aptitude. The selection of relevant information to be given was made based upon prior own research, interviews with problem drivers and the diagnostic criteria of MPA. Participants were asked when and from whom they got certain information, and how relevant this information was for their success.

Results
Around half (52.6 per cent) of the participants felt themselves to be optimally informed about the rehabilitation process. The other half (47.4%) judged the level of information to be less than satisfactory.
The group of offenders who did not partake in counseling prior to the MPA achieved a successful result only about half as often (37.1%) as those who did (70%) and are around three times more likely to have additional courses imposed upon them (21%).
If offenders received crucial and relevant information at an early stage, it emerged that 62.4% of these individuals attained a positive evaluation at the first attempt (regardless of having attended any training courses). The success rate for the first attempt rose to 81% for those cases where offenders were well informed at an early stage and in addition participated in training measures prior to their first MPA.

Discussion and conclusions
The results clearly indicate that the provision of relevant information at an early stage combined with counseling has a beneficial influence on success rates for the rehabilitation process (an increase from 37.1% to 81%). On the basis of these results, we recommend the introduction of an obligatory diagnostic procedure with a status assessment, counseling and the development of an individual program of measures by the start of a driving ban at the latest.

¹ The study was founded by the German Federal Highway Research Institute (BAST)
**Introduction**

In Germany, license restoration after serious or repeated offences requires a positive Medical Psychological Assessment (MPA, a test to determine the driver’s aptitude). Without verifying driver’s aptitude by a positive MPU, drivers with serious or repeated offences will not get back their license by the traffic authority. Fulfilling the conditions necessary for a positive MPA often takes longer than the driving ban period. Because the MPA is a standard in the German system of license restoration, the result of the MPA (positive, negative or the mandatory attendance in a training course to restore the driver’s aptitude) could be used as a good measure to determine whether the rehabilitation process is effective or not and what the key aspects of successful rehabilitation are.

**Aim**

The aim of the study was to find out the key aspects of successful rehabilitation after repeated or serious driving offences.

**Methods**

It was intended to find out the key aspects of successful rehabilitation by analyzing structured individual self-descriptions of rehabilitation efforts of the offenders. The selection of relevant information to be given was based upon prior own research (Glitsch et al., 2006, Klipp et. al, 2007) interviews with problem drivers and the diagnostic criteria of MPA (German Highway Research Institute (BAST), 2000). Participants were asked when and from whom they got certain information, and how relevant this information was for their success. For better understanding a few Item examples are given.

*Source of information:* From where or from whom did you receive the crucial helpful information in the process of getting your driving license back? *Time of information:* When did you get this decisive information? *Level of information:* How well informed did you feel in the process of getting your driving license back? *Relevance/helpfulness of information:* Which were the most important/crucial pieces of information for you? *Participation in counseling:* Have you taken part in a support program since the last withdrawal of your license? *Controllability I* (Perceived influence on the outcome of the MPA): How do you assess your influence on the MPU result? *Controllability II* (Perceived transparency of the criteria of MPA): How comprehensible do you consider the MPU assessment to be? *Controllability III* (Transparency of the whole procedure of the restoration of driver’s aptitude and license): In your opinion, is the process from the point of withdrawal of the license to its return optimally organized and transparent? *Number of attempts to get a positive Medical Psychological Assessment:* Since your license was last withdrawn, how many times did you attend a medical-psychological examination? *Success in Medical Psychological Assessment:* What is the MPU result? *Date of license restoration:* When did you get your driving license back?
Hypothesis

1. The earlier the person got the information which was relevant and crucial for them, the earlier they got their permission to drive reinstated.

2. Those individuals who attended a consultation before the first MPA more frequently received a positive report than those individuals who did not take advice.

3. A successful assessment is correlated with the earliness of the receipt of relevant and crucial information, having access to information, taking up opportunities to gain advice and different forms of the perception of controllability.

Procedure

After participating in the MPA, 1,631 subjects throughout the whole German Federal states filled in a questionnaire about rehabilitation efforts which was send by the federal motor transport authority.

Results

The presentation of the results starts with descriptive analysis of the overall population. After that data about sub-groups and hypothesis testing will be shown.

Level of Information

Data showed that around half (52.6%) of the MPA participants felt sufficiently to optimally informed about the rehabilitation process. The other half (47.4%) judged the level of information to be less than satisfactory (see Fig. 1).

![Fig. 1: Level of information (n= 1,622; 1 = optimal to 6 = poorly informed)](image)

However, the majority of the MPA candidates questioned stated that they had received important information on fulfilling the conditions necessary for the restoration of their driving license either too late or only after considerable research, or that they had not received this information at all (see Fig. 2).
Information about…

Fig. 2: Information research of MPA candidates

Testing the first hypothesis
The correlation between time of achieved crucial information after license withdrawal and time of being without driving license was r = .41 (p < .001). The later drivers got crucial information, the longer was the time without driving license.

Testing the second hypothesis
The Chi\textsuperscript{2} - Test of differences between groups with or without consultation or counseling indicates strong differences between the three groups of MPA outcome “positive”, “negative” or “negative with mandatory training option” (Chi\textsuperscript{2} = 52, n = 1,004, p < .001, df = 2). The group differences are especially caused by the positive reported subjects. 43.7% of first offenders took part – albeit it generally too late – in preparatory courses and counseling sessions before taking the MPA for the first time. Still, almost 70% of these individuals managed to receive a positive assessment. 7.6% are obliged to attend further courses. The group of offenders, who did not partake in counseling prior to the MPA, achieved a successful result only about half as often (37.1%), and are around three times more likely to have additional mandatory courses imposed upon them (21%). If the group of offenders that received crucial and relevant information at an early stage and, in terms of the assessment guidelines, in good time is considered, it emerges that 62.4% of these individuals attained a positive evaluation at the first attempt (regardless of having attended any training courses). The success rate for the first attempt rose to 81% for those cases where offenders were well informed at an early stage and in addition participated in supportive measures prior to their first MPA. A further 6% were required to attend special mandatory courses.

Testing the third hypothesis
Strong effects appear between numbers of tries to get a positive MPA and time after license withdrawal until crucial information was obtained (F (3, 1.134) = 11.22, p < .001, see Fig 3).
Further on data show a strong association between level of information and transparency of the procedure ($r = .59, p < .001$, see Fig. 4).

![Fig. 3: MPAs and time of information](image)

![Fig. 4: Transparency and information](image)

Transparency again increases controllability ($r = .39, r = .29$) and controllability at least is associated with an increasing success in restoration of driver’s aptitude and driving license ($r = .18$ to $.49; p < .001$, see Fig. 5).

![Fig. 5: Correlations between success in MPA, information and controllability](image)
Discussion and Conclusion

The results clearly indicate that the provision of relevant information at an early stage combined with personalized counseling has a considerably beneficial influence on success rates for the rehabilitation process (an increase from 37.1% to 81%). Summarizing the key aspects of successful rehabilitation after repeated or serious driving, problem related and therefore relevant information at an early stage, transparency and controllability of the procedures and criteria for behavior changes in MPA are the key aspects of effective rehabilitation. These findings stand in accordance with our own past research and other findings based on the Theory of Health Action Process (HAPA, Renner & Schwarzer, 2001, Weinstein, 1998, Sheeran et al., 2005, Glitsch et al., 2006, Klipp et al., 2007).

Due to a lack of information and a lack of awareness of the real issue on the part of offenders, very few realize early enough that lasting changes in attitudes and behavior are necessary, if they are to be judged fit to drive. The inevitable consequence is considerable and, for the individuals affected, unexpected delays before their licenses can be restored.

On the basis of these results, we recommend the introduction of an obligatory diagnostic procedure with a status assessment, counseling and the development of an individual program of measures by the start of a driving ban at the latest. In this way, the phase of rehabilitation could be made more sustainable, efficient and comprehensible for the individual concerned. Such an approach is likely to have not only a positive effect on rates of re-offending but also to greatly increase the acceptance of official sanctions in general and the assessment of fitness to drive specifically.

References


