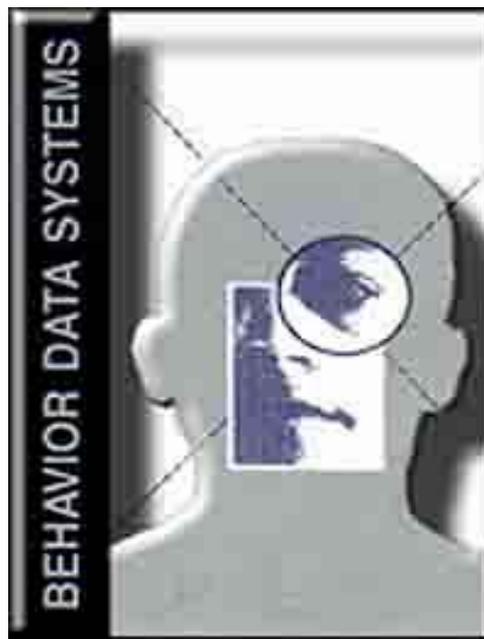# DRI-2

DRIVER RISK INVENTORY-2

Training Manual

Courtesy of Behavior Data Systems, Ltd. and its subsidiaries
Risk & Needs Assessment, Inc.
and Professional Online Testing Solutions, Inc.

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Preface

All major DUI assessment instruments and tests were evaluated by the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA). In a two-year NHTSA study reported in DOT HS 807 475. As you know, NHTSA is the highest federal authority in the DUI/DWI field. As reported in Government Technology (Vol. 3, No. 5, May 1990), **NHTSA concluded that the Driver Risk Inventory was the best DUI/DWI test.**

"This instrument (DRI-2) appears to be by far the most carefully constructed from a psychometric standpoint...Reliability is well established and validity is based on the instrument's relationship to other established measures." (NHTSA, DOT HS 807 475)

"In settings where it has been adopted as the primary screening instrument for processing convicted drunk drivers, substance abuse counselors have reported that it (DRI-2) improves the quality of their decisions while making their task less time-intensive." (NHTSA, DOT HS 807 475)

By merging the latest in psychometrics with computer technology, the DRI-2 accurately assesses client behavior and identifies client risk, as well as need. DUI staff members can now objectively gather a vast amount of relevant information, identify client problems and formulate specific intervention and treatment strategies.

The DRI-2 is a self-report test that is completed by the client. There are no forms or questionnaires to be completed by the staff. DRI-2's are scored and interpreted by the computer, which generates printed DRI-2 reports on-site within 2½ minutes of test completion. These reports eliminate the need for tedious, time consuming and error prone hand scoring. Staff report writing, substantiation of decision making and record keeping needs are met with DRI-2 reports.

Product Description

The **Driver Risk Inventory (DRI-2)** is a brief, easily administered and automated (computer scored and interpreted) test specifically designed for DUI/DWI offender risk assessment and screening.

Within minutes of test completion, the DRI-2 can generate a comprehensive report presenting six empirically based measures (scales), explaining attained risk levels and making specific recommendations. DRI-2 reports also summarize multiple choice questions, set forth "significant items" and provide space for staff recommendations.

The DRI-2 is a test designed specifically for use with convicted DUI and DWI offenders. It has 113 items (questions), and can be completed in 25 to 30 minutes. Reports can be printed on-site within 2½ minutes of test completion. The DRI-2 has been researched and normed on the DUI/DWI offender population.

DRI-2 tests are now also available over our Internet testing platform at **www.online-testing.com**.

Tests can be given directly on the computer screen or in paper-pencil test booklet format. Regardless of how the tests are administered, all tests are computer scored on-site, and reports are available within 2½ minutes of test completion.

Staff report writing, substantiation of decision-making and record keeping needs are met with these reports. The DRI-2 is to be used in conjunction with experienced staff judgment. Today, we acknowledge the growing role of automation **and** the importance of evaluator experience and judgment.

Present, Past or Future Tense

Clients should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to know about the past, it will be stated in past tense. If the item inquires about the present, it will be stated in present tense. And, if an item asks about the future, it will be stated in future tense. Just answer each question as it is stated.

Six Empirically Based Measures

The DRI-2 includes six (6) empirically-based measures (scales):

1. TRUTHFULNESS SCALE: The Truthfulness Scale is a measure of how truthful the client was while completing the DRI-2. This scale identifies self-protective, recalcitrant and guarded people who minimize or even conceal information.

2. ALCOHOL SCALE: The Alcohol Scale is a measure of the client's alcohol proneness and alcohol-related problems. DUI risk evaluation and screening programs are based on the concept of an objective, reliable and valid measure of alcohol proneness and abuse. Alcohol refers to beer, wine or liquor.

3. DRUG SCALE: The Drug Scale is an independent measure of the client's drug abuse proneness and drug-related problems. Without a Drug Scale, many drug (marijuana, cocaine, crack, barbiturates, amphetamines, heroin, etc.) abusers would remain undetected.

4. DRI-2VER RISK SCALE: The Driver Risk Scale is a measure of the client's driver risk, independent of their involvement with alcohol or other drugs. This scale is helpful in detecting the abstaining, yet irresponsibly aggressive driver.

5. STRESS MANAGEMENT SCALE: The Stress Management Scale is a measure of the client's ability to handle or cope with their stress. Severely impaired stress coping abilities are indicative of other identifiable emotional and mental health problems.

6. SUBSTANCE USE DISORDER SCALE: DSM-5 Substance Use Disorder **severity** is based upon the number of the 11 DSM-5 symptom criteria endorsed. When "none or one" of the 11 symptom criteria is endorsed (admissions), the DUI offender **Does not meet substance use disorder criteria**. When "two or three" symptom criteria are endorsed, the DUI offender's substance use disorder severity is classified as **Moderate**. **Problem** severity is identified by the endorsement of "four or five" of the 11 symptom criteria. A **severe** substance use disorder is identified by the presence of **six or more** of the 11 symptoms.

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Why Use DRI-2 Scales

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The Driver Risk Inventory (DRI-2) scales (Truthfulness, Alcohol, Drug, Driver Risk and Stress Management) were developed specifically and exclusively for DUI/DWI offender assessment. Each of these scales measure the severity of use of the substance it represents. The Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) Substance Use Disorder classification was incorporated into the DRI-2 because it is widely accepted by clinicians and recognized by the courts. Each of the DRI-2 scales measures the severity of use of the substance it represents. As a general rule, the more specific or focused an assessment scale is, the more accurate its findings. And precise "problem severity" measurement makes accurate "problem severity-treatment intensity" matching possible.

In marked contrast, DSM-5 disorders (classifications) were developed for clinical diagnosis and are treatment oriented. The DSM-5, its Substance Use Scale and other DSM-5 classifications are not designed for, nor standardized on DUI/DWI offenders. Moreover, the DSM-5 Substance Use Disorder Scale includes both alcohol and drug use in the same scale. One of the major criticisms of the DSM-5 is its lack of evidence-based peer review research.

Reasons for developing and using the DRI-2 and its Alcohol Scale and Drug Scale are many and include the need for an Alcohol Scale and Drug Scale that are designed for, researched on and standardized on DUI/DWI offenders. The DRI-2 and its six scales are standardized on DUI/DWI offenders. The DSM-5 and its scales or disorders are not. Generalizing from chemical dependency and alcohol/drug treatment patients to DUI/DWI offenders is tenuous, at best.

Professional reliability, validity and accuracy standards for tests, scales, domains and classifications systems must be met. Extensive DRI-2 peer review research is set forth at www.BDS-Research.com. Each DRI-2 scale has been extensively researched and standardized on the DUI/DWI offender population. The lack of DSM-5 DUI/DWI offender research was cited earlier.

DRI-2 scales use a short-term time referent (here-and-now or recent past). In contrast, the DSM-5 uses longer term and even lifetime time referents. DUI/DWI offenders represent present day driver risk. Once identified, driver risk must be resolved if the DUI/DWI offender is to drive safely in the future. It should be noted that DRI-2 recommendations constitute a practical approach to matching problem severity and treatment intensity.

In summary, the Driver Risk Inventory (DRI-2) and its scales have been designed specifically for DUI/DWI offender assessment. The DRI-2 has been researched and standardized on over 1½ million DUI/DWI offenders. Evidence-based peer review research is extensive and has demonstrated impressive reliability, validity and accuracy. The Alcohol and Drug Scales are focused entirely upon the substance each represents. There is no confusion or blending of substances. The time frame is the "here-and-now" not last year. And the DRI-2 is available 24/7.

DIMENSIONAL & CATEGORICAL MEASURES

Kessler (2002, 2008) advocates using both "dimensional" and "categorical" measures in the same test. Dimensional measures use recent time frames (e.g., the past year, last month, or now) to measure the severity of alcohol and/or drug use. In contrast, categorical measures gather long term or lifetime occurrence information to help with treatment planning. DRI-2 Alcohol and Drug Scales are "dimensional" whereas DSM-5 uses both. Even so, DSM-5's categorically-based measures can produce seemingly dissimilar results. For example, you could have a DRI-2 Alcohol or Drug Scale score in one severity range (e.g., low risk) and a DSM-5 Substance Use Disorder classification in another severity range (e.g., moderate risk). Contributing factors to these different severity classifications includes: dimensional versus categorical measurement; the DSM-5's Substance Use Disorder category incorporates both alcohol and drugs, whereas the DRI-2 independently assesses alcohol and drugs; DSM-5 expunged or deleted the term "abuse," while the DRI-2 continues to use it; and severity scale classification methodology differs. To sum up, DRI-2 Alcohol and Drug Scales enable matching of problem severity with treatment intensity, whereas DSM-5 substance Use Disorder results can guide treatment planning.

Risk Level Classification

Each DRI-2 scale score is classified in terms of its severity or the risk it represents. These risk level classifications are calculated individually for five of the six empirically based scales. The Substance Use Disorder classification scale, consequently it is not scored as the other five DRI-2 scales.

<h1 style="text-align:center">Risk Level Classification</h1>

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PERCENTILE RANGE   **RISK RANGE**

0 to 39th percentile ....Low Risk

40 to 69th percentile ....Medium Risk

70 to 89th percentile..............Problem Risk

90 to 100th percentile............Severe Problem

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A person who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low risk range. In addition, an elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a recovering alcoholic or drug abuser, consequently the client should be asked if he or she is recovering, and if recovering, they would be asked "how long have they been abstaining" from alcohol or other drug use. **Question #118 asks if the client is a recovering alcoholic, drug abuser or both. The client's answer to this question is printed in the DRI-2 report on page 3 under the Significant Items section.**

Staff Should Not Take the DRI-2

Sometimes a staff member wants to simulate the client taking the DRI-2. It is strongly recommended that staff member do **not** take the DRI-2**. The DRI-2 is not standardized on staff**. In any case, staff members do not have the same mental set as a client. Staff members would likely invalidate, distort or otherwise compromise their DRI-2 profile.

Significant Items

Significant Items represent self-admissions or important self-report responses. Significant Items are printed on page 3 of the DRI-2 report for the **Alcohol** and **Drugs** Scales. Significant Items augment scale scores and sometimes provide a more complete understanding of the client. They are provided for reference, and do not by themselves determine the respondent's scale score. For example**, a person could have a high scale score and few significant items**. Significant Items permit comparison of the client's beliefs and attitude with their objective scale scores.

When no significant items are answered in a negative direction, the following statement is printed under that scale heading: "No significant items were reported for this scale."

Evaluator's Recommendations

In some instances, the evaluator will have an observation or recommendation that differs from the DRI-2 report. **This is OK!** The evaluator may obtain important information from another source (offender, relative, records, etc.) which influences their recommendations. In these situations, it is recommended that the evaluator document in writing this additional source in the space provided for "Comments" in the DRI-2 report.

Unique DRI-2 Features

The Driver Risk Inventory (DRI-2) has been researched and normed on the DUI offender population. The DRI-2's expanding database enables it to incorporate many unique features. **Each of these unique DRI-2 features is solidly based upon extensive DRI-2 research**. Perhaps of equal importance is the fact that this database research is ongoing in nature.

Expanding Database

The copyrighted DRI-2 software was designed with the capability of **"saving"** the data from each test in a confidential (no names) manner for ongoing research and analysis. No client names appear in DRI-2 research or annual program summary reports. Users are encouraged to use the Delete Names option when a client's has completed their program. When data is downloaded into the DRI-2 database for

subsequent analysis, client names are removed. **The expanding DRI-2 database is statistically analyzed each year.** This feature represents a unique advantage of the DRI-2. The database ensures ongoing research, the benefits of which are made available to the DRI-2 user at no additional cost. As the DRI-2 database continues to grow, new and exciting research discoveries and innovative software remedies are implemented. Gender (male/female) differences have already been identified (and remedies developed) by this procedure.

Truthfulness Scale

Self-report tests and interviews are subject to the danger of respondents not telling the truth. An important advance in testing is the inclusion of the Truthfulness Scale, which measures how honest the client is while completing the test. It would be naive to believe that all people taking tests always answer questions truthfully. The Truthfulness Scale identifies self-protective and guarded people who attempt to deny, minimize or even conceal information. This feature is of special importance in court-related settings, since the outcome of a person's test results could affect their level of supervision, the nature of intervention and their life situation. **The Truthfulness Scale identifies attempts to fake or underreport problems and concerns**.

Validity

Definition: Within the context of assessment, **validity** is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, invalidity refers to distortion of test results due to the client's attitude and test taking behaviors. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid test means test results are distorted and not accurate.

When reviewing a DRI-2 report, staff members should check the Truthfulness Scale score. If the Truthfulness Scale score is below the 89th percentile, the test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentile are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are invalid.

Alcohol Scale

The Alcohol Scale measures a client's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating alcohol abuse and predicting driver risk. Similarly, alcohol-related arrests are important when predicting driver risk.

Discriminant validity of the Alcohol Scale is demonstrated by the fact that no other DRI-2 scale correlates significantly with alcohol-related arrests. Only the Alcohol Scale correlates significantly with alcohol-related arrests.

Driver Risk Scale

The Driver Risk Scale correlates significantly with the number of DUI arrests. This relationship has been discussed earlier under the title "Total Number of DUI Arrests." Discriminant validity is demonstrated by the fact that no other DRI-2 scale correlates significantly with the number of traffic violations or the number of at-fault accidents. Only the Driver Risk Scale correlates significantly with traffic violations and at-fault accidents.

As noted by the National Highway Traffic Safety Administration (NHTSA, DOT HS 807 475), "One of the scales (the Driver Risk Scale) is designed to detect irresponsible driving and provides an assessment for driver risk, a particularly useful feature for evaluating the DUI offender that does not exist in any other instrument we reviewed."

Drug Scale

Discriminant validity of the Drug Scale is determined by the fact that no other DRI-2 scale correlates significantly with "other drug-related arrests." Drugs refer to marijuana, cocaine, crack, LSD, ecstasy, barbiturates, amphetamines, heroin, etc.

The Drug Scale measures a client's drug proneness and drug-related problems. This is becoming an increasingly important area of inquiry when evaluating drug abuse and DUI risk. Similarly, drug-related arrests are important when predicting driver risk.

BAL/BAC

For maximum screening effectiveness, test results and arrest records should be used jointly. Thus, when driver history and court-related information are available, they are included in the DRI-2 scoring methodology. Yet, when this information is not available, the DRI-2 is still scored. This flexibility in data acquisition and scoring procedures results in even more comprehensive and accurate DUI screening and assessment.

Discriminant validity of the Alcohol Scale is demonstrated by the fact that no other DRI-2 scale correlates significantly with the Blood Alcohol Level (BAL) obtained at time of arrest. Only the Alcohol Scale correlates significantly with the BAL.

Substance Use Disorder Classification Scale

The Driver Risk Inventory (DRI-2) incorporates two methods, classification and dimensional scaling, for assessing substance use severity. The DRI-2 employs separate Alcohol and Drug Scales each focusing independently and exclusively on alcohol or drug use. The DSM-5 on the other hand, blends alcohol and drugs use in its Substance Use Disorder classification. DRI-2 scales use short-term time referents like recently or now; whereas the DSM-5 uses longer term or even lifetime referents. The DRI-2 scales use percentile scores to measure risk severity. The DSM-5 classifies risk using endorsement of 11 criteria/symptoms, classifying substance use problems as mild, moderate and severe. Researchers (Kessler, 2002; Kline, 2009) advocate using both types of measurement methods in one test.

Stress Management Scale

The Stress Management Scale correlates significantly (.001 level of significance) in predicted directions with the following MMPI scales: Psychopathic Deviate (Pd), Psychasthenia (Pt), Anxiety (A), Manifest Anxiety (MAS), Ego Strength (ES), Social Responsibility (RE), Social Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Authority Conflict (AUT), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-III), Resentment/Aggression (TSC-V) and Tension/Worry (TSC-VII). Stress exacerbates other symptoms of emotional problems. A high risk (90 to 100th percentile) Stress Management score is indicative of markedly impaired stress coping abilities and very likely reflects identifiable emotional and mental health problems.

DRI-2 Reports

DRI-2 reports are designed to meet the needs of DUI risk evaluation and screening programs. The standard three-page DRI-2 report concisely summarizes test data in an accurate and easily understood manner. **Staff needs for report writing, substantiation of decision making, and recordkeeping are all met with DRI-2 reports.** Also, a one page "summary report" can be printed in addition to the standard DRI-2 report. DRI-2 reports can be individualized to be in compliance with each state and agency's needs. Recommendations desired in one city or state may not be appropriate in another.

Oral Instructions

It is now clear that DUI offenders in court-related settings minimize their alcohol and other drug-related problems. They also substantially under-report their alcohol and other drug use. However, the oral instructions to the offender before they begin taking the DRI-2 are important. A straightforward approach is recommended. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. Please answer all of the questions honestly. It is also important that you do not read anything into the questions that is not there. Your court records may be checked to verify the accuracy of your answers. Just answer each question truthfully"

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience and intent. It should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client:

Last week a client told me while taking the MMPI that he could not answer this true-false question, 'I am attracted to members of the opposite sex.' When asked why, the client replied, "If I answer True, you will think I am a sex maniac. If I answer False, you will think I am a homosexual." I told the client that "this test item does not ask you about being a sex maniac or a homosexual. It simply asked if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals, you were answering a different question. Do not read anything into these questions that isn't there, because if you do, you will invalidate the test and may have to take it over. Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

A few minutes of oral instructions can put the client at ease while providing structure and clarifying expectations. Such procedures can greatly reduce your invalidity ratio while making the assessment procedure more acceptable to the client. Some agencies type out oral instructions for the staff so that they can have them as a ready reference.

Test Data Input Verification

This procedure allows the person that is inputting the test data from the answer sheet to verify the accuracy of their data input. In brief, the test data is input twice, and any inconsistencies between the first and second data entry are highlighted until corrected. When the first and second data entries match (or are the same), you may continue. This data verification feature is optional.

Delete Client Names

You have the option to delete client names. This is optional. **If you want to use this option, remember that once you delete the client name -- they are gone and can not be retrieved.** We recommend you use this option. Deleting client names does not delete demographic information or test data. It only deletes client names when you use this option. **This option is provided for you to protect client confidentiality.** **This "name deletion" procedure insures confidentiality and compliance with HIPAA (federal regulation 45 C.F.R. 164.501) requirements.**

Control of DRI-2 Reports

The standard DRI-2 report is designed for DUI evaluator and court-related use. It is not recommended that this DRI-2 report be given to the DUI offender. It is not recommended that the offender take any DRI-2 materials, including the report out of the office. **Do not give the DRI-2 report to the DUI**

offender to read or take out of your office. Nor should the client remove any DRI-2 materials from the office.

Check Answer Sheet for Completeness

Check the client's answer sheet for completeness when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. In these instances the clients should be informed that each question must be answered in accordance with the instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction since it is assumed that these items were omitted to avoid providing a "negative" response.**

Staff should verify the information provided by the client on the answer sheet.   The information concerning DUI's, BAC and other court history may be used in the DRI-2 report to establish minimum scores.   Staff should be aware that "Total number of DUI arrests" includes DUI's reduced to reckless driving.

DRI-2 Interpretation

There are several levels of DRI-2 interpretation ranging from viewing the DRI-2 as a self-report to interpreting scale elevations and scale inter-relationships. The following table is a starting point for interpreting DRI-2 scale scores.

SCALE RANGES

Risk Category	Risk Range Percentile	Total Percentage
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	**70 - 89%**	**20%**
Severe Problem	**90 - 100%**	**11%**

Referring to the above table, a problem is not identified until a scale score is at the 70th percentile or higher. **Elevated scale scores** refer to percentile scores that are at or above the 70th percentile. **Severe problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of DUI/DWI offenders evaluated with the DRI-2. The DRI-2 has been normed on over one million DUI/DWI offenders. And this normative sample continues to expand with each DRI-2 test that is administered.

Scale Interpretation

1. Truthfulness Scale: measures how truthful the DUI/DWI offender was while completing the test. It identifies guarded and defensive people who attempt to fake good. Truthfulness Scale scores at or below the 89th percentile mean that all DRI-2 scale scores are accurate. When the DRI-2 Truthfulness Scale score is in the 70 to 89th percentile range other DRI-2 scale scores are accurate because they have been Truth-Corrected. In contrast, when the Truthfulness Scale score is at or above the 90th percentile this means that all DRI-2 scales are inaccurate (invalid) because the DUI/DWI offender or respondent was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers. If not consciously deceptive, offenders with elevated Truthfulness Scale scores are uncooperative (likely in a passive-aggressive manner), fail to understand test items or have a need to appear in a good light. **Truthfulness Scale scores at or below the 89th percentile mean that all other DRI-2 scale scores**

are accurate. One of the first things to check when reviewing a DRI-2 report is the Truthfulness Scale score.

2. Alcohol Scale: measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89th percentile) Alcohol Scale is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies established and serious drinking problems. Elevated Alcohol Scale scores do not occur by chance.

A history of alcohol problems (e.g., alcohol-related arrests, DUI/DWI convictions, etc.) could result in an abstainer (current non-drinker) attaining a low to medium risk scale score. Consequently safeguards have been built into the DRI-2 to identify "recovering alcoholics." For example, the offender's self-reported court history is summarized on the first page of the DRI-2 report. **The DUI/DWI offender's answer to the "recovering alcoholic" question (item 118) is printed on page 3 of the DRI-2 report.** In addition elevated Alcohol Scale paragraphs caution staff to establish if the offender is a recovering alcoholic. If recovering, how long? Obviously the DUI/DWI offender was arrested for a DUI or DWI.

Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the offender's substance of choice.

Scores in the severe problem (90 to 100th percentile) range are a malignant prognostic sign. Elevated Alcohol Scale, Drugs Scale and Driver Risk Scale scores identify a particularly dangerous driver. Here you have a person with poor driving skills who is even further impaired when drinking or using drugs.

In intervention and treatment settings the offender's DRI-2 Alcohol Scale score can help staff work through offender denial. More people accept objective standardized assessment results as opposed to someone's subjective opinion. This is especially true when it is explained that the DRI-2 has been given to over one million DUI/DWI offenders and that elevated scores do not occur by chance. The Alcohol Scale can be interpreted independently or in combination with other DRI-2 scales.

3. Drugs Scale: measures drug use and severity of drug abuse. Drugs refer to marijuana, ice, crack, cocaine, ecstasy, amphetamines, barbiturates and heroin. An elevated (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies established drug problems and drug abuse.

A history of drug-related problems (e.g., drug-related arrests, prior DUI/DWI convictions, drug treatment, etc.) could result in an abstainer (current non-user) attaining a low to medium risk Drug Scale score. For this reason precautions have been built into the DRI-2 to insure correct identification of "recovering" drug abusers. Many of these precautions are similar to those discussed in the above Alcohol Scale description. **And the DUI/DWI offender's answer to the "recovering drug abuser" question (item 118) is printed on page 3 of the DRI-2 report**.

Concurrently elevated Drugs and Alcohol Scale scores are indications of polysubstance abuse, and the highest score reflects the offender's substance of choice. Very dangerous drivers are identified when both the Drugs Scale and the Driver Risk Scale are elevated. Any Drugs Scale score in the severe problem (90 to 100th percentile) range should be taken seriously. The Drugs Scale can be interpreted independently or in combination with other DRI-2 scales.

4. Substance Use Disorder Scale: Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

   1.   Taking the substance in larger amounts or for longer than the you meant to

2.   Wanting to cut down or stop using the substance but not managing to

3.   Spending a lot of time getting, using, or recovering from use of the substance

4.   Cravings and urges to use the substance

5.   Not managing to do what you should at work, home or school, because of substance use

6.   Continuing to use, even when it causes problems in relationships

7.   Giving up important social, occupational or recreational activities because of substance use

8.   Using substances again and again, even when it puts the you in danger

9.   Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance

10.   Needing more of the substance to get the effect you want (tolerance)

11.   Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM 5 allows assessors to specify how severe the substance use disorder is, depending on how many symptoms are identified. Two or three symptoms indicate a mild substance use disorder, four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder.

The American Society of Addiction Medicine (ASAM) states there can be exceptions to DSM classifications -- and these exceptions are made according to the **severity** of a person's substance abuse. The severity of a person's substance abuse determines their recommended level of intervention and/or treatment.

In summary, the Alcohol and Drugs Scales measure **severity** of substance (alcohol and other drugs) abuse, whereas the Substance Use Disorder Scale **classifies** people as no problem, mild, moderate or severe substance use disorder.

5. Driver Risk Scale: measures driving risk, e.g., aggressive, irresponsible or careless drivers. This scale is independent of the Alcohol, Drugs and Substance Abuse/ Dependency Scales. Some people are simply poor drivers. Elevated (70 to 89th percentile) Driver Risk Scale scores identify problem prone drivers that would benefit from a driver improvement program. **Severe problem (90 to 100th percentile) scorers are simply dangerous drivers.** These are high probability accident prone drivers. When the Driver Risk Scale and the Alcohol Scale and/or Drugs Scale are elevated a person's poor driving abilities are further impaired by substance use or abuse. According to the National Highway Traffic Safety Administration (NHTSA), which is the highest federal authority in the DUI/DWI field - the DRI-2 is the only major DUI/DWI test that measures driver risk. Consequently, other tests do not identify abstaining (non-drinking and non-drug use) dangerous drivers.

The Driver Risk Scale provides considerable insight into offender driving behavior and it is overlooked by other DUI/DWI tests. The Driver Risk Scale can be interpreted independently or in combination with the DRI-2 Alcohol Scale, Drugs Scale and Stress Management Scale.

6. Stress Management Scale: measures the DUI/DWI offender's ability to cope effectively with stress, tension and pressure. How well a person manages stress effects their driving safety. A Stress Management Scale score in the elevated (e.g., problem risk) range provides considerable insight into co-

determinants while suggesting possible intervention programs like stress management. An offender scoring in the severe problem (90 to 100th percentile) range should be referred to a mental health specialist for further evaluation, diagnosis and a treatment plan.

We know that stress exacerbates emotional and mental health problems. The Stress Management Scale is a non-introversive way to screen for established (diagnosable) mental health problems. Stress coping problems can have a direct impact on a person's driving.

A particularly unstable and perilous driving situation involves an elevated Stress Management Scale with an elevated Alcohol Scale, Drugs Scale or Driver Risk Scale. Poor driving abilities along with substance abuse in an emotionally reactive person who doesn't handle stress well operationally defines a dangerous driver. **The higher the elevation of these scales -- the worse the prognosis.** The Stress Management Scale can be interpreted independently or in combination with other DRI-2 scales.

In conclusion, it was noted that several levels of DRI-2 interpretation are possible. They range from viewing the DRI-2 as a self-report to interpreting scale elevations and inter-relationships. Staff can then put a DUI/DWI offender's DRI-2 findings within the context of the offenders driving situation.

Retest

Driver Risk Inventory (DRI-2) tests results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the DRI-2 Truthfulness Scale is at or above the 90th percentile. When this occurs, it is recommended that the client be given the opportunity to be retested. Retest interval is determined by the assessor's opinion of the client's attitude, behavior, emotional and mental state. Retesting can occur immediately or several days or weeks later.

Prior to retesting, the test administrator should review the DRI-2 retest instructions with the client. A straightforward approach is recommended. For example,

Please answer all questions truthfully. It is important that you do not read anything into a question that isn't there. Last week, while completing another test, a client involved in a custody case said, "I cannot answer this question true or false." The question was "There are times when I worry about my court case or the charges made against me." When asked why not, the client replied, "If I answer true, you'll tell the judge that I am guilty because I'm worried; if I answer false you'll tell the judge that I don't care and I'll never get my kids."

I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, you were answering a different question. Do not read anything into these questions that isn't there, because if you do you will invalidate the test. Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.

A few minutes of oral instructions can put the client at ease while providing structure and clarifying the client's expectations. Do not tell the client they were lying – you will never win that argument. Note the above example reframes the issue from denial, problem minimization and noncompliance to reading questions correctly.

That said, nobody wants an invalid test. That is why problem tests (tests whose truth-corrected scores are in the problem risk range) are "truth-corrected" so test results are accurate and usable. Truthfulness Scale scores at or below the 89th percentile are accurate. **Truthfulness Scale scores at or above the 90th percentile are inaccurate due to client denial or attempts to fake good.**

If this was a retest, this person may not be "testable" at this time. However, an alternative approach includes using the Human Voice Audio program. Human Voice Audio is an automated computer presentation in which the questions are verbally read to the client (in English, Spanish, etc.) while simultaneously being presented on the computer monitor (screen). The Human Voice Audio program is available to you free or at no additional cost. For more information on the Human Voice Audio program it is discussed in this Training Manual. And additional information can be provided upon request. Our email address is info@bdsltd.com and our toll free number is 1 (800) 231-2401.

Database

A database of client information and test data is very useful. It makes possible ongoing cost-effective research and also provides the capability to summarize results for administrative, budgeting and planning purposes. **Behavior Data Systems' copyrighted built-in expanding database provides both a research and program summary capability.** Copyrighted software "saves" the test data from each test that is administered in a confidential (no names) manner.

These same databases provide a cost effective means by which testing programs can be summarized-- again in a confidential (no names) manner. Annual summary reports describe the population that was tested. Population statistics, demographics, emerging trends and much more can be provided in these reports on an annual basis.

<p style="text-align:center; color:red;">**When prompted your secret code is "y"**</p>

<p style="text-align:center;">**www.online-testing.com**</p>

<p style="text-align:center;">**How to Login**</p>

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

<p style="text-align:center;">**How to Administer a Test**</p>

Before you proceed, please be aware that there are *two test administration options described.*

1. Paper/Pencil Test Administration (Data Entry Method)

The first option is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper-pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper-pencil testing. When testing is completed the answer sheet data is entered online and a report is generated.

If the paper-pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

2. On Screen Online (Internet) Test Administration

The second option is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

How to Score a Test and Print a Report

When you have selected your preferred method of test administration click either "Administer Test to Client" (in which case the client would enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page. Depending on the test you have chosen some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." ***When "Yes" is selected, your account will then be charged 1 test credit.***

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

When prompted your secret code is "y"

How to Verify Data Entry

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

How to Delete Client Names

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. USE WITH CAUTION! Once the name has been deleted it CANNOT be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

Live Support Chat

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an Online-Testing.com technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

TECHNICAL SUPPORT

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is **(800) 231-2401**, fax **(602) 266-8227**, and E-mail **info@online-testing.com**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.