THE TEXAS A&M TRANSPORTATION INSTITUTE'S

Training on the Treatment & Referral Services in Impaired Driving Cases in Texas

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

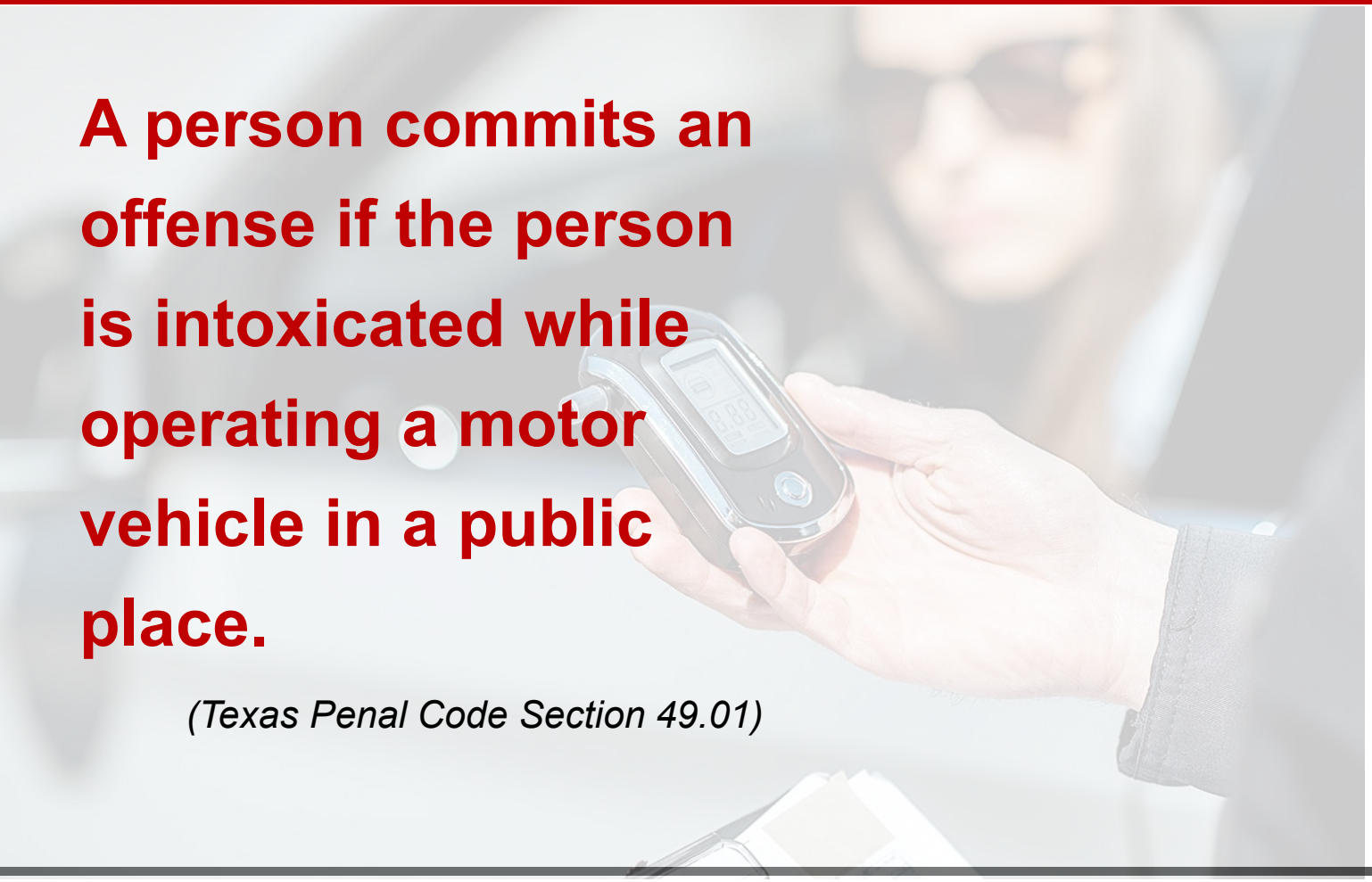
Snapshot of the Impaired Driving Problem

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Texas DWI Definition



A person commits an offense if the person is intoxicated while operating a motor vehicle in a public place.

(Texas Penal Code Section 49.01)

"Intoxicated" means:

a) not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body; or

b) having an alcohol concentration of 0.08 or more.

(Texas Penal Code Section 49.04)

DWI - ALL Related Reportable Motor Vehicle Traffic Crashes and Fatality Counts

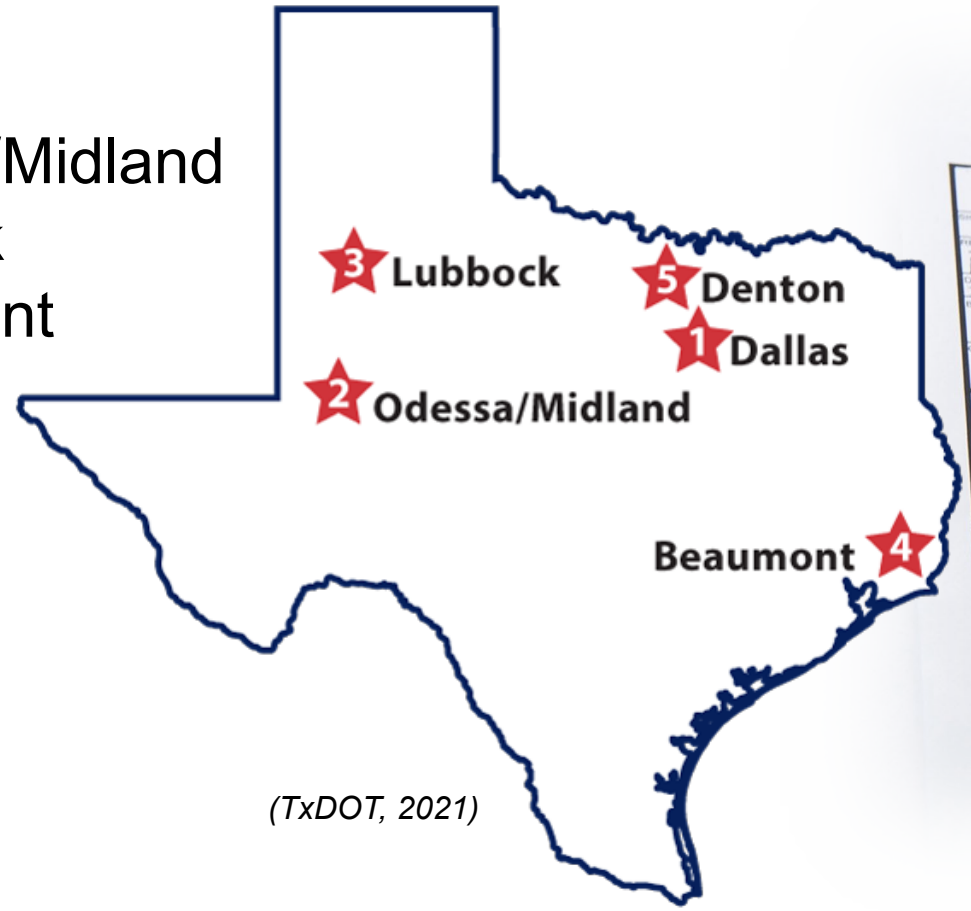
Statewide

2015 –2019

Crash Year	Fatalities	Fatal Crashes	Suspected Serious Injury Crashes	Suspected Minor Injury Crashes*	Possible Injury Crashes	Non-Injury Crashes	Unknown Injury Crashes	Total Crashes
2015	1,397	1,235	1,864	4,435	4,270	14,678	1,310	27,792
2016	1,436	1,258	1,910	4,501	4,404	14,467	1,219	27,759
2017	1,439	1,268	1,822	4,370	4,132	13,905	1,119	26,616
2018	1,329	1,195	1,790	4,092	4,418	14,350	1,052	26,897
2019	1,282	1,134	1,786	4,008	4,729	14,551	1,105	27,313
TOTAL	**6,883**	**6,090**	**9,172**	**21,406**	**21,953**	**71,951**	**5,805**	**136,377**

Top 5 Regions with Highest Percentage of Impaired Driving Deaths per 10K population–5 yrs

1. Dallas
2. Odessa/Midland
3. Lubbock
4. Beaumont
5. Denton



(TxDOT, 2021)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Impaired Driving Episodes Prior to Getting Caught

In 2012, an estimated **4.2 million U.S. adults** reported at least one episode of alcohol-impaired driving during the preceding 30 days, equating to an estimated **121 million annual alcohol-impaired driving episodes.**

(CDC, 2015)

An average drunk driver has **driven drunk over 80 times** *before first arrest.*

(MADD, 2015)

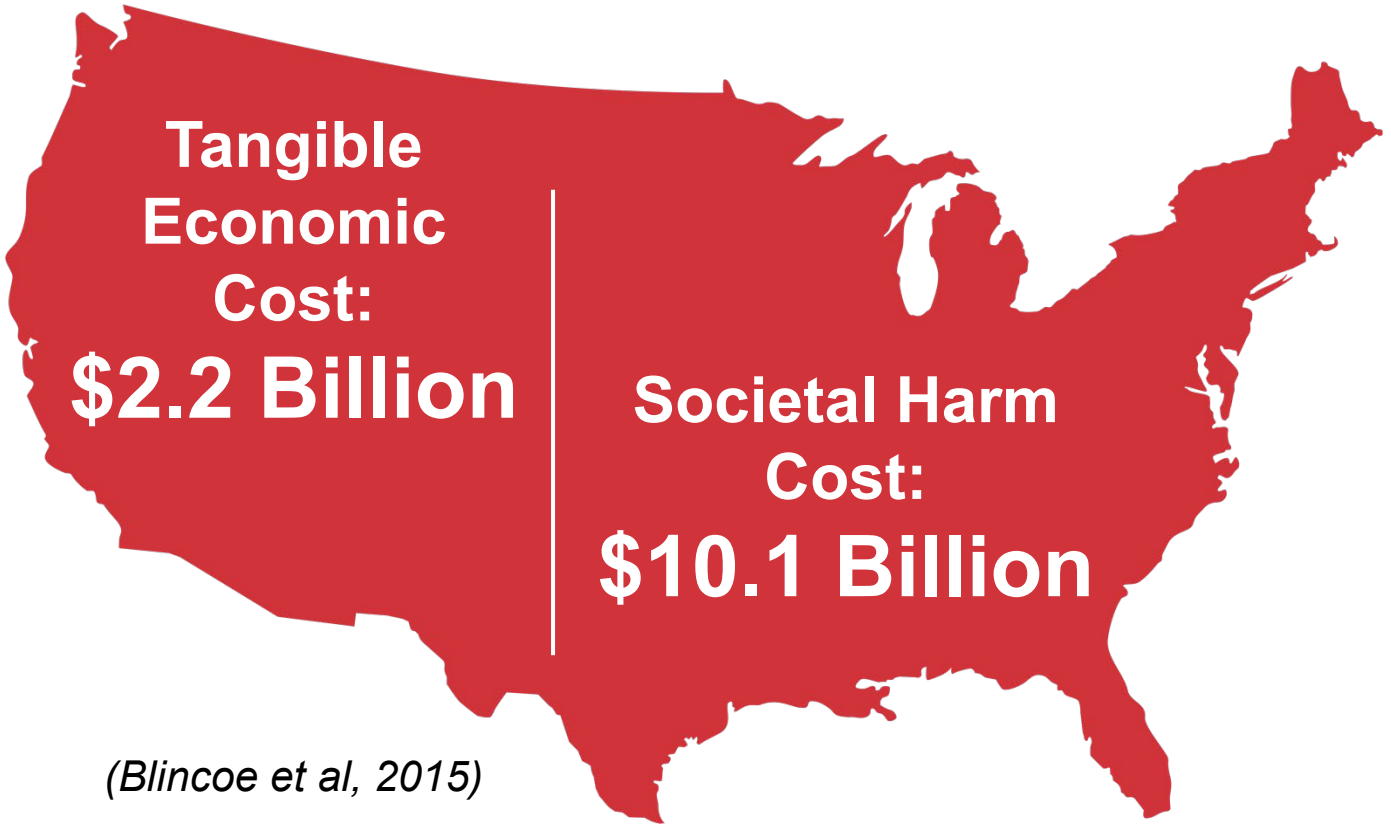
Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

The Cost of Impaired Driving to Texas

National Cost for 2010



(Blincoe et al, 2015)

2020 Estimate Economic Loss of Alcohol-Impaired Driving in Texas:

$10,850,000,000

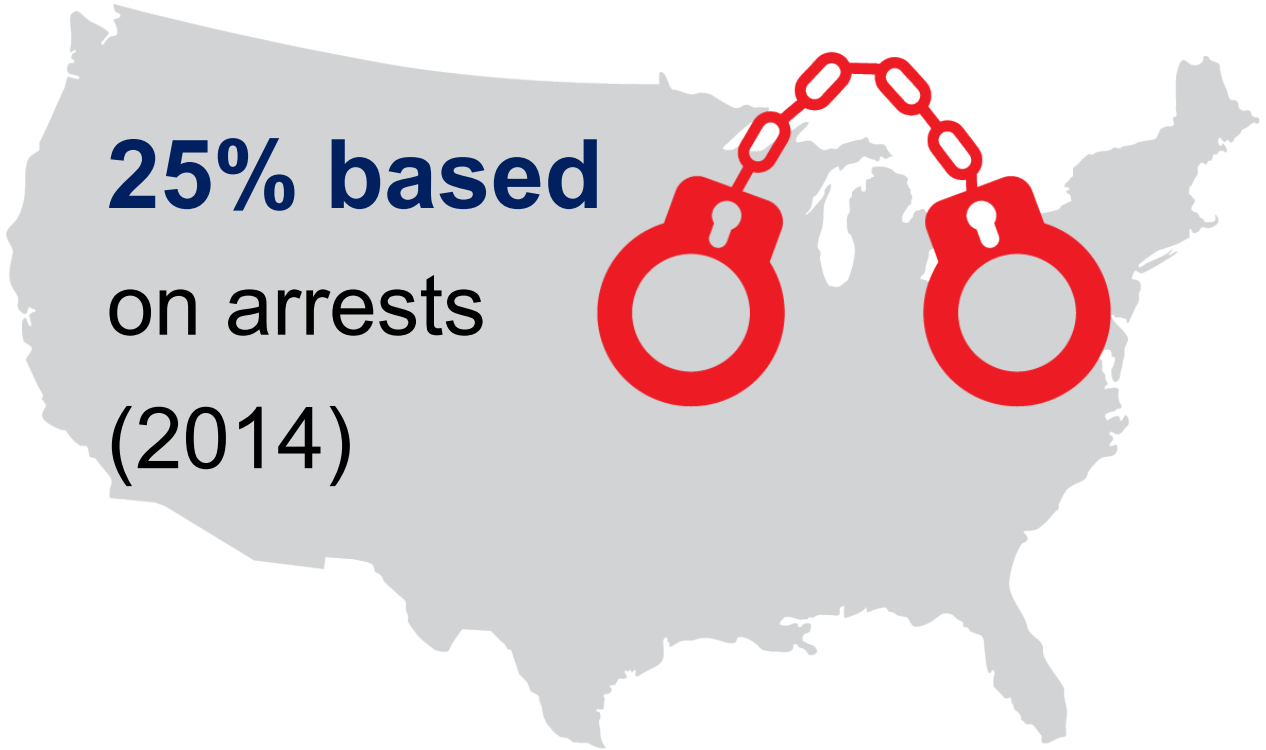
(TxDOT, 2021)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

National DWI Driving Recidivism Rates



(Warren-Kigenyi & Coleman, 2014)

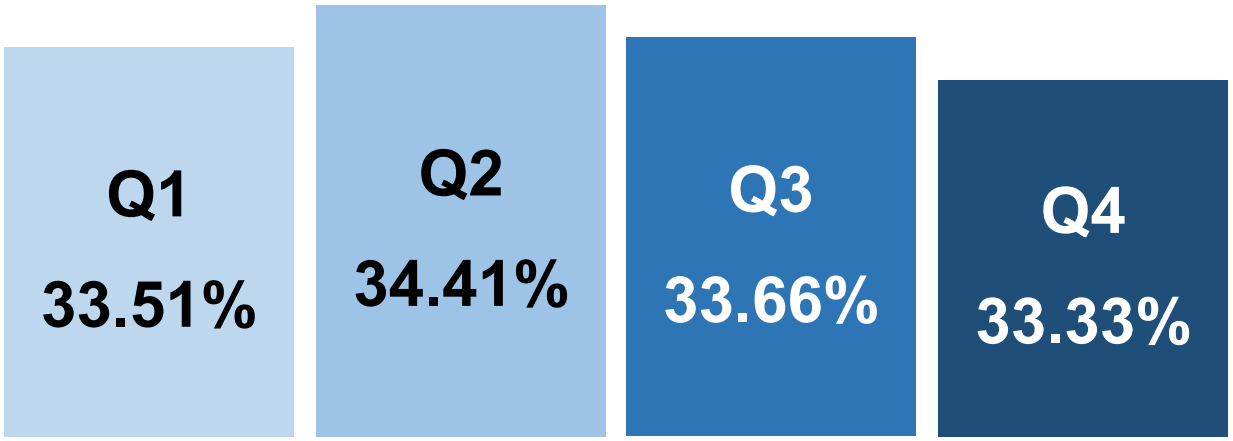
Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

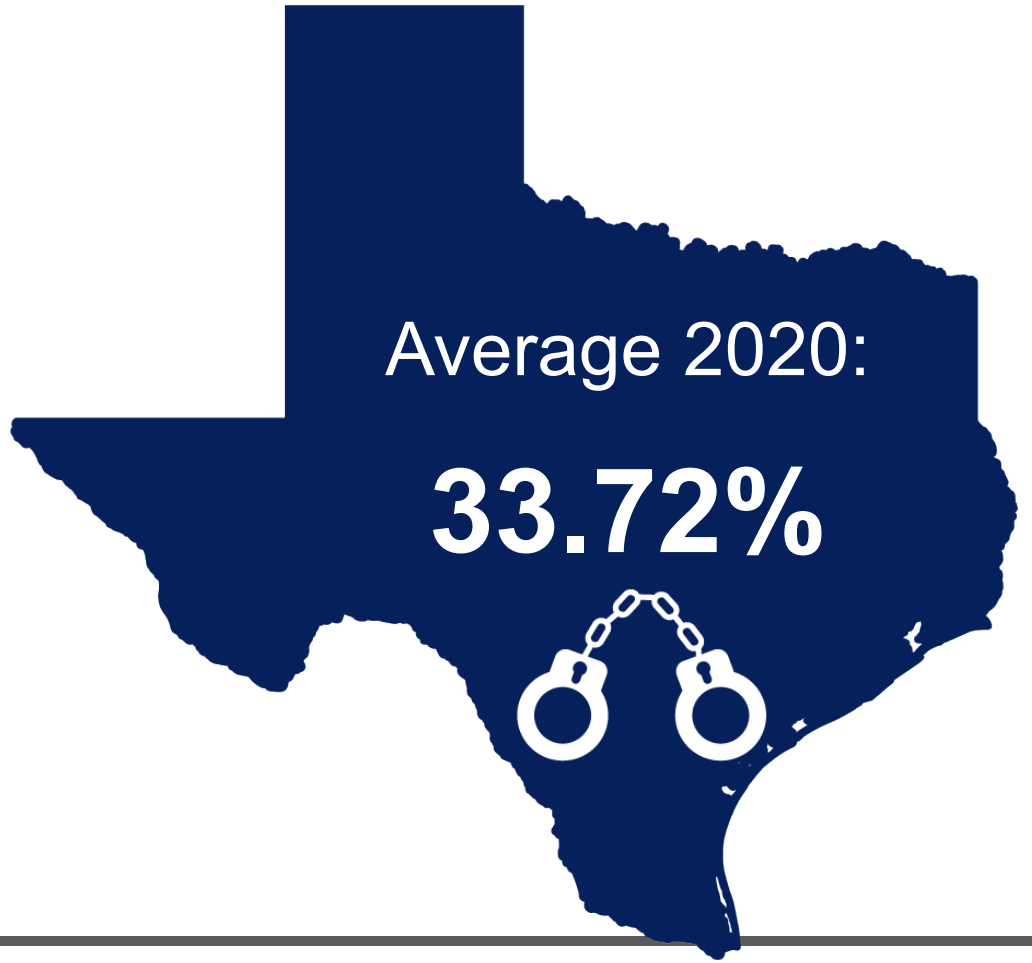
CADES Center for Alcohol and Drug Education Studies

Texas DWI Driving Recidivism Rates

33% based on arrests (2020)



(TxDPS, 2020)



Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Factors Influencing DWI Recidivism Rates

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

First Time DWI Offenders

"First-time DWI offenders often

present to remediation with

co-occurring problems."

(C'de Baca et al., 2004; Lapham, et al., 2001; Palmer et al., 2007, Shaffer et al., 2007)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

First Time DWI Offenders

*First time DWI offenders and repeat offenders drinking habits are **more similar than you might think…***

"Recidivist offenders do not report heavier, more frequent drinking compared with non-offenders and those with a single DWI."

(C'de Baca et al., 2001; Cavaiola et al., 2007; Couture et al., 2010; Portman et al., 2010, Miller & Fillmore, 2014)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

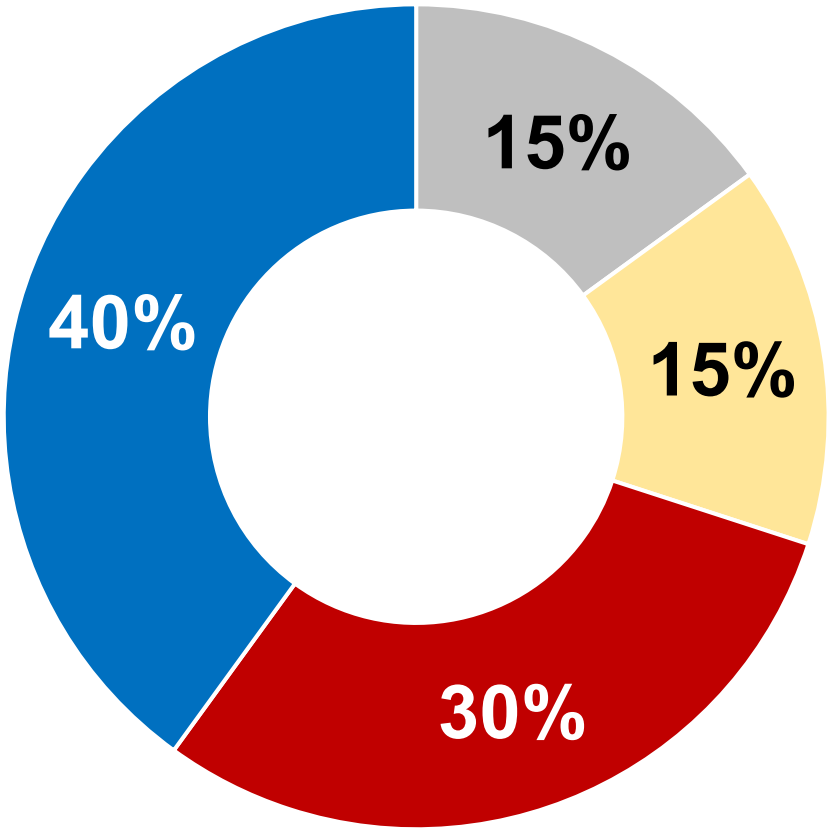
Repeat DWI Offenders

"Levels of cognitive and emotional preoccupation as well as attentional bias to alcohol were successful in distinguishing recidivists from first-time offenders."

(Miller & Fillmore, 2014)

"Thus, the **problem of recidivism** *might not be an issue of the amount or frequency of consumption*, but rather the **stimulus control that alcohol/alcohol-related cues have over repeat offenders."**

Behavior Change Considerations



Extratherapeutic/Change

Criminogenic Factors:

- Family
- Peers
- Housing
- Health

Technique

Specific model used:

- CBT
- DBT
- Seeking Safety

Staff/Client Relationship

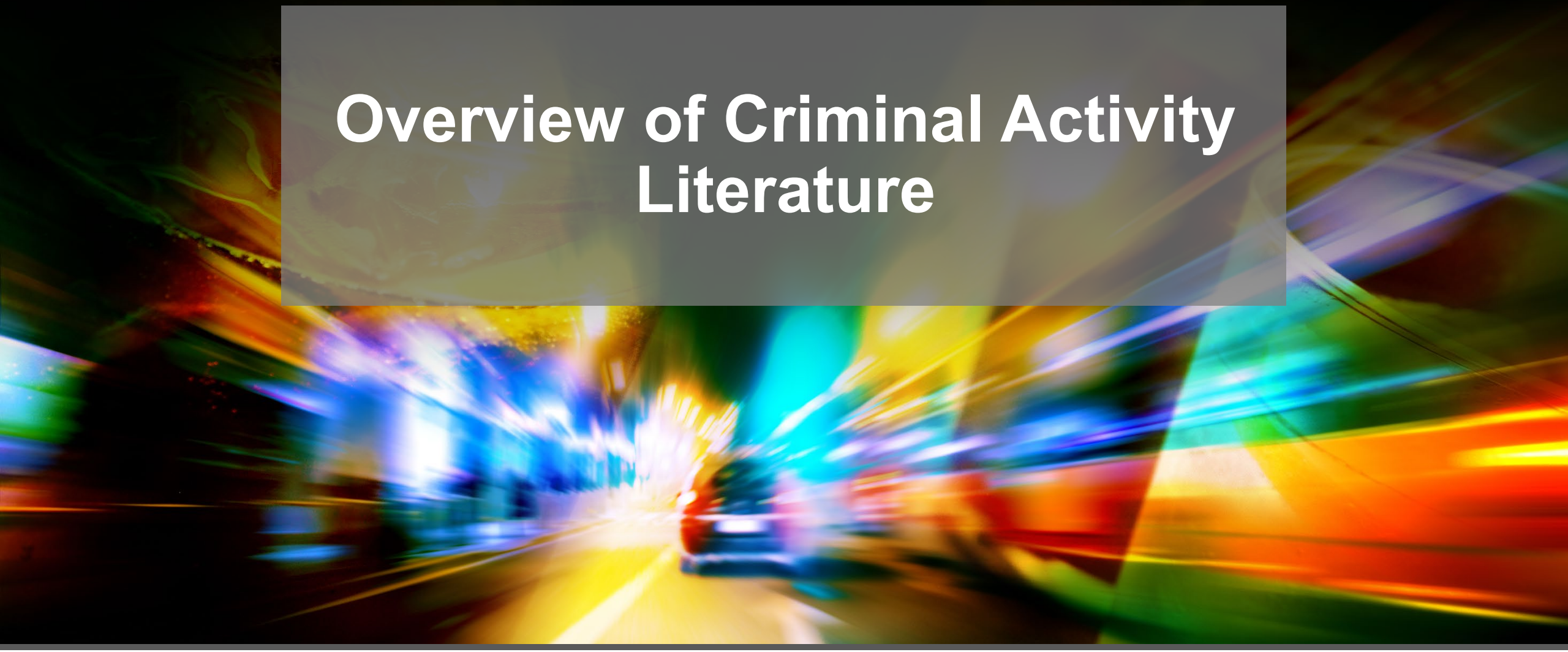
- Alliance
- Empathy
- Positive Regard

Expectations/Placebo

- Belief that the intervention will (or will not) work.

(Carey, 2021; Lambert and Barley 2001; Soto 2011; Albarracin 2020)

Overview of Criminal Activity Literature



Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Risk Needs Responsivity (RNR) Model

The Risk Principle

Criminal behavior can be predicted. This principle also points to tailoring treatment plans based on the risk level of offenders.

The Needs Principle

Offenders have a variety of static and dynamic (criminogenic) factors but **focusing on improving criminogenic needs** leads to more successful treatment outcomes.

The Responsivity Principle

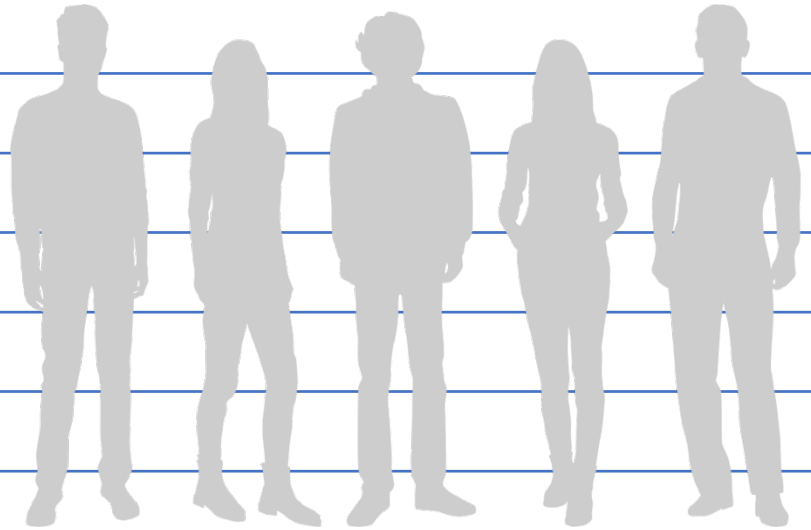
Champions the importance of **individually tailored intervention practices** that account for an individual's learning styles, strengths, and abilities

(Andrews & Bonta, 2010)

Theoretical Framework of Criminal Conduct

An individual's:

- Criminal history
- Pro-criminal attitudes
- Pro-criminal associates
- Antisocial personality patterns
- Family/Marital issues
- School/Work issues
- Substance Abuse issues
- Leisure/Recreation involvement



This model describes the **psycho-social-biological factors** that influence criminal behavior

(Andrews and Bonta, 2010)

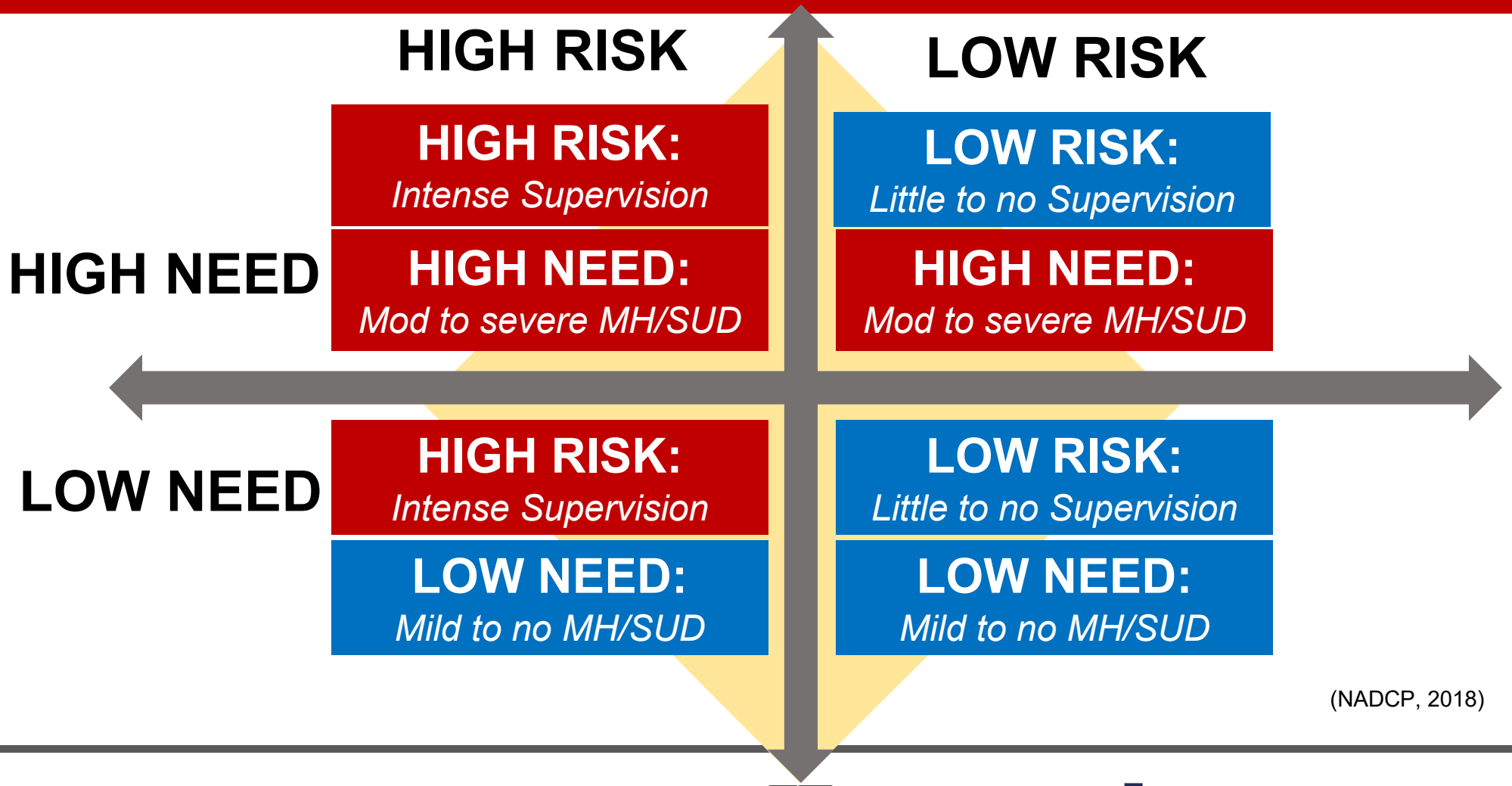
Crucial Non-Criminogenic Factors to be Addressed

Increasing a DWI offender's responsivity levels aids to reduce barriers to successful treatment.

- Motivation
- Treatment readiness
- History of trauma
- Personal strengths and aspirations
- Mental illness

(Andrews & Bonta, 2016)

Risk Needs Matrix



(NADCP, 2018)

Common Characteristics of DWI Offenders

Several studies have pointed common characteristics of high-risk/chronic impaired drivers:

- High school education (or less)
- Low income
- Unmarried/divorced
- Caucasian males
- Alcohol use disorders issues
- Multiple prior DWI offenses
- Previous involvements with the criminal justice system

(Jones & Lacey, 2000; Siegel et al., 2000; New Jersey Division of Addiction Services Intoxicated Driving Program Statistical Summary Report, 2006)

How to detect DWI Defendant's RNR?

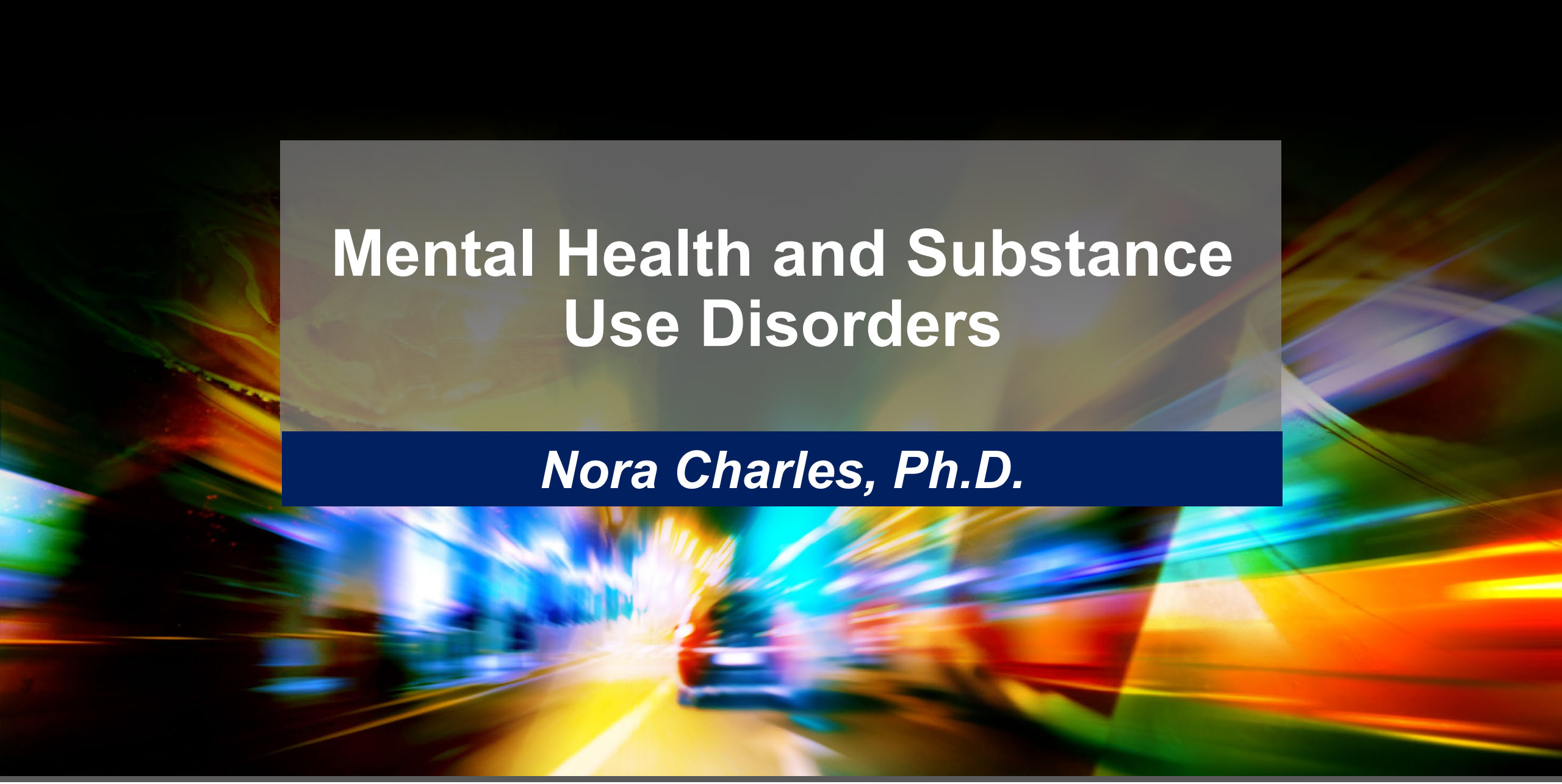
DWI Validated Screening/Assessment Tools

- CARS*
- IDA*
- DUI- RANT*
- SBIRT
- RIASI

VERSUS

- Risk and Needs triage (RANT)
- Ohio Risk Assessment System (ORAS)
- Level of Service Case/ Management Inventory (LS/CMI)

(NDCI; NCDC)



Mental Health and Substance Use Disorders

Nora Charles, Ph.D.

Texas A&M Transportation Institute
Save a Life™ Texas Department of Transportation
CADES Center for Alcohol and Drug Education Studies

Mental Health and Substance Use Disorders

- Mental health disorders
- Substance use disorders
- Special topics

Prevalence of MH & SU Disorders

20% of adults in the U.S. have a current **mental health disorder**

8% have a current **substance use disorder**

About 4% have both a **MH diagnosis and an SUD**

Serious mental illness refers to more impairing conditions

5% of the population, more females and more young adults

(NIMH, 2021; SAMHSA, 2021)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

The Justice-Involved Population

A majority of incarcerated people have a mental health or substance use disorder

- **25%** report a history of **physical or sexual abuse**
- Most common disorders are **depression, bipolar disorder, psychosis**

More than half report substance misuse

Among those with a **mental health disorder**, it is **more than 75%**

Approximately 20% of offenses can be directly related to **psychological problems**

(Gottfried & Christopher, 2017)

Mental Health Disorder

Texas A&M Transportation Institute

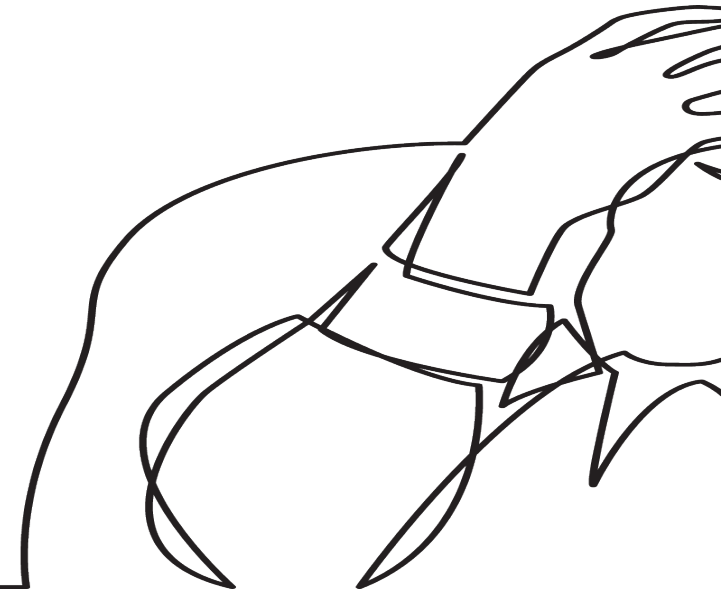
Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

What is a Mental Health Disorder?

Pattern of emotions, behaviors, and/or thoughts inappropriate to the situation that leads to distress and/or impairment in life

- Interaction of biological, brain, social, and life history factors



Types of symptoms:

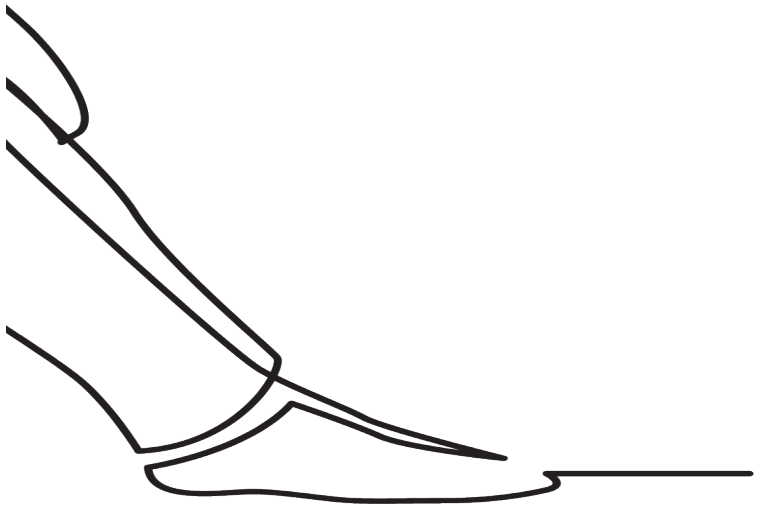
Cognitive: having trouble remembering or concentrating

Physical: fatigue, tense muscles, upset stomach

Emotional: feeling sad, panicky

Behavioral: aggression, odd or erratic behaviors

Development of MH Disorders



Biological

- Family history
- Vulnerability

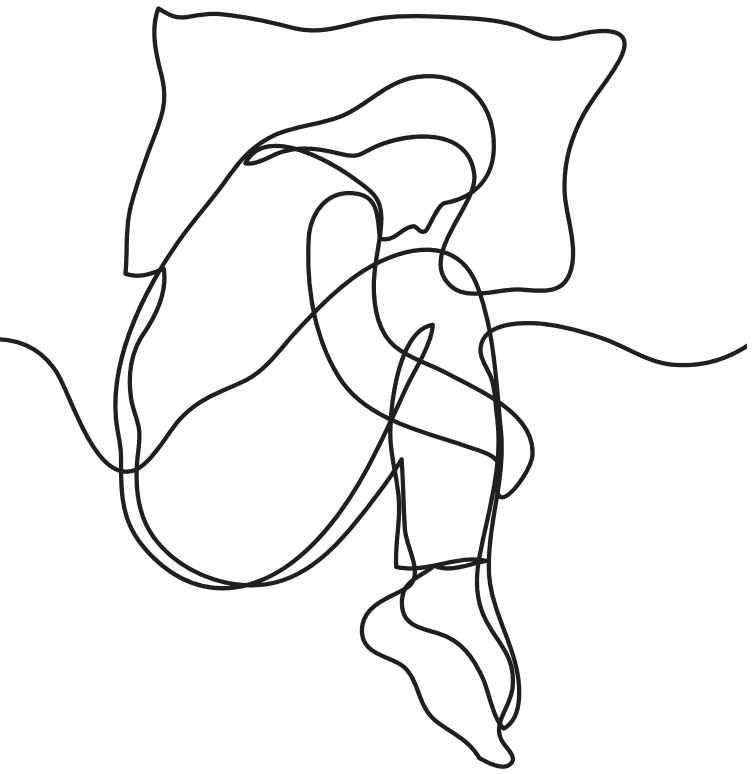
Environmental

- Stress/trauma
- Family functioning

Age of onset

- Behavioral problems–childhood
- Psychosis–adolescence, early adulthood
- Mood disorders–adulthood
- Anxiety–lifespan

Major Depressive Disorder



Two or more weeks of depressed moods, feelings of worthlessness, changes in sleeping, eating, energy levels, and diminished interest or pleasure in most activities.

- Different from grief, sadness
- Can cause as much impairment as physical health problems
- Some biological vulnerability
- Can be a chronic condition, medication and/or therapy can help

Bipolar Disorder

Alternating between depression and mania or hypomania

- Mania/hypomania:
  - Excessively “up” mood
  - Decreased need for sleep, more active
  - High distractibility, poor concentration, racing thoughts
  - Pressured speech
- Strong biological basis
- Chronic condition, may get better with age, can cause a lot of impairment but not necessarily

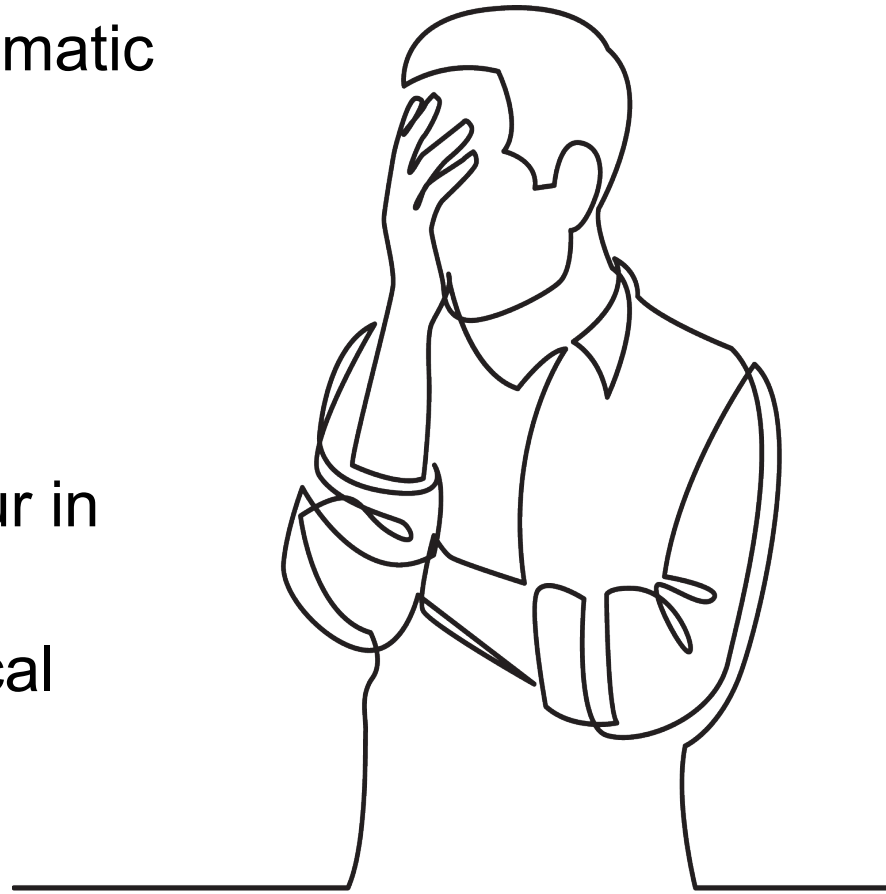
- Usually managed with medication, therapy can also help

Anxiety

- Distressing, persistent anxiety or maladaptive behaviors that reduce anxiety
  - **Generalized Anxiety Disorder:** persistent tension and worry
  - **Panic Attacks:** episodes of terror and physical symptoms
  - **Phobias:** persistent, irrational fear of a specific object or situation
  - **Obsessive Compulsive Disorder:** unwanted repetitive thoughts and/or actions
- Less biologically-based
- Can all be treated with medication and/or therapy

Post-Traumatic Stress Disorder

- Experiencing a traumatic event can lead to post-traumatic stress disorder
  - Intrusive thoughts
  - Nightmares/flashbacks
  - Avoidance
  - Changes in emotional and behavioral functioning
- First documented among war veterans, but can occur in response to many types of events
- Traumatic event required, but people vary in biological vulnerability
- Can be treated with therapy, medication may help



Schizophrenia

Severe but rare mental health disorder

- Symptoms:
  - Disorganized and delusional thinking
  - Disturbed perceptions (hallucinations)
  - Inappropriate emotions and actions
- Strong biological basis
- Lifelong disorder, medication usually needed

Other Types of Psychosis

People who are psychotic think and behave in ways that have little to do with reality

- Likely to be impaired in multiple life domains
- May be difficult to reason with or control

- Brief psychosis
- Postpartum psychosis
- Medication- or substance-induced psychosis

Substance Use Disorder

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

What is a Substance Use Disorder?

Problematic pattern of use that impairs functioning

- 2 or more within 1 year:
  - Failure to meet obligations
  - Physically hazardous use
  - Relationship problems
  - Continued use despite problems in life
  - Physical tolerance or withdrawal
  - Using more than you meant to
  - Not being able to cut down or stop
  - Reducing other activities because of use
  - Strong cravings

SUD Diagnoses

- The same criteria are applied to all substances
- SUDs are specified as currently mild, moderate, or severe
- Remission
  - Early: 3 months with no criteria met
  - Sustained:12 months with no criteria met

Development of SUDs

Biological

- Children of someone with an SUD are at least **4x more likely** to develop their own SUD

Environmental

- Peer substance use
- Stress/trauma
- Regulation of emotions

Age of onset

- Adolescence through mid-adulthood
- First use is usually mid-adolescence

Substance Use Disorder Facts

Alcohol is the **most commonly used** substance in the U.S.

29% of U.S. adults will meet criteria for **Alcohol Use Disorder** in their lifetime

Half** of them will be classified as having **severe SUD

10% will meet SUD criteria for another substance

Cannabis is most common

About 50% more common in men

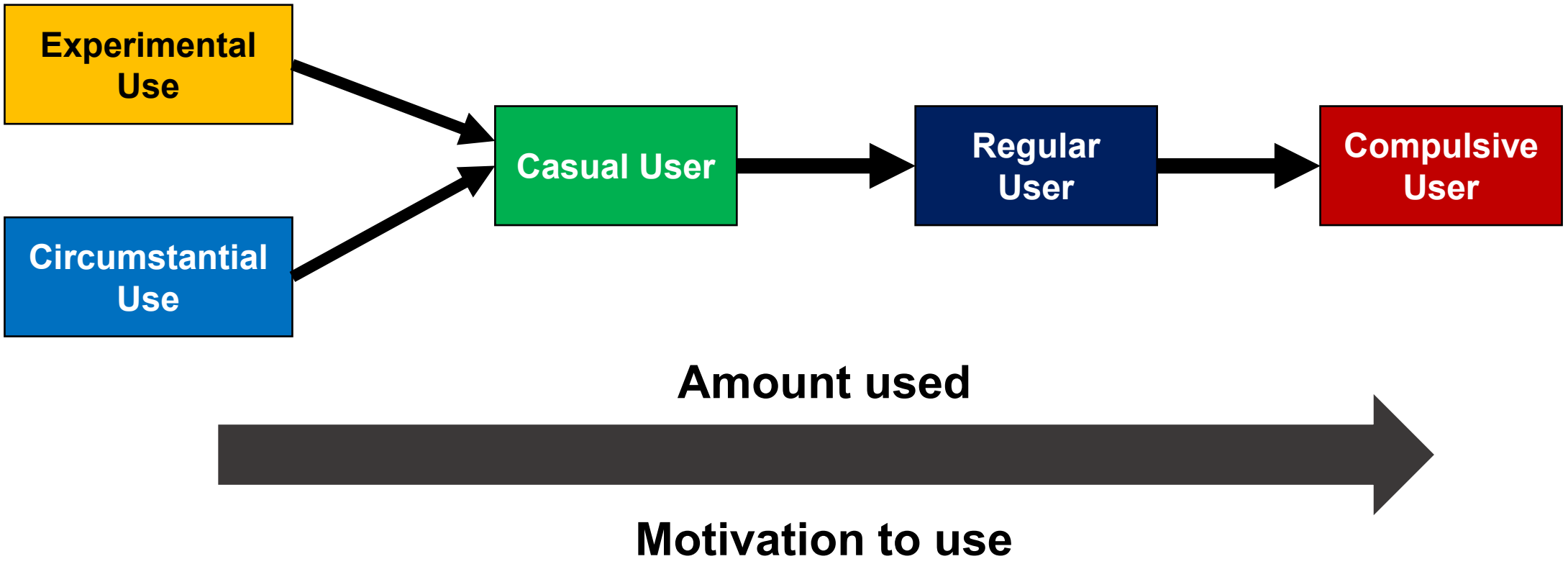
(APA, 2017)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Course of SUDs



Course of SUDs

- Medications can help for some substances
- Can be chronic, but there are effective treatments
- Addressing the reasons for substance use in someone's life through treatment can help change behavior

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Co-occurring Disorders

38% of people with **SUDs also have a MH disorder**

18% of people with an **MH disorder have an SUD**

- Why?
  - Self-medication
  - Shared vulnerability
- More than half of Americans with co-occurring MH and SU disorders do not receive treatment for either condition
- Best practice is to treat both problems
  - Fewer than 10% receive this

(NIDA, 2018)

Medical Disorders

- Some medical conditions are associated with violent, impulsive, or criminal behavior
- Up to 70% of patients with brain injuries exhibit irritability and aggression
- Brain infections, strokes, and degenerative diseases can also bring on psychotic, mood, or behavioral problems
- Medications can also affect behavior

Developmental Disorders

20% of prisoners and 30% of jail inmates have a developmental disorder

Intellectual Disability

- Significant limitations in both intellectual functioning and everyday social and practical skills that begins in childhood
- Intellectual ability in the bottom 5% of the population

Autism

- Deficits in communication, social interaction, and behavior
- Sometimes intellectual deficits, but not always
- 1.5% of the population, more common in males

(DOJ, 2019)

Risk for Suicide

- **Suicide is the leading cause of death in local jails**
- **Recent arrest and recent release from prison increase risk for suicide**

People with an SUD are at least
10x more likely to attempt suicide

*More than **20% of people who die by suicide were legally intoxicated***

Half of people who **die by suicide had a current MH disorder**

***Schizophrenia (15x)** and **bipolar disorder (13x)** associated with greatest risk*

(DOJ, 2020)

Risk for Suicide

Warning Signs

- Increased alcohol and drug use
- Aggressive behavior
- Withdrawal from friends, family and community
- Dramatic mood swings
- Impulsive or reckless behavior

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Suicidal behaviors

- Giving away possessions
- Tying up loose ends, like paying off debts
- Saying goodbye to friends and family

Suicide

Each year, about **25% of people who think about suicide make a plan.**

10% make an attempt

People with mental health and substance use disorders are more likely to consider suicide

Steps:

- Providing crisis line information
- Encouraging coping & communication with loved ones
- Restricting access to common methods of suicide
- Treatment of depression and substance misuse
- May be necessary to be evaluated at an ER or by a crisis specialist

(CDC, 2021)

Risk for Violence

- **SUD** is associated with **25-35% risk of lifetime violence**
- **MH** diagnoses are associated with **10–15% risk**

Assessing Risk

- History of trauma, suicide attempts, violence
- Thoughts/plans to harm
- Current psychotic symptoms
- Current intoxication
- Lower IQ, SES
- History of poor treatment compliance
- Environment supports violence
- Access to weapons

Males and people ages 15–24 more likely to be violent

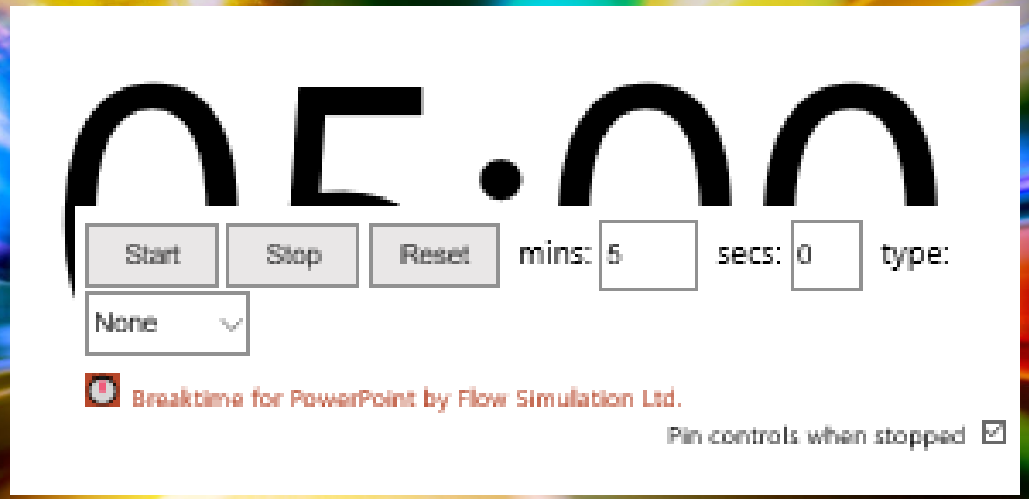
Cultural Factors

MH disorders and SUDs are universal.

Culture can influence:

- Risk factors
- Types of symptoms experienced
- Willingness to seek help
- Availability of treatments

BREAK



Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Treatment

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Treatment

- Introduction to treatment
- Treatments for specific problems
- Reports and treatment plans
- Legal outcomes for individuals with MH or SUD
- What to expect

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Introduction to Treatment

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Mental Health Professionals

- **Psychologist**
  - Ph.D. and internship
- **Psychiatrist**
  - M.D. and internship
- **Social Worker**
  - M.S.W., special license
- **Counselor**
  - Master's degree in counseling or a similar profession
- **Licensed Chemical Dependency Counselor**
  - Associate's degree or higher

Modes of Treatment

- Individual therapy
- Group therapy
- Medication
- Outpatient vs. Inpatient
- Telepsychology

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

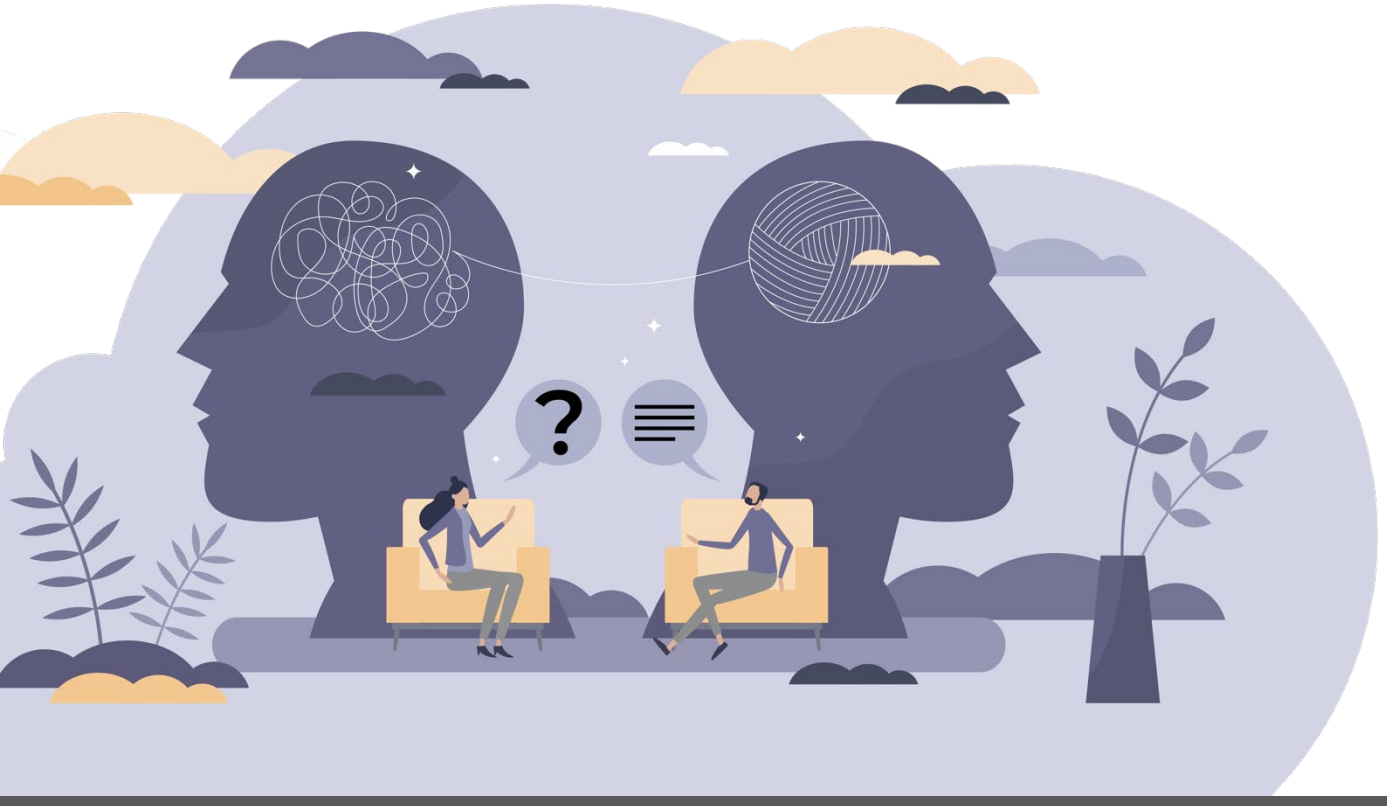
CADES Center for Alcohol and Drug Education Studies

Evidence-Based Practices

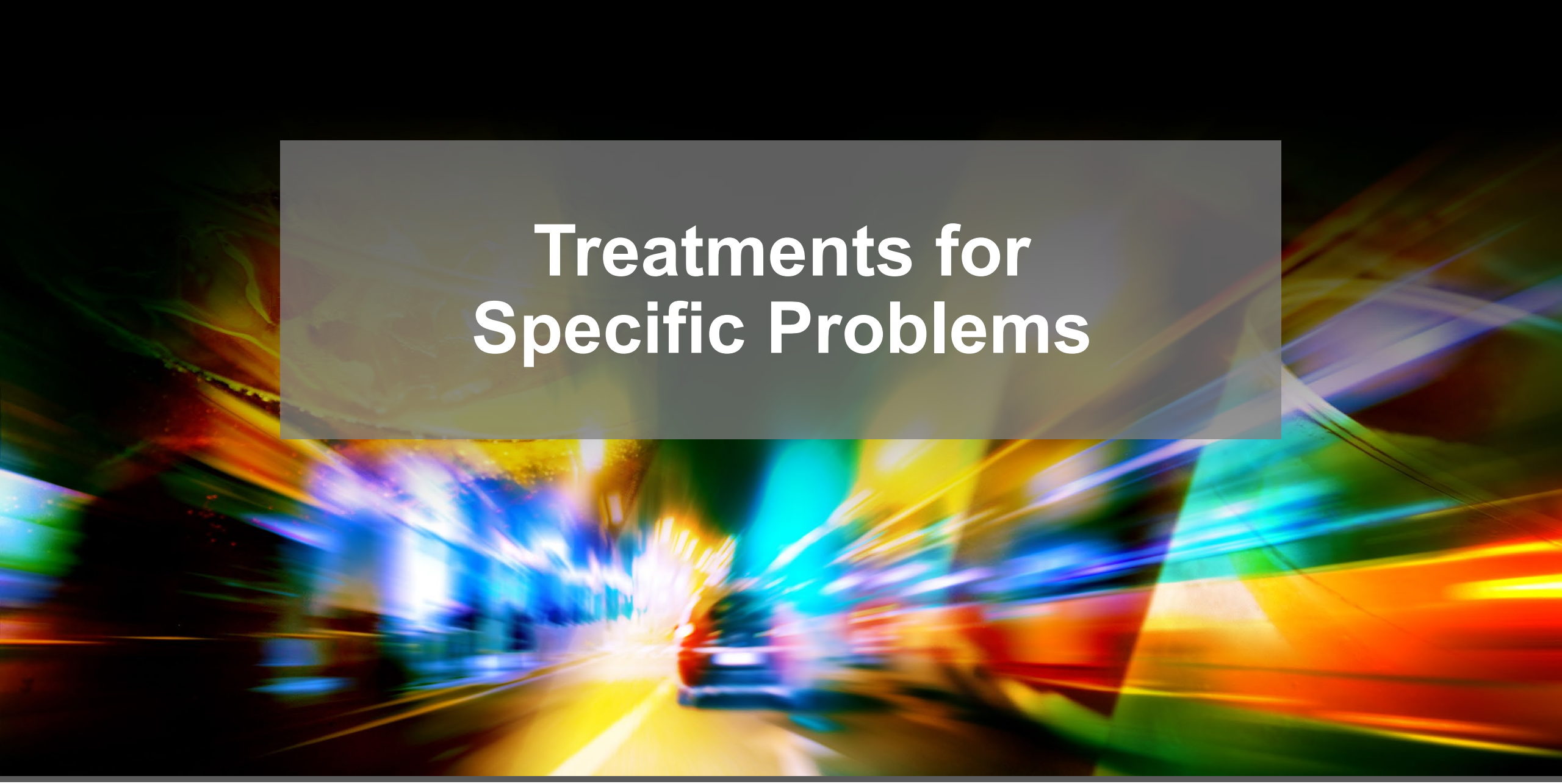
- Maximizing treatment effectiveness through adherence to principles informed by:
  - Research
  - Clinical expertise
  - Client characteristics
- Designing treatment studies
- Availability of evidence-based services in the community

How Long Does Treatment Last?

It depends!



- **Individual therapy:** 5 to 20 sessions
- **Brief therapy:** 1+ sessions
- **Group therapy:** weeks to months
- **Medication:** could be life-long
- **Self-help groups:** as long as is useful
- **Residential substance use treatment:** recommend 90+ days
- **Inpatient psychiatric:** Often less than 2 weeks



Treatments for Specific Problems

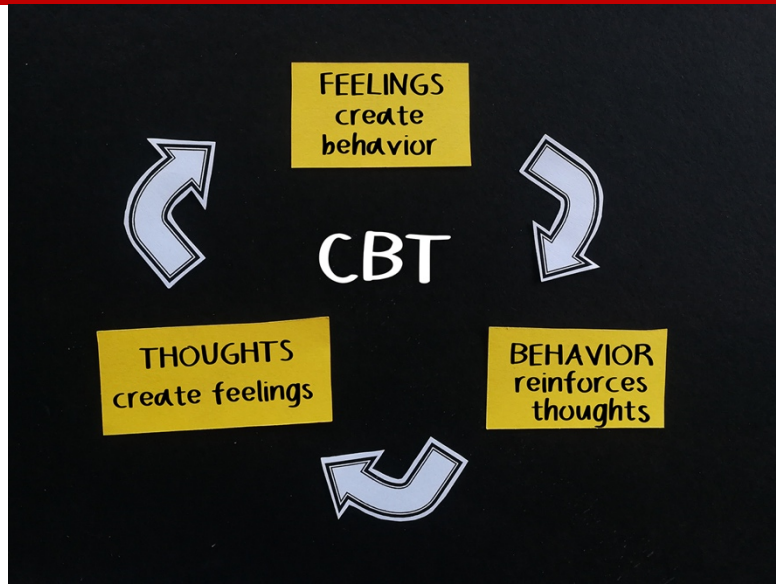
Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Cognitive-Behavioral Therapy (CBT)

- Psychological problems are based, in part, on
  - Problematic ways of thinking
  - Learned patterns of unhelpful behavior
- People can learn better ways of coping and more effective behaviors to reduce symptoms and improve overall adjustment
- Studies show that CBT is as effective as, or more effective than, other forms of therapy or medications for many disorders
- Sometimes best to do CBT + medication



Cognitive-Behavioral Therapy (CBT)

Tries to reduce symptoms through:

- Education about the disorder
- Learning skills to manage symptoms
- Developing new ways to think about problems and solutions

- Focus on the present
- Homework
- Targets:
  - Learn coping skills for anger and other emotions
  - Relaxation techniques
  - Communication skills

Substance Use Disorders

- Detox
- Inpatient/ residential vs. outpatient
- Self-help/ 12-step
- Medication

(NIDA, 2019)

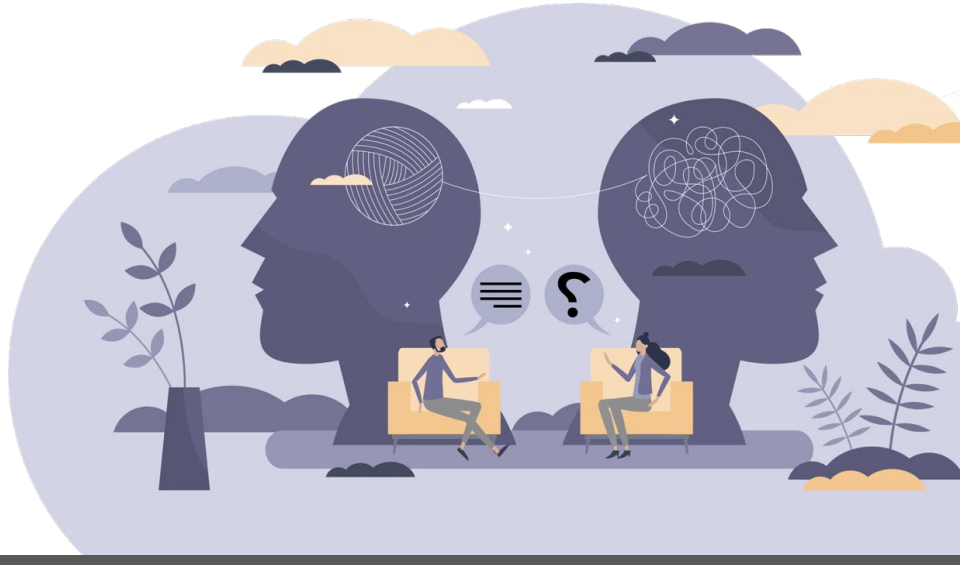
Substance Use Disorders

- Psychotherapy
  - CBT
  - Contingency Management
  - Motivational Enhancement
  - 12-step facilitation

(NIDA, 2019)

Co-Occurring Disorders

- Single model
  - Once the “primary disorder" is treated effectively, the client’s substance use problem will resolve
- Sequential model
  - Treats MH and SU disorders one at a time
- Parallel model
  - Disorders treated at the same time by separate professionals and often at separate facilities.



Co-Occurring Disorders

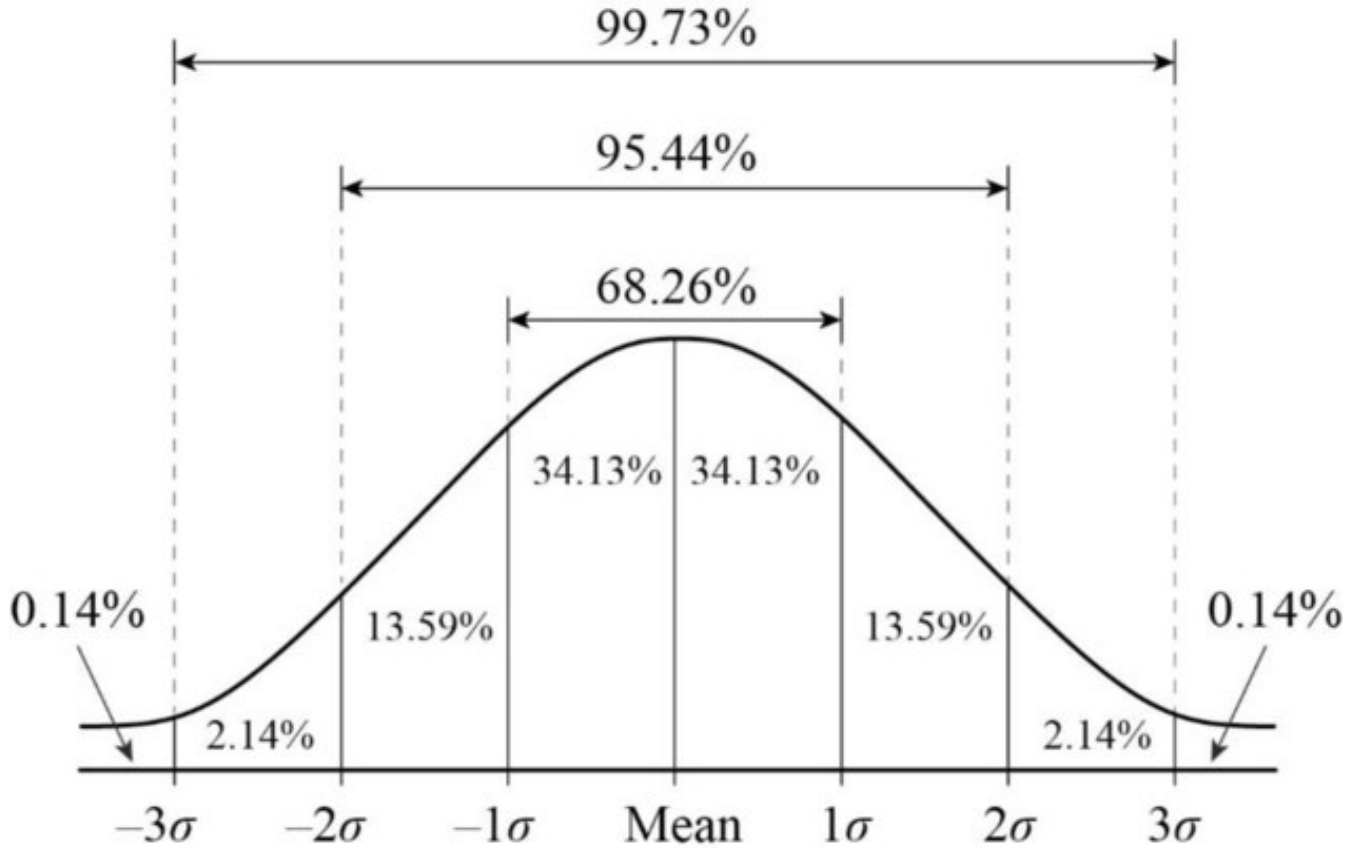
- Integrated Model of Treatment
  - Single treatment team at the same facility
- An integrated model of care assumes that:
  - One disorder is necessarily “primary”
  - May not be a causal relationship between co-occurring disorders
  - Disorders need to be treated simultaneously
- This is an evidence-based practice that has good research support but is not consistently being used in practice

Reports and Treatment Plans

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies


99.73%
95.44%
68.26%
34.13%
34.13%
0.14%
13.59%
13.59%
0.14%
2.14%
2.14%
−3σ
−2σ
−1σ
Mean
1σ
2σ
3σ

Screening

- Sensitivity vs. specificity
- Brief measures
- Can be completed by many types of professionals
- Suggests the possibility of a diagnosis

Psychological Assessment

- Longer process
- Usually, a doctoral level psychologist
- Likely to determine whether a diagnosis is present
- Can be used to determine competency
- Provides additional information about the evaluee
- May have recommendations for specific treatments or information relevant to working with the evaluee

Contents of a Report

- Background information
- Test scores
- Clinical impressions
- Case conceptualization
- Diagnoses
- Recommendations

Example

John is a 45-year-old Caucasian male who has a history of drinking alcohol at hazardous levels for the last 20 years. He is not a daily drinker but tends to binge drink more than once per week. John was referred for this evaluation following his 3rd DWI charge. He acknowledges that he should not have been driving on the night of his arrest but minimizes the extent of his problems with alcohol.

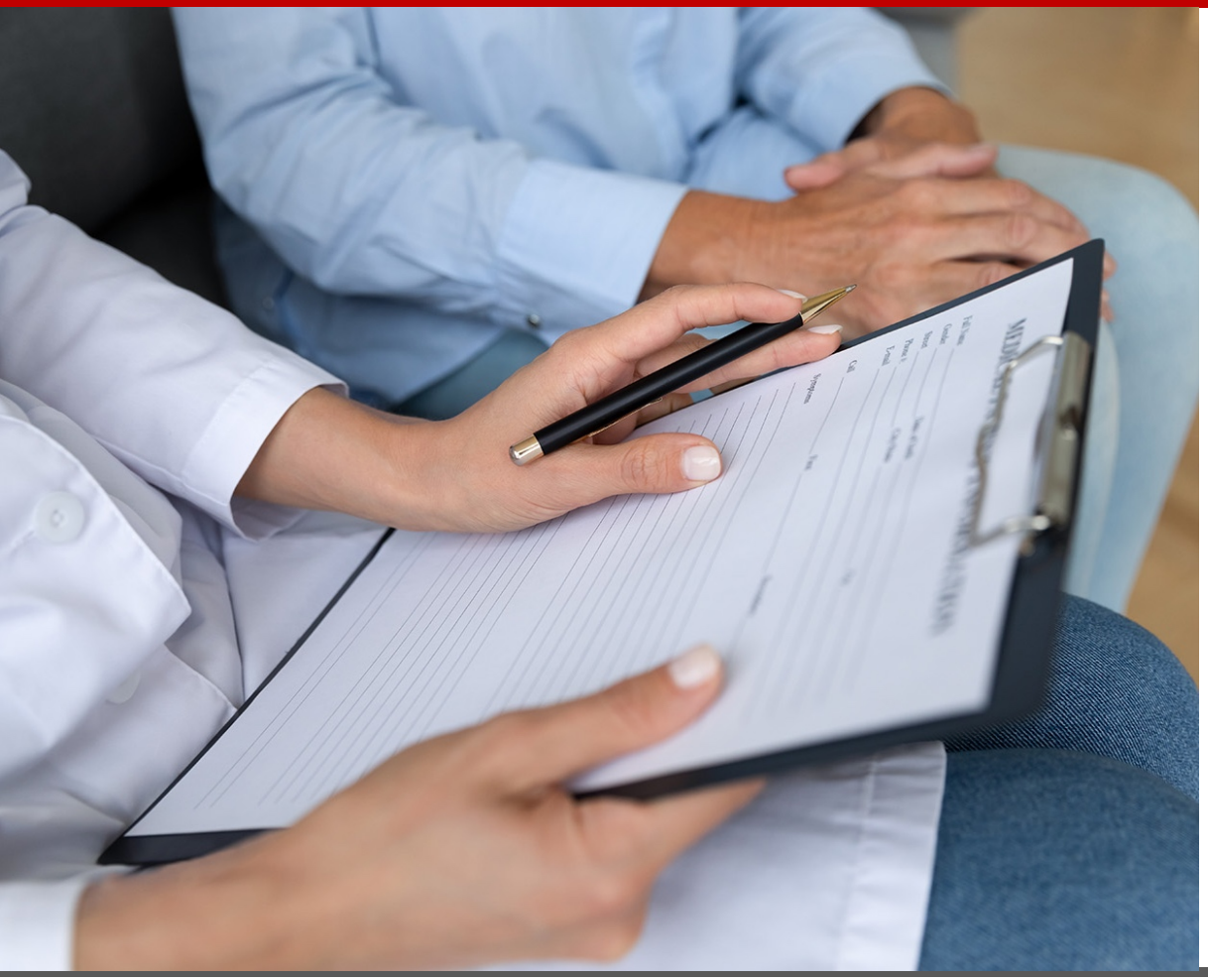
Diagnosis:

- Alcohol Use Disorder, Moderate

Recommendations:

- Outpatient psychotherapy for AUD; Motivational interviewing is likely to be beneficial as John is not currently recognizing the need for treatment

Treatment Plans



- After treatment targets are identified, the provider creates a plan
- Typical components:
  - Major goals for treatment
  - Intervention to be used
  - Specific objectives
  - Timeline for treatment

Example

Sarah is a 27-year-old African American woman who was referred for an evaluation following an arrest for assault against her romantic partner. Sarah was behaving erratically at the time of her arrest and reports a history of variable moods and periods of elation and high energy during which she has engaged in dangerous or illegal activities.

Diagnosis: Bipolar I Disorder

- Long term goal: Reduce mood variability
- Intervention: Social Rhythm Therapy; daily diary
- Objective: Establish consistent sleeping and eating schedule 5x/week
- Timeline: By 10/15/21

Legal Outcomes for Individuals with MH or SUD

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Court-ordered Treatment

- Offenders may be appropriate for mandated treatment
  - Many people in substance use treatment cite legal pressure as an important reason for seeking treatment
  - Connection to voluntary treatment resources can also help
- Less intensive interventions (drug education, self-help groups) may be appropriate in less severe cases

Outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for voluntary treatment

- *Higher attendance rates and staying in treatment longer*

(NIDA, 2014)

Court-ordered Treatment

- Offenders with MH or SU problems often have other problems
  - Family difficulties, limited social skills, educational and employment problems, medical issues
  - Treatment can help address these and aid in recovery/management
- Longer treatment may be indicated for individuals with severe or multiple problems

Better outcomes are associated with substance use treatment that lasts longer than 90 days

- *Drug relapse is common and multiple episodes of treatment may be needed*

(NIDA, 2014)

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Compliance

- MH and SUD symptoms can interfere with compliance
  - Keeping a job
  - Showing up at appointments
- People with MH and SU disorders are more likely to recidivate
- Many MH disorders are chronic

(Sinha, 2013; Yukhnenko et al., 2019)

Risk of relapse continues for months and years after substance use treatment

More than 2/3 relapse ***within weeks to months*** of starting treatment

More than 85% of ***individuals relapse within 1 year of treatment***

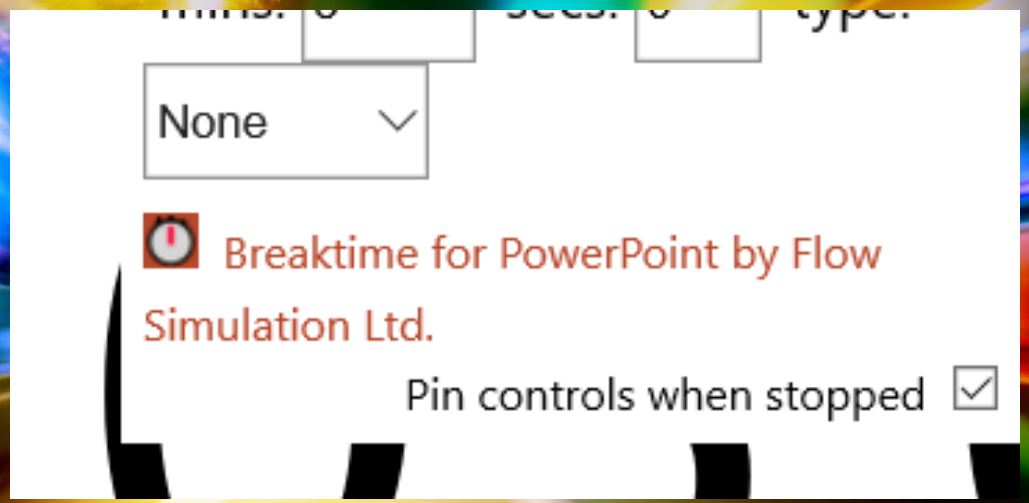
Treatment Issues

- Medication compliance
- Attendance at therapy
  - Willfully, lack of transportation, life complications

- Factors that are more common in justice-involved people have been associated with poorer treatment outcomes
  - Antisocial traits
  - Impulsivity
  - Aggression
  - Substance misuse
  - Difficult interpersonal style

(Charles et al., In Press)

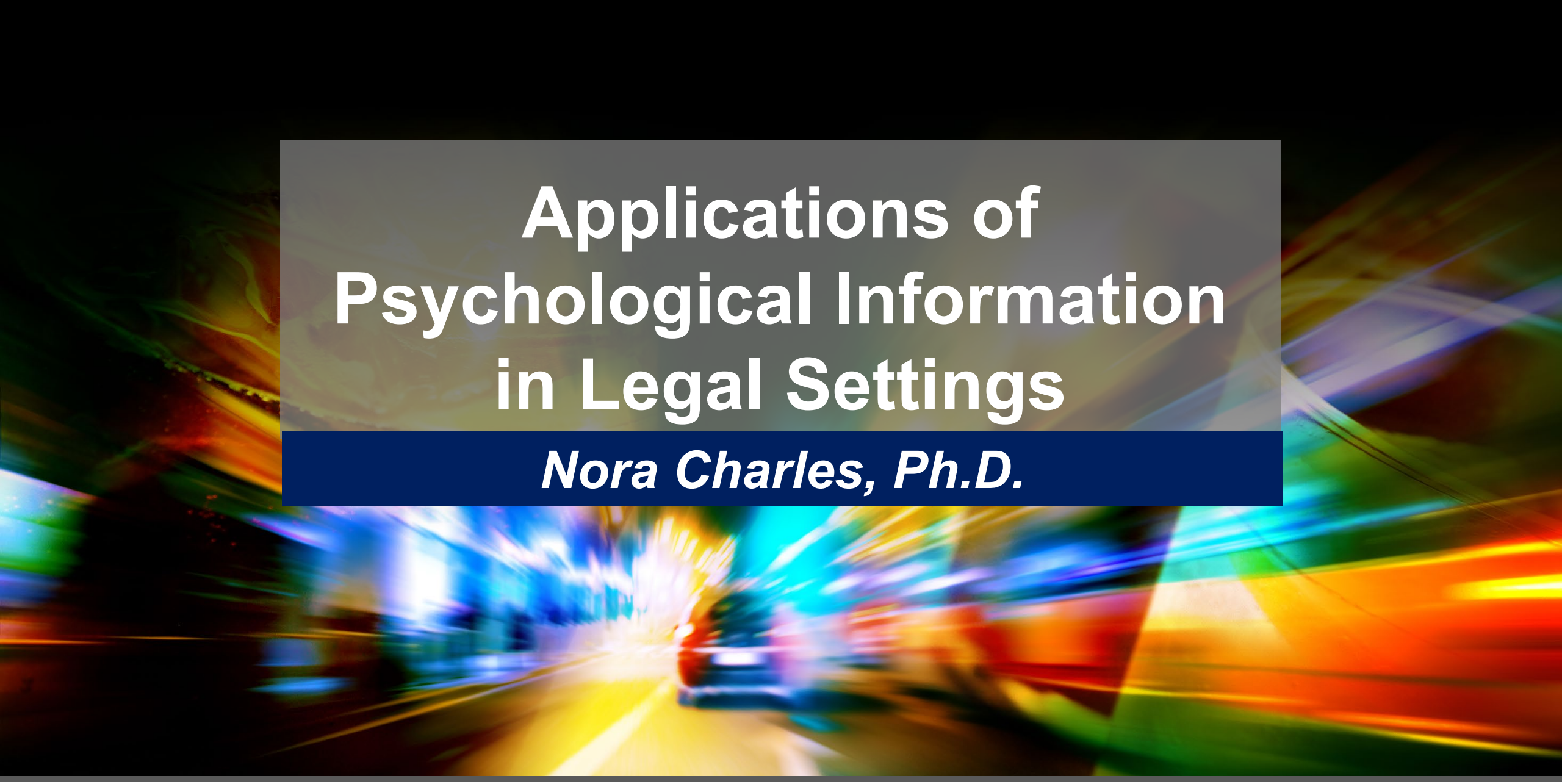
BREAK



Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies



Applications of Psychological Information in Legal Settings

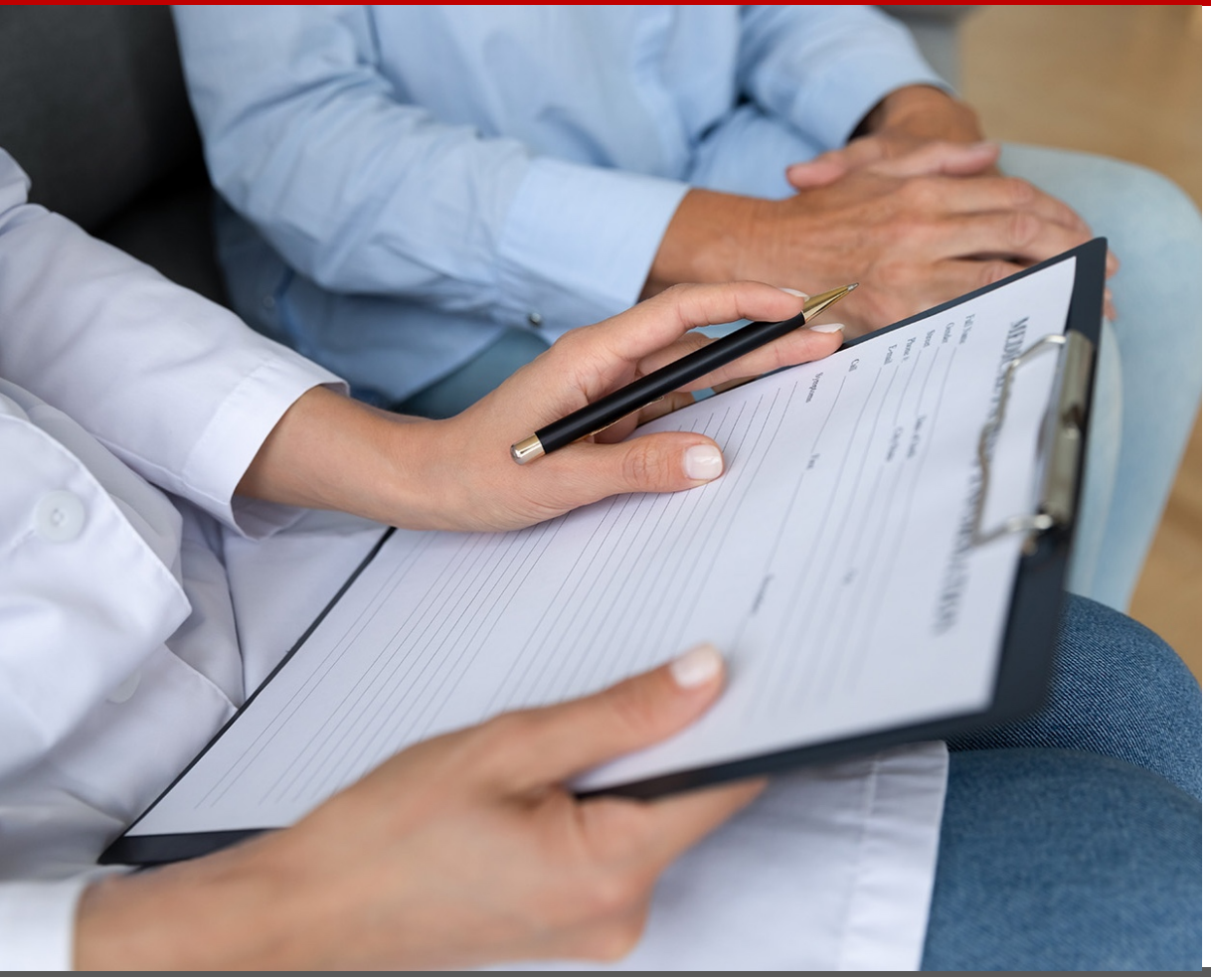
Nora Charles, Ph.D.

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Presentation Outline



- Detecting psychological problems
- Managing crises
- Mental health resources in the community

Detecting Psychological Problems

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Stigma

- A negative belief about a group of people
- Stigma, prejudice and discrimination against people with MH or SU problems is a fact in our culture
  - May be especially strong for some communities of color
- Can have negative effects
  - Lower self-esteem, hope for the future
  - Worsening symptoms
  - Difficulties in social, work, and family domains
  - Reluctance to seek and stay in treatment

Only 20% of U.S. employees are completely comfortable discussing mental health with their employer

(APA, 2019; 2020; NIDA, 2021)

How to Ask about MH or SUD History

Avoid stigmatizing language

- Crazy, delusional, nuts, addict
- Person with schizophrenia vs. a schizophrenic
- Substance abuse vs. use/misuse

Less likely to be successful:

"Do you have a MH/SU problem?"

More likely to be successful:

- *"Have you ever seen a counselor or doctor for things like feeling down, worrying a lot, or having trouble managing your life?" "Have you ever considered it or wanted to?"*
- *"How often do you drink alcohol?" "Has your alcohol use ever led to any problems?"*

How to Ask about MH or SUD History

Topics to check on when screening:

- History of symptoms/treatment
- Current feelings of depression, anxiety
- Current stressors
- Current substance use
- Thoughts of suicide or self-harm
- Difficulties with sleep or daily functioning

Good Communication

- Speak slowly and clearly to ensure understanding
- Avoid jargon
- Clearly explain what is happening or what is needed
- Ask them to confirm understanding
- Write instructions down if dates/address are involved
- Problem-solving vs. punitive approach

Signs to Watch for

- Odd or inappropriate behavior, appearance
- Appears sad/depressed, or too high-spirited
- Does not understand where they are or why
- Seems confused or disoriented
- Has gaps in memory of events
- Acts belligerent or disrespectful
- Is not paying attention or does not understand the seriousness of their legal situation
- Does not make eye contact
- Switches emotions abruptly
- Speaks too quickly or too slowly
- Talks about hurting themselves or someone else

(The Council of State Governments Justice Center, 2012)

Texas A&M Transportation Institute

Save a Life™
Texas Department of Transportation

CADES
Center for Alcohol and Drug Education Studies

What is a Crisis?

A situation in which someone is having extreme difficulty coping with a personal problem, event, or interpersonal situation.

- Can be substance-induced, related to a MH disorder, or from lack of coping skills
- Crisis events may involve:
  - Individuals Family altercations
  - Substance intoxication
  - Suicide attempts
  - Physical or sexual assaults with serious disorders (e.g., psychotic) may have a distorted sense of reality during a crisis
- May also be experiencing fear, insecurity, difficulty concentrating, agitation, over-stimulation, and poor judgment
- May become preoccupied, withdrawn, or argumentative

De-escalation

Moving from a state of high tension to a state of reduced tension

- **Goal:** Assist the individual in crisis in regaining control emotionally and resolve or reduce the crisis
- **Active listening**
  - Acknowledging you hear them
  - Using “I” statements
  - Restating statements
  - Mirroring/reflecting
  - Summarizing/paraphrasing

(Oliva et al., 2010)

De-escalation

Do:

- Ask questions
- Be courteous
- Make it clear that you want to understand and help
- Open body posture
- Comfortable eye contact
- Remain calm and speak slowly in short sentences

(Oliva et al., 2010)

De-escalation

Don't:

- Ask why they are reacting like this
- Raise your voice
- Rush through the conversation
- Take it personally
- Challenge hallucinations or delusions

(Oliva et al., 2010)

People to Call

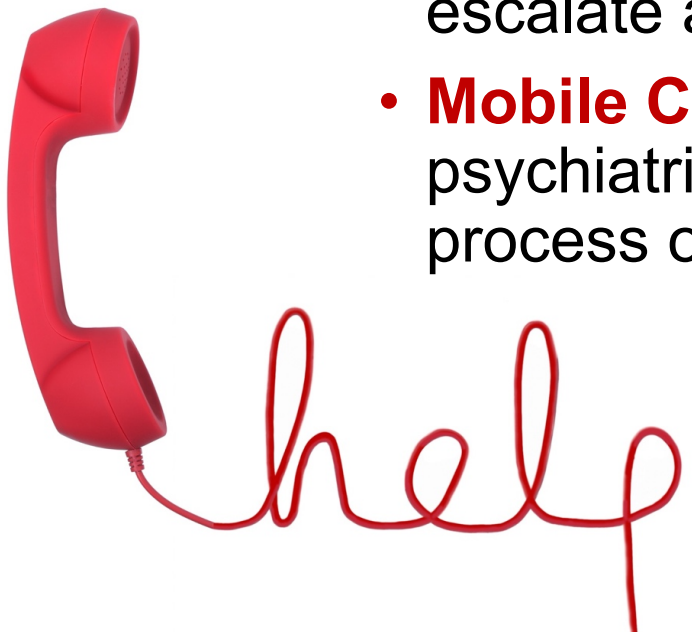
You can facilitate a crisis line call or provide someone with this information

- **The MHMR Crisis Hotline:** 1-866-260-8000
- **National Suicide Prevention Lifeline:** 1-800-273-8255
- **Veterans Crisis Line:** 1-800-273-TALK (8255) and press 1; or text 838255
- **Crisis Text Line:** text the word 'Home' to 741-741
- **Your county mental health agency crisis hotline:** available on HHS website
- **2-1-1** can help with resources but not an active crisis
- **Beginning in July 2022, 9-8-8**

People to Call

Resources that may be in your area:

- **Crisis Intervention Team:** specially trained LEOs who can de-escalate and help get someone needed treatment
- **Mobile Crisis Outreach Team:** Two or more staff providing psychiatric emergency care that go into the community to begin the process of assessment and provide recommendations



- **Mental Health Deputy:** specially trained LEO

  Calling police who are not trained in crisis management is a less preferable option

Outcomes of a Crisis Situation

- **The person calms down and does not need immediate intervention.**
- **They need to be evaluated by a mental health professional soon.**
  - Facilitate an appointment, if possible
- **They need to be seen by a professional today.**
  - May need to be transported to the ER or psych hospital for evaluation
- **The person cannot regain control of their behavior and may need to be held against their will.**

Mental Health Resources in the Community

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

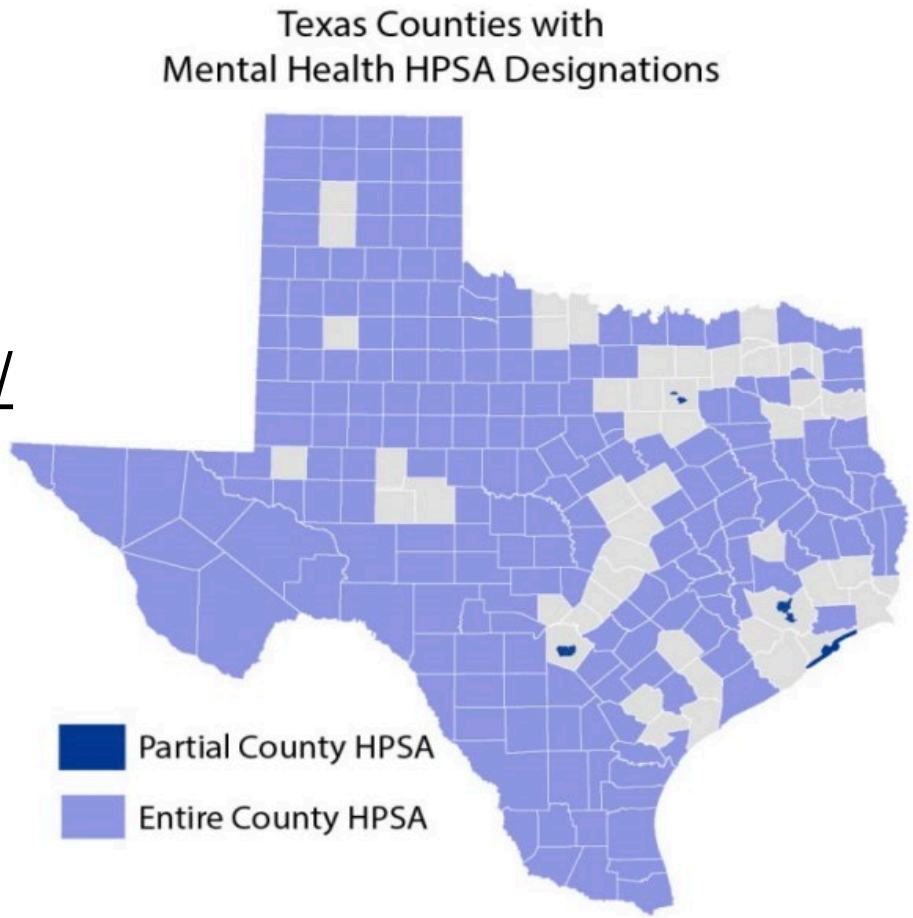
CADES Center for Alcohol and Drug Education Studies

Finding Services

- State Health Dept- https://dshs.texas.gov/mentalhealth.shtm
- Community Mental Health Centers
- Hospitals
- Private Practices
- Training Clinics

Finding Services

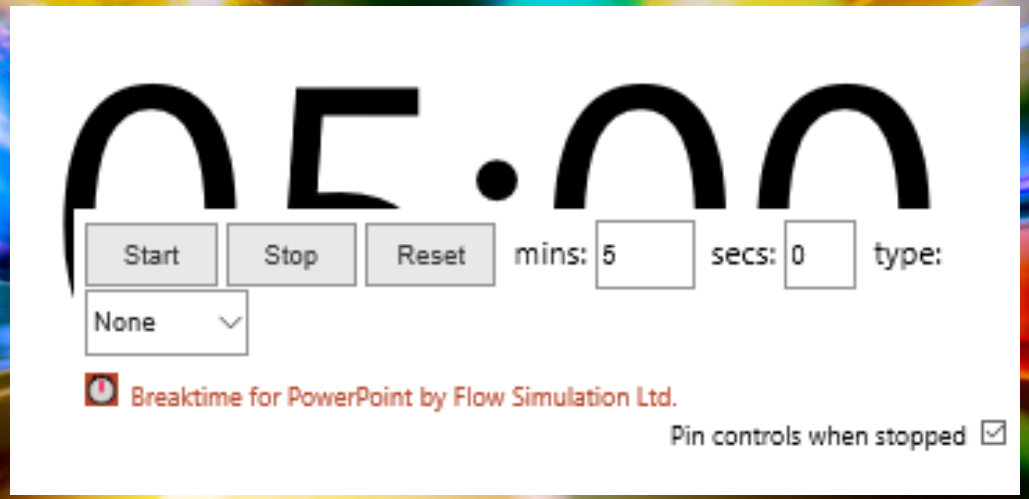
- Licensing laws
- Telehealth can help!
  - https://health.tamu.edu/care/telebehavioral-care/
  - https://utrgvcounselingclinics.com/ (English and Spanish)



Working with Mental Health Professionals

- Referrals
- Consulting
- Grants
- Student training

BREAK



Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Criminal Justice Best Practices

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

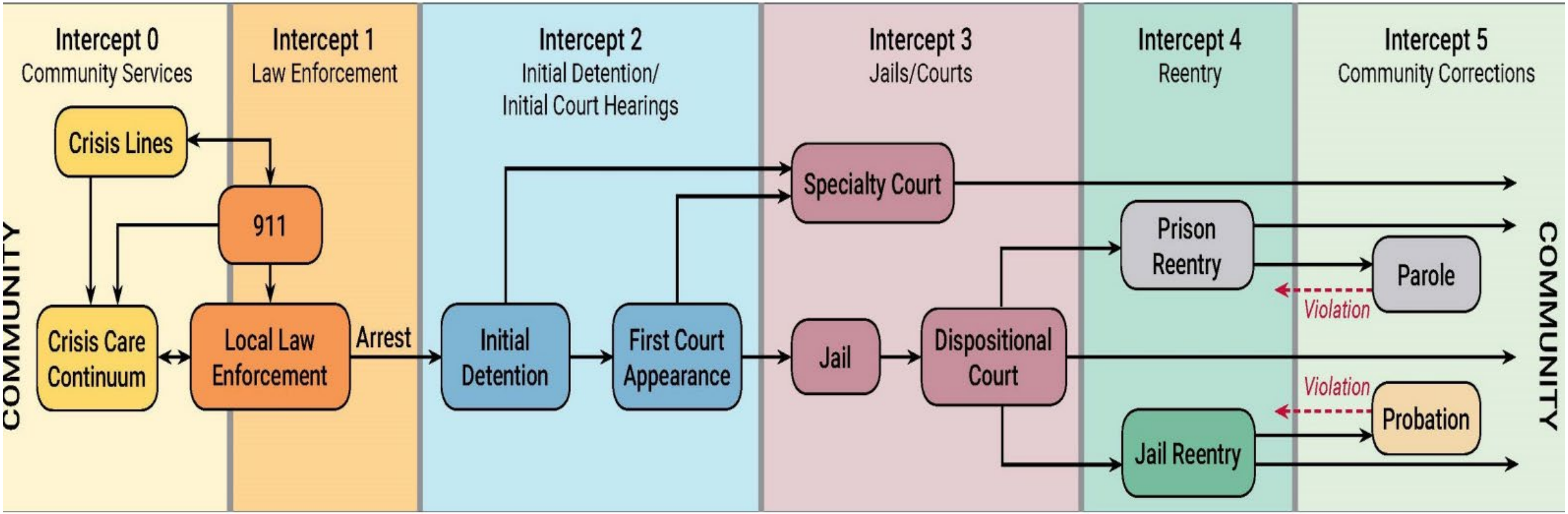
CADES Center for Alcohol and Drug Education Studies

Poll Discussion

Why does knowing about mental health, substance use disorder, DWI validated screening and assessments matter?

National Recommendations

SAMHSA's Sequential Intercept Model



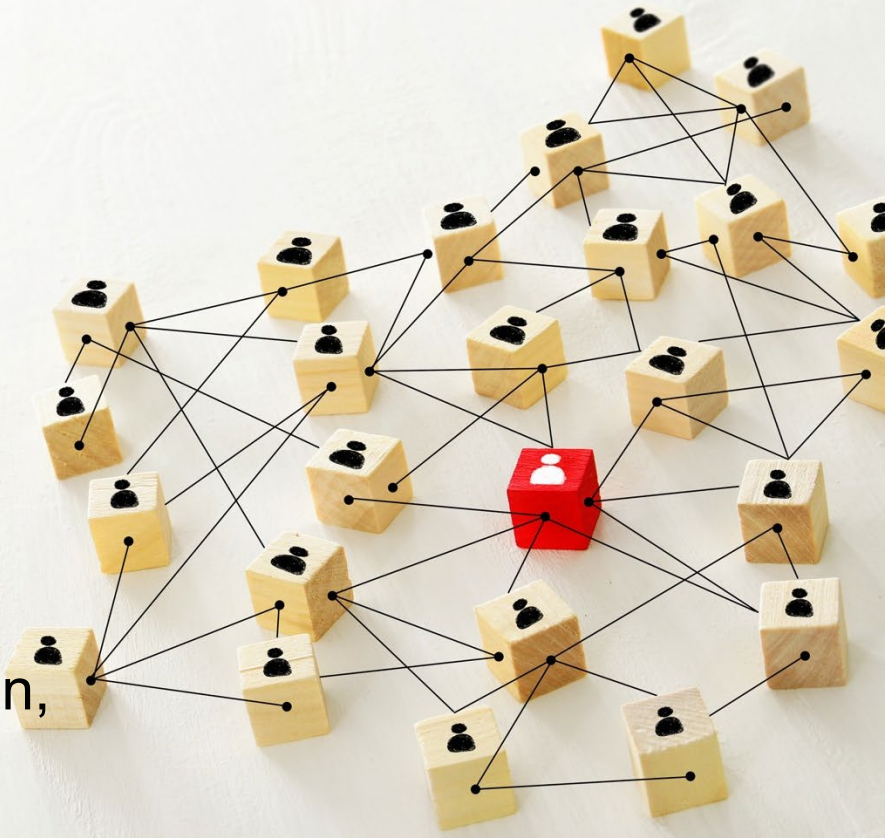
Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies

Connecting with Community Resources

- Local Mental Health Authority, United Way
- Peer Support Groups, Traffic Safety Local Coalitions
- Local Crisis Units, Telehealth
- Motivational Interviewing Training
- University Students Partnerships
- Forensic Assertive Community Treatment (FACT), Assertive Community Treatment (ACT), Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION)



Thank you!

Cinthya Roberto, MPA

Principal Investigator

c-sroberto@tti.tamu.edu

Texas A&M Transportation Institute

Save a Life™ Texas Department of Transportation

CADES Center for Alcohol and Drug Education Studies