Driver Risk Inventory-2

Name: *Mrs. Elizabeth Baumiester (as an example)*

Age: 33   Sex: Female

Race: Caucasian

Education: H.S. Grad

DRI-2 DATE: 08/26/2014

Date of Birth: 01/12/1979

Marital Status: Single

Last 4 digits SSN: 1234

Driver Risk Inventory-2 (DRI-2) results are confidential and should be considered working hypotheses. No decision should be based solely upon DRI-2 results. The DRI-2 is to be used in conjunction with experienced staff judgment.

Information Provided By Client
(Unless otherwise stated, questions refer to "in your lifetime")

Date of Present DUI/DWI arrest:

Additional DUI/DWI Offenses Pending? No

Refused Breath/Blood Test in Current DUI/DWI? No

Driver's License Suspended/Revoked? No

Lifetime alcohol-related (not DUI/DWI) arrests: 12

Lifetime At-Fault Motor Vehicle Accidents: 0

Reason for Arrest: Marijuana

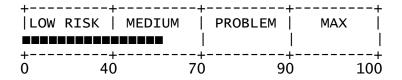BAC/BAL at Time of Current Arrest: .001

Lifetime DUI/DWI Arrests: 12

Arrest Reduced to Careless/Reckless Driving? No

Lifetime drug-related (not DUI/DWI) arrests: 12

Lifetime Traffic Violations (Tickets): 22
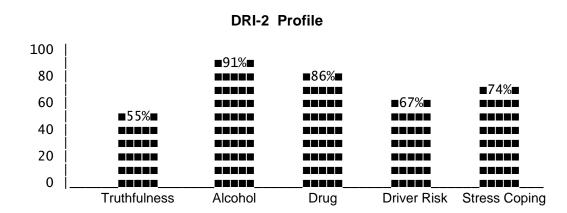
DRIVER RISK INVENTORY-2 (DRI-2) SCALES

Truthfulness Scale 55%ile

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+---------+---------+---------+---------+
|LOW RISK | MEDIUM  | PROBLEM |   MAX   |
|■■■■■■■■■■■■■■■■■    |         |         |
+---------+---------+---------+---------+
0        40        70        90        100
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TRUTHFULNESS SCALE: **RISK PERCENTILE: 55%**

Mrs. Elizabeth Baumiester's Truthfulness Scale score is in the moderate risk (40 to 69th percentile) risk range. This is an accurate Driver Risk Inventory-2 (DRI-2) profile and all DRI-2 scale scores are accurate. Nevertheless, *Mrs. Baumiester* tends to be cautious when answering DRI-2 questions. This may be situation specific and related to why *she* is being evaluated. However, there is a fine line between cautiousness and recalcitrance or evasiveness. Consequently the evidence based DRI-2 Truthfulness Scale score helps answer truthfulness-related questions. That said, *Mrs. Baumiester's* Truthfulness Scale score is within the acceptable range and all of *her* DRI-2 scale scores are accurate.

DRI-2 Profile

Note: The DSM-5 Substance Use Disorder severity criteria is reported in equivalent or commensurate DRI-2 risk or severity ranges (e.g., low, moderate, problem or severe) within which it scored. *Mrs. Baumiester's* Substance Use Disorder Scale score is in the ***Problem*** risk range.

Scale Score Paragraphs

Substance Use Disorder: PROBLEM
In DSM-5 alcohol and drug use are combined under the caption Substance Use Disorder. That said, DSM-5 postulates eleven (11) substance use severity criteria. A client's (offender's) substance use severity is then determined by the number of the eleven severity criteria the client admits too. *Mrs. Baumiester* admits to **four or five** of the eleven severity criteria, which is classified **problem** substance use. The DSM-5 **problem** classification is equivalent to a Driver Risk Inventory-2 (DRI-2) **problem risk** (70 to 89th percentile) Alcohol Scale or Drug Scale score. *Mrs. Baumiester's* DSM-5 Substance Use Disorder score is in the **problem risk** range (four or five admissions).

Alcohol Scale: SEVERE PROBLEM   **Risk Percentile: 82%**
Mrs. Elizabeth Baumiester's Alcohol Scale score is in the severe problem (90 to 100th percentile) range. *Mrs. Baumiester* has a severe drinking problem. Recommendations: consideration should be given to either "intensive outpatient treatment" or "partial hospitalization." This level of care allows patients to live in their home (real world) while receiving treatment. In other words, patients can sustain relationships, employment and maintain their income. Should *Mrs. Baumiester* relapse *her* optimum level of care would likely increase to "residential/inpatient" treatment. Self-help or mutual-help group meetings would likely augment, but not replace treatment.

Drug Scale: PROBLEM   **Risk Percentile: 86%**
Mrs. Elizabeth Baumiester's Drug Scale score is in the problem (70 to 89th percentile) range. An established pattern of drug use is evident. Recommendations: consideration should be given to outpatient (individual or group) counseling or treatment. Check other DRI-2 scales for elevated (70th percentile and higher) scores as they could represent co-occurring issues. Effective outpatient therapies are many and include Cognitive Behavioral Therapy, Motivational Counseling, Cognitive Analytic Therapy (time limited), etc. Ancillary services like Narcotics Anonymous (NA) or Cocaine Anonymous (CA), stress management classes, relapse prevention, etc. are also available. Without treatment *Mrs. Baumiester's* drug involvement will likely increase.

Driver Risk Scale: MODERATE   **Risk Percentile: 67%**
Mrs. Elizabeth Baumiester's Driver Risk Scale score is in the moderate risk (40 to 69th percentile) range. Some indicators of inattentive driving are present, but an established pattern of irresponsible driving is not present. *Mrs. Baumiester* may only be a driving risk after using alcohol (beer, wine or liquor) or drugs (prescription and/or nonprescription). Prudent assessors will check out the other Driver Risk Inventory-2 (DRI-2) scales that can directly contribute to *Mrs. Baumiester's* driving risk, e.g., Truthfulness Scale, Alcohol Scale, Drug Scale, Substance Use Scale and the Stress Management Scale. Any elevated (70th percentile and higher) scale scores contribute to driver risk. On its own merits *Mrs. Baumiester's* Driver Risk Scale indicates *she* is a safe driver.

Stress Management Scale: PROBLEM   **Risk Percentile: 74%**
Mrs. Elizabeth Baumiester's Stress Management Scale score is in the problem (70 to 89th percentile) range. *Mrs. Baumiester* is not coping effectively with stress. *Her* stress management skills are lacking. *She* needs to learn how to identify *her* stress and then positively manage it. Stress management theory, techniques and strategies are taught in stress management classes. Chronic stress has been linked to headaches, ulcers, substance abuse and even cancer. Co-occurring mental health problems are also common. Participation in a stress management class is recommended. That said, other alternatives include bibliotherapy and inclusion of stress management in *her* treatment plan. Sometimes stress management is included in a patient's treatment plan. *Mrs. Baumiester* has a stress management problem.

Significant Items: The following self-report responses represent areas that may help in understanding the respondent's situation and status.

Alcohol
6. Drinking caused serious problems.
11. Feels guilty about drinking.
15. Drinking is a problem.
46. Admits has drinking problem.
#20, 24, 28.

Drugs
No significant Items were endorsed.

Substance Use Disorder
9. Often drinks more than intended.
18. Lot of time with alcohol/drugs.
26. Fail to fulfill important duties.
39. Continue use despite problems.
44, 49, 51, 71.

Driver Risk
3. I usually drive fast.
7. I am quick tempered.
14. Use cell phone while driving.

SUBSTANCE USE SEVERITY

The Driver Risk Inventory-2 (DRI-2) incorporates two methods, classification and dimensional scaling, for assessing substance use severity. The DRI-2 employs separate Alcohol and Drugs Scales and focuses independently and exclusively on alcohol or drug use. The DSM-5 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 postulated criteria/symptoms; classification includes mild, moderate, problem and severe substance use problems. Researchers (Kessler, 2002; Kline, 2009) advocate using both types of measurement methods in one test.

Comments/Recommendations: _____

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                                                                    If needed, continue on back of this page.

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        Signature   **Date**

DRI-2 Answers
1- 50 FTTFTTTFFF FFFFFFTFFF FFTTTTFTTF FTTFFTFTFF FTTFFFTFTF
51-100 FFFFFTFFFT TFFTTFFTFF FFFTFTFFTT TFTF311232 1213322131
101-113 3211313233 212