

Analysis of driver rehabilitation programmes

Gregor BARTL, alles-fuehrerschein.at, Vienna

Objective

Drunk drivers, speed offenders and drivers who commit other serious offences are being treated since the Seventies in driver rehabilitation courses - first in the USA and then in the German speaking countries of Europe. Only in the nineties such course programmes also started in other EU-countries. Now they are playing an increasing role in order to reintegrate high risk drivers, either in addition to or instead of a fine and a withdrawal of the licence.

These traffic violators do not primarily lack skills but positive attitudes towards social responsibility. Especially drunk drivers and speed offenders are characterised as not reliable in traffic. Consequently, further training of skills, education in knowledge or a repeated driver testing would not be successful to avoid further offences. Driver rehabilitation programmes are aiming at self reflection to raise risk awareness and to change wrong attitudes – especially concerning drunk driving. Certain evaluation studies especially of rehabilitation programmes for drunk drivers indicated, that such programmes can reduce recidivism rates of participants compared to control groups without participation in these programmes. In the EU-project “Andrea” Analysis of driver rehabilitation programmes (Bartl, Assailly, Chatenet, Hatakka, Keskinen & Willmes-Lenz, 2002) the following definition of such programmes is given:

Definition

Rehabilitation programmes are systematic measures for traffic offenders – in particular drunk drivers and speed offenders – aiming at a change of their behaviour in order to prevent further offences and to keep or to regain their driving licence.

Where are programmes applied

In the following a recent overview of rehabilitation programmes per EU-country each is provided. Most programmes are executed in group sessions with about 10 participants, led by one trainer. Only in France up to 20 offenders can participate, but there are two trainers at the same time in the group. Nowadays, most programmes are laid down in a written manual. A periodically international driver improvement workshop, held every 3 to 4 years started in the German speaking about 20 years ago and has now become an EU-wide congress for driver rehabilitation developments:

Austria:

Programmes started in the early 1970ties, the number of courses increased the first time in 1992, when the driving licence on probation has been introduced, and increased the second time in 1997 when a regulation took effect. Following this regulation, every driver convicted with a blood alcohol concentration of 0.12% or

more has to participate in a course in addition to the fine and to the suspension of the licence.

Now there are two types of these obligatory courses established: Alcohol courses and courses for drivers who committed other serious offences (primarily for offenders holding a licence on probation).

The total duration of these programmes is 15 hours in 4 sessions of 3 ¼ hours each during a four weeks period. The courses are led by specifically trained psychologist who are authorised by and registered in the Ministry of traffic. The other than alcohol courses for novice drivers also include a half an hour feedback drive with a driving school teacher, who then participates in one group session to discuss the observations of the drives.

Belgium

The programmes started in 1995. Now there are three types established: A general programme for drunk drivers and speed offenders, a programme for young offenders and one for aggressive driver behaviour.

The participation is the consequence of a proposal by a prosecutor or a judge. The courses are running over 20 hours in 4 sessions within 2 to 4 weeks. The courses are led by specifically trained psychologists and in certain parts of Belgium by social workers.

England & Wales

The course programmes started stepwise between 1991 and 2001 in certain counties. Now, there are courses for alcohol offenders and for people who were convicted for careless driving.

Hard core drinkers (more than .16% or repeated drink driving) are sentenced by the Magistrate, others can participate instead of being fined.

The duration of the programmes varies between 11 to 35 hours, also the time span varies. The course leaders are specifically trained probation officers.

Finland

The beginning of the finish programmes for drunk drivers is dated between 1997 and 1999. Course participation is voluntary in order to replace 5 hours of community service. There are 2 to 3 sessions of 2 to 3 hours each, running over 2 to 3 weeks.

These programmes are led by traffic safety educators, teachers, traffic instructors or psychologists.

France

In France the programmes started when the demerit point system was implemented in the year 1992.

There is offered one type of course for all offenders. In groups of in average 15 people, e.g. speed offenders meet with drunk drivers. They can participate in order to get 5 demerit points back or instead of other sanctions.

The courses are held on two following days, together lasting 16 hours. There are always two trainers co-operating per course – one driving school teacher and one psychologist.

Germany

Together with Austria and Switzerland, Germany has the longest tradition in driver rehabilitation. Here the programmes also were implemented in the early 1970ties, taking over from the USA. The German term is “Nachschulung” but in general the English term driver Improvement is used.

Now in Germany programmes for drunk drivers, for novice drivers with other than alcohol offences and for drug impaired drivers are applied. The programmes are offered by at least 10 providers with their own authorised programme: ASF, ASP, ALFA, ALFAplus, IFT, IRaK, REHA-PS, LEER, ABS, DRUGS. The duration of the group programmes vary from 10 to 26 hours over a few weeks.

In addition so called long term rehabilitation programmes are offered: about 25 single sessions over several weeks, usually in order to prepare clients for the medical psychological test. This test must be passed positively to get the licence reissued.

The programmes are led by specifically trained psychologist following different concepts. The courses for novice drivers with the licence on probation who committed other than alcohol offences are led by driving school teachers.

Italy

Programmes are only applied in Northern Italy and started in 1997 following a German concept. There is only one course type for drunk drivers offered. The participation either is compulsory in order to get the licence reissued, or voluntary to shorten the period of disqualification.

The courses are held in 4 sessions of three hours each, running over 4 weeks, led by specifically trained psychologist.

The Netherlands

The programmes started in July 1996. One type for drunk drivers is applied. Participation is compulsory in order to get the licence reissued.

The duration is 22 to 25 hours in 3 group sessions followed by one single session within a 4 weeks period.

The courses are led by specifically trained psychologist, group workers and health education workers.

Portugal

The first courses were executed in the late nineties. One course type is offered for drunk drivers with a blood alcohol concentration of .12 % or more. The participation is voluntary instead of sanctions such as suspension of the licence or prison, and must be proposed by a judge.

They are held in two day courses of 7.5 hours each with one week between the sessions, led by specifically trained psychologists.

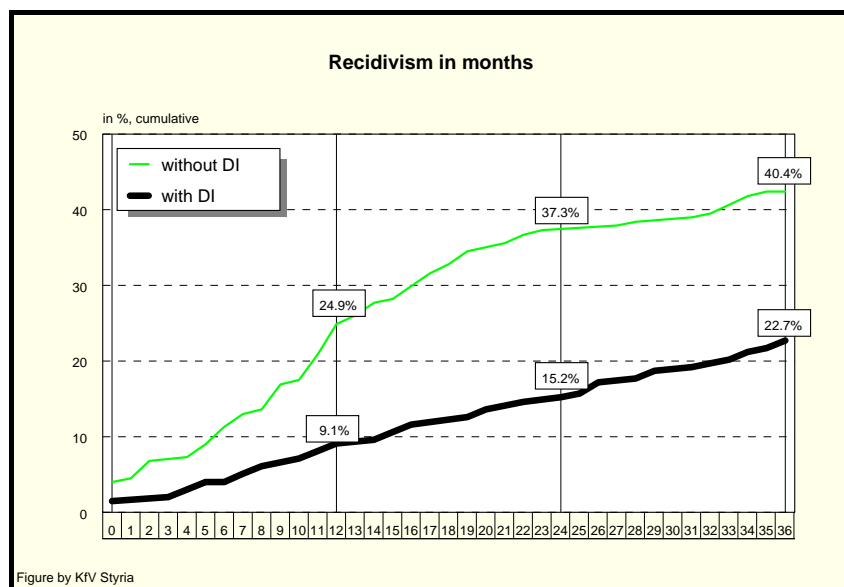
Switzerland

After several pilots, the recent programmes started in 1997. One course type is applied for repeated drunk drivers who are not addicted to alcohol (criteria: not more than .16% blood alcohol concentration and no other indications for addiction). Participation is voluntary to shorten the period of disqualification.

Courses are running over 13 hours in 6 sessions within 2 to 3 months, led by specifically trained psychologist.

What evaluations do exist

The hard evaluation criteria is the recidivism rate of course participants, the soft criteria is the process evaluation. First, the hard facts: The efficiency of certain course programmes has been proven with randomly selected course participants and control groups in Austria by Michalke et al. (1987) and Schützenhöfer & Krainz (1999) – see diagram below, in Germany by Jacobshagen (1997, 1998) and Great Britain by Davies et al. (1999). These studies indicate a reduction of recidivism rates of about 50% for drunk drivers who participated in a rehabilitation programme compared to drunk drivers without course participation. Also a recent study from the USA (Jones et al., 1997) indicates a reduction of about 50%. Studies from Winkler et al. (1988, 1990) also found lowered recidivism rates. But the comparison group was a base line group of clients diagnosed positive to drive. Although they were diagnosed positive in a psychological assessment, the recidivism rate of course participants, who were diagnosed negative, were lower over a 3 and 5 years observation period.



Recidivism rates of drunk drivers with and without DI-course participation over three years (by Schützenhöfer & Krainz)

This reduction can be interpreted as a result of change attitude and behaviour. E.g. Jacobshagen found reduced drinking habits after the course participation. Davies et al. and Posch (2000) found that e.g. the subjective sensitivity towards alcohol impairment was changed after the course. Participants were more self critical concerning drunk driving and fatalistic traffic attitudes were found to be lower. This

indicates that rehabilitation programmes are successful when they are specifically tailored to the deficits of the clients. Bear (1993) found that almost all course participants, when asked before the course, were not afraid of causing an accident or getting stopped by the police when they were driving drunk, the majority of them did not feel impaired.

These courses which proved success were characterised by small groups (about 10 participants), running over a not too short time period (3 to 10 sessions in 3 to 10 weeks) focussing on self-reflection with discussion and psychotherapeutical elements rather than on pedagogical teaching. This is in accordance with a finding by Brandstätter & Christ (1998) who recommend the use of psychotherapeutical elements in rehabilitation programmes instead of purely pedagogical teaching, based on results of their course evaluation.

In Switzerland an evaluation by Mahey et al. (1997) of a course trial with 20 participants per group each, imprisoned for drunk driving could not find a reduction in recidivism rates. These courses primarily focussed on teaching and the target group orientation of this short programme (three sessions of three hours each but with different teachers) was poor, as participants were classified as alcohol addicts to a great extent. The teachers changed every session, thus a personal relationship as a basis for group dynamic obviously could not have been set up.

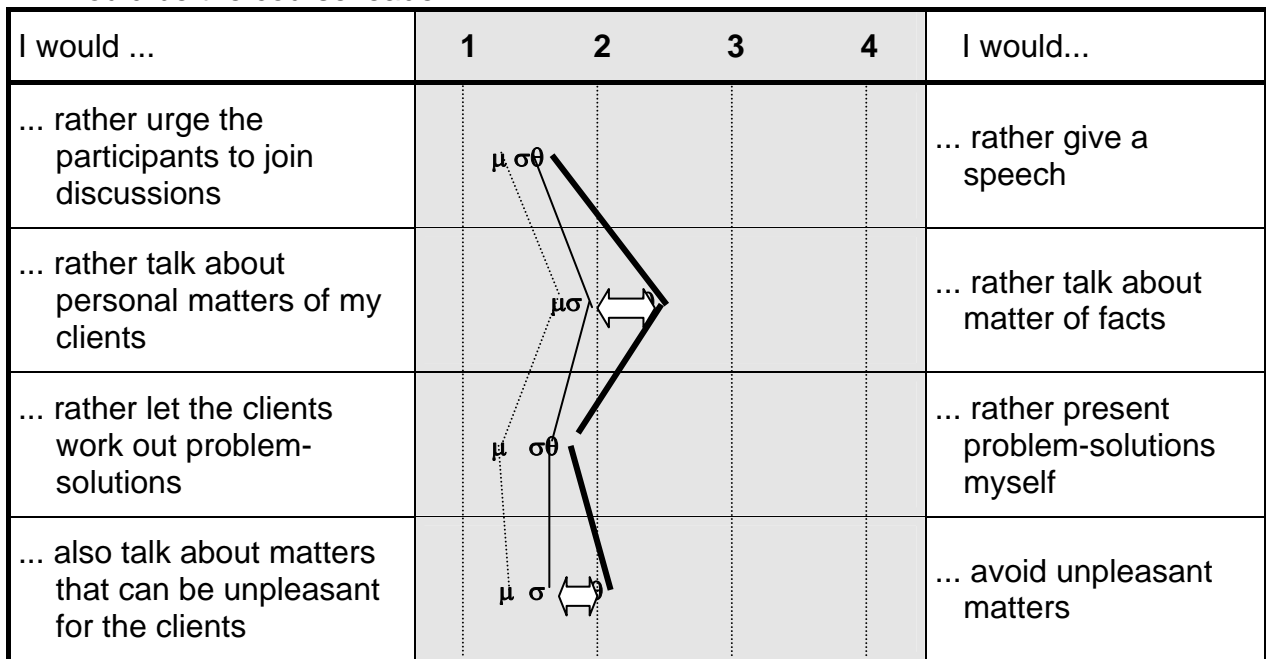
A process evaluation in the EU has been carried out in the “Andrea” project. In a feedback survey 1.375 participants and 60 course leaders of Austria, Belgium, France, Northern Italy and The Netherlands have been asked about their opinions on the programmes. 68.8% of the participants in France and 89.2% in the other EU-country stated, that the course was helpful for them to avoid further offences in the future. 75% of them said this course was helpful because of the contents, only 8.5% meant, they will not re-offend because this course was so expensive and aversive. When being asked before the course, only 51% meant that this course will be helpful for them because of the content and 18% meant because of the aversive character with high costs (rest of 100% were no statements).

Clients stated that those course discussion units, which were dealing with the sensitivity towards danger of alcohol or speeding were most helpful and interesting (Example to understand this discussion units: Before the course, clients were in the opinion, that they are fit to drive also with e.g. 5 beers, after the course they changed their opinion and were convinced that they should drink less to be fit to drive), followed by presentation of information on psycho-physiology of alcohol. Discussion unit dealing with the acceptance of social norms were ranked significantly less helpful (Chi²- Test). Obviously, these results reflect the conflict of clients with their major problematic: They have to participate because they have not accepted social norms and legal rules. It can be interpreted that the key issue of the courses becomes apparent: to reintegrate drivers into the traffic system which is based on social responsibility of each individual.

The clients as well as the trainers were asked, which discussion methods and contents of discussion they would favour. It was found that clients as well as trainers favoured the method of discussion rather than giving a speech by the trainer. The mean value was about 1.5 on a profile ranking between 1 to 4. But here discussion stands for active learning which can be self-reflection but can also be elaboration of a

learning goal in form of discussion. Further, Clients preferred to work out problem solutions by themselves and not by the trainer and they were also willing to discuss about matters which can be unpleasant for them instead of avoiding to do so. This can be interpreted as indications towards being in favour of the method of self-reflection instead of teaching (presentation of information). In the file of other EU-countries (A, B, NL, I) a before-after-comparison was possible. Clients who have been asked after the course, favoured to a significantly greater extend to talk also about unpleasant matters than clients who have been asked this question before the course (U-test, $p=.000$). Obviously, during the course they experienced talking about unpleasant matters as important and not too inconvenient. And after the course talking about personal matters versus matters of facts, was favoured significantly stronger than before the course (U-test, $p=.000$). It can be interpreted, that the clients experienced during the course, that talking about personal matters seems to be more important, and again not too inconvenient, than talking about facts. At least for courses of A, B, NL and I it can be summarised that clients favour the same methods as trainers do, not before but after the course, see diagram below:

If I would be the course leader:



| statement | clients before mean/std.dev. θ | clients after mean/std.dev. σ | course leaders mean/std.dev. μ |
|--------------------------------------|--|---|---------------------------------------|
| discussion vs. speech | 1.65 / 1.10 | 1.54 / .93 | 1.42 / .62 |
| personal matters vs. facts | * 2.62 / 1.34 | * 1.99 / 1.12 | 1.84 / .70 |
| solutions by clients vs. by trainers | 1.85 / 1.19 | 1,72 / 1.08 | 1.29 / .55 |
| unpleasant vs. avoid unpleasant | * 2.08 / 1.29 | * 1.66 / 1.03 | 1.47 / .76 |

*) significant: U-test, $p<.01$ (Source: "Andrea"-study)

Recommendations

In the “Andrea” study the following recommendations are given as a result of the feedback survey together with the evaluation studies listed above and practical workshops with EU-experts: Specific types of driver rehabilitation courses have proven to change attitudes and behaviour of traffic violators positively. The following precondition must be fulfilled:

1. The programme must fit to the specific deficits of the target group. At least the major distinctions between alcohol and other than alcohol offenders and between novice and experienced drivers are recommended.
2. The staff must be educated sufficiently to set up a professional working relationship with problematic and resisting clients who are not concerned about their problems.
3. The methods applied shall rather be personal self reflection instead of teaching. Tailored interventions are better than a fixed programme scheme.
4. The course sessions shall run over weeks in order to make also use of the time between the sessions, because change in attitude and behaviour needs time.
5. The group size shall be about ten participants.
6. A transparent and objective client selection system is as important as a consequent police surveillance to make the order to participate more acceptable for the clients and to avoid that it is attributed just as bad luck.
7. Quality assurance primarily is the responsibility of the state as the main customer is the public. Programmes shall be approved by an official institute which proves the contents of the programme and if the following preconditions are fulfilled:
 - The programme must be laid down in a written manual.
 - Basic, specific and further education of staff must be defined.
 - Programme evaluations must be carried out.

Abstract

Driver rehabilitation courses for the reintegration of traffic violators are a growing market in many EU-states. A survey of programmes is given. Several evaluations indicate a significant reduction of recidivism rates of programme participants compared to control groups. In the EU-project “Andrea” it was analysed, which elements of these courses are more or less effective. A feedback analysis including data from 1,375 participants and 60 course trainers has been conducted in France, Austria, Belgium, The Netherlands and northern Italy. Results of this study give an insight into the course programmes (methods, contents and client trainer relationship). The feedback generally is rather positive. The majority of clients believe that the course programme was useful for them to avoid further offences, which is in correspondence with the significant reduction of recidivism rates of participants compared to control groups, which was found in the literature analysis.

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CV of speaker

Dr. Gregor Bartl (born 1962 in Vienna) finalised academic studies of psychology at the University of Vienna in 1990 and the doctorate study of psychology in 1995. He is the managing director and one of the partners of the Institut Gute Fahrt (safe journey institute), since August 2003. He has considerable experience as a traffic psychologist since 1989, e.g. managing the EU-projects (DAN and Andrea), participating in other EU-projects (Promising, Advanced, Basic, NovEv), experimental research in the field of alcohol in traffic and psycho-physiology of speeding, and in applied psychology: Seminars for driving school teachers, instructors, professional drivers etc., and driver assessment testing. He has several years experience leading international working groups and communicating project results. Crucially, he has been intricately involved in the practical application of project results, namely in the implementation of the recently introduced multiphase driver training programme in Jan. 2003 and in the lowering of the legal alcohol limit from .08 to .05% in 1998 in Austria.