

Response Form for the Final Performance Review Report*

1. Name of Grantee: Treatment Research Institute
2. Year of Grant: 2009 Formula Grant

A. For the overall grant, briefly describe your grant oversight process. How will you ensure that future health research grants and projects are completed and required reports (Annual Reports, Final Progress Reports, Audit Reports, etc.) are submitted to the Department in accordance with Grant Agreements? If any of the research projects contained in the grant received an “unfavorable” rating, please describe how you will ensure the Principal Investigator is more closely monitored (or not funded) when conducting future formula funded health research.

At the Treatment Research Institute (TRI), all project reports (Annual Reports, Final Progress Reports, Audit Reports, etc.) are prepared in advance of their deadlines, and are reviewed by a team of TRI Staff including the Research Coordinator, Principal Investigator (PI), Grants & Regulatory Manager and the Senior Vice President for Finance & Regulatory Affairs (Sr. V.P.) prior to submission. The PI is responsible for monitoring the safety and efficacy of this study, executing the Data and Safety Monitoring Plan (DSMP), and complying with the reporting requirements. Additionally, each project has a Research Coordinator, who, under the direction of the Principal Investigator, is responsible for overseeing compliance monitoring of all human subject issues, including IRB submissions, data safety and monitoring, HIPAA compliance, and annual reports.

Under the direction of the Sr. V.P., the Grants & Regulatory Manager is responsible for compliance monitoring of all contract provisions. Expenditures are reviewed with and approved by the Sr. V.P. Under direction of the Sr. V.P., TRI's Financial Manager is responsible for expenditure reporting. He meets at least quarterly with the PI and Research Coordinator to discuss study progress and verify proper allocation of expenditures.

Approval and continuing ethics review for all of our studies is obtained by at least one IRB, the TRI IRB. All of the Investigators, Research Assistants (RAs), Project Coordinators, and Site Coordinators for our studies complete the NIH Internet training course on Protection of Human Research Subjects. Copies of the completion certificates for these personnel are on file at the Treatment Research Institute. We hold regularly scheduled staff meetings, which are attended by the research team, including the Principal Investigator, Statistician, Coordinator, and RAs. These meetings discuss the progress of the study, improvements to procedures when necessary, and upcoming tasks and deadlines. During the implementation phase of each grant, detailed plans are developed, and are revised throughout the course of the grant as necessary.

* Please note that for grants ending on or after July 1, 2007, grantees' Final Performance Review Reports, Response Forms, and Final Progress Reports ***will be made publicly available on the CURE Program's Web site.***

Project Number: 0991101
Project Title: Assessing DUI Offenders' Needs and Risks to
Improve Treatment and Supervision in Pennsylvania
Investigator: Festinger, David S

B. Briefly describe your plans to address each specific weakness and recommendation in Section B of the Final Performance Summary Report using the following format. As you prepare your response please be aware that the Final Performance Review Summary Report, this Response Form, and the Final Progress Report will be made publicly available on the CURE Program's Web site.

Reviewer Comment on Specific Weakness and Recommendation (*Copy and paste from the report the reviewers' comments listed under Section B - Specific Weaknesses and Recommendations*):

Response (*Describe your plan to address each specific weakness and recommendation to ensure the feedback provided is utilized to improve ongoing or future research efforts*):

Reviewer 1:

1. Let me first clarify that I think that this research is important and necessary and that the project did achieve all its stated goals. The results are interesting; but, in the absence of a plan for how they plan to proceed with validation or use the collaborations that have been established through this initiative, it is hard for me to judge the potential future beneficial impact of this work.

Response:

We have identified a number of DUI Courts in the United States who are willing to participate in a follow-up study to further evaluate the DUI RANT tool in a much larger, more heterogeneous sample of DUI offenders. Specifically, courts will administer the DUI RANT to clients as they enter the DUI Court program and collect programmatic outcomes data on these clients. We will use this data to further establish the reliability and validity of the DUI RANT. In addition, we will compare the DUI Court outcomes of individuals who did and did not receive the levels of treatment and supervision prescribed by the DUI RANT to examine its clinical utility. We expect to begin data collection for this project by September 2013.

Reviewer 2:

1. Provide more information on the statistical analyses used to develop the triage assessment and the strength of association between the needs and risk constructs.

Response:

Chi-square analyses were used to evaluate the extent to which each binary item differentiated between first-time and repeat offenders. Given that this was a pilot study that was not adequately powered, we relied on effect sizes rather than on p-values to identify which items discriminated between the two groups of clients. An effect size (w) of 0.2 was used as the criterion to indicate a practically significant effect based on the recommendation of Ferguson (2009). In the first-time

offender sample, 28% were classified as high risk and 14% were classified as high need compared to 83% and 67%, respectively, in the repeat-offender sample. The correlation between risk and need classification was 0.46 ($p = .0003$).

2. Provide rationale and support for determining the triage assessment cutoff scores.

Response:

We identified meaningful cutoff values for each item based on the extant literature, examination of how the items were distributed in the sample, current statutes, and advice from the expert panel.

3. If possible, provide the demographic composition of the sample and comment on representativeness.

Response:

Participants were 31.6 years old on average (standard deviation [SD] = 9.3) and the large majority was male (76%, $n = 45$). A substantial proportion of the sample (75%) had a high-school diploma or GED, while 19% had a college degree. The average number of prior DUI convictions in the repeat offender sample was 1.5 (SD = 0.7; range = 1–3). These demographic characteristics are similar to the characteristics of all DUI arrestees in this jurisdiction, suggesting that we have a representative sample.

4. Provide treatment, supervisory, and sentencing recommendations for each quadrant (i.e., high/low risk, high/low need), per stated objectives for Phase IV of the project.

Response:

We have outlined the recommendations for each quadrant in the figure below.

		RISK	
		Low	High
NEED	Low	<ul style="list-style-type: none"> • Pretrial services supervision • Non-compliance hearings • Alcohol/drug prevention education 	<ul style="list-style-type: none"> • Probation supervision • Status calendar • Pro-social rehabilitation • Rewards & sanctions • Intermediate punishment for non-compliance
	High	<ul style="list-style-type: none"> • Probation supervision • Non-compliance hearings • Intensive alcohol/drug treatment • Rewards & sanctions • Biologic monitoring • Electronic monitoring (e.g., GPS, SCRAM, interlock) 	<ul style="list-style-type: none"> • Court supervision • Status calendar • Intensive alcohol/drug treatment • Rewards & sanctions • Biologic monitoring • Electronic monitoring (e.g., GPS, SCRAM, interlock)

5. Provide an outline or draft of the proposed manuscript on the findings of the study.

Response:

Since submission of the final report, we developed a manuscript detailing the study and it has been accepted for publication in *Criminology and Public Policy*:

Dugosh, K.L., Festinger, D.S., Marlowe, D.B. (2013). DUI Recidivism: Moving beyond BAC in DUI, Identifying Who Is at Risk of Recidivating. *Criminology & Public Policy*, 12(2).

Reviewer 3:

1. The investigators appear to have ignored the role of retrospective memory bias (and social desirability and demand characteristics) in repeat offenders using the time of their first DUI arrest as a reference point. Thus, it is unclear to what extent the differences found on the DUI RANT between first-time and repeat DUI offenders are “real,” in the sense of not being a product of memory or other biases. Relatedly, the investigators failed to consider demographic factors (e.g., age — repeat offenders may be older) that could have biased their findings.

Response:

We agree that there may be many different sources of bias in clients’ self-reported responses. However, most of the criminal justice-related items are objectively verifiable through criminal record checks. For these items, probation officers cross checked client responses with criminal records. In our future research that will incorporate a larger sample size, we will examine this issue of bias.

2. The lack of any peer-reviewed publications is a weakness of the project. Only one manuscript was submitted for publication (and apparently not accepted), and this manuscript has very little to do with the project. Moreover, the annotated bibliography developed in Phase I appears nowhere, which is a weakness. It would be a service and a contribution if the bibliography were available by download to interested parties.

Response:

As mentioned, we recently had a manuscript detailing the study accepted for publication in a peer-reviewed journal. In addition, we have included the annotated bibliography that was developed in Phase I of the project.

3. The analysis of the data was a bit weak; i.e., the repeated univariate t-tests and chi-square analyses likely inflated error, so the investigators are encouraged to use more sophisticated and thoughtful data analytic approaches in future work. Moreover, a weakness of the project is the absence of any of the conventional approaches to demonstrating the psychometric reliability and validity of a scale—in this case, the DUI RANT. It is strongly recommended that the investigators do so in future work.

Response:

While we agree that we have employed a very basic analytical approach, the sample size for the current study precluded the use of more sophisticated analyses. Our future work will incorporate

larger sample sizes that will allow us to use higher-level statistical procedures to evaluate the DUI RANT's psychometric properties including internal consistency, factor structure, and discriminative and predictive validity.

4. A weakness is that the investigators did not ask the probation officers what they thought of DUI RANT. Ultimately, for the DUI RANT to be most useful, those using it (i.e., probation officers) will have to have confidence in it. Future research should address "consumer satisfaction" among probation officers using the DUI RANT.

Response:

While we did not include a quantitative measure of satisfaction in the current study, probation officers from the current study indicated to our research team that they found the DUI RANT to be very straightforward and easy to administer. We agree with the reviewer that this type of data is extremely important, and our future research will collect quantitative and qualitative data on "consumer satisfaction" with the DUI RANT.

5. Only two of the five members of the expert panel were named. A weakness is not naming the other three members; not naming makes it suspect whether there really were five members.

Response:

- a) Response: In addition to members of our research team, the following individuals comprised the expert panel:
- b) Erica Bartlett, J.D. (Philadelphia Treatment Court Public Defender)
- c) John Cacciola, Ph.D. (Director of Center on the Continuum of Care, Treatment Research Institute)
- d) James Fell, Ph.D. (Senior Program Director, Alcohol, Policy, and Safety Research Center)
- e) Scott Kerstetter (Chief Probation Officer, Union/Snyder Counties PA)
- f) James Langenbucher, Ph.D. (Associate Professor of Psychology, Center of Alcohol Studies at Rutgers University)

C. If the research project received an "unfavorable" rating, please indicate the steps that you intend to take to address the criteria that the project failed to meet and to modify research project oversight so that future projects will not receive "unfavorable" ratings.

Response:

D. Additional comments in response to the Final Performance Review Report (OPTIONAL):

Response: We thank the reviewers for their careful review of our study and their well-taken feedback. We believe that the brief, one-year study has laid the framework for a potentially very valuable tool that will significant implications for public safety and public health.