



# IDP Best Practices

Kristi Obmascher

Executive Program Development Manager, Behavioral Health

UW-Madison Division of Continuing Studies

Email: [Kristi.obmascher@wisc.edu](mailto:Kristi.obmascher@wisc.edu)

**UNIVERSITY OF WISCONSIN-MADISON**



## WAID Handbook

Guidance for using the WAID assessment tool for  
Wisconsin's Intoxicated Driver Program



# Maintaining WAID Fidelity

- Lifetime Tool (professional judgement may be needed)
- Determine ONE Finding
- Look for Patterns (not single instance)
- Impact of Selecting Level 2, Level 1 Criterion
- WAID Handbook: Guidelines for selecting criterion
- Caution Regarding “Tricky” Criterion
- Scoring Rubric (not judgement) to Determine Finding





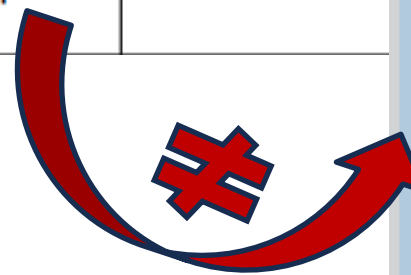
2. When talking freely, makes frequent reference to substance use, oneself or other people being "bombed," "stoned," "high," "wasted," etc., or admits to using more than peer group.

2

*verbatim from WAID*

# Considerations

- Assessor should not question client re criterion 2
- Client BOTH casually & frequently talks about use
- Selection NOT based on use of current "slang"
- Selection NOT based on quantity/frequency of use



## Guidelines

### for Selecting Criterion/Certainty Level

As a certainty level 2, criterion 2 should only be selected when a client both casually and frequently talks about their substance use without being questioned. It is important to consider factors that could influence a client's free/frequent discussion. For example, a young person or client with a substance using peer group may be more open about substance use; or a very nervous client may talk about use more than is typical. Also, be aware of current terminology. Decisions about selecting criterion 2 should not be dependent on the client using the specific verbiage included in the WAID.

### Primary Purpose of Criterion

Identify if the client cannot stop talking about their use (even during an OWI assessment). Criterion 2 focuses on a client's discussion of substance use, not quantity/frequency of use.

### Related Criterion

None.

### Note

Specific questions should not be asked regarding this criterion. It is selected when the client frequently talks about use without being questioned. An assessor will need to use their professional judgment to determine when a client's unsolicited discussion rises to the level of "frequent".

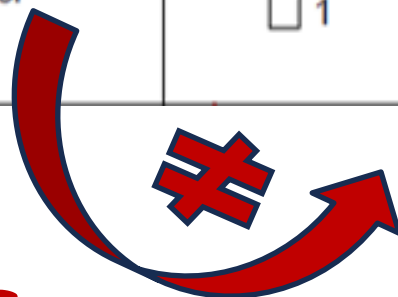
18. Blatant or conspicuous and inappropriate use of substances as described by the client or significant other, or other knowledgeable informant, or by observation during assessment.

1

*verbatim from WAID*

# Considerations

- Level 1 criterion
- Client use must be BOTH inappropriate AND
  - blatant OR
  - conspicuous
- Intended to identify clients who continue to use despite potential consequences
  - can't control use
  - poor judgement due to use



## Guidelines

### for Selecting Criterion/Certainty Level

As a certainty level 1, Criterion 18 should only be selected if a client exhibits a pattern of behavior that meets both standards: blatant and inappropriate or conspicuous and inappropriate. Consider this criterion for clients who continue to use despite potential consequences because they can't control their use or because of poor judgment related to use. Critical variables: 1. extent to which substance use impairs judgment 2. inability to abstain from or control use; and 3. inability to recognize risks of use in a given situation.

### Primary Purpose of Criterion

Identify if the client uses in either "blatant and inappropriate" or "conspicuous and inappropriate" manners due to impaired judgment or inability to control their substance use.

### Related Criterion

None.

### Note

An assessor will need to use professional judgment to consider if/when a client's use rises to the level of blatant, inappropriate and/or conspicuous. It may be inappropriate, but not necessarily blatant or conspicuous for teens to be using marijuana in a school parking lot. The behavior may rise to the level of conspicuous if they post photos/video on social media or blatant if they walk into school still smoking/vaping. It may be blatant to use drugs at a concert, but arguably may not be inappropriate or even conspicuous. If the concert is a high school choir, the use likely becomes inappropriate.

*WAID Handbook: Criterion 18*





22. Preference for substance-using companions and locations.

*verbatim from WAID*

2



# Considerations

- Identify clients who change behavior to use more and/or avoid detection
- Solely having using friends not sufficient to select criterion

## Guidelines

### for Selecting Criterion/Certainty Level

As substance use disorders advance, clients may spend more time with people who also use and in locations conducive to using. They may avoid their usual friends and/or activities out of a sense of guilt or to avoid detection of their (increased) substance use.

### Primary Purpose of Criterion

Identify if the client is changing their social life to spend more time using substances or avoid detection of use.

### Related Criterion

Criterion 23 is used to reflect changes in activities due to substance use, and criterion 24 reflects changes in employment due to use.

### Note

When selecting criterion 22 an assessor should consider factors other than a substance use disorders that could result in a preference for substance using friends/locations including age, lifestyle, community norms. It is important to look for changes in patterns of substance use when selecting this criterion.

*WAID Handbook: Criterion 22*



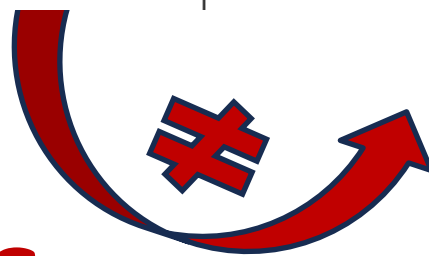
26. Legal problems (civil or criminal) attributable to substance use, such as non-payment of bills, default in child support, arrests for drunk and/or disorderly conduct, assault and/or battery, etc.

2

*verbatim from WAID*

# Considerations

- Pattern of negative consequences
- Behaviors markedly different from prior behavior
- SINGLE OWI not sufficient to select criterion



## Guidelines

### for Selecting Criterion/Certainty Level

As substance use disorders advance, poor judgment and loss of self-control may result in more negative consequences for a client. As a certainty level 2, an assessor should look for a pattern of negative incidents that are attributable to use—not an isolated event nor incident. Look for behaviors markedly different from the client's usual conduct. Among minors, consider age-related violations (e.g., underage drinking, curfew violations, shoplifting, fake ID).

### Primary Purpose of Criterion

Identify if the client's pattern of aberrant behavior is due to substance use. Identify marked changes in behavior due to use.

### Related Criterion

A pattern of incidents directly attributable to substance use is required to select criterion 26. Criterion 25 (level 3) can be used to reflect traffic accidents/citations that are not known to result from substance use.

### Note

A single OWI does NOT meet this criterion.

# Best Practice: Develop Agency Policies



4. Behavioral and/or psychological symptoms consistent with transient or permanent cognitive deficits or dysfunctions which may be associated with substance use (e.g., memory gaps; fabrication to cover up memory gaps; disorientation for time, place or person; impairment in concentration, reasoning, judgment, or other functions), as observed in assessment, or as reported by the client and/or other informants. (Level 1 with medical confirmation).

Check One  
 2  1

\* What documentation is needed to meet criterion standard of “medical confirmation”?

17. Repeated conscious attempts at abstinence.

2

\* Is “involuntary” abstinence (e.g., prison, pregnancy) sufficient to select criterion?

27. History of family members undergoing counseling and/or school and behavioral problems in children (Level 2 if for substance use or substance-related for children.)

Check One  
 3  2

\* Uniform Standards for using criterion

31. History of previous treatment(s) for substance dependency, reported by client or other informant(s).

1

\* Does prior DSP requirements (education and/or treatment) constitute prior treatment?

38. Client or other informant reports withdrawal signs (Level 3), symptoms (Level 2) or syndrome (Level 1) when substance use is abruptly discontinued or significantly reduced, without substitution of other substance(s) or similarly acting medication(s).

Check One  
 3  
 2  
 1

\* Standardization for withdrawal “signs”, “symptoms”, “syndrome”



# Driver Safety Plan Best Practices

- Process is neither therapeutic nor punitive
- Follow DHS 62/DHS 75/Trans 106/Trans 107 requirements (updated “Allowable DSP Recommendations” chart)
- Follow agency policies and procedure
- Open communication: clients, DSP referral agencies, DHS/DOT, courts

IOP Assessment Finding	Allowable Education Recommendations [per DHS 62 & Trans 106, Group Dynamics and Multiple Offender Programs are provided by Wisconsin Technical College (WTC) System]		Allowable Treatment Recommendations [per DHS 62 must be “least restrictive”]	Other Allowable Recommendations
	First Offense	Second Offense		
1. Irresponsible Use [Chemical Abuse per Trans 107] <b>Education</b>	Group Dynamics OR Alternative Education*	Multiple Offender Program OR Alternative Education*		*Victim Impact Panel *Mental Health/Psychiatric Evaluation or Services [DOT not likely to require as part of DSP]
2. Irresponsible Use—Borderline [Borderline Chemical Abuse per Trans 107] <b>Education and/or Treatment</b>	Group Dynamics OR Alternative Education*	Multiple Offender Program OR Alternative Education*	<b>Short Term Outpatient Treatment</b> DHS 75.49— Outpatient substance use treatment service (non-residential treatment service totaling less than 9 hours of treatment services per patient per week)	*Victim Impact Panel *Case Management (if treatment included on DSP) *Mental Health/Psychiatric Evaluation or Services [DOT not likely to require]
3. Suspected Dependence [Suspected Chemical dependency per Trans 107] <b>Treatment</b>	*Note: DHS 62.07 (5) (c) and Trans 107.09 (4)(b) (4) allow for a combination of treatment and traffic safety school for a finding of suspected dependence		<b>Substance Use Treatment</b> (NOT residential or inpatient services) DHS 75.49— Outpatient substance use treatment service (non-residential treatment service totaling less than 9 hours of treatment services per patient per week)	*Victim Impact Panel *Case Management (if treatment included on DSP) *Mental Health/Psychiatric Evaluation or Services [DOT not likely to require]
4. Dependency [Chemical dependency per Trans 107] <b>Treatment</b>	*Note: DHS 62.07 (5) (c) [but NOT trans 107] allows for a combination of treatment and traffic safety school for a finding of dependency		<b>Treatment Services/Residential or Inpatient Services</b> (Can Not Exceed 30 Days) DHS 75.49— Outpatient substance use treatment service DHS 75.50— Outpatient Integrated Behavioral Health Treatment Service (non-residential treatment service totaling less than 9 hours of treatment services per patient per week for adults)	*Victim Impact Panel *Case Management (if treatment included on DSP) *Mental Health/Psychiatric Evaluation or Services [DOT not likely to require]
5. Dependency in Remission <b>Treatment</b>	*Note: DHS 62.07 (5) (c) [but NOT trans 107] allows for a combination of treatment and traffic safety school with a finding of dependency in remission		<b>Substance Use Treatment</b> (NOT residential or inpatient services) DHS 75.49— Outpatient substance use treatment service (non-residential treatment service totaling less than 9 hours of treatment services per patient per week)	*Victim Impact Panel *Case Management (if treatment included on DSP) *Mental Health/Psychiatric Evaluation or Services [DOT not likely to require]

