

THE FACTS ON DWI COURTS

By Douglas B. Marlowe, J.D., Ph.D.

Evaluations of DWI Courts have yielded inconsistent findings. For the most part, the mixed results can be attributed to wide variability in the integrity of the DWI Court programs themselves, as well as to variability in the quality of the research designs. Positive outcomes for DWI Courts have been reported when at least three conditions were met:

1. The researchers first conducted a process evaluation to ensure the programs were in compliance with the *Ten Guiding Principles of DWI Courts* (NCDC, 2006) or the *Ten Key Components of Drug Courts* (NADCP, 1997).
2. The participants were followed for at least 2 years from entry, which allows sufficient time for recidivism to occur and be detected by law enforcement.
3. The sample sizes were large enough to provide adequate statistical power for the data analyses.

Strong Programs & Strong Research Designs

A strong evaluation of a DWI Court was recently completed on the Waukesha (Wisconsin) Alcohol Treatment Court (Hiller et al., 2009). The DWI Court sample ($n = 118$) consisted of 3rd-time DWI offenders, 94 percent of whom had been diagnosed as alcohol dependent. Outcomes at 24 months post-entry were compared to those of a wait-list sample ($n = 79$) of 3rd-time DWI offenders from the same county who served out their jail sentences before a program slot became available. Wait-list comparisons are generally considered to be the next best approach after random assignment because the mere happenstance of a full census is unlikely to lead to the systematic exclusion of individuals with more severe problems or poorer prognoses, and therefore is unlikely to bias the results (Heck, 2006; Marlowe, 2009).

Before conducting the outcome evaluation, the researchers first completed a process evaluation to document the program's adherence to the *Ten Key Components* (Hiller & Samuelson, 2008). Using an intent-to-treat analysis which included all participants who entered the program, recidivism rates for any new offense were found to be significantly lower for the DWI Court participants than for the comparison sample (29% vs. 45%, $p < .05$).

Positive findings were also reported in a three-county evaluation of DWI Courts in Michigan (Michigan State Court Administrative Office & NPC Research, 2007). The comparison samples consisted of matched DWI offenders from the same counties who would have been eligible for the DWI Courts but had been arrested in the year prior to the founding of the programs. Outcomes were evaluated at 1 and 2 years post-entry and were performed on an intent-to-treat basis including both graduates and unsuccessful terminations.

The DWI Court participants were significantly less likely in two out of the three counties to be arrested for a new offense within 2 years of entry, and were significantly less likely to be arrested for a new DWI offense in one of the counties. In nearly all of the comparisons, the trends favored better outcomes for the DWI Court participants; however, small sample sizes contributed to insignificant results in some instances due to inadequate statistical power. Most of the effect sizes (ES) were between approximately $h = 0.30$ and 0.50 (see Marlowe et al., 2009), which is in the moderate range and considered to be clinically meaningful (Cohen, 1988). These results lend compelling support for the potentially positive effects of DWI Courts.

Weak Programs

On the other hand, when there was reason to question whether particular DWI Courts were engaged in evidence-based practices, the results have often been lackluster. For example, when programs were evaluated immediately after beginning operations, without allowing sufficient

time for them to pilot-test and modify their procedures, outcomes have been understandably poor. A frequently cited example is the evaluation of the Rio Hondo DWI Court in Los Angeles County (MacDonald et al., 2007). This “experimental” program was created solely for the purpose of the research study and ceased operations immediately after the study ended. Not surprisingly, it did not perform very well given that no effort went into ensuring its fidelity to the DWI Court model or to evidence-based practices.¹

Similarly, when DWI offenders have been placed into traditional drug court programs, without any specialized programming designed to meet their particular clinical and supervisory needs, outcomes have been considerably poorer than for the other drug court participants (Bouffard et al., 2007; Bouffard et al., 2010). It does not appear warranted to simply mix DWI offenders into “hybrid” DWI/Drug Court programs without making meaningful efforts to match the services to their unique needs and clinical profiles.

Weak Research Designs

As noted previously, outcomes for DWI Courts have typically been insignificant when the follow-up intervals were too short to detect recidivism events, or when the sample sizes were too small to provide adequate statistical power for the analyses.

A recent evaluation of two DWI Courts in New York State found no differences in re-arrest rates between DWI Court participants and matched probationers at 6 months (2% vs. 4%) or 12 months (5% vs. 8%) post-entry (Cissner, 2009). However, the short follow-up window did not allow sufficient time for recidivism to occur and be detected. Recidivism rates tend to be low during the first several months after arrest, especially when the participants are still under the

¹ Participants in the comparison condition also received services such as judicial status hearings that are ordinarily associated with a DWI Court and not with probation as-usual—a confound known as *bleeding* or *contamination* (MacDonald et al., 2007, p. 11). It should not be surprising that outcomes were similar because the probation subjects received key elements of the DWI Court model.

supervision of a DWI Court or probation agency. Given the low re-arrest rates for both groups over this short time, it would be exceedingly difficult to detect significant differences, assuming they did exist, due to what is called a statistical floor effect.

Finally, some evaluations have involved small numbers of participants, which for mathematical reasons also makes it difficult to detect significant differences. A frequently cited example is the randomized experimental study of the Las Cruces (NM) DWI Court (Breckenridge et al., 2000). Because of the small numbers of subjects in the DWI court ($n = 39$) and comparison ($n = 36$) samples, there was only enough statistical power to detect large effects, whereas the true effects appear to have been in the moderate, but still clinically meaningful, range (*see* Marlowe et al., 2009). In other words, positive effects may very well have been present, but the research design was too weak to detect them.

Conclusion

Taken as a whole, research findings suggest that good-quality DWI Courts can significantly reduce DWI and other recidivism when they are fairly and appropriately evaluated. The critical issues include ensuring the programs adhere to best practices and evidence-based practices, following the participants for a sufficient period of time (at least 2 years) for recidivism events to occur and be detected by law enforcement, and examining large enough samples to statistically power the analyses. The onus now is on the DWI Court field to improve the quality of DWI Court program evaluations and ensure fidelity to the DWI Court model in day-to-day practice.

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