

History of MASEP

The Early Years 1972-1988

The original MASEP curriculum was developed in 1972. At that time most first-time DUI offenders were thought to be social drinkers who needed to be given some additional knowledge that would help them to keep from drinking and driving, and the original curriculum was designed to provide this type of knowledge. The main focus of the early curriculum was to educate participants about alcohol, its effects on the body, and how these effects impair one's ability to drive. The class consisted of a series of lectures. These lectures also incorporated videos and some classroom discussion. The curriculum was revised in 1981 and in 1983. While the curriculum maintained its lecture-oriented focus, more information was included about the effects of alcohol on the body and about alcohol in general. These revisions also included more information about where people with drinking problems can find help.

By the mid-1980's, the conception of the DUI offender on which the MASEP curriculum was based had shown to be incorrect. Between 1975 and 1981 scientists at the Social Science Research Center (SSRC) at Mississippi State University conducted the *Mississippi DUI Probation Follow-Up Project*. The US Department of Transportation's National Highway Traffic Safety Administration funded the study. This study was a fully randomized design with individuals placed into separate treatment and control conditions. This study examined outcomes and other information for over 5000 DUI offenders. Results indicated that over 57% of the study participants were classified as *problem* drinkers on the basis of assessment scores and prior DUI or public drunk arrests. The study also found that individuals who attended MASEP showed no significant difference in rates of re-offending than individuals who received no intervention at all (Landrum, et al., 1982). Also, Kunkel (1983) conducted a comprehensive review of DUI intervention studies and concluded that most DUI offenders drink more than social drinkers. Other studies also demonstrated that lecture-oriented DUI schools were not effective in reducing DUI re-arrest rates (Mann, Leigh, Vingilis, & de Genova, 1983; Miller & Hester, 1986). This led researchers to seek new, more effective strategies to reduce DUI re-offending.

Development of the 1989 Edition

It became increasingly clear that the MASEP program needed to incorporate new strategies for dealing with individuals who have been arrested for drinking and driving. Scientists at the SSRC painstakingly reviewed the research available at that time. They also consulted with 35 of the world's foremost experts in the fields of traffic safety, drunk driving, and substance abuse treatment. Similar consultations were made with DUI education and rehabilitation agencies throughout the United States, Canada, United Kingdom, Australia, and New Zealand. The 1989 version of the MASEP curriculum was changed to incorporate both the findings of the above research and also the results of the consultations.

The new curriculum was very different from the 1972 version as it changed from a lecture-oriented education program to a group intervention approach to reducing DUI re-offending. In addition to providing information on the effects of alcohol on driving ability and health, participants completed an assessment of drinking problems and emotional problems associated with alcohol use, were given feedback on the severity of alcohol-related problems, and were

introduced to the concept of developing a written DUI avoidance plan (Snow, et al., 2000). Program participants also received a directory of treatment resources to make them aware of the services available in their communities.

The initial draft of the revised curriculum was pilot tested at several MASEP sites during the fall of 1988. The MASEP instructional staff was trained on the new curriculum and program format by the end of 1988, and the new curriculum was implemented statewide on January 2, 1989.

Scientists at the SSRC made slight revisions to the MASEP curriculum, based on ongoing research, between 1989 and 2000 (e.g., Wells-Parker & Bangert-Drowns, 1995). Minor changes to the curriculum were made in 1995. In 1997 a curriculum enhancement document was published for the 1989 edition that outlined the principles of Motivation Enhancement Therapy (MET; Miller, Zweben, DiClemente, & Rychtarik, 1994). MASEP instructors were encouraged to begin utilizing these principles in their interactions with participants. Research on the characteristics of DUI offenders who attend MASEP (Snow, 1996a), recidivism among MASEP participants (Snow, 1996b), and the effectiveness of procedures used by MASEP to identify individuals at high risk of re-offending (Anderson, Snow, & Wells-Parker, 2000) suggested the need for more extensive changes to the curriculum.

The 2000 Edition of MASEP

The program was revised again in September 2000, and the changes were implemented in January of 2001. The new curriculum was different than the 1989 version in several ways. First, the duration of the program increased from 10 to 12 hours. Second, group interaction techniques were introduced into the curriculum. These techniques were intended to help MASEP participants' process and reinforce awareness of how alcohol and other drugs affect their lives. Group discussion activities included open-ended questions in order to encourage participation. Discussion leaders were provided with probing questions to stimulate dialogue among participants. Homework assignments designed to help participants examine the effects of alcohol and/or other drugs on all aspects of their lives were added. These techniques were intended to help MASEP participants' process and reinforce awareness of how alcohol and/or other drugs have affected their lives. Third, greater emphasis was placed on the development of the DUI avoidance plan. In the 1989 version, DUI avoidance plans were developed in the third session with the purpose of helping participants to avoid future DUI arrests. In the 2000 curriculum, participants worked on their plans in each of the four sessions. Participants therefore had more opportunities to tailor their plans to their own specific needs and circumstances and were able to discuss the strengths and weaknesses of their plans with other group members.

Another major difference between 1989 and 2000 versions of MASEP involved the provision of feedback based upon an assessment conducted in the first session. In the 1989 version, participants were given a brief feedback report that included their blood alcohol concentration (BAC) level at the time of arrest, their score on the Mortimer-Filkins Questionnaire (Mortimer, Filkins, & Lower, 1971; Mortimer, Filkins, Lower, et al., 1971), and a description of what these measures meant. The distribution of the feedback report was left to the discretion of the instructors, but participants were given a short explanation that these scores were used to indicate problem drinking. The feedback process was improved in the 2000 program by requiring that feedback reports be distributed and discussed in the third session. Significantly more time was spent explaining the connection between these indicators and future

risk of drinking and driving. In addition to feedback on alcohol problem severity, participants were provided personalized information on their future risk for DUI recidivism based on demographic characteristics and the Mortimer-Filkins score. Finally, many of the revisions to the curriculum, such as individualized feedback, were designed to be consistent with Motivational Enhancement Therapy (MET; Miller et al., 1994).

The 2005 Edition of MASEP

In 2002, the Mississippi Office of Highway Safety funded a project entitled: *Improving the Effectiveness of Screening Procedures Used to Identify High Risk DUI Offenders in Mississippi* (Snow, 2002). Data from this and other projects (Anderson, et al., 2000; Snow, 1996a) were used to identify the strongest predictors of DUI recidivism among Mississippi DUI offenders. Results of these analyses provided the basis for the construction of a new procedure to predict risk of being rearrested for DUI. Using Blood Alcohol Concentration (BAC) at the time of arrest and data collected on the MASEP Registration/Intake Form during Session I, MASEP participants were provided with more information during Session III on their likelihood of being rearrested and their likelihood of having a drinking problem. This enhanced feedback procedure is the primary difference between the 2005 edition and previous editions.

In 2005, MASEP facilitators were trained in Motivational Interviewing strategies (Miller & Rollnick, 2002). These strategies could be used with the 2000/2005 editions of the curriculum. Facilitators were instructed to incorporate several motivational additions to the dialogue with participants in three of the activities in the 2000/2005 models and were encouraged to use the motivational strategies elsewhere in the manual.

The 2008 Edition of MASEP

The 2008 revision to the MASEP curriculum was substantial. Many of the changes were based on recommendations from the Center for Substance Abuse Treatment's (Center for Substance Abuse Treatment, 1999) *Enhancing Motivation for Change in Substance Abuse Treatment* (Treatment Improvement Protocol (TIP) Series 35), and on recommendations from the National Institute on Alcohol Abuse and Alcoholism (2008). These changes included evidence-based substance abuse intervention practices that were adapted to fit the needs of the MASEP participants. The changes included added motivational components, movement through stages of change, and effective assessment of alcohol and drug problems.

For this version of the curriculum a new assessment instrument was developed and pilot tested to better assess alcohol and other drug (AOD) use and related problems. The new assessment contains the following validated measures: (1) Alcohol Use Disorders Identification Test (AUDIT) (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001), (2) Research Institute on Addictions Self-Inventory (RIASI) (Nochajski & Wiczorek, 1998), (3) Short Inventory of Alcohol and Other Drug Consequences (InDUC) (Miller, Tonigan, & Longabaugh, 1995), and the Center for Epidemiological Studies-Depression Scale (CES-D 10-item) (Andresen, Carter, Malmgren, & Patrick, 1994). In addition, there are measures that assess the frequency and amounts of alcohol consumption, binge drinking, other drug use and levels of psychiatric distress (including anxiety and other negative moods). The assessment was designed to provide MASEP

participants with more detailed feedback regarding the severity of their alcohol and/or drug use, as well as any mental health issues that participants may be experiencing. Participants are then informed of the mental health and substance abuse services that are available in their area, and treatment recommendations and/or referrals are made when the assessment indicates that they are needed.

Spanish-language materials were developed from the curriculum, and gender specific information for alcohol use, alcohol effects, and health outcomes was incorporated. Also, new content was developed to address the use of marijuana and other drugs. Changes were also made to help individuals with low literacy understand the curriculum.

The theoretical basis of the 2008 curriculum is complementary to the 2000/2005 edition and is derived from theoretical concepts of change: (1) the IMB Model (Fisher, Fisher, & Harman, 2003), (2) Enhancing Motivation to Change (Miller & Rollnick, 2002), and (3) Transtheoretical Model of Change (Prochaska & Velicer, 1997).

The goal of MASEP has always been to reduce DUI recidivism by first-time DUI offenders in Mississippi and thereby enhance traffic safety. Revisions to the MASEP assessment process and to curriculum content were made with this goal in mind. Additionally, changes made to the curriculum were founded on the latest evidence-based practices for motivating alcohol and/or other drug abusers to change their substance use and driving behaviors.

References

- Anderson, B. J., Snow, R. W., & Wells-Parker, E. (2000). Comparing the predictive validity of DUI risk screening instruments: Development of validation standards. *Addiction, 95*(6), 915-929.
- Andresen, E. M., Carter, W. B., Malmgren, J. A., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. *American Journal of Preventive Medicine, 10*(2), 77-84.
- Babor, T. F., Higgins-Biddle, J. D., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care*
- Center for Substance Abuse Treatment. (1999). *Enhancing Motivation for Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Fisher, W. A., Fisher, J. D., & Harman, J. (2003). The Information-Motivation-Behavioral Skills Model: A General Social Psychological Approach to Understanding and Promoting Health Behavior. In J. M. Suls & K. A. Wallston (Eds.), *Social Psychological Foundations of Health and Illness* (pp. 82-106). London: Blackwell Publishing.
- Kunkel, E. (1983). Driver improvement courses for drinking-drivers reconsidered. *Accident Analysis and Prevention, 15*, 429-439.
- Landrum, J. W., Miles, S., Neff, R., Pritchard, T., Roebuck, J., Wells-Parker, E., et al. (1982). *Mississippi DUI probation follow-up project: Final Report* (No. DOT-HS-806 274). Springfield, VA: National Highway Traffic Safety Administration.
- Mann, R. E., Leigh, G., Vingilis, E. R., & de Genova, K. (1983). A critical review on the effectiveness of drinking-driving rehabilitation programmes. *Accident Analysis & Prevention, 15*(6), 441-461.
- Miller, W. R., & Hester, R. K. (1986). The effectiveness of alcoholism treatment methods: What research reveals. In W. R. Miller & N. Heather (Eds.), *Treating Addictive Behaviors: Processes of Change* (pp. 121-174). New York: Plenum Press.
- Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing People For Change* (2nd ed.). New York: The Guilford Press.
- Miller, W. R., Tonigan, J. S., & Longabaugh, R. (1995). *The Drinker Inventory of Consequences (DrInC): An instrument for assessing adverse consequences of alcohol abuse* (Vol. 4). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (Eds.). (1994). *Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Drug Dependence*. Rockville, Maryland: National Institute on Alcohol Abuse and Alcoholism.
- Mortimer, R. G., Filkins, L. D., & Lower, J. S. (1971). *Development of court procedures for identifying problem drinkers: Final report. DOT-HS-800 631*. Ann Arbor: University of Michigan, Highway Safety Research Institute.
- Mortimer, R. G., Filkins, L. D., Lower, J. S., Kerlan, M. W., Post, D. V., Mudge, B., et al. (1971). *Court procedures for identifying problem drinkers: Phase I, Interim report, DOT Publication No. HS-800-630*. Washington: National Highway Traffic Safety Administration.

- National Institute on Alcohol Abuse and Alcoholism. (2008). Professional education materials (manuals, monographs, reports). Retrieved July 17, 2008, from <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/default.htm>
- Nochajski, T. H., & Wiczorek, W. F. (1998). Identifying Potential Drinking -Driving Recidivists: Do Non-Obvious Indicators Help? *Journal of Prevention & Intervention in the Community*, 17(1), 69-83.
- Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal Of Health Promotion: AJHP*, 12(1), 38-48.
- Snow, R. W. (1996a). *Characteristics of convicted drinking drivers who attended the Mississippi Alcohol Safety Education Program, 1992-1994: A statistical summary* (No. 96-3). Mississippi State: MS: Mississippi State University, Social Science Research Center
- Snow, R. W. (1996b). *Recidivism among Convicted Drinking Drivers: An Analysis of DUI Offenders Referred to the Mississippi Alcohol Safety Education Program in 1992*. Starkville, MS Mississippi State University.
- Snow, R. W. (2002). *Improving the Effectiveness of Screening Procedures Used to Identify High Risk DUI Offenders in Mississippi: Final Report*. Mississippi State, MS: Mississippi State University. Social Science Research Center. Mississippi Alcohol Safety Education Program.
- Snow, R. W., Landrum, J. W., Davis, J. T., Parks, C., Martin, R. P., Cosby, P. J., et al. (2000). *The MASEP Group Intervention Approach: Education, Assessment, and Referral*. Starkville, MS: Mississippi State University.
- Wells-Parker, E., & Bangert-Drowns, R. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction*, 90(7), 907-926.