A European Model of Assessment and Rehabilitation of Driver Aptitude

Psychological and medical assistance for safe and sustainable mobility

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Current status

• Road crashes cause immense suffering for victims and their families – and high losses in terms of economic and individual resources.
• Utilising the accomplishments and potentials of traffic psychology more intensively than in the past will yield substantial reduction of harm.
• Causes of fatal and non-fatal crashes are to be found primarily in the behavior and subjective experience of road users.
• Behavioral problems (e.g. mental, physical, age related) are assessable and can be treated to effectively improve road users’ competence in coping with the challenges of traffic participation.

Is there a systematic solution of the problem?

The answer could be yes: PASS

- PASS is a *European* paradigm
- Using new terminology „*mobility competence*“: Not a legal but a psychological terminology!
- The goal: Improve road safety and facilitate free movement of citizens (*cf: the European Driving Licences Directive*)
Prerequisites

1.1 „Mobility Competence“ = Psychological competence
Mobility competence is the sum of mental, physical, attitudinal and behavioral factors for safe, fair and cooperative motoring.

The objective is: Strengthen driver´s responsibility for his own and others safety by the development of individual resources.

1.2 Interdisciplinary approach
PASS combines traffic psychology and traffic medicine in an interdisciplinary approach.
Prerequisites

1.3 Goals

Improve traffic safety in Europe. Grant justice and legal certainty for the individual. Support self-determined mobility

1.4 Concept

PASS considers the knowledge accumulated in member states. It provides an interdisciplinary framework to integrate this knowledge. PASS is highly flexible.

1.5 Frame

PASS incorporates advances in engineering, law and driver education.
Levels of improving and securing mobility competence

**Primary level**
Road users, who comply with traffic laws and restrictions without essential deviations

**Secondary level**
Physical disabilities or manifest deficits in driving behavior

**Tertiary level**
Suspension of driving privileges

- Well developed in Germany and Austria…
Contributions of traffic psychologists and traffic physicians (examples)

**Primary level of prevention**
- Traffic education programs
- Interventions to prevent drug and alcohol use in conjunction with traffic participation

**Secondary level of prevention**
- Demerit point systems
- Psychological and medical services (e.g. rehabilitation)

**Tertiary level of prevention**
- Medical or psychol. assessment & therapy of mobility competence
Because people matter

Principle of individual justice

Warning, protecting, helping

Realize the problem

Solve the problem

Demerit Point System

Assessment

Rehabilitation

Safe and sustainable individual mobility:
Mobility Competence

Source: Nickel, 2009