



Interpreting the DriveABLE Reports

The DriveABLE Cognitive Assessment Tool for Driving (DCAT)

The cognitive assessment for driving consists of six computer presented and scored tasks. Computer experience is not relevant. A trained professional assists the driver throughout the assessment. The assessment is presented on a computer monitor equipped with a touch sensitive screen. The client only touches the screen or presses a button to respond. The test battery has been validated through research to be highly predictive of driving performance.

Two types of scores are provided in the report:

1. **The individual test scores** are presented as a table of z-scores showing the client's abilities relative to others of the same age on each of the six tasks. The scores are the number of standard deviations above or below the normative mean for the client's age group. These scores can provide useful information for clinical or rehabilitation treatment goals.
2. **The DCAT combined score is the most important score for evaluating cognitive fitness to drive. This is the score used to make a decision about driving.** The combined score is derived from a weighted combination of measures from each task. The DCAT combined score has been validated through research to be highly predictive of actual on-road performance on the DriveABLE science-based road test.

DCAT Overall Performance Outcome:

- **“No driving” recommendation:** Cognitive abilities necessary for safe driving are significantly compromised and outside the range of normal, healthy drivers. There is a very high probability the driver would fail the science-based road test and make driving errors that would place the driver and other road users at risk. If cognition improves with treatment or medications change, the client should be reassessed for possible changes in cognitive abilities for driving.
- **Indeterminant:** Cognitive abilities for driving may be reduced, but the DCAT combined score is neither sufficiently high nor low to make a recommendation based solely on the DCAT results. Nevertheless, higher combined scores indicate greater probability of driving being impaired and unsafe. Clinical judgment, additional information, or an on-road test may be necessary to resolve cognitive fitness to drive.
- **Cognitive abilities for driving within normal range:** The overall performance indicates cognitive abilities for driving are within the range of normal, healthy drivers. Any declines in physical and/or sensory abilities should be evaluated before a driving decision is made. If the medical condition is progressive and cognitive abilities are expected to change, the client should be monitored for cognitive decline and reassessed in 6 months to a year, or sooner if warranted.

In discussing the report with clients, patients, or families, it is important to keep in mind the strong possibility that the driver's insight may be compromised. It is not unusual for cognitively impaired drivers to fail to recognize even very severe driving errors at the time they are committed. Note also that, while the change in mobility is important for drivers who must stop driving, research has shown that the loss of self-esteem and declining competence may be the most salient issues for the driver.