

## The Rhode Island Family Court Alcohol Calendar



Chief Judge Jeremiah S. Jeremiah, Jr.

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### Beginnings

- Formation of the RI Alcohol Calendar began in 2007.
- Several high profile cases involving underage drinking.
- Although RI has a unified court system, there was a lack of uniformity throughout cities and towns in handling underage drinking. Additionally, reporting interventions and outcomes was insufficient.
- Increasing awareness that family involvement is a necessary requirement for effective intervention.

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### The Relationship between the Alcohol Calendar and Problem Solving Courts

- **Complimentary**
- **Similar:** voluntary, employ a range of incentives and sanctions; petitions will be dismissed if successful; focus on treatment; incorporates a team approach.
- **Different:** The Alcohol Calendar is more diversionary in nature; shorter in duration (approximately 3 months); employs greater use of random breathalyzers/alcohol screens; less dependent on funding issues.
- For juveniles on the Alcohol Calendar that demonstrate the need for more individualized interventions, cases can be referred to the Juvenile Drug Court for longer supervision and additional mental health services.

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### Alcohol Use and HIV Among Juvenile Drug Court Offenders (Tolou-Shams, Conrad, Houck, & Brown)

- Many juvenile offenders actively enrolled in a drug court program report continued heavy alcohol use.
- Juvenile "drinkers" engage in more HIV/STI risk behaviors, such as unprotected sexual activity and using substances during sex.
- Higher rates of sensation seeking among juvenile "drinkers" may also increase risk for other drug use (including cocaine), alcohol and marijuana relapse and recidivism.
- Juvenile Drug Court programs may benefit from greater emphasis on specific alcohol-related interventions as well as integrated treatments that include content related to sexual and other co-occurring risk behaviors.

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### Necessary Components

- Judicial commitment
- Cooperation from local towns and law enforcement. It was necessary in RI for the court to centralize interventions and supports.
- Judicial staff: Judge, Courtroom support, and a case manager. Some technical support may be necessary for data entry.
- Community service providers. RI placed a heavy focus on academic institutions and hospitals due to their capacity to provide a service, collect data, and produce measurable outcomes. All services are free to the families, and in some cases, incentives are available.

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### Referral Process

- Police departments make the commitment to file with the court system and participate with the program when appropriate.
- Cases are screened through the RI Family Court Intake Department. alcohol charges or alcohol related incidents are referred to the Alcohol Calendar for an initial hearing. The Family Court issues summons/notices.
- Exclusions: Because RI statutes are very specific for DWI charges these cases are referred to the traditional juvenile calendar of the drug court. Juveniles with an extensive Family Court record are excluded for the Alcohol Calendar.
- At the initial hearing, a Family Court case worker meets with families (and attorneys) to provide a a description of the program and its objectives.
- For families that opt out of the program, an arraignment and formal proceeding will follow. For families that enter the program conditions are set and referrals for services begin.

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## Conditions/Agreement

- Youth must refrain from using alcohol and drugs
- Youth must be available day or night for random breathalyzers (administered by local police or court staff). Drug screens may also be employed.
- Youth must abide by court curfew
- Youth must attend school regularly, be on time and maintain an appropriate grade point average.
- Youth must follow the lawful commands of his/her parents
- Extra curricular activities may be revoked at the discretion of the court (and school officials). It is vital to ensure the court, school and parents are coordinating efforts at this level.

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## Brief but Targeted Interventions

- Reducing Youthful Dangerous Driving (RYDD) – Rhode Island Hospital
  - Targets high risk behaviors
- Teen Alcohol Prevention Program (TAP2)-Brown University’s Center for Alcohol and Addictions Studies (Anthony Spirito, PhD)
  - Targets family intervention

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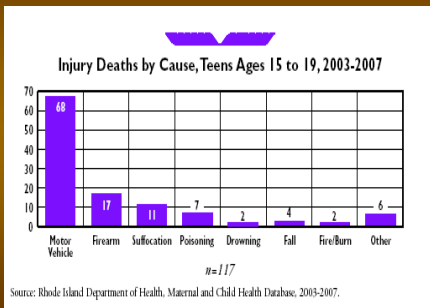
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## RI Kids Count




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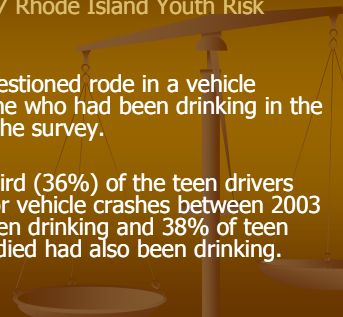
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### RI Statistics

- According to 2007 Rhode Island Youth Risk Survey:
- 28% of youth questioned rode in a vehicle driven by someone who had been drinking in the 30 days prior to the survey.
- More than one third (36%) of the teen drivers who died in motor vehicle crashes between 2003 and 2007 had been drinking and 38% of teen passengers who died had also been drinking.



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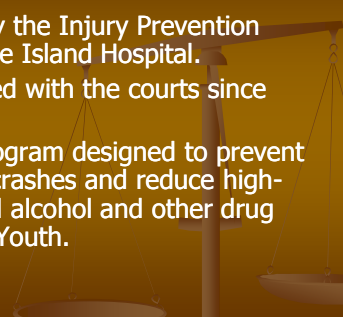
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### Reducing Youthful Dangerous Driving (RYDD)

- Program run by the Injury Prevention Center at Rhode Island Hospital.
- Has collaborated with the courts since 2001.
- Educational Program designed to prevent motor vehicle crashes and reduce high-risk driving and alcohol and other drug use among RI Youth.
- Ages: 16-20



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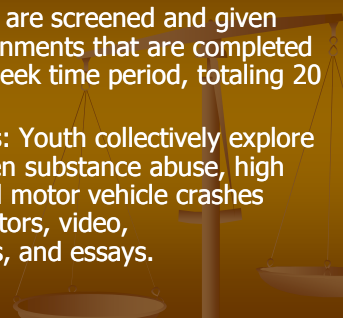
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### RYDD (cont.)

- Referred youth are screened and given volunteer assignments that are completed within a four-week time period, totaling 20 hours.
- Group Sessions: Youth collectively explore the link between substance abuse, high risk driving and motor vehicle crashes through facilitators, video, demonstrations, and essays.



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### RYDD (cont.)

- Volunteering in the Rhode Island Hospital Trauma Center.
- Youth are assigned two weekend shifts.
- Supervised by RYDD program staff.
- Experience high intensity environment of emergencies often caused by vehicular accidents and/or substance related injuries.

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### Brown University's Center for Alcohol and Addiction Studies

#### Brief Family Counseling

- Adolescents seen in the Family Court are also referred to Brown University's Center for Alcohol and Addiction Studies (CAAS) where they receive a brief family counseling session (the Family Check-Up) as part of a research study.

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### Family Check-Up

(Dishion & Kavanagh, 2003)

- Based on Motivational Interviewing principles
- GOAL: Enhance parent recognition of child risk factors
- Motivate parents to take action – especially with regard to monitoring, limit-setting, and communication

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## Two Sessions

- The Family Check-Up is separated into two sessions:
  - 1<sup>st</sup> session- data is collected from self-report questionnaires and observational videotaped family interaction tasks
  - 2<sup>nd</sup> session- parent returns to receive feedback based on the data collected at the initial visit

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## Parent Feedback Session

- Review Family Assessment Data
- Set goals – where would you like to improve?
- Explore commitment to change
- Explore barriers to change (Pros & Cons)
- Support self-efficacy

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## Family Check-up Study

- A recently completed study of alcohol-positive adolescents seen in the Emergency Room at Rhode Island Hospital demonstrated that the Family Check-Up resulted in lower alcohol and marijuana use over a 12 month period compared to an individual motivational interview.

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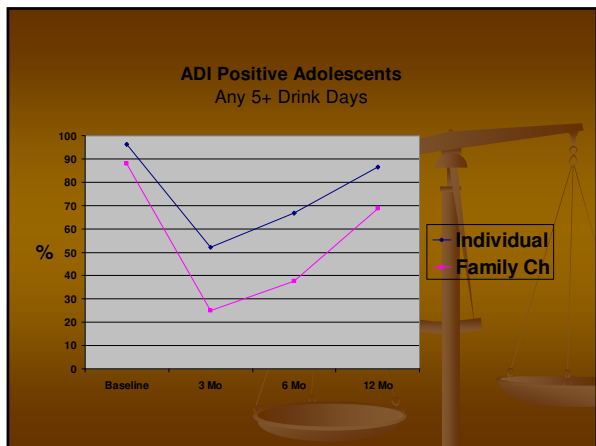
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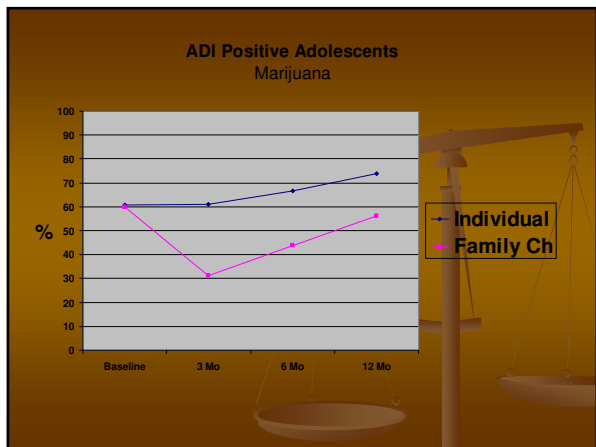
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### New Family Check-up Study

- A new grant to which families are currently being referred is testing whether meeting with the teenager with the alcohol- related event and a teenage sibling will result in better long term outcomes for both teens. Families may choose to take part in the research or simply receive brief family or individual counseling as a service.

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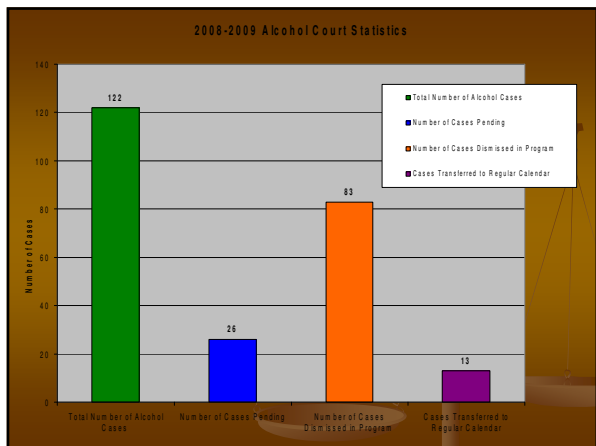
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### Recidivism (2007 – Present)

- More longitudinal data is needed
- N=85 (graduates)
- Total number recidivist: 6
- Number of juveniles with a subsequent alcohol charge: 0
- Number of juveniles with a subsequent drug related charge: 1 (possession of marijuana)
- Number of juveniles with a subsequent non-alcohol/drug charge: 5

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