UNDERAGE DRINKING

Intervention Principles and Practice Guidelines for Community Corrections

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Intervention Principles and Practice Guidelines for Community Correction

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2011

The research for this document was supported under cooperative agreement award 2007-AH-FX-K003 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice awarded to the Pacific Institute for Research and Evaluation. This document was prepared by The Council of State Governments/ American Probation and Parole Association. The points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or other funding agencies.

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INTRODUCTION

For more than two decades, the people of the United States have benefited from a uniform minimum legal drinking age (MLDA) of 21. This has been one of the most successful public health regulations ever implemented (Voas, 2006). Many thousands of lives have been saved and tragedies averted. According to the National Highway Traffic Safety Administration, the MLDA law has saved almost 24,000 lives in traffic crashes alone since 1975, when states began raising the drinking age. This figure does not include the many thousands of other types of injury and death that can result from alcohol use and that have been prevented since the law was changed (Jones, Pieper, & Robertson, 1992). These laws are highly effective, but they do require continued commitment and effort for enforcement.

Underage drinking is both a public safety and a public health challenge in the United States. More notably, however, as is brought forth in the *Surgeon General's Call to Action To Prevent and Reduce Underage Drinking* (U.S. Department of Health and Human Services, 2007), underage drinking is an issue that our society continues to grapple with and work to overcome for the betterment of our nation's youth. Many of the strategies to reduce underage drinking have focused on decreasing the availability of alcohol to underage drinkers, reducing opportunities and occasions for underage drinking, and diminishing the demand for alcohol among youth. These strategies have proved to be successful, but young people do continue to engage in illegal alcohol consumption and to be exposed to the many risks it entails. A thoughtful and comprehensive approach to dealing with underage drinkers is clearly needed.

Only in recent years has our society begun to truly grapple with this issue, particularly at the federal level. One of the most prominent agencies within the federal government that has taken action to address underage drinking is the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Since its inception in 1974, OJJDP has supported local and state efforts to prevent delinquency and improve the juvenile justice system. In 1998, Congress gave OJJDP the authority to administer the Enforcement of Underage Drinking Laws (EUDL) program. The EUDL program supports and enhances efforts by states and local jurisdictions to reduce the availability of alcohol to minors and to prevent underage drinking by minors. Close partnerships between law enforcement agencies and community-based groups involved in preventing and intervening in underage drinking are strongly encouraged by the program. As the only federal program devoted exclusively to preventing alcohol consumption by minors, OJJDP offers states and local jurisdictions funding, comprehensive training, and technical assistance to guide them in their efforts (see OJJDP, 2009).

The community corrections field, specifically probation and diversion, performs an important role in the EUDL program in both prevention and intervention when dealing with underage drinking offenders.[1] Community corrections professionals can work closely with judges, attorneys, and other justice professionals to handle each underage drinking case in the most effective and appropriate fashion. Community corrections professionals can also work with community-based groups in efforts to prevent underage drinking through community-wide initiatives that reach both parents and youth. Appendix A provides some examples of local and state EUDL coalitions in which community corrections agencies have partnered.

With funding and support from OJJDP, the American Probation and Parole Association (APPA) has partnered with the Pacific Institute for Research and Evaluation (PIRE) to develop a set of guiding principles, developed from evidence-based practices, to assist community corrections in responding more effectively to underage drinking offenders. It is imperative for community corrections workers to remain fully informed of the actions they can take to address this issue. To assist community corrections professionals in defining and refining their role in addressing underage-drinking offenders more effectively, this document is divided into five sections:

SECTION 1
SETTING THE STAGE: THE PROBLEM OF UNDERAGE DRINKING

This section provides an overview of the effects and consequences of underage drinking on individuals and communities.

[1] The term "offenders" refers to those individuals who have been charged with alcohol-related offenses and whose cases were processed in either the juvenile or criminal justice system. We realize that not all youth who are charged with alcohol-related offenses are adjudicated and found guilty in the judicial system. In such cases, we have differentiated between "offenders" and "youth" in the appropriate contexts throughout this report.

SECTION II
LEGAL ISSUES RELATED TO UNDERAGE DRINKING

This section examines some of the legal issues related to supervising underage drinking offenders. The legal issues surrounding underage drinking are delicate, and states should be cognizant of them. This is particularly true for juveniles who are charged with underage drinking, since the act is typically regarded as a status offense (i.e., an offense that would not be deemed criminal if committed by an adult). In such cases, states must adhere to federal guidelines of the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP Act; 42 USC 5633 § 223), which prohibit states from confining juvenile offenders charged with status offenses with criminal juvenile or adult offenders in secure detention facilities and institutions (see Schwartz, 1989).

SECTION III
ASSUMPTIONS AND PRINCIPLES FOR COMMUNITY SUPERVISION OF UNDERAGE DRINKING OFFENDERS

This section provides an overview of some of the key assumptions that propel the need to examine, develop or refine policies, procedures, and practices for addressing underage drinking more effectively. It concludes by outlining the overarching principles for the community supervision of underage drinking offenders to provide a foundation for the practice guidelines presented in Section V.

SECTION IV
CONTEXT FOR RESPONDING TO UNDERAGE DRINKING

This section provides a broader conceptual framework for how communities should address underage drinking. It also gives a high level overview of the evidence-based practices literature related to community corrections that was used as the basis for the practice guidelines.

SECTION V
PRACTICE GUIDELINES FOR RESPONDING TO UNDERAGE DRINKING OFFENDERS

The practice guidelines outlined in this section adhere to evidence-based practices in community supervision research and are applied within an underage drinking context. As the name suggests, these guidelines are meant to help direct the practices of community supervision professionals—whether these professionals work in diversion, probation, or some other aspect of community corrections with underage drinking offenders. Individuals who work directly with or supervise minors charged with underage drinking are the targeted primary audience of this section. A case study woven into this

section illustrates ways these principles can be applied. Differences across systems and agencies that may influence the decision-making are discussed.

It is beyond the scope of this document to address all of the systemic challenges and barriers related to how decisions are made. Rather, it is hoped that readers of this document will consider the principles and practice guidelines within the context of their individual system and agency. They can then determine ways they can advocate for and facilitate necessary policy and practice changes, as well as any necessary systemic change, to enhance their capacity to implement the ideas presented.

Great progress has been made in reducing underage drinking and its many serious and sometimes tragic consequences. Community supervision professionals can play an important role in maintaining and advancing this progress.

SECTION I

SETTING THE STAGE: THE PROBLEM OF UNDERAGE DRINKING

EFFECTS OF UNDERAGE DRINKING

Youth and young adults under age 21 often drink alcoholic beverages. According to the National Institute on Drug Abuse (2007), by the time teenagers reached the 12th grade, almost three-fourths of them (72.2%) had used alcohol at least once in their lives, and nearly half (44.4%) had drunk alcohol during the past month. In fact, alcohol is the drug most commonly used by youth—more than tobacco and more than marijuana or any other illicit drug (Johnston, O'Malley, Bachman, & Schulenberg, 2006).

When a behavior is as pervasive as alcohol use among those under age 21, we may be tempted to question the emphasis being placed on it. After all, alcohol use is often considered within popular culture as a rite of passage and is often abetted by adults who furnish alcohol to minors. So, what's the big deal? A few facts can help make the case:

- Motor vehicle crashes, homicides, suicides, and other unintentional injuries are the four leading causes of death of 15- to 20-year-olds, and alcohol is a factor in many of these deaths (Institute of Medicine, 2004).
- Underage use of alcohol can have immediate and potentially tragic consequences as well as long-range harmful consequences, such as increased risk for chronic alcohol addiction (Hingson et al., 2006; Masten et al., 2009).

- Research shows that the use of alcohol during adolescence may have a long-term detrimental effect on the developing human brain (Brown et al., 2000).
- Drinking contributes to problems in key behavioral domains of children and adolescents, such as peer relationships and school performance. For example, underage drinking can interfere with school attendance, disrupt concentration, damage relationships, and potentially alter aspects of development, which have consequences for future success in such areas as work, adult relationships, health, and well-being (Masten et al. 2005).[1]

Health and Safety Consequences of Underage Drinking

Alcohol is the mood-altering substance most frequently used by young people in the United States. The immediate results of alcohol consumption often include impaired decision-making, engaging in risky behavior, and poor coordination. Sustained use can damage the brain and other organs and body systems.

Driving While Impaired

Adolescents and young adults are usually the least experienced drivers on our roads. Consumption of alcohol, which impairs their judgment and coordination and makes them more likely to take risks, creates conditions under which tragedies can occur. In 2005, according to the National Highway Traffic Safety Administration (n.d.), 7,460 people between ages 15 and 20 were killed in motor vehicle crashes—the number one cause of death in this age group—and 28% of those killed (2,089 individuals) had been drinking. Many more youth experience injuries, including those resulting in lifetime disabilities. Young drivers are also less likely to use seat belts when they have been drinking. Of those killed in motor vehicle crashes that had been drinking, 74% were not wearing seat belts. Young people are likely to exercise poor judgment by riding in vehicles driven by peers who have been drinking, thus increasing their risk of injury or death. In 2001, 80% of frequent heavy drinkers reported they had ridden with a driver who had been drinking (Youth Risk Behavior Survey, 2001). Dramatic progress has been made in reducing the numbers of youth-involved, alcohol-related motor vehicle crashes and fatalities. Injuries and loss of lives, however, are still unacceptably high.

Other Accidental Injuries and Deaths

While accidental injuries and deaths resulting from underage drinking involving motor vehicles are often the most highlighted, alcohol-related injuries and deaths of youth and young adults from other types of accidents are also all too common. In 2000, 6,936 people under age 21 died from alcohol-related accidents, including drowning, burns, and falls. This represented 44% of all unintentional injury deaths linked to alcohol among those under age 21 (see Hingson & Kenkel, 2004).

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[1] More detailed information about the physical and mental development of adolescents and the potential consequences of underage drinking on development can be found in Appendix B.

Homicides, Suicides, and Other Violence

About 1,500 (36%) homicides committed in 2000 involved alcohol consumption by someone under age 21. In fact, homicide is the second leading cause of death for those ages 15-24 (Bonnie & O'Connell, 2004), and half of violent crimes reported in the United States involve alcohol (Harwood, Fountain, & Livermore, 1998). On college campuses, 95% of violent crimes and 90% of rapes involved the use of alcohol by the assailant, victim, or both (National Center on Addiction and Substance Abuse, 1994).

The Youth Risk Behavior Survey reported in 2001 that, of youth who drank five or more drinks on an occasion during the past 30 days, 44% carried a weapon and 22% carried a gun, as compared to 10% and 3% respectively who never drank. Frequent heavy drinkers were also much more likely to be in fights in general and to be in fights at school than were nondrinkers (Hingson & Kenkel, 2004). Frequent heavy alcohol use also is linked to feelings of depression, hopelessness, suicidal thoughts, and suicide attempts (Dahl & Hariri, 2004).

Dating violence also occurred much more frequently among underage drinkers than among those who did not drink. Those who drank heavily and frequently were much more likely to have been hit or slapped by a boyfriend or girlfriend and to have been forced to have sex (Hingson & Kenkel, 2004). More than 70,000 students ages 18-24 are victims of alcohol-related sexual assault (National Institute on Alcohol Abuse and Alcoholism, 2007). Alcohol is often a factor for both assailants and victims in these assaults. Because many sexual assaults are never reported, it is likely that the actual rates of alcohol-related attacks are much higher (Bonnie & O'Connell, 2004).

Risky Sexual Behavior

Alcohol is a complicating factor in the sexual behavior of adolescents and young adults. The ramifications of the intersection of underage drinking and risky sexual behavior are immense, including being more likely to engage in sexual intercourse when drinking, having sexual experiences at an earlier age, having sex with multiple partners, engaging in unprotected or unplanned sex, experiencing unexpected/unplanned pregnancies, delivering babies with Fetal Alcohol Syndrome, and contracting various sexually transmitted diseases, including HIV/AIDS.

Many who engage in sexual activity while drinking report having unprotected sex, and some admit to choosing to drink even though they know they may make decisions to have sex when they are under the influence that they would not make when sober (Bonnie & O'Connell, 2004). Some research has found that 31% of youth who engage in frequent heavy drinking report having at least six different partners, compared to only 4% of youth who do not drink (Hingson & Kenkel, 2004).

Other Health Problems

Alcohol poisoning is a severe effect of drinking large amounts of alcohol in a short period of time. About 50,000 people annually suffer from alcohol poisoning, some of whom die as a result of their illness (Alcoholism Information Web site, n.d.). The most common cause of alcohol poisoning is binge drinking, which involves imbibing at least five or more drinks in rapid succession. Teens and college students, most of whom are first-time or inexperienced drinkers, are most likely to binge drink.

Immediate health problems, as well as early and continued alcohol consumption, can lead to a variety of other health problems including pancreatitis, hepatitis, liver cirrhosis, high blood pressure, anemia, oral cancers, and strokes (Bonnie & O'Connell, 2004).

The Effects of Alcohol on Adolescent Brain Development

During the period of adolescent brain development, which stretches into the mid-20s, many people begin to use alcohol and other chemical substances. Psychoactive substances produce pleasurable feelings or diminish stress and emotional pain. These chemicals can inappropriately turn on the brain's reward system, making people want to continually use substances to obtain the same feelings. Eventually, however, substance use can alter the structure and chemical makeup of the brain, leading to brain disorders (Society for Neuroscience, 2008).

With increased knowledge of developing brain structure and chemistry, we know more than ever before about the potential harm these substances can cause. These are some of the findings:

- Adolescents have a diminished sensitivity to intoxication, making it possible for them to consume larger amounts of alcohol without feeling very intoxicated. This may be because they have higher metabolic rates (Winters, 2009).
- In a study comparing the brains of youth ages 14 to 21 who did and did not abuse alcohol, researchers found that the hippocampi of drinkers were about 10% smaller than in those who did not drink. Not only is this finding significant, since this area of the brain handles memory and learning, but such effects may be irreversible (American Medical Association, 2010). Alcohol can interfere with the ability to form new, lasting, and explicit memories of facts and events (National Institutes of Health, n.d.). This has obvious implications for learning and academic performance.

More detailed information on Alcohol and Adolescent Development and Adolescent Brain Development can be found in Appendix B.

- Alcohol has toxic effects on the myelination process in adolescents (Medical News Today, 2005). Myelination helps to stabilize and speed brain processes. Disruption of the myelination process can lead to cognitive deficiencies (Lewohl, Wang, Miles, Zhang, Dodd, & Harris, 2000).
- Alcohol use by adolescents is associated with prefrontal volume abnormalities that studies have shown to be gender-specific (Medina et al., 2008).
- Ethanol, the active ingredient in alcoholic beverages, affects several neurotransmitter systems. When it interacts with gamma-aminobutyric acid (GABA) receptors, the chief neurotransmitter in the vertebrate central nervous system, it can calm anxiety, impair muscle control, and delay reaction time. It also may decrease the transmission of glutamate, which can cloud thinking and eventually lead to a coma (Society for Neuroscience, 2008).
- Dopamine is released in the brain when an action satisfies a basic need or desire. Chemical substances provide a shortcut to achieve such rewards. Alcohol can activate the pleasure-producing chemistry of the brain. With repeated use, however, the brain's natural capacity to produce dopamine is reduced. This, in turn, leads to feelings of depression, anger, boredom, anxiety, and frustration (O'Connell, 2009).
- The pharmacological effects of alcohol and other chemical substances most immediately interfere with optimal brain functioning. The continued use of alcohol and other drugs over time may keep youths from advancing to more complex stages of thinking and social interaction. Youth with alcohol use disorders often perform worse on memory tests and have diminished abilities to plan (Bonnie & O'Connell, 2004). Effects of psychoactive substances on the brain also may include hallucinations, psychotic episodes, changes in sleep patterns, and changes in concentration abilities. In addition, many youth who make the pursuit of alcohol or other drugs the focal point of their lives may experience malnutrition because of appetite changes or their inability to afford nourishing food due to the expense of their substance abuse habit. Youths may also experience damage to their cardiovascular, respiratory, endocrine, and reproductive systems, and organs, including the liver and kidneys (Macdonald, 1989; Schonberg & Schnoll, 1986).

Alcohol and Other Drugs of Abuse

Alcohol is often the first psychoactive substance that adolescents or young adults use. Many, however, will eventually begin to use other substances. In fact, the younger a person begins using alcohol, the more likely he or she is to use other drugs (Hingson, Heeren, & Edwards, 2008). Although many factors can affect whether youth progress to other drugs and which ones they choose, a frequently seen sequence involves alcohol, followed by tobacco, marijuana, and then other illicit hard drugs (Degenhardt et al., 2009; Gfroerer, Wu, & Penne, 2002; Welte & Barnes, 1985). This progression is yet another reason to be concerned about underage drinking.

Social and Emotional Consequences of Underage Drinking

Underage drinking has serious social consequences for youth and young adults, not only in the present, but also well into the future. Heavy and frequent alcohol use may interfere with a young person's capacity to make prosocial choices. Frequent heavy use of alcohol among adolescents has been associated with low self-esteem, depression, conduct disorders, antisocial behavior, and anxiety (Brown & Tapert, 2004). Developing self-control during adolescence is a major task, but alcohol use may create a dependency that defeats attempts at self-control. Further, alcohol use may affect social interactions resulting in alienation of underage drinkers from the mainstream of adolescents and/or lead to stigmatization by peers (Crowe & Schaefer, 1992).

Academic Consequences of Underage Drinking

Alcohol can have a profound impact on the academic performance of youth and young adults. Underage drinkers are more likely to miss classes, fall behind in their schoolwork, earn lower grades, and perform poorly on examinations and assignments (Engs et al., 1996; Presley, Meilman, & Cashin, 1996; Presley, Meilman, Cashin, & Lyerla, 1996; Wechsler et al., 2002; Johnson, 2004). They are also at risk for dropping out, failing, or being expelled from school. Effects of alcohol use by young people are not limited to those engaged in drinking. Nondrinking youth also can experience negative consequences based on other young people's use of alcohol including such things as sleep or study time disruptions, unwanted sexual advances, and time spent taking care of an intoxicated friend (Johnson, 2004).

Family Consequences of Underage Drinking

Families can be a contributing factor to underage drinking, and they also can experience negative consequences of the youth's or young adult's drinking behavior. Underage drinking and its related consequences (such as school, legal, health, and social problems) often precipitate a family crisis. (Crowe & Schaefer, 1992).

Economic Consequences of Underage Drinking

Underage drinking has both immediate and long-term economic consequences. Recent estimates of costs calculated by the Pacific Institute for Research and Evaluation (PIRE) (n.d.) put the total impact of underage drinking at $68 billion in 2007. According to this analysis, underage drinking costs $1 in societal harm (e.g., traffic crashes, violence) for every drink consumed by an underage drinker. More information on the costs associated with underage drinking may be found at http://www.udetc.org/UnderageDrinkingCosts.asp.

FACTORS CONTRIBUTING TO UNDERAGE DRINKING

The reasons youth and young adults begin to drink alcohol are varied and often complex. They include the physical and emotional feelings that can come from drinking as well as social influences and the easy availability of alcohol. Understanding how and why underage drinking takes place can be important when working with underage drinking offenders and in prioritizing interventions to reduce underage drinking.

Some factors are based on individual characteristics and experiences, including:

- Drinking for the reductions in stress and tension or increases in feelings of confidence and power that young people expect to have when drinking.
- Personal characteristics such as impulsivity or rebelliousness.
- Family influences, such as poor parenting skills or a family history of alcoholism.
- Peer and school influences, such as having groups of friends with a positive attitude towards drinking or having poor attachment to school.

Some factors are based in the wider culture or the local community. These include such things as advertising and media influence and access to alcohol. Reducing access is one of the best ways of reducing underage drinking and its consequences. While individual factors contributing to drinking are difficult or impossible to change, the community environment can be made safer through a variety of strategies. These include:

- Enforcement of laws against sale of alcohol to underage people.
- Enforcement of laws against adults providing alcohol to underage drinkers.
- Controlling the number and location of places that sell alcohol.

CONCLUSION

Much progress has been made in reducing underage drinking and related problems. Far too many young people, however, continue to drink and to suffer a range of tragic and costly consequences—both in the short term and the long term. Effective strategies to prevent underage drinking must be expanded and implemented vigorously. Justice professionals can play a key role in creating healthier communities. They can also be instrumental in intervening effectively with young people at risk.

Given the extent of alcohol use by people under age 21, those who work with youth in the juvenile justice system and young adults in the criminal justice system—either in diversion programs or supervised probation—are likely to encounter many clients who come in contact with these systems because of alcohol involvement or for whom alcohol use has contributed to their pattern of illegal behavior. Additionally, adults over age 21 may be arrested and sanctioned if they furnish alcohol to minors. It is important to understand the legal issues related to underage drinking in some detail.

SECTION II

LEGAL ISSUES RELATED TO UNDERAGE DRINKING

UNDERAGE DRINKING LAWS

State Laws

Lawmakers in all 50 states and Washington, DC have passed legislation controlling alcohol purchase, possession, and/or consumption and prohibiting misrepresentation to purchase alcohol by persons under age 21. Passage of the National Minimum Drinking Age Act of 1984 (23 USCA §158) made the receipt of federal highway funds contingent upon states adopting a minimum drinking age of 21. Thus, states that did not already have these laws in place moved to conform to this federal requirement. State laws vary considerably but include the following (Alcohol Policy Information System, n.d.):

- 46 states and D.C. bar the purchase of alcohol by individuals under age 21.
- 50 states and D.C. make the possession of alcohol by underage people illegal.
- 50 states and D.C. forbid the use of false identification to purchase alcohol.
- 32 states and D.C. prohibit youth consumption of alcohol.

These represent consistent stances by two-thirds or more of the states against alcohol purchase, possession, consumption, and misrepresentation by those under age 21. There are, however, frequent exceptions or inconsistencies among states regarding certain aspects of regulating alcohol-related activities among youth and young adults. For example:

- Some states do allow underage individuals to possess and consume alcohol on private property.
- About half of the states allow some lesser restrictions of alcohol use when parents of those under age 21 are present or give consent. [For example, some laws allow youth to enter businesses that serve alcohol when accompanied by a parent.]
- Some state laws prohibit those under age 21 from serving alcohol, while others allow it when it is a job requirement.
- Religious practices or medical purposes also may be used to exempt youth and young adults from strict adherence to the prohibitions against alcohol use (Hafemeister & Jackson, 2004).

Local Laws and Ordinances

Besides federal and state underage drinking laws, local ordinances may be enacted as well. Some local ordinances may not be specific to underage drinking, but they may restrict activities in which underage drinking is likely to occur. These include:

- Teen party ordinances.
- Public nuisance laws.
- Noisy assembly laws.
- Restriction of alcohol use in public places often frequented by youth, such as parks, beaches, and parking lots (Hafemeister & Jackson, 2004).

Possible Sanctions

Possible sanctions for noncompliance with underage drinking laws also vary by state and locality. Sanctions that are set by law may range from fines as low as $50 to incarceration, depending on the age and status of the youth. Intermediate sanctions may include a range of penalties such as community services, alcohol assessment and treatment, and driver's license suspension or revocation (Hafemeister & Jackson, 2004).

Justice system personnel are responsible for knowing the laws, exceptions to the laws, and ways the laws can be implemented in their specific jurisdictions. Detailing all possible scenarios is beyond the scope of this document, but justice system professionals should consult local counsel if they have questions about specific laws or ordinances in their jurisdictions. Similarly, if they are uncertain of appropriate responses to underage drinkers in various situations, they should consult agency policymakers and possibly legal counsel.

RIGHTS AND PRIVILEGES OF UNDERAGE DRINKERS

The rights and privileges of underage drinkers vary by age and legal status. Everyone, however, has certain constitutional rights that cannot be diminished because of age or legal status, including, among

others, the right to freedom of speech and religion, the right to due process, the right to confront and cross-examine witnesses, the right to equal protection under the law, and the right against self-incrimination (Del Carmen & Sorensen, 1988).

Therefore, it is vital that justice system personnel carefully consider their responses to underage drinking offenders to ensure that youth receive fair treatment. When constructing conditions of community supervision, professionals must ensure that they meet the following criteria (Del Carmen & Sorensen, 1988):

- Supervision conditions must be constitutional and cannot violate any of the individual's constitutional rights such as due process and equal protection.
- Conditions must be clearly stated and understandable to the youth.
- Conditions must be reasonable, meaning that they are fair and achievable by the youth.
- Conditions must be reasonably related to the protection of society and/or the rehabilitation of the individual.
- Legal counsel should scrutinize policies and procedures developed for the community supervision of underage drinking offenders before they are implemented to avoid the risk of later challenges based on violations of rights of youth.

OTHER LEGAL ISSUES TO CONSIDER

The following are among the legal issues and concerns that should be researched carefully during the policy development process. Legal challenges still may occur, but if these issues have been reviewed and decisions have been based on the best legal advice available, the agency and staff can proceed with greater confidence.

Confidentiality

Two sets of federal confidentiality laws and regulations are applicable to individuals who experience addiction or other results of alcohol use: the Public Health Service Act of 1944 (PHSA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). States also may have specific confidentiality policies regarding addiction, alcohol treatment, or justice system involvement. Justice system professionals must be knowledgeable about these confidentiality requirements both to safeguard their own practices and to be cognizant of the requirements for treatment programs and other services that may share responsibility for working with the same youth and young adults outside the boundaries of the justice system. In this section, the federal confidentiality requirements will be discussed briefly. Justice system personnel should also research confidentiality statutes or policies that may exist within their own jurisdictions.

The privacy of individuals receiving alcohol-related services is protected under PHSA. The confidentiality of patient records is protected under this law, and it applies to all programs receiving federal assistance that provide diagnosis, prognosis, or treatment of any patient in relation to alcoholism or alcohol abuse. This law prevents disclosure of information that would identify a person who is receiving alcohol treatment. Programs must protect patient records in a secure room, locked file cabinet or similar place; and written procedures regarding who has access to those records should be in place. Likewise, programs need to protect electronic information maintained on clients by establishing appropriate privacy and security policies and procedures. Programs also are required to provide to clients a written summary of confidentiality requirements, including circumstances in which disclosure can be made, information about violations of confidentiality being a criminal infringement, a warning that committing or threatening to commit a crime on the program's premises or against program staff can result in release of information, and notification that the program must report suspected child abuse or neglect (Crowe & Reeves, 1994).

Programs may release information about individuals receiving alcohol services if the individual (and his or her legal guardian if the individual is a minor) signs a consent form allowing for the disclosure of specific information for a particular purpose. Programs that do release information with the consent of an individual must also provide written notice that federal law protects the information, and the recipient cannot make further disclosure of the material. In some cases, a parent or guardian may sign a consent form to release information for a minor. Individuals may revoke their consent after signing such a release form if they wish. For individuals involved in the justice system, however, consent forms cannot be revoked until their legal status changes. Alcohol and drug treatment programs are allowed to advise criminal justice agencies, without obtaining an individual's consent, if the person referred for treatment by such agencies fails to apply for or receive services from the program (Crowe & Reeves, 1994). Other situations in which information may be released include such things as internal communications where there is legitimate need to know, disclosure to medical personnel in an emergency, or suspected child abuse. (Crowe & Reeves, 1994):

The federal Standards for Privacy of Individually Identifiable Health Information and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) parallel in many ways the substance abuse confidentiality rules just discussed. The full regulations can be found in 45 CFR Part 160 and 164, and they incorporate provisions that mandate the adoption of federal privacy protections for individually identifiable health information. The privacy rule establishes a foundation of federal protections for the privacy of protected health information. HIPAA regulations apply to health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically (U. S. Department of Health and Human Services, 2003).

Although justice system agencies and personnel are not classified as health or treatment providers and may not be subject to all of these confidentiality requirements, decisions must be made by each agency as to the confidentiality procedures that will be followed.

Besides the two types of federal confidentiality requirements just discussed, justice system agencies may be subject to additional state and local provisions regarding confidentiality related to the identity of youth and other information. Agencies should consider appropriate consequences if there is a breach of confidentiality requirements.

Searches

At times, it may be necessary for justice system personnel to verify the compliance of a youth with supervision conditions by conducting a search of his or her property and/or by subjecting an individual to alcohol or drug testing. For example, if a youth is prohibited from possessing alcohol, justice system professionals may need to verify his or her compliance by searching his or her residence, vehicle, and other places he or she might keep personal property. Courts have consistently upheld the practice of warrantless searches of probationers' properties. This is another legal issue that should be reviewed by local legal counsel, because state laws or local policies and procedures may contain specific provisions related to searches. Besides the legal issues surrounding where searches can be performed, who can conduct them, and under what conditions they can be carried out, there are safety issues that also must be considered. Agencies should establish appropriate officer safety policies, and personnel should abide by all safety procedures faithfully. The diversity among community supervision agencies, both juvenile and adult, however, makes this a complex issue. The actual duties and responsibilities of community corrections professionals vary markedly among the myriad jurisdictions in the United States.

- Some are peace officers; others are not.
- Some have arrest powers; others do not.
- Some carry weapons; others do not carry; and for others, firearms are optional.
- Some are authorized to serve warrants; others cannot.
- Some supervise only felony offenders; others supervise only misdemeanants; and others supervise both felony and misdemeanor offenders.
- Some conduct a substantial amount of fieldwork, including home contacts; others seldom work outside their office settings.
- Some supervise only adults or juveniles; others in smaller jurisdictions may supervise both.

Legal Liability Issues

Justice system professionals are responsible for their conduct. They are subject to the same criminal laws that affect any other citizens, and civil liabilities may result from actions (or inactions) related to their job or professional performance. Actions such as failure to act or intentional

misconduct or abuse of authority could result in legal liability, though in some cases, an official immunity or good faith defenses may be applicable (National Center for Juvenile Justice NCJJ, 2002).

CONCLUSION

Underage drinkers often become involved in the justice system. There are numerous legal issues about which community corrections professionals must be informed when supervising underage drinking offenders. As discussed, the rights and privileges of underage drinking offenders vary by age and legal status. It is important for community corrections workers, whether in the juvenile or adult justice system, to stay abreast on the legal issues so they may make informed decisions regarding the cases of such offenders.

Additionally, there are specific legal issues surrounding individuals who have addictions, including strict confidentiality requirements related to this group. Because underage drinking offenders are at high risk to pose a danger to themselves and others, supervising professionals need to be aware of legal liability issues and be proactive in addressing those issues.

SECTION III
ASSUMPTIONS AND PRINCIPLES FOR COMMUNITY SUPERVISION OF UNDERAGE DRINKING

In recent years, both adult and juvenile community corrections agencies have undertaken systematic planning approaches that implement effective interventions. Considerable research conducted during the past few decades has inspired this movement. One of the primary bodies of research is the evidence-based practice (EBP) literature, which suggests programs identify definable, measurable outcomes in accordance to practical realities (e.g., recidivism) (Crime and Justice Institute, 2004). The Crime and Justice Institute (2004) developed what it refers to as an Integrated EBP Model for Community Corrections (shown in Exhibit III-a on page 19). This model not only seeks to incorporate research-based strategies for practitioners in working with youth, but also calls for leadership to recognize the need to adjust traditional supervision practices so as to focus on programs and practices that specifically target reducing recidivism. According to the institute, this is essential for programs to be effective. The field is moving away from perpetuating existing programs and adopting new practices that better hold youth accountable and protect the community. Awareness and communication of these elements will help administrators and practitioners consider and hopefully embrace the concepts upon which the recommendations in this document are based.

ASSUMPTIONS FOR INTERVENTIONS WITH UNDERAGE DRINKING OFFENDERS

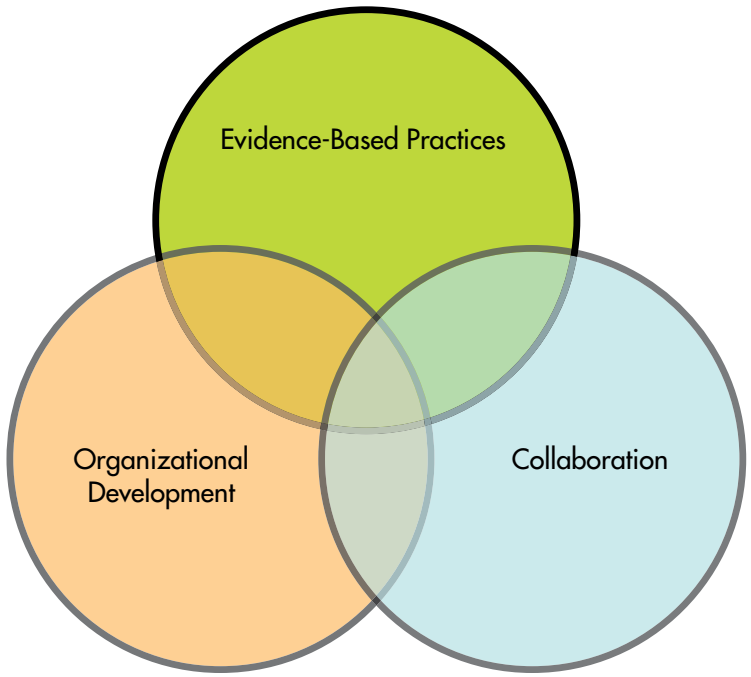
Five assumptions support the message delivered in the practice guidelines recommended later in this document. These assumptions move away from just understanding the problem of underage drinking to developing key strategies to effectively address it.

Underage drinking presents significant risks to both the participating individuals and to others in the community: As described in Section I, the consequences of underage drinking can be substantial. These consequences include accidental injuries and fatalities, homicides, suicides, assaults, risky sexual behavior, involvement in criminal behavior, academic problems, alcohol-related disorders, progression to use of other psychoactive drugs, and potential health and developmental problems. Risks to others associated with underage youth and young adults who drink may include accidental injuries and fatalities, offensive behavior by those underage drinkers, and property destruction. Society bears the burden of the high costs of underage drinking (Bonnie & O'Connell, 2004).

Young people receive significant messages and incentives that promote their use of alcohol: Many young people believe that alcohol use among their peers is widespread. Although research shows that they generally estimate peer alcohol use higher than it actually is, the perception of peer acceptance of and pressure to engage in underage drinking is a strong motivator for many youth and young adults. Youth and young adults can rather easily obtain alcohol, thus reinforcing their belief that drinking is acceptable. Media and other cultural sources bolster the message to teens and young adults that drinking is acceptable, will enhance their social status, and will make them appear more mature. The alcohol industry often underwrites promotional activities that expose youth and young adults to pervasive images of alcohol as an appealing activity (Bonnie & O'Connell, 2004).

Scientific evidence supports the benefits of current policies that prohibit drinking by individuals under age 21: Evidence indicates that the advantages of reduction of underage drinking are substantial. Studies confirm that after the minimum drinking age (21) was implemented, youth and young adults experienced fewer alcohol-related vehicle crashes and fatalities as well as lower rates of death from suicide, homicide, and other injuries. It is assumed that delaying drinking also will reduce the occurrence of other consequences of drinking such as criminal behavior, academic problems, alcohol and substance abuse disorders, and physical and cognitive developmental disorders.

Exhibit III-a
Integrated Evidence-Based Practice Model for Community Corrections



Preventing the onset of alcohol use or ending alcohol consumption by youth and young adults once it has begun protects both individuals and society from harms related to underage drinking: Data on the initiation of alcohol use show trends toward earlier onset than in the past, and there is a strong relationship between early initiation of alcohol use and ongoing detrimental consequences to both the user and others in society. Serious lifelong problems are much more likely to plague youth who begin drinking before age 15. Underage drinkers also tend to drink much more heavily than their adult counterparts. The assumption behind this document is that preventing the initiation of, or eliminating alcohol use by, youth and young adults will result in increased well-being of underage individuals and others in the society.

Prohibiting underage drinking and intervening proactively with youth and young adults who do consume alcohol shapes beliefs, attitudes, and social behavior: Endeavors to prevent or intervene in youth's participation in potentially dangerous behaviors, such as smoking, have shown promising results. For example, studies indicate that increasing the price of cigarettes, restricting smoking in public places, and stop-smoking interventions have led to reduced rates of smoking especially among adults, although results among youth are not quite as robust (Lantz, 2004). There is reason to expect that similar combinations of community-based and individually targeted approaches can have similar impact on the beliefs and behaviors of youth with respect to alcohol.

PRINCIPLES OF COMMUNITY SUPERVISION OF UNDERAGE DRINKING OFFENDERS

The following principles provide a foundation for practice in diversion and probation programs with these youth and young adults.

Principle 1:

Effectively addressing underage drinking requires a comprehensive approach. This approach should seek to diminish the supply of alcohol available to underage drinkers. At the same time, it should decrease their consumption of alcohol by controlling and changing the behaviors and attitudes of those who engage in underage drinking.

A comprehensive approach that works with both communities and individuals has the greatest likelihood of creating healthier communities and successfully intervening in the lives of young people at risk. Strategies for reducing underage drinking based in the community environment include (Bonnie & O'Connell, 2004):

- Limiting the access to alcohol for youth through increasing the minimum drinking age and strengthening prohibitions against providing alcohol to those who are underage.
- Raising taxes on alcohol products to reduce consumption by youth and young adults.
- Decreasing advertisements and media portrayals of alcohol consumption as an attractive and acceptable activity for youth and young adults.

- Developing strategic partnerships to enhance the effectiveness of prevention efforts.
- Providing to youth educational services aimed at preventing alcohol use.

Strategies can also focus on the reduction of demand for alcohol among underage drinkers. Research provides guidance regarding the types of strategies that are most effective for preventing alcohol use among young people (Spoth et al., 2009) It is the obligation of agencies and individuals, including juvenile justice agencies, that are tasked with preserving the welfare of young people to identify and intervene with individual youth and young adults who have already begun using alcohol or who appear to be at greater risk of alcohol use and problems. These youth and young adults are likely to be directed to diversion or probation programs and will need to be assessed and guided to appropriate interventions to change their attitudes and behaviors compatible with underage drinking

Principle 2:

Responses by the justice system as a whole and by community supervision agencies in general should involve making balanced responses to youth that are tailored to the specific characteristics and situation of the young offender. Written criteria related to system responses should be established through policy-level collaboration to ensure fairness in access and utilization of services.

Underage drinking can occur in a wide range of youth. Some may be at low risk of reoffending while for others, the offense is just the beginning of increasingly serious alcohol problems (Dick et al., 2011). The justice system should send a clear message that we don't condone underage drinking, while not overreacting by imposing intensive interventions or services for youth who are not at a high risk of re-offending. In order to make a balanced determination of the appropriate level of intervention, a careful assessment should be carried out. A long-held tenet in juvenile justice promotes the use of the least restrictive sanctions that are likely to produce the desired constructive outcomes for the individual youth or young adult (Maxwell, 2003). Diversionary programs are often used to prevent youth from going through the formal court process. When possible, youth may be supervised in the community on probation rather than sent to a custodial program. In fact, the Juvenile Justice and Delinquency Prevention Reauthorization Act of 2009, currently under review in the U.S. Senate (i.e., Senate Bill 678), encourages states to develop plans for alternatives to detention for juveniles who are status or first-time minor offenders and for use of community-based services to address the needs of at-risk youth. This approach is not new, however, as *In re Gault* (1967) and the original JJDP Act stressed the importance of deinstitutionalizing juvenile offenders, particularly those who are charged with status offenses, and encourages diverting those offenders to services and programs in the community. This approach prevents youth and young adults with limited criminal sophistication from being treated like and influenced by youth with greater criminal prowess.

Justice professionals, treatment providers, and other appropriate policymakers should collaborate to establish criteria for the referral of youth and young adults to interventions based on risk levels. As

the available resources in various communities will differ, it is not possible to prescribe what those criteria should be in a document as broad as this one. The purpose of such written criteria should be to ensure that young offenders are dealt with in a balanced manner, based on their particular risk factors, and that community resources are used in an effective and economical fashion.

Principle 3:

Assessment, intervention, and supervision of underage drinking offenders should be based, to the extent possible, in practices that have been demonstrated by research to be effective.

Studies have found reductions in drug and alcohol use, crime, risky health behaviors, and certain mental health problems among justice system participants in drug and alcohol programs (Johnson et al., 2002). There is also evidence that the potential sanctions of the justice system can be a factor in motivating individuals to participate in treatment programs and can help them proceed to more advanced levels of readiness for change (Center for Substance Abuse Treatment, 2005).

The amount and specificity of research regarding the most appropriate interventions of underage drinkers is not as robust as other areas of the substance abuse treatment literature. In addition, treatment services for adolescents tend to be less available than for adults, resulting in only a small proportion of adolescents in need of treatment actually entering treatment (Knudsen 2009). To the extent possible, the recommendations in this document draw upon evidence-based practices for general community supervision and for underage drinking. In some cases, practice strategies suggested in this document have been implemented by agencies and professionals but are not conclusively supported by research findings.

Principle 4:

Responses to underage drinking must demonstrate an understanding of the cultural background of the youth offenders.

Community corrections and diversion professionals must strive to understand the cultural traditions of the youth and young adults with whom they work, including the role of drinking, risk-taking, and behavior, as well as perceptions of treatment and other interventions in these cultures. To achieve this understanding, professionals need to have ongoing dialogue with key informants from groups representing different races, ethnicities, religions, sexual orientations, and other cultural characteristics. Such contacts will enhance knowledge of cultural groups and improve access to special resources or services that may support youth and young adults who have engaged in underage drinking.

The considerable diversity among youth and young adults entering the justice system requires responses that take into account the particular needs of each person. Responses should acknowledge the fear of involvement in the justice system that is often felt by groups that historically have received discriminatory treatment by the justice system (e.g., people of color, people with disabilities, lesbians, gay men, bisexuals, transgendered individuals, and people with lower socioeconomic status). Despite these issues, underage drinking offenders should be held accountable for their behavior, regardless of cultural backgrounds and special needs. The specific methods of accountability and intervention, however, should be chosen carefully so that they are most likely to enhance public safety and to help youth and young adults become healthy, law-abiding individuals who are most apt to reach their full potential.

If a youth or young adult receiving diversion or probation services is not proficient in English, interpreters should be provided to ensure that they receive appropriate and satisfactory services. To the extent possible, interpreters should not be family members or friends of the youth or young adults.

Principle 5:

Community corrections agencies and practitioners should strive to increase their individual and collective knowledge of underage drinking and responses to it by engaging in ongoing training and data collection for program evaluation and research.

Community corrections and diversion professionals must have a solid understanding of the dynamics of underage drinking, the goals of supervision, monitoring strategies, and the skills required to perform effective intervention. Agencies should provide training on underage drinking to prepare staff to perform their job responsibilities competently. Beyond agency-based training, professionals have a responsibility to pursue and enhance their own knowledge and skills through individual learning opportunities, such as reading professional literature, taking advantage of and consulting with local experts, and attending training programs that provide needed information and skill-building for working with underage drinking offenders.

Once interventions are put into practice, community corrections managers should collect data that can measure the effectiveness of the employed interventions. Program evaluation can allow community corrections managers to demonstrate what interventions are working and can help support managers' requests for continued/increased funding, grant funding and/or additional staff positions, or to generate community support for their program.

Principle 6:

Community corrections agencies and professionals should be aware of and collaborate with community-based and justice system strategies and programs to reduce underage drinking.

Underage drinking presents social, health, and justice system problems that cannot be resolved by a single person or agency. Returning full circle to the first principle discussed, effective intervention requires a comprehensive approach that can be achieved only through cooperation and collaboration with those in other fields. Drug court projects have demonstrated the benefits of coordinated approaches among justice system and treatment providers when working with substance-abusing youth.

All jurisdictions and agencies must work continually toward building and improving alliances to foster public safety, offender accountability, and individual competency development and treatment. The foundation of collaboration involves sharing knowledge, information, resources, power, and decision-making so that individuals and organizations may work together to achieve a significant positive impact in their community and a more consistent response to underage drinking. As described at the beginning of this report, forming such partnerships between agencies and organizations is an underlying objective of the EUDL program. The Appendix provides "real world" examples of community coalitions and programs from around the country that have been formed to address underage drinking.

There are several key reasons for collaborating with a variety of agencies and stakeholders to consider in the community supervision of underage drinking offenders:

- A variety of participants will bring different viewpoints about underage drinking to the decision-making process. These varied ideas can be honed into a final plan that best meets the needs of the agency and the community.
- The agencies and stakeholders may identify many of the issues, problems, and barriers associated with underage drinking in the community. If such concerns are recognized from the outset, valuable time can be saved in the planning process.
- Involving stakeholders from the initiation of the process helps secure long-term investment in project.
- Involved stakeholders are likely to be good ambassadors for the strategies put forth by the group. A well-chosen group of stakeholders can have far-reaching effects, including promoting the program and coming to its defense if the program encounters any problems.

CONCLUSION

Before embarking on a new program area or placing additional emphasis on the supervision of particular youth, it is vital that professionals have a firm grounding in the reasons behind what they are doing. This section has outlined some key assumptions that support the supervision of underage drinkers. Finally, six principles of community supervision of underage drinking offenders were shown as a foundation for the guidelines presented in the remainder of this document.

SECTION IV:
CONTEXT FOR RESPONDING TO UNDERAGE DRINKING

LAYING THE GROUNDWORK: UNDERSTANDING THE COMMUNITY

In order to develop the best response to underage drinking—both in the community as a whole and in dealing with individual youth, a general assessment of the nature of the underage drinking problem in the jurisdiction can be very helpful. Some questions that should be addressed include:

- What type of underage drinking is occurring? What are the demographics of youth who are being arrested, prosecuted for, and/or convicted of underage drinking? How many are diverted from arrest, prosecution, and/or formal adjudication for underage drinking?
- What problems have been experienced in the community because of underage drinking? Consider health, social, and financial consequences.
- Do existing programs for supervising juvenile and young adult offenders convicted of underage drinking, as well as those who are diverted from the formal justice system, adequately address the problems of these youth? What are the rates of recurrence of underage drinking offenses among those who have been supervised by the court system and/or community corrections?
- What are community attitudes toward the supervision of underage drinking offenders? Does the community see it as public protection, offender punishment, or offender rehabilitation?

- Can the agency obtain enough resources (e.g., funding, personnel) to deal effectively with the additional supervision responsibilities that may be generated through an emphasis on supervising underage drinking offenders?
- Can the agency and other parts of the justice system adequately respond to violations by youth when they occur?

Such an assessment of needs and resources not only provides a community with a better understanding of the issues associated with underage drinking, it also emphasizes the collaboration between agencies and programs within a community. The information from an assessment can help the community respond effectively to underage drinking offenders, from the first moment of interaction.

DEALING WITH OFFENDERS: DECISION OPTIONS

The first contact community supervision personnel may have with underage drinking offenders may occur before a case is adjudicated (pretrial release and diversion), during the sentencing phase of the adjudication process, or following adjudication when the youth or young adult enters a period of community supervision. The time and place of initial involvement varies by jurisdictions and often depends on the type of offense(s) the young person is charged with (e.g., possession of alcohol, vandalism, driving while impaired, assault), and the options in place for responding to underage drinking. Once the juvenile or young adult offender/defendant enters the system, however, many of the processes used in response to underage drinking will be similar regardless of the system configuration or the status of the individual.

Although the types of charges youth and adults can be cited for and the details of case processing vary somewhat from one jurisdiction to another and between the juvenile and adult justice systems, overall the systems are quite similar. Exhibit IV-a shows the most common decision points in both juvenile and adult cases of underage drinking and some of the options that justice system professionals involved in these cases may need to consider.

Exhibit IV-a
Decisions in Underage Drinking Cases

Decision Points	*Decision Options*	*Persons Involved*
Arrest	• Unconditional release • Warn and release • Release to custody of parents/guardian or own recognizance for adults • Conditional release to report to an agency or organization for services • Referral to court/prosecution	Law enforcement
Intake (if referred) to determine whether the complaint warrants formal charges and court involvement	• Detention or release • Informal probation • Diversion • Filing of petition or decision to formally process the case through court • Waiver of juvenile cases to adult court	Prosecutors and/or probation officers
Adjudication hearing (juvenile) or trial (adult)	• Plea agreements • Finding of guilty or not guilty	Prosecutors, judges, defense attorneys

Disposition (juvenile) or sentencing (adult)	• Predisposition or presentence investigation and report
	• Disposition or sentence
	  o Fine and release
	  o Probation supervision
	  o Split sentence/disposition
	  o Residential placement
	  o Secure confinement (juveniles); incarceration (adults)
	• Conditions of supervision, such as
	  o Abstain from alcohol or other drug use
	  o Community service
	  o Restitution
	  o Drug testing
	  o Treatment
	  o Fines
	  o License suspension and revocation
	  o Participation in alcohol education programs
		Probation officers, prosecutors, judges

Case planning and supervision	• Goals of supervision and measures of success • Resources needed • Graduated sanctions and incentives	Probation officers, diversion staff, judges

Source: (National Center for Juvenile Justice, 2002, Chapters 4 and 9).

Depending upon how the system operates in a specific jurisdiction a probation officer, a prosecutor, or perhaps jail/juvenile detention personnel will decide whether a young person drinking underage needs to be detained, released from custody, or transported to a medical facility. This decision may be based on:

- If the young person is a minor with regard to underage drinking laws but legally an adult for other purposes;
- If the young person has more severe charges in conjunction with the underage drinking offenses;
- If the young person is considered to be a danger to him/herself or the community if released; or
- If the young person is likely to return for future court appearances if ordered.

If a decision is made to keep the juvenile or young adult in custody, then the case will likely proceed to formal processing through the court. In the event of a very serious offense involving underage drinking, and depending on the age of the offender and other crimes involved, juvenile cases might even be waived to a criminal (adult) court at this time. If, on the other hand, the young person does not need to be detained or receive medical attention, or can be released from detention, then other immediate decisions regarding the most appropriate system-level response will need to be determined. Remember, Principle 2 that was discussed in the preceding section (see pages [insert page numbers here]) requires that responses by the justice system as a whole and by community supervision agencies in general should involve making the least restrictive response to youth that will ensure public safety. In determining the type of action that would best benefit the offender and protect the public, therefore, it seems the reasonable alternatives are further case involvement in the justice system (e.g., adjudication, supervised probation) or minimal involvement such as payment of a fine, informal probation, or participation in a diversion program.

Once the decision is made about the most appropriate system-level response additional decisions will need to be made about the most appropriate individual-level response, such as a fine, restitution, community service, substance abuse assessment, educational classes, or treatment for the young offender. To make good decisions at this point community corrections professionals will need to gather information to establish a suitable case plan and/or supervision strategy. The processes of screening, assessing, and making decisions about underage drinking offenders are multifaceted and require skills and resources among justice personnel as well as other professionals (e.g., substance abuse treatment professionals, mental health service providers, school personnel) in the community. Community corrections professionals, however, often function as the primary facilitator for the collection, synthesis, and utilization of pertinent information to help make determinations and/or help assure the underage-drinking offender will benefit from interventions imposed upon him or her.

STANDARDS OF EVIDENCE-BASED PRACTICE

The "What Works" evidence-based practice (EBP) model has proven to produce effective outcomes may help community agencies implement the best strategies in dealing with underage drinking offenders. To date, no comprehensive supervision programs specifically for underage drinking offenders have been developed, evaluated, and reported in the literature. So, while every possible effort is made to present research-based practices, in some cases only promising practices can be offered. Promising practices are those that are being implemented by organizations and appear to have successful outcomes but have not been evaluated rigorously enough to say that they are proved to be effective programs or strategies. These will be presented within the larger framework of the EBT model.

There are eight evidence-based standards of effective intervention (Crime and Justice Institute, 2004). In this model, youth begin their interaction with community corrections personnel with a risk/need assessment and work their way through community supervision. Six of the standards focus on youth and behavior change, while the remaining two focus on measurement. It is only through precise, systematic measurement and feedback that policymakers, administrators, and staff can know the evidence for or against various programs or practices. Exhibit IV-b provides a brief description of each of the eight standards.

CONCLUSION

In order to develop the best responses and practices to underage drinking, a community must undergo a general assessment. Such an assessment may cover the nature of the problem, community resources, and attitudes toward underage drinking. It is also important for community corrections professionals to understand the decision-making process with regard to underage drinking offenders in their jurisdictions in order for them to be able to respond accordingly. Finally, the use of the EBP model standards by community corrections professionals in dealing with underage drinking offenders can provide a blueprint for communities to develop the most effective responses to this problem. The next step is to implement strategy into practice, which is the underlying intention of the practice guidelines to be covered in the following section.

Exhibit IV-b
Summary of Evidence-Based Standards

Standards	*Description*
Assess Actuarial Risk	Youth should be assessed based on known risk factors associated with criminal behavior, such as criminal history, antisocial attitudes, unemployment, low education level, and substance abuse. Use of a standardized instrument is recommended for initial risk assessment.
Enhance Intrinsic Motivation	Motivation to change is strongly influenced by interpersonal interactions, including those with family members and practitioners. Motivational interviewing is a method of communication that helps people overcome their ambivalence about changing their behavior.
Target Interventions • Risk Principle • Need Principle • Responsivity Principle • Dosage • Treatment Principle	This principle consists of five supporting principles: • The risk principle states that scarce supervision and treatment resources should be used for higher risk youth because this will have a greater impact for reducing harm and recidivism. • The need principle indicates that resources should be directed toward issues that will affect ongoing recidivism, such as antisocial attitudes, values and beliefs, low self-control, criminal peers, and substance abuse. • Responsivity relates to the match between youth and services. Youth are more likely to be responsive to and benefit from treatment that has been proven effective with similar offender populations. Some considerations of matching include gender, culture, motivational stages, developmental stages, and learning styles. • Youth should receive the needed amount or dosage of services and supervision to effect changes. • The treatment principle dictates that treatment should be an integral part of the overall case plan and management strategy.
Skill Train with Directed Practice	Youth need to acquire prosocial attitudes and behaviors. Recommended interventions include learning new skills related to antisocial thinking patterns, social learning, and appropriate communication techniques.
Increase Positive Reinforcement	People learn new skills and maintain positive behaviors longer when they receive reinforcement for appropriate actions than when they are punished for inappropriate behavior. Thus, positive feedback must be significantly higher than negative feedback or punishment. At least four positive reinforcements are needed for every negative reinforcement to promote positive behavior changes.
Engage Ongoing Support in Natural Communities	Prosocial supports for youth in their communities need to be engaged. The involvement of family members and close associates is vital to reinforce new behaviors positively. Additionally, 12-step programs, faith-based activities, and restorative justice initiatives are geared toward improving relationship between youth and prosocial community members.
Measure Relevant Processes and Practices	Agencies working with individuals involved in the justice system must track and measure outcomes of program services in order to determine whether their services have a significant impact on deterring recidivism.
Provide Measurement Feedback	Besides tracking and measuring outcomes, information must be used to monitor processes and change. Providing feedback to youth is likely to increase motivation, lower treatment attrition, and improve outcomes. Beyond that, monitoring service delivery helps build accountability and maintain integrity to the agency's mission.

Source: (Crime and Justice Institute, 2004)

SECTION V

PRACTICE GUIDELINES FOR RESPONDING TO UNDERAGE DRINKING OFFENDERS

This final section will focus on the 10 practice guidelines (based on concepts espoused in the evidence-based practices literature) for responding to underage drinking offenders in more effective ways:

- Practice Guideline 1: Conduct initial screening for alcohol problems at the first and subsequent contacts between underage drinkers and the justice system.
- Practice Guideline 2: Assess the risk and needs of youth.
- Practice Guideline 3: Assess for strengths and assets.
- Practice Guideline 4: Assess for substance abuse problems.
- Practice Guideline 5: Determine the most appropriate system-level response and individual-level intervention(s) and develop an individualized case plan.
- Practice Guideline 6: Identify each offender's readiness to change and prompt him/her to make positive changes using motivational interviewing techniques.
- Practice Guideline 7: Refer underage drinking offenders with alcohol disorders to appropriate alcohol treatment and monitor their attendance and participation.
- Practice Guideline 8: Engage family and social networks of support in the supervision process.

- Practice Guideline 9: Monitor compliance with supervision conditions and case plan expectations.
- Practice Guideline 10: Apply sanctions for noncompliance, when necessary, and increase positive reinforcement.

The previous sections were intended to provide an understanding of the various issues pertaining to underage drinking and the broader, contextual framework for how a community should address this societal problem. The purpose of the practice guidelines is to provide community corrections professionals with the "how to" in implementing the most effective practices in working with underage drinking offenders.

Where feasible, we will use a case study of Jack and Jill to illustrate some of the concepts being discussed with regard to practice guidelines. The community corrections professional in the case studies is used in a generic sense. The identity of the "community corrections professional or worker" in the scenarios and at what point this person works in the system is left to your interpretation. It could be interpreted to be a coordinator of a diversion program, a juvenile intake worker, a juvenile or adult probation officer, etc.

While there may be some local differences in what these professionals may be able to do in your jurisdiction, the point that is being made through this publication is the practice guidelines for responding to underage drinking offenders are the same whether you work with underage drinkers in the juvenile system or the adult system within a diversion program, probation department, or similar agency. Some of these guidelines, if not all, will be applicable to your role in addressing this population of young people more effectively whether you have a role in making decisions about either system-level response (e.g., warn and release, diversion, adjudication, informal probation, supervised probation) and/or individual-level interventions (e.g., fine, substance abuse assessment, community service, educational class, counseling, alcohol or drug testing, treatment) for underage drinking offenders. Many times, the application of these guidelines will not be the sole responsibility of one agency or one person; rather it will require an interagency response. So, it is important to be familiar with the purpose of the guidelines and understand the process in your local jurisdiction to move a case through the system in a more efficient and effective manner.

You may discover that your jurisdiction is not following these suggested guidelines. If that is the case, work with other appropriate agencies and system partners in your jurisdiction to consider how you can begin moving toward the implementation of the proposed approaches.

CASE STUDY: jack and jill

Jack and Jill are both detained by police at an underage drinking party. They are both 15-years-old, and this is their first offense. Given this information, what do you think happens to Jack or Jill in your jurisdiction?

The reality is that many times decisions are made about interventions to give Jack and Jill based on this type of information alone—which is typically what we can derive from a police report on the incident. Given these factors, most jurisdictions would do one of two things: Either (1) warn and release Jack and Jill to their parents or legal guardians and instruct them to refrain from this activity in the future; or (2) refer Jack and Jill to a diversion program. Depending on the type of diversion program offered in the community, they may be asked as a condition of diversion to pay a fee, attend a substance abuse awareness program, take a substance abuse assessment with a certified substance abuse professional, and/or perform community service.

Both of these options could arguably adhere to the principles of working with the youth in the least restrictive setting, because both keep them out of the formal court process. They also could be the most appropriate intervention for Jack or Jill in the long run. But how do we really know if that is the case? Based on this information alone, we don't really know for sure if we are working with Jack and Jill in the least restrictive setting to protect public safety and if our intervention is going to be the most effective or promising way to address their behavior. Why? Because from this basic information alone, we know nothing about Jack's or Jill's likelihood of re-offending or whether or not Jack or Jill may have more serious issues that need to be addressed.

The only way to get that information is through conversations with Jack and Jill and their respective family members and through the use of screening and assessment tools. Therefore, to adhere to evidence-based practices, we would need to gather information about Jack and Jill before we determine what system-level response to make (e.g., warn and release, divert, send to court, place on informal or unsupervised probation, place on supervised probation, etc.) and what individual-level interventions (e.g., educational class, cognitive behavioral class, substance abuse assessment, substance abuse treatment, community service, etc.) will be apt to meet their needs more effectively.

PRACTICE GUIDELINE 1

Conduct initial screening for alcohol problems at the first and subsequent contacts between underage drinkers and the justice system.

To make these initial judgments, community corrections professionals often screen the youth or young adults about whom they must make decisions. *Screening* refers to brief procedures used to determine the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation (Crowe & Reeves, 1994). Screening for alcohol and other drug involvement is recommended for all youth who come in contact with the justice system, regardless of the offense with which they are charged. In particular, screening for alcohol-related problems should be conducted with any youth or young adult who is arrested for underage drinking or whose actuarial assessment indicates this is a risk/need for him or her. Screening might be performed at several points in the justice process, including arrest, pretrial release, diversion, presentence investigation, and probation intake or during supervision.

A variety of alcohol/drug screening instruments are available. Most screening instruments rely upon self-reports made by youth, which may or may not be truthful. To ensure accuracy, it may be desirable to consider other sources of information about the youth or young adult's drinking, including family reports, peers, law enforcement, schools, and reviews of previous records.

Exhibits V-a, b, and c are examples of screening instruments available in the public domain for screening youth and/or young adults for alcohol problems.

Exhibit V-a

CRAFFT TEST

C Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

A Do you ever use alcohol or drugs while you are by yourself, alone?

F Do you ever forget things you did while using alcohol or drugs?

F Do your family or friends ever tell you that you should cut down on your drinking or drug use?

T Have to ever gotten into trouble while you were using alcohol or drugs?

(Knight, Sherritt, Shrier, Harris, & Chang, 2002).

This instrument was originally developed for adolescents in health care settings. Two or more "yes" answers are reason for concern and further assessment.

Exhibit V-c

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

1. How often do you have a drink containing alcohol?
   - ☐ 0 – Never
   - ☐ 1 – Monthly or less
   - ☐ 2 – 2-4 times per month
   - ☐ 3 – 2-3 times per week
   - ☐ 4 – 4 or more times per week

2. How many drinks do you have on a typical day when you are drinking:
   - ☐ 0 – None
   - ☐ 1 – 1 or 2
   - ☐ 2 – 3 or 4
   - ☐ 3 – 5 or 6
   - ☐ 4 – 7-9

3. How often do you have 6 or more drinks on one occasion?
   - ☐ 0 – Never
   - ☐ 1 – Less than monthly
   - ☐ 2 – Monthly
   - ☐ 3 – Weekly
   - ☐ 4 – Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - ☐ 0 – Never
   - ☐ 1 – Less than monthly
   - ☐ 2 – Monthly
   - ☐ 3 – Weekly
   - ☐ 4 – Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   - ☐ 0 – Never
   - ☐ 1 – Less than monthly
   - ☐ 2 – Monthly
   - ☐ 3 – Weekly
   - ☐ 4 – Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
    - ☐ 0 – Never
    - ☐ 1 – Less than monthly
    - ☐ 2 – Monthly
    - ☐ 3 – Weekly
    - ☐ 4 – Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
    - ☐ 0 – Never
    - ☐ 1 – Less than monthly
    - ☐ 2 – Monthly
    - ☐ 3 – Weekly
    - ☐ 4 – Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
    - ☐ 0 – Never
    - ☐ 1 – Less than monthly
    - ☐ 2 – Monthly
    - ☐ 3 – Weekly
    - ☐ 4 – Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
    - ☐ 0 – Never
    - ☐ 2 – Yes, but not in the last year
    - ☐ 4 – Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?
    - ☐ 0 – Never
    - ☐ 2 – Yes, but not in the last year
    - ☐ 4 – Yes, during the last year

Source: National Institute on Alcohol Abuse and Alcoholism, 2005

Add the numbers selected for each question. An AUDIT total score of 3 has been found to be indicative of alcohol problems among adolescents. (Clark et al. 2010)

Additional screening instruments that may be useful in juvenile or young adult settings include those in Exhibit V-d listed by Schwartz and Smith (2003).

Exhibit V-d
Adolescent Screening Instruments

Instrument	Description	Source
Adolescent Drug Involvement Scale (ADIS)	12-item paper-and-pencil screening tool that takes about 4 minutes to complete and yields a brief measure of the adolescent's level of drug involvement.	D. Paul Moberg, Developer, Center for Health Policy and Program Evaluation, University of Wisconsin-Madison, 2710 Marshall Ct., Madison, WI 53705. Phone (608) 263-1304
Adolescent Drinking Index	24-item rating scale that takes about five minutes to complete and screens for potential alcohol use disorders. Requires a fifth-grade reading level. A degree in a psychology-related field and minimal training are recommended for administration.	Psychological Assessment Resources, P. O. Box 998, Odessa, FL 33556. Phone (800) 331-8378
Drug and Alcohol Problem Quick Screen	30-item, paper-and-pencil test can be completed in about 10 minutes. Requires a sixth-grade reading level. It screens for substance use disorders and behavioral patterns.	R. H. Schwartz, Developer, 410 Maple Avenue West, Vienna, VA 22160. Phone (703) 338-2244
Personal Experience Screening Questionnaire	40-item written screening tool that takes about 10 minutes to administer and requires a fourth-grade reading level. The instrument screens for the need for further assessment by providing a "red or green flag" problem-severity score. A range of mental health professionals can use this test.	Ken Winters or Tony Gerard, Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, CA 90025. Phone (310) 478-2061
Rutgers Alcohol Problem Index	23-item, self-administered paper-and-pencil screening tool that takes about 8 minutes to complete. It requires a seventh-grade reading level. It evaluates potential problem drinking in adolescents and negative consequences of drinking. It does not require training to administer.	Helene White, Developer, Center for Alcohol Studies, Rutgers University, P. O. Box 969, Piscataway, NJ 08855. Phone. (732) 445-3579. This instrument is free; no copyright.
Problem Oriented Screening Instrument for Teenagers (POSIT)	139-item, self-administered, yes/no screening questionnaire that takes approximately 20-25 minutes to complete. It screens adolescents ages 12-19 for life problems in 10 areas, including substance abuse. No special training is required to administer it.	National Clearinghouse for Alcohol and Drug Information (Stock #BKD-59), P. O. Box 2345, Rockville, MD 20847. Phone (800) 729-6686. This is a public document and there is no charge to use it.

Source: (Schwartz & Smith, 2003).

CASE STUDY: jack and jill

SCREENING

Jack and Jill are referred by the police to a community corrections professional in their county who will help make a determination about what should happen with their cases. When the community corrections professional administers the CRAFFT screening tool on Jack, he answers "no" to all six questions—indicating, that unless we get contradictory evidence elsewhere, he likely does not have a problem with alcohol abuse that would require further assessment. However, Jill answers "yes" to three of the six questions on the screening tool, which signals to us that she may have some more serious issues related to alcohol or other substance abuse.

What should your next steps be with Jack and Jill?

PRACTICE GUIDELINE 2

Assess the risk and needs of youth

An *actuarial assessment* of a youth's risk and needs is considered the foundation of evidence-based practice. The purpose of this type of assessment in the justice system is to identify youth who are the most likely to reoffend and to identify their needs. In particular, if focuses on dynamic factors, that is, those factors in which the offenders can change throughout their lives.

Once the individual has been assessed and the community corrections professional verifies the information collected, youth can be classified according to risk, and the most intensive interventions can be directed to youth with the highest probability of reoffending (Crime and Justice Institute, 2004).

This type of assessment is a more objective way of collecting data than are the professional judgments that community corrections professionals make based on their experiences working with juveniles and young adults.

Actuarial assessments of risk are not unlike how an insurance company determines a driver's level of risk for being involved in an accident to determine insurance rates. Insurance companies do not rely on professional discretion as the primary method to determine an individual drivers' risk. Within a justice context, research shows that data gathered through a risk/needs assessment is more predictive of future problems than professional judgment alone (Bonta & Andrews, 2007).

Risk principle tells us who we should target for intervention and services (i.e., high-risk offenders).

Need principle tells us what issues we need to target with services and programs to facilitate behavior change.

Dynamic factors are those factors in an individual's life that can be changed (e.g., peer associations, current substance abuse).

Static factors are factors that are historical or not amenable to change (e.g., age, past criminal history).

There are myriad risk and needs assessment instruments available—some in the public domain and some proprietary—and a variety of factors (e.g., ease of use, cost, validity, reliability, training for staff) need to be considered when choosing a tool. A good place to begin when researching the types of risk and needs assessment tools (as well as other types of assessment instruments) available is The Council of State Governments' Reentry Policy Council's Assessment Tools Tool Web site (http://tools.reentrypolicy.org/assessments/chart). See Exhibit V-e for more information.

Assessment instruments generally measure factors that are known to correlate highly with repeat offending including:

- Current and prior offenses (age, frequency, seriousness).
- Low education.
- Unemployment or underemployment.
- Family and living situation.
- Peer relationships.
- Substance abuse (history and current use).
- Antisocial attitudes.

Exhibit V-e
Council of State Governments Reentry Policy Council Online Assessment Tool

http://tools.reentrypolicy.org/assessments/chart

Community corrections professionals often want to improve their assessments of particular issues, such as recidivism risk or substance abuse, but do not have the time or resources to research instruments that are available for this purpose.

This tool provides a list of risk and needs assessment instruments commonly used in jails, prisons, and community corrections settings. The CSG Justice Center compiled this list based on the Report of the Re-Entry Policy Council and the advice of experts in the field. It is by no means exhaustive. The tool aims to serve as a resource for administrators, researchers, counselors, case workers, and other service providers to inform treatment and programming decisions in these settings.

Users of this list can search by type of issue, title of instrument, or through the whole list alphabetically. For each instrument, users will find a description of what types of issues the instrument is used to assess as well as its history, cost, and length of administration. Information about whether the instrument has been validated with criminal justice populations and whether it is used for screening or assessment is provided wherever possible. Each description includes contact information for the instrument's publisher.

When choosing among assessment instruments, users of this tool should aim to use instruments that assess static and dynamic risk factors for recidivism; have been validated by research; can be normalized to the local population; are low in cost; and that staff can be easily trained to use reliably to inform treatment and programming decisions.

Source: http://tools.reentrypolicy.org/assessments/instruments

The need principle indicates that resources and services should be directed toward issues that will affect ongoing recidivism, such as antisocial attitudes, values and beliefs, low self-control, and criminal/delinquent peers. The use of alcohol and other drugs is highly correlated with unlawful behavior, which is why it is almost always part of an initial assessment of juvenile and young adult offenders. In addition to providing objective data to determine someone's level of risk, therefore, the assessment of risk and needs provides information on an individual's needs (which are correlated with a risk of recidivating) and facilitates the development of an individualized case plan to ensure that each young person's most critical needs are addressed in the assessment (King County, 2005).

There is often an assumption made that risk and needs assessment is only done when someone is placed on probation and is not necessarily needed or appropriate at the diversionary level. This is not necessarily true. Risk and needs assessment data—whether it is an initial assessment or re-assessment—is beneficial at any point in the justice system process. See Exhibit V-f for an example of how a program often used as a diversion option in San Diego County (CA) utilizes risk and needs assessment instruments to guide their decisions and interventions with young offenders.

From a practical standpoint, an agency may have limited resources and limited time, making it impractical to conduct a risk and needs assessment on every youth referred to the program or agency; but a risk and needs assessment could be used on certain youth. This is when professional judgment and discretion are needed. If the community corrections professional starts picking up on potential issues while interviewing a youth and/or his or her family, and if the youth's screening indicates a potential substance abuse problem, then a risk and needs assessment may be warranted. If, however, a youth is highly prosocial in other regards, is living in a stable environment, has no indication of risky behavior patterns, and has no previous delinquency history or indication of a substance abuse problem, then a full assessment may not be warranted. Where feasible, however, the use of assessment tools will yield more valid and objective data upon which to base decisions.

Data obtained from a risk and needs assessment also can be used as a gauge to assess the effectiveness of prescribed Therefore, periodic re-assessment is just as important as initial assessment when working with youth and young adults to ascertain whether the prescribed interventions are having a positive (or negative) impact on the youth and his or her circumstances.

Exhibit V-f
Community Assessment Team (CAT)

San Diego County (California)

The Community Assessment Team (CAT) is a multi-agency intervention and prevention program encompassing the greater areas of San Diego County. The San Diego County Probation Department contracts with five community based organizations that provide services to five regions within the county. CAT is designed for families with youth 5-18 years old who are at risk of entering or continuing in the juvenile justice system. The process focuses on the unique strengths and needs of individual youth, and teaches families how to access and receive services in the community in a timely fashion. The CAT program is composed of teams that include family support workers (case managers), alcohol and drug specialist, parent educators, therapists, probation officers, teachers, and other professionals linked to services in San Diego County. The teams provide assessments, prevention and intervention counseling, and referral services to at-risk youth and their families.

Referrals come from probation, the court, law enforcement, schools, community-based agencies, and self-referrals. The program serves youth who are referred to the program because they have received a formal charge or citation on an offense/behavior as well as youth and families who are referred and participate voluntarily without any formal justice system intervention. Youth are referred to CAT for various reasons. Those referred on formal charges/citations are most commonly referred for misdemeanor offenses such as curfew violations, truancy, petty theft, possession of a controlled substance, vandalism, battery, and prostitution.

If a youth is referred on an underage drinking-related issue, the program would begin—as it does with all referred youth—with an assessment of the youth and family. The assessment the youth and family go through includes screening for alcohol and other drug problems, the San Diego Risk and Resiliency Checkup instrument (which is the risk and assessment tool used by the San Diego County Probation Department), and substance abuse assessment by an Alcohol and Other Drug Specialist. The information gleaned from the assessment process is then used to determine the most appropriate level of services for the youth and to develop a case plan to assist the youth and family with addressing issues that led to the offense/issue that brought them to the program.

Because the CAT program is intertwined with agencies within the community that provide outreach services that will address most needs of youth referred to the program, it is easier to refer a youth for interventions and services that are based on his or her individual needs rather than on particular offenses or behaviors.

For more information on CAT in San Diego, contact Secorra Getty, Supervising Probation Officer, Community Assessment Team at Secorra.Getty@sdcounty.ca.gov.
Source: (S. Getty, personal communication, May 18, 2009)

PRACTICE GUIDELINE 3

Assess for strengths and assets

Once risk level has been assessed, it is necessary to determine what strengths, assets, and tools are available for a given youth that can help build a more healthy and productive future for him or her. As summarized in Section I, the Search Institute (n.d.) has developed a list of 40 developmental assets based on many years of research. Finding out which of these a youth already has and looking for ways to build other assets must be a part of any assessment as well. Exhibit V-g contains the complete list of these assets with a description of each.

Exhibit V-g
Search Institute's Framework of Developmental Assets

External Assets

Support

1. Family Support – Family life provides high levels of love and support.
2. Positive Family Communication – Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. Other Adult Relationships – Young person receives support from three or more nonparent adults.
4. Caring Neighborhood – Young person experiences caring neighbors.
5. Caring School Climate – School provides a caring, encouraging environment.
6. Parent Involvement in Schooling – Parent(s) are actively involved in helping young person succeed in school.

Empowerment

7. Community Values Youth – Young person perceives that adults in the community value youth.
8. Youth as Resources – Young people are given useful roles in the community.
9. Service to Others – Young person serves in the community one hour or more per week.
10. Safety – Young person feels safe at home, school, and in the neighborhood.

Boundaries & Expectations

11. Family Boundaries – Family has clear rules and consequences and monitors the young person's whereabouts.
12. School Boundaries – School provides clear rules and consequences.
13. Neighborhood Boundaries – Neighbors take responsibility for monitoring young people's behavior.
14. Adult Role Model – Parent(s) and other adults model positive, responsible behavior.
15. Positive Peer Influence – Young person's best friends model responsible behavior.
16. High Expectations – Both parent(s) and teachers encourage the young person to do well.

Exhibit V-g
Search Institute's Framework of Developmental Assets, CONTINUED

Constructive Use of Time

17. Creative Activities – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
18. Youth Programs – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
19. Religious Community – Young person spends one or more hours per week in activities in a religious institution.
20. Time at Home – Young person is out with friends "with nothing special to do" two or fewer nights per week.

Internal Assets

Commitment to Learning

21. Achievement Motivation – Young person is motivated to do well in school.
22. School Engagement – Young person is actively engaged in learning.
23. Homework – Young person reports doing at least one hour of homework every school day.
24. Bonding to School – Young person cares about her or his school.
25. Reading for Pleasure – Young person reads for pleasure three or more hours per week.
26. Caring – Young person places high value on helping other people.
27. Equality and Social Justice – Young person places high value on promoting equality and reducing hunger and poverty.
28. Integrity – Young person acts on convictions and stands up for her or his beliefs.
29. Honesty – Young person "tells the truth even when it is not easy."
30. Responsibility – Young person accepts and takes person responsibility.
31. Restraint – Young person believes it is important not to be sexually active or to use alcohol or other drugs.
32. Planning and Decision Making – Young person knows how to plan ahead and make choices.
33. Interpersonal Competence – Young person has empathy, sensitivity, and friendship skills.
34. Cultural Competence – Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. Resistance Skills – Young person can resist negative peer pressure and dangerous situations.
36. Peaceful Conflict Resolution – Young person seeks to resolve conflict nonviolently.
37. Personal Power – Young person feels he or she has control over "things that happen to me."
38. Self-Esteem – Young person reports having a high self-esteem.
39. Sense of Purpose – Young person reports that "my life has a purpose."
40. Positive View of Personal Future – Young person is optimistic about her or his personal future.

Research related to these 40 developmental assets has shown that higher levels of assets are linked to positive achievements and fewer problems by the youth in a variety of areas, including academic achievement or school difficulties, problem alcohol use, and violence (Search Institute, n.d.; Scales & Roehlkepartain, 2003). The Search Institute (n.d.) has developed a checklist that can be completed by youth to help assess developmental assets. It is shown in Exhibit V-h.

Exhibit V-h

An Asset Checklist

Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and communities. NOTE: This checklist is neither intended nor appropriate as a scientific or accurate measurement of developmental assets.

- ❑ **1.** I receive high levels of love and support from family members.
- ❑ **2.** I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.
- ❑ **3.** I know some nonparent adults I can go to for advice and support.
- ❑ **4.** My neighbors encourage and support me.
- ❑ **5.** My school provides a caring, encouraging environment.
- ❑ **6.** My parent(s) or guardian(s) help me succeed in school.
- ❑ **7.** I feel valued by adults in my community.
- ❑ **8.** I am given useful roles in my community.
- ❑ **9.** I serve in the community one hour or more each week.
- ❑ **10.** I feel safe at home, at school, and in the neighborhood.
- ❑ **11.** My family sets standards for appropriate conduct and monitors my whereabouts.
- ❑ **12.** My school has clear rules and consequences for behavior.
- ❑ **13.** Neighbors take responsibility for monitoring my behavior.
- ❑ **14.** Parent(s) and other adults model positive, responsible behavior.
- ❑ **15.** My best friends model responsible behavior.
- ❑ **16.** My parent(s)/guardian(s) and teachers encourage me to do well.
- ❑ **17.** I spend three hours or more each week in lessons or practice in music, theater, or other arts.
- ❑ **18.** I spend three hours or more each week in school or community sports, clubs, or organizations.
- ❑ **19.** I spend one hour or more each week in religious services or participating in spiritual activities.
- ❑ **20.** I go out with friends with nothing special to do two or fewer nights each week.
- ❑ **21.** I want to do well in school.
- ❑ **22.** I am actively engaged in learning.
- ❑ **23.** I do an hour or more of homework each school day.
- ❑ **24.** I care about my school.
- ❑ **25.** I read for pleasure three or more hours each week.
- ❑ **26.** I believe it is really important to help other people.
- ❑ **27.** I want to help promote equality and reduce world poverty and hunger.
- ❑ **28.** I can stand up for what I believe.
- ❑ **29.** I tell the truth even when it's not easy.
- ❑ **30.** I can accept and take personal responsibility.
- ❑ **31.** I believe it is important not to be sexually active or to use alcohol or other drugs.
- ❑ **32.** I am good at planning ahead and making decisions.
- ❑ **33.** I am good at making and keeping friends.
- ❑ **34.** I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
- ❑ **35.** I can resist negative peer pressure and dangerous situations.
- ❑ **36.** I try to resolve conflict nonviolently.
- ❑ **37.** I believe I have control over many things that happen to me.
- ❑ **38.** I feel good about myself.
- ❑ **39.** I believe my life has a purpose.
- ❑ **40.** I am optimistic about my future.

ASSESSMENT

What did you think your next steps should have been with Jack and Jill after the screening results? Already we are seeing that Jack and Jill have some pretty important differences in their personal circumstances that indicate they would not benefit from the same intervention.

Jack

After interviews with Jack and his parents, we discover that Jack volunteers 1-2 times a week at his church tutoring young children and that he plays baseball in the spring and summer and basketball in the fall and winter for the city sports league. His parents report that Jack does not typically cause them any problems and this is the first time he has gotten into this type of trouble. Jack indicates he is sorry for what he has done and says he knew that it was wrong. He had gone to a party with some friends from school that he doesn't normally hang out with, and they offered him a beer. He knew he should have turned them down, but he didn't want them to tease him, so he accepted it. He figured he could drink off that one beer all night and avoid any possible ribbing from the guys he was with. He is not hanging out with these kids anymore and, after this experience, is sticking closer to his more positive peer group.

CASE STUDY: jack and jill

Questions to consider:

- In your jurisdiction, what do you think would be the likely system-level response (e.g., warn and release, diversion, probation) for Jack?
- Do you feel that is the most appropriate system-level response for Jack? Why or why not?
- What are Jack's identifiable strengths and assets?

Jill

After interviews with Jill and her mother (and via results of a risk and needs assessment) we find out that Jill's mother has raised her on her own since Jill was 2 years old. Jill's mother is a recovering alcoholic with a history of relapses and has been in and out of treatment. Jill hasn't been a major problem outside of school until now, but she was diagnosed with ADHD when she was 9 and has had some behavior problems at school—mostly not paying attention and being disruptive in class, which has resulted in her to be in detention four times at school within the last two months. Jill doesn't have a lot of friends, just a couple of girls she is fairly close to. They don't go out a lot; they mostly hang out around the house. Jill reports that she doesn't drink with her close girl friends, but she does admit that she sometimes uses alcohol when she is alone at home to relax. The night she was arrested is the first time she went to a party and drank outside her home. Her two close friends were not with her at the party. The party was at her neighbor's house, and he had invited her that afternoon. She thought she would just go over there for a little while and see how she liked it.

Questions to consider:

- In your jurisdiction, what do you think would be the likely system-level response (e.g., warn and release, diversion, probation) for Jill?
- Do you feel that is the most appropriate system-level response for Jill? Why or why not?
- What are Jill's identifiable strengths and assets?

PRACTICE GUIDELINE 4

Assess for substance abuse problems

If the actuarial assessment and earlier screening procedures indicate the juvenile or young adult may have an alcohol problem, then further assessment by a substance abuse professional is warranted. If at all possible, the professional selected to conduct assessments with juveniles and young adults should have special training and experience in working with this population. As discussed in Section I, underage drinkers may not meet the strict definition for alcohol abuse or dependence as outlined by the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (American Psychiatric Association, 1994), but they may still have significant alcohol abuse issues that are manifested somewhat differently in this age group.

Through a comprehensive assessment, a substance abuse professional evaluates the severity of alcohol use and related problems, elicits information about cofactors, and develops treatment recommendations. The assessment will gather information from a variety of sources and may need assistance from justice system professionals to obtain the most complete set of data possible (Crowe & Reeves, 1994). The following types of information should be gathered:

- Existing records including arrest, court, and corrections records.
- Educational records.
- Medical records.
- Mental health and substance abuse treatment records.
- Self-reports from and interviews with youth.
- Interviews with collateral contacts.
- Results of testing instruments.

Much of the information listed above is subject to confidentiality protection requiring that the individual, and his or her legal guardian if he or she is a minor, sign a release form before the information can be released to any entity.

Several factors that may be present in a youth's or young adult's life have been shown either to increase the risk of alcohol and other drug problems or provide a measure of protection against such problems. The protective factors or development assets were reviewed in Exhibit V-g under the previous guideline. The risk factors are summarized in Exhibit V-i. Throughout the screening and assessment process, information on both risk and protective factors should be collected. If justice system personnel or substance abuse professionals find the presence of risk factors, these should be taken into account in developing final conclusions and case plans. Similarly, the presence of protective factors or developmental assets can provide directions for working with alcohol-involved individuals and enhancing their resilience to withstand or overcome such problems.

Exhibit V-i
Risk Factors for Adolescent Substance Abuse

Community/Neighborhood Domain

- Low levels of bonding to neighborhood
- Deteriorated neighborhoods
- Neighborhoods with high population density
- High adult crime rates
- Neighborhoods with high rates of residential transience
- Attitudes favorable to drug use among neighborhood residents
- Cigarettes, alcohol, and other drugs are perceived to be readily available in the neighborhood
  Extreme poverty is present in the neighborhood

School Domain

- Academic failure, especially beginning in late elementary grades
- Little commitment to school

Family Domain

- Severe or inconsistent punishment for negative behavior
- Unclear behavioral expectations by parents
- Poor behavior monitoring
- High degree of family conflict
- Family history of alcoholism
- Parental attitudes favorable to the use of alcohol and other drugs

Peer/Individual Domain

- Rebelliousness – youth do not feel part of society, are not bound by rules, do not try to be successful or responsible
- Early onset of antisocial behavior
- Beginning drug use before age 15
- Holding values favorable to substance use
- Association with peers who use alcohol and drugs
- Belief that peers and friends approve and admire substance use
- Engagement in risky and thrilling behavior
- Impulsive actions
- Feelings of rejection and dislike by peers

Source: Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002.

After all data have been reviewed and analyzed, the substance abuse assessment professional must arrive at opinions about the extent and consequences of the individual's substance abuse problem, possible contributing factors, strengths and supports available to the individual, and his or her readiness for intervention (see Practice Guideline 6 for a discussion on readiness to change among offenders). If alcohol use is significant, the substance abuse professional may diagnose alcohol abuse or alcohol dependence (see page [enter page number here] in Section 1 for the criteria for each), both of which would indicate the need for treatment. Alternatively, the substance abuse professional may identify other significant alcohol problems that do not meet these diagnostic criteria but do require intervention.

CASE STUDY: JILL
Substance Abuse Assessment

CASE STUDY: jack and jill

Jill's initial alcohol screening indicated she could benefit from further assessment; therefore, she was referred to a substance abuse professional for a more comprehensive substance abuse assessment. Appropriate release forms were signed by Jill and her mother allowing the community corrections professional and the substance abuse professional to share information. Once completed, the community corrections professional provided the substance abuse professional with a summary of the results she had from interviews, the screening tool, and the risk and needs assessment instrument. The substance abuse assessment professional administers a more comprehensive substance abuse assessment on Jill and prepares a recommendation report using findings from the assessment tool, collateral information from the community corrections professional, and additional information gathered through his interviews with Jill and her mother. That report is sent to the community corrections professional.

The report indicates that Jill is at high-risk for an alcohol or substance abuse problem. Factors such as the familial/genetic link to substance abuse, Jill's pattern of drinking (drinking in isolation), and the connection between ADHD (which Jill has) and substance abuse all contribute to her high-risk status. Therefore, the substance abuse professional recommends that Jill be referred to an outpatient substance abuse treatment program, and that she be referred for family counseling with her mother.

What should the community corrections professional's next step with Jill be?

PRACTICE GUIDELINE 5

Determine the most appropriate system-level response and individual-level intervention(s) and develop an individualized case plan.

After screening, actuarial assessments, and alcohol-related assessments have been undertaken, community corrections professionals usually have the responsibility of determining or making a recommendation on what the most appropriate system-level and/or individual-level responses and interventions should be for the young person. In reality, the process and information used to make decisions about interventions, particularly the system-level response, is not always quite this linear. There are also variations in the extent and the type of recommendations that can be made depending on whether the case is still in the front-end of the system (e.g., diversion level) or has been moved forward and is being considered for or handled through the formal court process. But if a decision has not been made prior to this point about whether the case should be diverted or not, this is typically where that decision will be made.

System-Level Response

Depending on the jurisdiction, many options are available for the system-level response in the case, and community corrections professionals may choose or recommend one or more of these options to the court. The response at this level must coincide with the purpose and goals of the agencies involved in the enforcement of underage drinking initiative. Overly ambitious or conflicting goals can create confusion (Boone & Fulton, 1995). For example, if a program has goals to hold youth accountable (or punish youth) and it also hopes to reduce recidivism rates, the two goals may be at cross-purposes, as more stringent supervision and enforcement may actually result in more violations and, thus, higher recidivism rates. The decision-making criteria for the types of system-level responses are often based upon factors such as (NCJJ, 2002, p. 44):

- Nature of the offense.
- Background and history of the juvenile.
- Harm suffered by the victim or community.
- Community views.
- State laws and local court policies.

Possible system-level responses include:

- Warn, Fine, Release: For first-time offenders who have committed relatively low level offenses (and are deemed to be low-risk with no apparent alcohol abuse issues), the recommendation might include paying a fine followed by release from further involvement with the justice system.

- Diversion: Another option for first-time offenders with low-level offenses who are deemed low-risk may be a juvenile or adult diversion program. Diversion decisions should bring the offender in contact with an alternative, non-judicial agency or program that can meet his or her needs effectively. Examples of diversion programs include teen courts (also called youth and peer courts), Community Accountability Boards, Family Group Counseling (NCJJ, 2002), and substance abuse treatment programs. These programs are designed to hold youth accountable for their behavior and to help address their needs without further formal involvement in the justice system.

- Supervised Probation: For a youth with previous justice system involvement and/or a more serious offense, or for a youth who may have more serious substance abuse issues that need to be addressed, probation supervision is likely to be an option presented to the court.

- Split Sentence: If the offense was even greater or the offender appears to need a stronger response from the justice system, a split sentence for both juvenile and adult offenders might be imposed, consisting of some limited time in jail coupled with a probation supervision term. In some cases, per the JJDP Act, incarceration may not be an option for juvenile offenders. Rather, juveniles may be better suited for a detention alternative weekend program when they violate a probation term. Another alternative would be a day center, where, as a sanction, juvenile offenders would report during the day and then return home at night. A split sentence for adult offenders may be used with adults who have jobs or are attending school. They might serve their time on weekends so they do not lose their jobs or fall behind in school.

- Residential Placement: A residential placement or secure confinement for juveniles or incarceration for adults would be the most restrictive type of recommendation and should be reserved for the most serious offenses and those who have not benefitted from previous justice system involvement. A residential placement for a youth with alcohol problems might include a substance abuse treatment program.

System Level Responses for College Students

When working with college students, it is essential to coordinate efforts with the local institutions of higher education. Colleges and universities recognize the detrimental consequences of underage drinking for students and many have been working diligently to establish appropriate responses. Within the campus environment, there may be several individuals or groups involved in the enforcement of underage drinking prohibitions, including campus police, student health care providers, residence personnel, athletic coaches, academic advisors, and fraternity, sorority and other organization sponsors (Dahl & Hariri, 2004). Community corrections personnel should coordinate their responses with those options available through colleges and universities. These entities may have their own system-level responses when students are caught drinking underage on campus, including having students go before a review board composed of their peers or faculty or the imposition of honor code violations.

Individual-Level Interventions

Once a decision has been made about what part of the system the youth or young person will be involved with, decisions also need to be made about the individual-level sanctions, services, and programs to which he or she will be subjected. Some of the services and programs in which the youth may become involved will be justice-system based; however, it is not uncommon for youth to be referred to programs within the social services system (e.g., treatment, counseling, etc.) that are designed to meet their individual needs more effectively. Unfortunately, the research on effective supervision and intervention with underage drinkers is sparse; therefore, community corrections workers and agencies must rely on general information about evidence-based strategies and apply these to underage drinking supervision. Community corrections professionals and agencies also must commit to data collection and analysis to evaluate the effectiveness of these interventions.

When indicated, treatment programs should be a fundamental part of the supervision/intervention process. Targeted and timely treatment interventions for high-risk youth will provide the greatest benefits to the offender, victim, and community in the long-term (Crime and Justice Institute, 2004). Interventions should focus on skill development necessary to achieve self-sufficiency through education and employment, and in social relationships (King County, 2005).

There is a high correlation between substance abuse disorders and mental disorders. According to the National Alliance on Mental Illness (n.d.), about 50% of adolescents and adults with severe mental disorders are also substance abusers. More than one-third (37%) of alcohol abusers also have at least one serious mental illness. Of those diagnosed with a mental illness, 29% abuse either alcohol or drugs. Intervention plans for underage drinkers, thus, may also need to include treatment for mental health issues.

Effectiveness of Promising Approaches

While there may not be a wealth of research on specific interventions that work with underage drinking offenders, research has found that various prevention approaches are effective in curbing underage drinking among populations of young people. Many of these prevention strategies will affect young people who have not yet started drinking or whose drinking is minimal and has not caused them problems. It is important to remember that some individuals in the juvenile and adult justice systems also fall into these groups, and therefore, prevention programs may be helpful to them to preclude their movement toward the higher-risk groups with regard to underage drinking. Not only is prevention useful for them, but also for young people who are already underage drinkers. Therefore, justice system personnel, particularly community corrections professionals, should participate in the planning and implementation of prevention programs.

Promising Prevention Programs at the Community Level

Some prevention programs that are typically implemented to affect all young people in a community have been determined to be at least somewhat effective or promising (Bonnie & O'Connell, 2004). These include:

- Changing environmental factors that contribute to alcohol use and abuse including limiting access to alcohol, increasing costs, limiting exposure to high-use residential environments, changing factors that protect heavy drinking, and improving alcohol policies and enforcement procedures.
- Elementary and secondary school-based interventions to establish nonuse norms. These programs should include a number of key features, such as integrated components that stress parental monitoring and supervision and limitations on alcohol access.
- Programs that provide parents with skills and impetus to monitor and supervise their children vigorously.
- Programs on college campuses that screen and intervene or refer students for intervention.
- Alcohol education programs on college campuses, especially those working with parents and students together.
- Skills training using cognitive behavioral models to address problem or heavy alcohol use among college students.
- Normative feedback to challenge misperceptions about rates of alcohol use on college campuses.
- Motivational enhancement to assess college students' alcohol use and provide nonjudgmental feedback regarding their alcohol consumption.

Promising Interventions for Offenders

Cognitive behavioral therapy/treatment (CBT) is one intervention that has been shown by research to be effective with a range of juvenile and adult offenders (Lipsey, Landenberger, & Wilson, 2007), including those who are engaging in problem behaviors related to substance use and abuse. The underlying premise of CBT is that thoughts affect emotions, which, in turn, influences behaviors (OJJDP, n.d.). As such, cognitive behavioral interventions help youth learn skills to change the way they view the world. These approaches include techniques to change thought patterns, attitudes, values, and expectations that have resulted in problem behaviors and to instill more balanced thinking that promotes prosocial behavior (King County, 2005; Lipsey, Landenberger, & Wilson, 2007).

There are myriad programs based on the cognitive behavioral approach. To be successfully implemented, however, professionals serving as facilitators or trainers in these types of programs must understand antisocial thinking, social learning, and appropriate communication techniques (Crime and

Justice Institute, 2004). Cognitive behavioral interventions may include those focused on one or more of the following areas (King County, 2005; Lipsey, Landberger, & Wilson, 2007):

- Cognitive self-control;
- Anger management;
- Social perspective taking;
- Moral reasoning;
- Social problem-solving;
- Attitude change;
- Interpersonal skill building.

CBT interventions provide skill training and must include opportunities for participants to practice using new skills through role-playing and other means that allow staff to reinforce prosocial attitudes and behaviors (Crime and Justice Institute, 2004).

A summary of the essential elements of individual-level intervention programs, based on current research, is provided in Exhibit V-j.

Exhibit V-j
Intervention Programs Should Include the Following Elements

- Effective **assessment tools** should be used to match clients with appropriate levels of care.
- Treatment should be delivered in the **least restrictive setting.**
- **Comprehensive services** that address the problems identified by the assessment process should be delivered. Intervention should consist of a **continuum of care** with an array of **coordinated services** and supports.
- Treatment programs should be specific to the **developmental needs** of youth and young adults and help them make internal commitments to change.
- **Gender and culturally competent** programs should be implemented.
- **Involvement of the family** or a family substitute should be included in all aspects of intervention.
- **Family therapy** and **cognitive-behavioral therapy** should be incorporated.
- **Life skills**, **decision-making**, and **coping skills** education and training should be integrated in the intervention services provided.
- Efforts must be made to **engage and retain offenders** in treatment.
- **Relapse prevention** should be emphasized.

Source: King County, 2005, p. 37

Ineffective Approaches

Programs that have been shown to be ineffective in preventing underage drinking include (Bonnie & O'Connell, 2004):

- Providing information alone.
- Fear tactics (e.g., scared straight programs).
- A message about not drinking until a person is "old enough."
- Strategies focused on increasing self-esteem.
- Programs focusing on strategies to resist peer pressure.
- Recommended Conditions Specific to Underage Drinking Offenders

Depending on what program or agency the person is involved with at this point, there may be standard services or supervision conditions to which all people involved with that entity are required to adhere. If possible, however, additional services or conditions should be imposed that are relevant to the specific needs of the offender and the offense he or she committed. For example, underage drinkers might be ordered to:

- Abstain from alcohol or other drug use.
- Undergo alcohol or drug testing.
- Submit to a more extensive assessment by a substance abuse professional (if not completed previously).
- Participate in alcohol or other drug education and treatment.
- Be confined to home except for school, work, religious activities, or supervised community activities (e.g., theater, athletics).
- Abide by an early curfew.
- Lose driving privileges through license suspension or revocation.
- Pay restitution to victims injured or suffering losses as a result of the offender's behavior.
- Participate in restorative justice programs to acknowledge and repair—to the extent possible—the harm they caused victims.
- Participate in cognitive behavioral programs or educational classes.
- Perform community service to repay the community for the harm caused.
- Pay fines and fees to the justice system for the additional burden caused by their unlawful behavior.

Colleges and universities have a natural setting for providing prevention education for both universal and indicated students. Many schools now notify parents in cases of disciplinary actions for underage drinking. Further responses by some colleges and universities include the imposition of fines, mandatory attendance at alcohol education classes, and mandatory community service (Weschler, Lee, Nelson, & Kuo, 2002). Additional consequences that may be imposed at the campus level include loss of scholarships, suspension from sports teams, and eviction from residence halls.

CASE STUDY: jack and jill

CASE STUDY: JACK AND JILL
Individual-Level Interventions

The community corrections professional in ABC jurisdiction decides not to warn and release Jack and Jill.

Jack

Think back on what you know about Jack's case and circumstances. Looking at some of the possible options that can be imposed in ABC jurisdiction, as well as additional services and sanctions that might be considered for underage drinking offenders on pages [include page numbers here], what individual-level interventions do you think would be appropriate for Jack? Why?

Jill

Think back on what you have learned about Jill's case and circumstances. Looking at some of the possible options that can be imposed in ABC jurisdiction, as well as additional services and sanctions that might e considered for underage drinking offenders on page [include page numbers here], what individual-level interventions do you think would be appropriate for Jill? Why?

The following are some of the possible individual-level interventions (i.e., sanctions and services) that can be imposed on juveniles in ABC jurisdiction:

- restitution
- court fees
- community service
- individual counseling
- family counseling
- educational classes
- referral for substance abuse assessment
- drug testing
- outpatient treatment
- inpatient treatment
- community supervision

Case Planning

Once the disposition or sentence and conditions have been established for a case, an individualized case plan should be developed. According to Carey et al. (2000, p. 30), "[Case] Plans are written, structured tools that direct the offender and the probation/parole agent toward targeted activities and outcomes." The case plan should indicate the level of supervision required, specific needs to be addressed, and the interventions that will be implemented to produce desired outcomes (Carey et al., 2000). The utility of case plans, however, is not limited to probation and parole professionals. They also can be very beneficial tools for diversion staff.

Some jurisdictions do not require extensive assessments and investigations prior to case dispositions or sentencing, so more assessment and investigative work is required at the beginning of the supervision process. Even if a thorough assessment and investigation have been completed, assessment should be an ongoing process throughout case plan development and supervision.

The case plan is similar to a contract between the community corrections professional and the offender, providing a blueprint for how the case should be handled. In practice, case plans vary from a very brief and simple outline of requirements for completing the specified method of supervision (e.g., diversion, probation) to plans that identify risk and protective factors, strengths and assets, priority targets, goals, objectives, action steps, etc. It is suggested that at a minimum, a case plan should include (NCJJ, 2002, p. 74):

- Clear goals and meaningful objectives for the offender to achieve while on supervision.
- Activities the community corrections professional and offender should be involved in to accomplish those goals and objectives.
- A timeframe for completing each objective.

In the case of underage drinking offenders, case plans should specifically address issues of substance use and abuse including such goals as abstaining from alcohol use, staying away from situations in which alcohol is readily available, and repairing the harm caused by previous drinking. An array of activities might be planned to meet these goals such as alcohol treatment, substance use testing, curfews and limitations on activities, and community service or restitution.

The case plan is the first opportunity to put into operation the evidence-based practice of responsivity requiring that individual characteristics of youth such as problems and needs, culture, gender, motivational stage, developmental stage, and learning styles be matched to the services provided.

Focus on Resiliency

It is also vital that the case plan include measures to enhance resiliency among youth. Resilience can be defined as "the capacity to spring back, rebound, successfully adapt in the face of adversity, and

develop social, academic, and vocational competence despite exposure to severe stress or simply to the stress that is inherent in today's world" (Henderson and Milstein, 1996, p. 7).

Starting the work with each youth with what Henderson refers to as "the resiliency attitude" can best foster resiliency. This attitude communicates to youth that the community corrections professional sees strengths and positive attributes within the youth. With this attitude, the worker must (Henderson, Benard, & Sharp-Light, 2007):

- Convey compassion.
- Validate the pain of a child's problems.
- Convey the belief that the youth can overcome his or her problems.
- Provide thoughtful and nurturing responses to the youth.

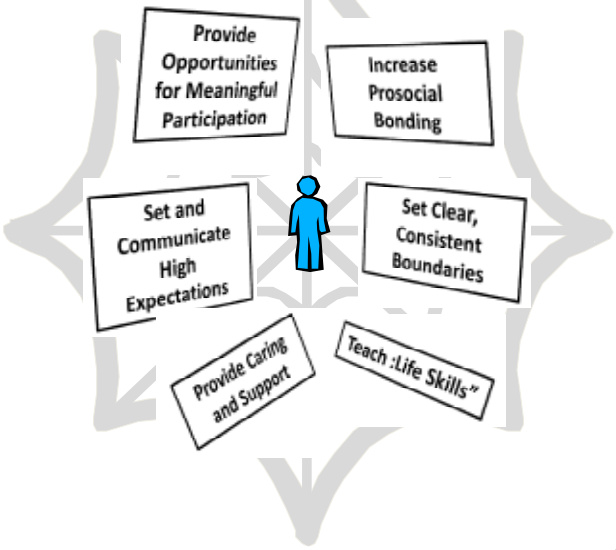
To stay focused on the strengths and assets of an individual youth, Henderson et al. (2007) suggest constructing a Resiliency Chart. Such a chart lists the problems or challenges the youth encounters in one column and the strengths or positive supports the individual has internally and his or her environment in the second column. As problems or challenges are resolved, they are removed from the chart, and new strengths and positive supports are added as they are developed.

Henderson et al. (2007) then go on to advocate building a web of resiliency-fostering environmental conditions around each child. This web, as depicted in Exhibit V-k should provide protection, support, and nurture to each youth. The strategies for moving youth toward resiliency include:

- Increasing bonding by improving connections with peers and adults who will foster resiliency and involve youth in prosocial activities such as sports, art, music, community service, reading, and other learning activities.
- Setting clear and consistent boundaries such as family rules, school policies, and community norms. These should be developed with input from young people, be clearly communicated, and have appropriate consequences that are enforced consistently.
- Teaching "life skills," including cooperation, conflict resolution, resistance and assertiveness skills, communication, problem solving, decision-making, and stress management.
- Providing care and support, including unconditional positive regard and encouragement. Each youth should have several adults to turn to for help.

Exhibit V-k

Web of Resiliency



- Setting and communicating expectations that must be both high and realistic to effectively motivate youth.
- Providing opportunities for meaningful participation in problem-solving, decision-making, planning, goal-setting, and helping others.

Finally, Henderson and colleagues (2007) recommend never giving up on a youth, because resiliency is a life-span process. To foster resiliency in youth, adults need to convey an attitute of optimism and encouragement, focus on strengths, implement the strands of the resiliency web discussed above, and persist in these approaches.

PRACTICE GUIDELINE 6

Identify each offender's readiness to change and prompt him/her to make positive changes using motivational interviewing techniques.

Stages of Change

An important aim of any correctional program is behavior change on the part of the offender that fosters ongoing prosocial behavior and eliminates recidivism. To be effective in promoting offender change, one must be familiar with the processes individuals go through when they change a behavior. Whether one wants to start a new positive behavior (such as exercising) or stop a detrimental behavior (such as smoking), the process of change is basically the same. The Stages of Change Model was originally developed by Prochaska, DiClemente, and Norcross (1992) and applied to addictive behavior. The model has been well-researched and found to be accurate for those attempting to change unwanted behaviors. Altogether, there are five stages of change in the model:

1. *Precontemplation* is the time period in which a person does not intend to change and/or is unaware or denies that a problem exists.
2. *During contemplation* a person recognizes the problem and thinks about overcoming it, but he/she does not make a concrete commitment to "take action."
3. *Preparation* is the stage in which a person begins to actively develop specific plans for making change within a clearly defined timeframe.
4. The *action* stage occurs when he/she begins to make overt, observable change in their problematic behaviors.
5. The *maintenance stage* is the effort to sustain the behavioral changes and avoid relapse

One of the hallmarks of this change process is that individuals may require several cycles through these stages before they fully succeed in long-term behavior change (Prochaska et al., 1992). In other words, relapse can be expected. It is, therefore, crucial to identify the stages at which youth are and work to move them to each following stage, rather than assuming that everyone is ready to make changes at the same time and at the same rate.

CASE STUDY
Jack Sample Case Plan

The community corrections professional considers information gathered on Jack: He participates in a city basketball league two nights a week; he has a part-time job working on his grandfather's farm Saturday mornings from 9:00 to noon; and there appears to be no major issues with his family or living situation. Most of Jack's peer group is positive, but he did have one instance where he succumbed to negative peer pressure. Jack shows considerable regret and remorse for what he has done. The community corrections professional recognizes that Jack is very low-risk in his likelihood of re-offending and has considerable protective factors in his life that should be maintained (e.g., involvement in extracurricular activities, stable family and living environment, employment).

CASE STUDY: jack and jill

Therefore, the community corrections worker decides to require Jack to complete 10 hours of community service. This allows the community corrections professional to hold Jack accountable for his actions through a meaningful consequence, without subjecting him to unnecessary interventions that waste limited resources and possibly pull him out of activities that function as protective factors for him. The community corrections professional and Jack discuss his requirements and together they outline the following case plan:

Goal: To be held accountable for engaging in underage drinking.

Objective: To perform 10 hours of community service within 30 days.

Action Steps:

1. I will explore possible agencies at which I can perform my community service hours.
2. I will choose a site and establish a schedule for completing my hours.
3. I will provide the name and contact information for the community service site to my diversion worker within one week.
4. I will begin performing my community service hours within the next 10 days.
5. I will complete my community service hours within 30 days (by June 10).
6. I will bring my signed community service timesheet to the community corrections professional within 30 days (by June 10).

Client Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____

CASE STUDY: JILL
Sample Case Plan

The community corrections professional working on Jill's case realizes that while Jill may be a first-time offender and she may have scored relatively low-risk on the risk and needs assessment, Jill has some significant needs that should be addressed. Therefore, it is determined that Jill will have the following individual-level interventions imposed upon her:

- Abstain from alcohol or other drug use.
- Undergo alcohol or drug testing.
- Participate in alcohol or other drug education and outpatient treatment, as outlined by the substance abuse counselor.
- Participate in family counseling, as suggested by the substance abuse counselor.
- Perform 10 hours of community service.

CASE STUDY: jack and jill

The community corrections professional works with Jill and her mother to outline the following case plan:

Long-term goal: To build competencies in risk/need areas by utilizing community resources.

What incentives are there for achieving this goal and making change? I want to avoid having a permanent juvenile court record. I love horses and I have an opportunity to go to horse camp this summer. So, I don't want to do anything else to mess up my chances of going to horse camp._

What barriers or problems may interfere with achieving this goal? Program costs, no transportation on Saturdays because my mother works on Saturdays.

What short-term goals (next 30 days) are related to the long-term goal above?

1. Begin outpatient treatment within 30 days.
2. Begin family counseling within 30 days.
3. Begin community service hours within 30 days.

What are the specific action steps that need to be taken within the next 30 days (e.g., include target date, who is the person responsible for each step, what community resources may be helpful in achieving each step)?

Short-term goal 1: Begin outpatient treatment within 30 days:

- My mother and I will contact the outpatient treatment center my community corrections professional has referred me to and set an intake appointment within the next seven days.
- I will call my community corrections worker and let her know when my intake session is scheduled at the outpatient treatment center.
- I will attend the intake session at the outpatient treatment center with my mother.

Short-term goal 2: Begin family counseling within 30 days.

- My mother and I will contact the family counseling agencies on the list provided by my community corrections worker within the next seven days to find out about the cost, meeting schedules, and their expectations.
- My mother and I will choose a family counselor and schedule an intake appointment within the next two weeks.
- I will call my community corrections worker and let her know where my mother and I will be going for family counseling and will let her know the date and time of our intake session.
- I will attend the intake session for family counseling with my mother as scheduled.

Short-term goal 3: Begin community service hours within 30 days.

- I will review the list of possible community service sites and contact them within the next two weeks to determine their hours and ability to have me perform my hours with them.
- I will choose a community service site and call my community corrections worker and let her know where I will be performing my hours within the next three weeks.

Client signature:_____ **Date:**_____

Parent/guardian signature:_____ **Date:**_____

Exhibit V-I
Stages of Change Indicators

Stage	Indicators	Strategies to Support Progression
Precontemplation • Unaware of the problem • Denies that change is needed • Resists change	• Avoids or changes the subject • Is poorly informed about the problem • Doesn't take responsibility – "It's not my fault." • Denial – "I don't have a drinking problem." • Rationalization – "It was my friend's fault for bringing the beer." • Projection – "Everybody drinks." • Resistant – "I don't need to change. I like things the way they are."	• Build rapport and trust • Refute denials, rationalizations, and projections in a moderate (nonconfrontational) way • Stay focused on problem issues • Point out the problems caused by drinking • Impose consequences for drinking as a means of helping underage drinkers accept responsibility for their behavior • Provide educational information about the hazards of underage drinking
Contemplation • Recognizes the problem but makes no commitment to change	• Thinks about changing but takes no action • Puts off making changes • Is waiting for the perfect time and way to change • Still likes the experience of drinking and the feeling of intoxication	• Acknowledge that the offender has mixed feelings about changing his or her drinking behavior • Help youth see the harm they are causing to themselves and others • Use educational methods that help the offender confront his or her feelings about the behavior • Help youth think through their options and the consequences of each choice • Help the offender find ways they can experiment with making changes
Preparation • Planning and getting ready to change	• A decision is made to change • The offender takes steps to prepare for action • May take initial steps like not wearing tee shirts with alcohol logos or staying away from peers who drink	• Help the offender take small positive steps toward change • Build the offender's confidence that he or she is capable of making changes • When ready, have the offender make a commitment to change (e.g., sign a behavioral contract, make a public affirmation to change) • Provide lots of positive reinforcement • Refer to treatment if needed

Exhibit V-l
Stages of Change Indicators, CONTINUED

Stage	Indicators	Strategies to Support Progression
Action • Changes behavior • Revises thinking patterns, attitudes, values, and belief systems • Regulates environment to overcome the problem	• Stops drinking • Admits that drinking is not beneficial • Stays away from peers who engage in drinking • Stays away from places where drinking is likely to occur • Engages in treatment positively • Begins to have a different self-concept	• Encourage and reward positive participation in treatment • Help youth design strategies to stay away from peers, places, and situations where they might be tempted to drink • Help youth realize and celebrate the progress they have made in changing their behaviors, thinking patterns, attitudes, values, and belief systems
Maintenance • Continuing to not use alcohol	• Consistently avoids drinking and people and places that might tempt one to drink • Sustains positive attitudes about not drinking	• Help youth anticipate possible pressures or temptations to drink and develop strategies for avoiding them • Frequently review the problems drinking caused and the benefits of not drinking • Develop strategies to help when temptation to drink is strong (e.g., calling a sponsor, walking away, changing locations and activities) • If relapse occurs help youth realize that this happens to many people, it is not an ultimate failure but a temporary setback, and they can again achieve success in overcoming a drinking problem

Sources: Prochaska, Norcross, & DiClemente (1995); Walters, Clark, Gingerich, & Meitzer (2007).

CASE STUDY: JILL

CASE STUDY: jack and jill

Stages of Change

In Jill's case plan on pages [include page numbers here], she has a short-term goal to begin outpatient treatment within the next 30 days. What we haven't really explored in Jill's scenario is where she is in the stages of change. It could be argued that our case plan presumes that Jill is in either the preparation or action stage of change, and, in fact, that's when the plan would work best. Either of these stages would mean that Jill is close to being or is ready to admit her problem with alcohol and is ready to engage in treatment and get the help she needs.

But what if Jill is at the precontemplation stage? Would that change things? Review the information provided in Exhibit V-I regarding the precontemplation stage. Would you change your approach or case plan with Jill? If so, what changes might you make in your approach with Jill or with her case plan to help her achieve her goals?

Justice system professionals need to match their strategies with the offender's stage of change. For example, it may be useless to refer a youth to a treatment program when he or she is still in the precontemplation or contemplation stage unless the treatment program has addressed this as a first step in the intervention. If the offender has reached the preparation or action stage, however, a referral to treatment is more likely to result in positive changes. Exhibit V-I provides some key indicators of each of the stages of change and possible ways to encourage movement to subsequent stages.

Motivational Interviewing

Motivational interviewing is a client-centered counseling style for bringing about behavior change by helping clients explore and resolve ambivalence—in other words, helping them want to make changes. Behavior change arises from the influences of internal values, goals, and sense of accomplishment and from external influences such as threats, incentives, and interpersonal pressure. When people change for internal reasons, they exert more effort, are more satisfied, and stick with the changes longer than when they change for external reasons. The technique includes four basic principles during the motivational interviewing process (Walters et al. 2007):

1. The interviewer must *express empathy* to the offender, which will allow the interviewer to draw out concerns and reasons for change from the offender, instead of relying on the preset agenda of the court of supervising agency as the sole persuasion strategy.
2. The interviewer must be able to *roll with resistance*; that is, he/she must effectively handle the offender's resistance to change through patience and diligence.
3. The interviewer must *develop discrepancy* by asking questions and making statements to help the offender identify his/her own reasons for change.
4. The interviewer must be able to *support self-efficacy* within the offender by doing such things as remaining optimistic, reminding the offender of personal strengths and past successes, and affirming efforts to change.

People are more likely to thrive and want to change when they receive praise and positive rewards than when they are criticized and punished. The affirmation of "positive talk" and positive behavior means providing feedback to the offender in order to enhance the likelihood that he/she will continue to engage in discussions and behaviors that are apt to result in behavior change. Affirmations may also be paired with incentives to increase the chances that the offender will repeat positive behaviors. Incentives might include praise, a written commendation, additional privileges, and decreased requirements. Reflective statements paraphrase what the offender has said or what the interviewer understands about the offender's thoughts and feelings. This lets the offender know that the interviewer is really listening and trying to understand his or her thoughts, feelings, and actions.

CASE STUDY: JILL
Motivational Interviewing

CASE STUDY: jack and jill

When developing Jill's case plan (see pages [include page numbers here]), the community corrections professional used a format and asked questions in a manner that encompassed motivational interviewing techniques. For example, the community corrections worker asked Jill, "What benefits or incentives are there for you to succeed in the program and make change?" This open-ended question gave Jill a chance to consider what she thinks she will get out of this program and why. Many times there are benefits and incentives built into programs (e.g., early discharge, avoid juvenile or criminal record, dismissal of charges); however, those may or may not be what actually motivates the individual involved in the program to change or succeed. It is important to see what is significant to Jill so we know what motivates her—whatever that may be.

Jill's initial answer to the question on her case plan was "I want to avoid having a permanent juvenile record, and I want to be able to go to horse camp this summer." Jill's plan also outlined specific short-term goals and action steps she is to complete within the next 30 days to stay on track. Suppose Jill comes for an office visit in 30 days and she did not follow through with some of her short-term goals (e.g., she didn't show up for her intake appointment for treatment and she didn't find a location to do her community service hours). One strategy the community corrections officer could use is to remind Jill about her initial personal goal to complete this program successfully (e.g., avoid a permanent juvenile court record and be able to go to horse camp this summer) and ask her how that goal can be achieved if she doesn't meet her short-term goals for the program. This is one way to use the motivational interviewing technique of developing discrepancy when the young person's behavior and his or her goals and values are not consistent with one another.

Recognize that Jill's motivation for changing may evolve over time, so asking the same type of open-ended questions periodically throughout her involvement in the program can be useful to see where Jill is coming from and help keep her on track.

It also gives the offender a chance to make corrections if the officer has not understood him or her correctly. Reflective statements often help to deflect arguments and keep conversations focused on the offender's behavior (Walters et al., 2007).

PRACTICE GUIDELINE 7

Refer underage drinking offenders with alcohol disorders to appropriate alcohol treatment and monitor their attendance and participation.

For youth whose assessment indicates a need for substance abuse treatment, specific treatment for alcohol abuse should be integrated with justice system interventions. Alcohol treatment refers to specific strategies and programs delivered by qualified staff intended to help drinkers discontinue using alcohol, recover from its adverse effects, and achieve a more prosocial lifestyle. Justice system professionals seldom will be involved in delivering alcohol or substance abuse treatment. They must be knowledgeable, however, about the qualities and types of good treatment programs, and how to match the needs of youth for treatment with the most appropriate type of treatment program. Further, justice system professionals must monitor the fidelity of treatment delivery and the offender's progress in treatment.

Additional research and evaluation studies are needed on alcohol treatment for youth and young adults, but some general results have been documented (Brannigan, Falco, Dusenbury, & Hansen, 2004):

- Participation in any treatment is more beneficial than no treatment at all.
- The longer the period spent in treatment the more positive the outcome.
- Family participation in treatment is likely to garner more success.
- Skills training as part of the treatment results in more successful outcomes.
- Participation in continuing care activities, such as self-help and support groups, provides more positive treatment outcomes.

In terms of individual characteristics of youth and young adults in alcohol treatment, those who come from higher socioeconomic status, who are involved in school, and who started drinking at an older age have more positive treatment outcomes and are most likely to benefit from outpatient treatment. For youth who are delinquent or antisocial, the highly structured therapeutic community environment may produce the best outcomes (Brannigan et al., 2004).

Brannigan and associates (2004) conducted literature reviews to compile the list of effective treatment elements for adolescents shown in Exhibit V-m. Notice the similarity when compared with the EBP Principles for justice system interventions discussed throughout this document.

Exhibit V-m
Elements of Effective Adolescent Substance Abuse Treatment
Compared to Evidence-Based Practices

Elements of Effective Adolescent Substance Abuse Treatment	Justice System Evidence-Based Practice Principles
• Assessment and Treatment Matching	• Assess actuarial risk • Target interventions – Responsivity principle, Risk principle, Need principle
• Comprehensive, integrated treatment approach	• Target Interventions – Treatment principle • Skill train with directed practice
• Family involvement in treatment	• Engage ongoing support in natural communities
• Developmentally appropriate programs	• Target Interventions – Responsivity principle
• Strategies to engage and retain teens in treatment	• Enhance Intrinsic Motivation • Treatment Principle – Dosage • Increase positive reinforcement
• Qualified staff	• Skill train with directed practice
• Gender and cultural competence	• Target Interventions – Responsivity principle
• Continuing care	• Target Interventions – Dosage
• Measurement of treatment outcomes	• Measure Relevant Processes and Practices • Provide Measurement Feedback

Sources: Brannigan et al., (2004); Crime and Justice Institute (2004).

Assessment and Treatment Matching

Assessment was discussed extensively under an earlier practice guideline where emphasis was given to the need to have qualified substance abuse treatment professionals conduct specific in-depth assessments of individuals who demonstrate significant alcohol problems when initial screening tools are administered. Professionals who conduct alcohol and other drug assessments on adolescents and young adults need to be knowledgeable about substance abuse and its course and ramifications in young people. As Brannigan and associates (2004, p. 699) note, "Prematurely labeling teens as abusers can be harmful and may actually promote their progression from use to abuse." Further, they suggest that it may be appropriate to include a family assessment, as it may be important to identify and tailor treatment for youth and young adults with special circumstances, such as those who are children of alcoholics or those who are experiencing developmental delays because of their alcohol use.

Assessment is the first step in determining the type of treatment approach to which a youth or young adult may respond most positively. The options available for alcohol treatment programs will vary depending on many local factors. Some communities may have only one or two resources while others will have a multitude of programs. When programs are limited, justice system professionals may have to work with existing programs to expand their options or promote the development of additional resources. Some factors that should be investigated for treatment programs include the following (Crowe & Reeves, 1994):

- Program characteristics: What substances can be treated? What are the demographics of those in treatment, program cost and location, and eligibility criteria for admission to the program?
- Program proficiency: Does the program deliver treatment in the intended manner, quantity, and intensity? Are there outcome data indicating positive results for the majority of clients?
- Program strategies: Individuals in treatment are held accountable for attendance, punctuality, and abstinence. Programs use an array of possible consequences appropriate for the individual and the infraction, when needed. Referrals are made for participants' other identified needs.
- Staff competency and attitudes: The program employs sufficient staff for the number and needs of program participants. Staff are experienced and trained in providing the services for which they are responsible. Staff provide strong leadership but show compassion and model positive personal characteristics. Staff exhibit attitudes that require responsibility and accountability.
- Willingness to coordinate with the justice system.

Similarly, characteristics of individuals needing treatment should be evaluated to match them with treatment programs. The following areas should be considered (Crowe & Reeves, 1994):

- Readiness and motivation for treatment: Individuals will have more successful treatment experiences if they are ready for and want to change their behavior.

- Presence and severity of psychological problems: If individuals have a concomitant psychological problem, they should be placed in treatment programs that will address both the alcohol and mental disorder. If the individual needs to be placed in separate programs for each problem area, the treatment providers should be willing to work collaboratively to provide the person with comprehensive and consistent care.

- Ethnic and gender considerations: Individuals may remain in treatment longer if most others in the program are of the same gender and ethnic group. The ethnicity and gender of staff also should be similar to that of the participants in the program.

- Family involvement: Effective programs should be able to develop working relationships with, and gain the cooperation and participation of, family members.

Many treatment models have been developed; however, not all of them have been thoroughly researched and found to be effective. Although more research is needed in every case, treatment approaches that have been found to improve positive outcomes for adolescents include the following:

- Twelve-step approaches are highly structured programs that involve detoxification, psychological evaluation, general and individualized treatment planning, group therapy, lectures, and individualized counseling. Examples of this approach include the Minnesota Model and Twelve-Step Facilitation. Group therapy is a key ingredient of this approach because those who are further along in the recovery process pass on knowledge, experience, and values to new people in the group. Participants are referred to Alcoholics Anonymous programs after completing treatment to help stem the possibility of relapse.

- Therapeutic communities focus on re-socializing individuals with drug and alcohol problems. Substance use disorders are viewed as symptoms of broader life problems. The treatment is delivered in long-term residential settings in which peers and professionals emphasize that individuals are responsible for their own addiction and recovery.

- Cognitive behavioral therapies are structured approaches that focus on individuals' thoughts and behaviors. Strategies include teaching individuals about the internal and external cues that prompt them to drink. This is based on the theory that individuals' beliefs and urges generate their actions. Individuals learn coping strategies and skills to deal with problems they encounter and prevent relapse.

- Family therapy includes several specific approaches and is based on the assumption that alcohol use is influenced by a youth's environment, including family, peers, and the community. Treatment strategies include both individual and family therapy sessions through which adolescents are helped to build essential skills, improve communication with their families, and enhance coping mechanisms for dealing with stress. Sessions with parents address parenting styles and focus on having a more positive influence on their children. Many programs combine two or more of these approaches (Brannigan et al., 2004).

The types of treatment strategies just described may be delivered in a variety of settings. Exhibit V-n depicts the possible settings for the delivery of alcohol treatment to youth and young adults ranging from the least intense (bottom) to the most intense.

Exhibit V-n
Treatment Settings

Setting	Intensity	Description
Detoxification	Most Intense	Generally a three- to five-day period of intensive medical monitoring and management of withdrawal symptoms. Seldom needed for adolescents. May be included as part of or followed by inpatient treatment.
Inpatient Treatment		Provides a safe and controlled temporary living arrangement for the individual with structure to help the individual make major life changes while limiting access to alcohol and other drugs. Some programs provide 24-hour professional supervision for initial treatment. Group homes and halfway houses are less intensive and provide a sober living environment for longer periods.
Day Treatment or Partial Hospitalization		Usually includes a combination of individual, group, and family therapies delivered in structured treatment programs after school, in the evenings, and/or on weekends.
Outpatient Treatment		Provides therapy with less supervision—often two to three hours per week or more. Approaches usually include cognitive behavioral therapy and family therapy.
Brief Interventions	Least Intense	May be delivered by physicians, counselors, and others who do not specialize in alcohol treatment. These interventions encourage self-help and self-management. These strategies are appropriate for those who have not yet developed serious alcohol problems or dependence.

Source: Brannigan, Falco, Dusenbury, & Hansen (2004).

Comprehensive, Integrated Treatment Approach

Treatment for adolescents is more effective if it is fully integrated into all aspects of their lives, including school, home, family, peer groups, workplaces, and justice system agencies (Brannigan et al., 2004). For example, treatment programs should help students keep up with school work, help families learn better communication skills, and encourage associations with peers who do not drink. When a youth or young adult is involved in the justice system, treatment and justice professionals may need to work together to make various decisions when needed. For example, a treatment professional may view relapse as an expected part of the treatment process for which the youth or young adult may need additional treatment services and support. Justice system professionals, however, may view an incident of relapse as a violation of supervision conditions for which sanctions are warranted. Lack of coordination among various systems serving a youth may result in confusion and frustration for the youth and all involved in providing services to them. For those reasons, it is important for both treatment and probation staff to work together in managing a youth's case in order to have the most effective impact on the youth's behavior.

Developmentally Appropriate Programs

People tend to view adolescents as a homogeneous group, but there may be as much difference—in years and in developmental progress—between an 18-year-old and a 13-year-old as there is between a 3- and 8-year-old. As some youth begin drinking by age 12 or earlier, and young adults are prohibited from drinking until age 21, the range of those involved in the justice system because of underage drinking may cover 10 years or more. In addition to the large age range involved, the use of alcohol or other drugs may impede developmental progression. Therefore, it is vital to assess developmental progress in these areas and not rely just on age as an indicator of maturity.

Treatment programs need to be able to modify content, activities, and approaches to the developmental level of those in the program. For example, youth in an earlier developmental stage may think much more concretely than those in later developmental stages who can think more abstractly. Younger adolescents are more focused on family and same-sex peers, while those in later developmental stages are striving to achieve independence from their families and engage in dating relationships. The treatment, therefore, needs to be focused on their developmental needs and skills.

Engage and Retain Youth and Young Adults in Treatment

For youth and young adults who are diagnosed with a substance abuse problem, the longer they participate in substance abuse treatment programs, the greater the likelihood that the treatment will be effective. Therefore, programs should implement strategies to engage and retain them in treatment. Strategies that may be helpful in treatment retention include (Brannigan et al., 2004):

- Using motivational interviewing and implementing other motivational techniques.
- Giving positive reinforcement.
- Developing trusting relationships between youth and therapists.
- Helping youth address specific life problems they encounter.
- Engaging parents.
- Providing good case management.
- Qualified Staff

Staff providing alcohol treatment for youth and young adults must possess a broad range of knowledge, skills, and attitudes. Among the most vital assets of treatment staff are (Brannigan et al., 2004):

- Knowledge of adolescent development.
- Knowledge of and ability to recognize psychiatric problems.
- Ability to work effectively with families.
- Knowledge and skill in working with youth with delinquency problems.
- Understanding of and ability to work with those with learning problems.
- Positive, caring attitudes.
- Professional training and credentials.
- Gender and Cultural Competence

Both the precipitating factors and the experience of underage drinking are likely to be different for males and females and among those from different cultural groups. There is a high correlation between childhood trauma—especially sexual abuse—and chemical use by girls and women. Girls are more likely to be the victims of sexual abuse and experience abuse over a longer period than boys. Besides the connection with previous abuse, girls are also likely to begin alcohol use in dating relationships. Further, girls often use alcohol as a means of self-medicating troubling feelings and emotional states. On the other hand, boys are more likely to begin alcohol use with their male peers. Boys often use alcohol as a rite of passage and as a means to increase pleasure and excitement.

Because their reasons for using and the contexts within which they consume alcohol are different, it is not recommended that boys and girls be placed together in treatment programs. Further, during adolescence and young adulthood, male and female sexual development is a strong influence and may impede the treatment process if they are placed together (Brannigan et al., 2004).

Culture encompasses a range of values, beliefs, experiences, and traditions shared by groups of people. Cultural groups may have varying beliefs and customs about the use of alcohol and problems related to it. Therefore, it is crucial that treatment professionals and justice personnel be attuned to the cultural experiences of youth and young adults and seek or adapt treatment programs accordingly.

As discussed in Section II, underage drinking offenders should be held accountable for their behavior regardless of cultural backgrounds and special needs. Specific treatment methods and justice system interventions, however, should be chosen carefully so that they are most likely to be effective in helping youth and young adults become healthy, law-abiding individuals. Cultural beliefs and traditions often can be incorporated into the treatment setting to bolster the youth's commitment and engagement.

Continuing Care

Substance abuse is often defined as a chronic, relapsing disorder. Thus, the likelihood of young people with an alcohol disorder being able to maintain sobriety without additional support after completing treatment is minimal. Good treatment programs should have plans and ongoing services to assist young people to remain alcohol-free.

Continuing care options may be problematic for youth and young adults who receive initial treatment in one locale and then live elsewhere. This might happen with a person who is sent away from his or her community for treatment or for students who leave home to attend college elsewhere. Further, justice system professionals may encounter youth and young adults returning from confinement in juvenile or adult facilities who need ongoing supportive services. Justice system professionals may need to assume a case management role in these situations to find appropriate sources of ongoing care and refer individuals to them. For example, those who have received treatment elsewhere might be matched with Alcoholics Anonymous programs or other types of support groups in their current communities.

Treatment Outcomes

Finally, those who supervise youth and young adults in the justice system and are responsible for making referrals with regard to their cases, and monitoring them over the duration of their supervision must be aware of each program's treatment outcomes. Treatment programs should gather and analyze data on treatment effectiveness, and they should be able to document that this information is used to improve or enhance their treatment strategies (Brannigan et al., 2004).

PRACTICE GUIDELINE 8

Engage family and social networks of support in the supervision process.

One of the principles for evidence-based practice in community corrections recommends engaging ongoing support in natural communities (Crime and Justice Institute, 2004). Family and social networks are the most influential and powerful context in which all of us—including youth and young adults—exist. The coordination of social networks is also one of the goals specified in *Call to Action* (U.S. Department of Health and Human Services, 2007) to prevent and reduce underage drinking. Studies have consistently shown that informal agents of control (e.g., family and social networks) are more powerful than formal agents of control (e.g., probation, parole, law enforcement) in helping those under community supervision achieve and maintain behavior change (Petersilia, 2003; Sampson, 1988; Gottfredson & Hirschi, 1990). Therefore, if supportive individuals can be recruited to provide positive feedback for desired behavior, there is a much stronger probability that the young person will be successful in changing his or her behavior (Crime and Justice Institute, 2004).

Parents and legal guardians of youth under age 18 have a legal obligation and responsibility to financially support and supervise their children. Therefore, community corrections professionals should make sure that they become involved in the supervision process on some level. At a minimum, this may mean parents or legal guardians must agree and sign forms allowing their child to participate in a diversion program or attend their child's court hearing. Other times, depending on what type of program or system-level response has been imposed upon the youth, parents may be required to be directly or indirectly involved in programming or services with their child (e.g., family counseling, parenting classes). Some parents and legal guardians participate willingly, while others do so with less enthusiasm or only through coaxing or requirement by the court.

It is important to realize, however, that family and community support is no less needed or important for young adults between ages 18 and 21. The ways that family and social controls can be activated will differ among jurisdictions for this subset of young people because they are considered in many respects to be adults. After an individual reaches age 18, there is no longer the legal requirement that parents financially support and otherwise supervise their children. There is, however, usually a social expectation that they do so. For example, colleges and universities have grappled with the practice of parental notification when an underage student is involved in drinking alcohol. Parental notification is becoming a more common practice as part of a campaign to increase monitoring of college students, and limited research has indicates this has proved somewhat effective in reducing high-risk drinking behavior and associated disciplinary problems (Bonnie & O'Connell, 2004). EBP principles indicate that working with adult offenders to help them identify and leverage the support of their families and social networks can be beneficial for reinforcing positive change and, in the case of young adults with substance abuse problems, for preventing relapse.

The basic reality is that family members often have responsibilities toward each other, and most families continue to demonstrate their loyalty even during tough times. Individuals involved in the juvenile or criminal justice system often appear in court with someone. People attending drug treatment can almost always name a loved one who is willing to provide support. Finding ways to activate and leverage that mutual loyalty and support, and reminding individuals involved in the justice system that their actions affect other members of their network, can motivate and facilitate change (Mullins & Toner, 2008).

The Family Support Approach for Community Supervision, as developed by Family Justice and in partnership with the American Probation and Parole Association, provides a framework and tools (see Exhibit V-o) that community corrections professionals can use to engage families and social networks by helping a youth or young adult identify and leverage the support of their families and social networks to help them meet their community supervision (or diversion) goals and objectives (Mullins & Toner, 2008). In the context of the Family Support Approach, family is broadly defined. It includes, but is not limited to, blood relations. It also encompasses the network of people who are significant in an individual's life (e.g., positive peers, roommates, teachers, coaches, neighbors, work associates, counselors, religious leaders, 12-step sponsors, workers at a youth service organization).

One way the families and social networks can be called upon to help is by monitoring and supervising the behavior of youth. The amount of time that community supervision professionals spend with youth or young people under supervision is fairly limited, when compared to the amount of time that these young people spend with their families and social networks of support. Therefore, these individuals are in a unique position to provide support that a government entity cannot. They can also take note of warning signs that the youth may be engaging in activities contrary to his or her supervision conditions or program requirements that could ultimately lead to a violation or revocation if not addressed promptly.

For example, parents or legal guardians or other supportive adults of youth under the age of 18 can and should participate in monitoring and supervising the behavior of youth including such practices as (Bonnie & O'Connell, 2004):

- Knowing the youth's friends.
- Making sure youth are always supervised by adults.
- Knowing a youth's plans for the day or evening.
- Knowing what youth are doing when away from home.
- Enforcing evening curfews.
- Being involved together with youth in projects and activities.
- Using appropriate punishments for inappropriate behavior and rewards for positive behaviors.

Exhibit V-o
Sample Tools and Techniques of the Family Support Approach for Community Supervision

Supportive Inquiry

Supportive inquiry is a complement to motivational interviewing that provides a means of asking and listening that helps individuals identify strengths and social supports that may be tapped to increase successful compliance with supervision and to facilitate positive behavioral change. The goals of supportive inquiry are to stimulate insight, collect information, enhance self-efficacy, and forge and strengthen connections. For example, some sample questions that can be used when engaging in supportive inquiry to help find solutions to problems include: "What is working best in your life right now? Who among your family or friends are in recovery? What is important to you now? Whom do you help? What are your goals? Who asks you for help? What are you good at, and what do you like to do?"

Mapping Tools

Genograms are essentially a family tree (limited to blood relationships) that shows elements of a family and the nature of its relationships. Traditionally, genograms have been used to highlight problems and deficits, but within the Family Support Approach information about the person's and his or her family members' strengths (e.g., education level, car ownership, employment, job skills, home ownership) are also included.

Ecomaps are a visual representation of valuable resources outside the blood family. Visually, an ecomap resembles a diagram of a solar system or atom—family or persons with whom the young person resides are in the center, and other important people or institutions are depicted with circles around the center like planets around the sun or electrons around the nucleus. Once the resources are identified lines are drawn between the persons in the center circle and the entity to indicate the nature of the relationship (i.e., neutral, strong positive, challenge), as well as lines drawn between agencies/entities to illustrate the nature of their relationship with one another. Ecomaps help community corrections staff and the young person identify sources of support that might be tapped in new ways, and they can show the various systems with which the young person interacts. This can aid the young person in beginning to see and understand the number of systems that are not of his or her choosing with which he or she must interact because of his or her actions. It also helps the community corrections professional begin to recognize the myriad constraints (and conditions) under which the young person is living that may affect his or her ability to meet his or her program or supervision requirements.

(Mullins & Toner, 2008)

Probation officers, diversion staff, treatment professionals, and others may need to work with parents and other supportive individuals in the community to guide their parenting practices in a more constructive direction. Some may need to be taught the positive parenting practices listed above, and they may need encouragement or persuasion to change parenting habits that are unproductive or harmful.

A family-focused approach is dependent on a genuine partnership between the community corrections professional and the families of the youth or young person, who likely share the same goal—to help the young person stay out of trouble (Shapiro & Schwartz, 2001). It is important, however, to be clear about the role of the family and be cognizant of how families are "engaged" in the supervision process. Engaging families in supervision as part of the Family Support Approach does not mean deputizing them. Involving families can make a community corrections professional's job easier by giving him or her another set of eyes; however, the type of information that is sought and the purpose for which it is sought from families can make a huge difference within the Family Support Approach (Mullins & Toner, 2008).

For example, engaging families should not focus exclusively on finding out what the young person is doing wrong. Some families are tired of what the youth under supervision has put them through and are looking for ways they may be able to manipulate the situation so they can get the community corrections professional to solve the family's problems for them. Keeping these factors in mind, it is important that community corrections professionals strive to avoid setting up a dyad in which the family and community corrections professional are in essence acting against the individual under supervision (e.g., "Call me when he starts drinking again.").

Under the Family Support Approach, the goal is to set up a triad in which the community corrections professional and family are working together to support the young person and facilitate behavior change (e.g., "Call me if you are concerned he is starting to relapse so we can determine what intervention is warranted."). In practice, this can be difficult to execute, particularly for families who may be reluctant to contact a community corrections professional with information about their family members because they are concerned about how the information may be used (Mullins & Toner, 2008).

Engaging families and social networks should extend beyond the mere "enforcement" aspect of community supervision. Families and social networks also can be tapped to bring attention to what the young person is doing right, identify the young person's strengths and resources, and help find solutions to problems or obstacles when the young person is not meeting his or her program or supervision goals or objectives (e.g., not attending educational class, not paying restitution, not performing community service). In general, solutions that mean the most are the ones developed by the young person or the people who support the young person (Mullins & Toner, 2008).

CASE STUDY: JILL
Engaging Family and Social Networks of Support

One of Jill's sanctions is to perform 10 hours of community service. After about two weeks of searching for a site to do her hours, Jill called and informed her community corrections worker that she was having trouble finding a community service site. The only agencies that she had found that were willing to let her perform her community service with them wanted her to do her hours on Saturday mornings. But Jill's mother works on Saturdays and is not able to transport Jill to any of the potential community service sites she has found so far. Jill loves animals, and the Humane Society was one of the sites with which Jill was the most interested in doing her hours, but they, like the other agencies she called, could only accommodate her on Saturday mornings.

CASE STUDY: jack and jill

Recognizing that Jill would really like to do her hours at the Humane Society and that being able to perform her hours there would be a way to capitalize and build on one of Jill's strengths, the community corrections officer began to use supportive inquiry and motivational interviewing techniques to help Jill determine if there are other people in her social network of support that she might be able to ask to transport her to the community service site. The community corrections officer recalled from a previous conversation with Jill that she had two other relatives in the area—her grandfather and her aunt. Through the conversation, Jill reveals her grandfather is in a nursing home and would not be able to transport her. Her aunt lives about 10 minutes away and she doesn't see her very often—mostly on special occasions. Jill's mother and aunt have a regular dinner date each month and talk quite frequently on the phone. The community corrections officer asks if Jill knows if her aunt works on Saturdays, and Jill says she doesn't know. Given Jill's mother's apparently close relationship with her aunt, the community corrections officer suggests Jill talk with her mother to see if she believes her aunt might be willing to help transport Jill for two Saturdays to the Humane Society so she can complete her hours.

Review the information on the tools of the Family Support in Exhibit V-o. In addition to supportive inquiry or motivational interviewing techniques, what other tool(s) do you think might have been helpful to use when helping Jill find a solution to her problem in this case study?

PRACTICE GUIDELINE 9
Monitor compliance with supervision conditions and case plan expectations.

To protect the community, promote youth development, and restore victims to the extent possible, community corrections programs must carefully monitor youth to ensure that they are in compliance with program requirements or court-ordered supervision conditions and case plan elements. Effective monitoring begins with building cooperative and coordinated interactions with other agencies and individuals to facilitate gathering accurate, timely information about each offender's behavior.

Community corrections staff should aggressively pursue information needed to instruct case management decisions. Officers will need to establish and maintain sufficient contacts with youth and others involved with them to monitor each offender's activities and gain direct and collateral information to accurately ascertain his or her compliance with supervision conditions and expectations. Collateral contacts for monitoring might include family members, school personnel, employers, and others directly involved with youth.

Arrangements should be made by community corrections personnel to receive an immediate notification from any programs in which a youth is enrolled about a youth's unexcused absence or noncompliance with program expectations. Supervising officers also need to arrange to obtain information from other agencies in the juvenile, criminal, or civil justice system (e.g., law enforcement, prosecutors, courts), if they have further contact with a youth who is under supervision, as well as obtaining information from collateral contacts such as family members and schools.

It is vital when working with justice system personnel to flag new arrests, 911 calls, and other incidents involving a youth under supervision, regardless of the risk level of the offender. Requests for information can be expedited if agencies enter into formal agreements about how such exchanges will occur. If requesting information about specific individuals, the community corrections should have signed release of information forms for such purposes.

Alcohol and Drug Testing

If the youth is placed on probation, an essential element of monitoring underage drinking offenders should include screening them for ongoing alcohol and other drug use. If the young person is placed on diversion—especially if the diversion program is operated by a nonprofit organization that is not subject to the same level of authority or resources as a government entity might be—the agency operating the diversion program should carefully investigate the pros and cons of administering drug tests before making this part of their program's requirements.

Those youth under probation supervision should be subject to explicit conditions that prohibit alcohol or other drug use and require random testing. At the beginning of supervision, and occasionally throughout, youth should be tested for the presence of any illegal substances, including marijuana, cocaine, methamphetamine, opiate drugs, alcohol, and any other substances that may be used frequently in the local area.

The period during which alcohol use can be detected is relatively brief. Therefore, screening tests may need to be performed at times when youth and young adults are most likely to have been drinking, such as on weekends, evenings, and early mornings. Community supervision staff may want to consider conducting tests at locations where youth are, rather than waiting until they are in the community corrections agency office.

CASE STUDY:
Jack and Jill Monitoring Compliance

CASE STUDY: jack and jill

Jack

Jack brings his signed community service form to his community corrections worker showing he worked 10 hours. To assure the authenticity of the form, the community corrections worker calls the supervisor at the community service site to verify that Jack did indeed complete his hours. The community corrections officer also asks if the site was satisfied with Jack's work or if they have any questions or concerns.

Jill

The following are some of Jill's program conditions:

- Abstain from alcohol or other drug use.
- Participate in alcohol or other drug education and outpatient treatment, as outlined by the substance abuse counselor.
- Participate in family counseling, as suggested by the substance abuse counselor.
- Perform 10 hours of community service to repay the community for the harm caused.

What measures would you put into place to monitor Jill's compliance with these conditions?

When drug tests are conducted on location, efforts should be made to be discreet to avoid unnecessary labeling of juveniles and to protect their confidentiality and privacy. However, any field-testing should be done only with proper safety precautions in place for both supervision staff and youth. Some youth may try to alter their test results through adulteration of the sample or other means; therefore, it is important for community corrections professionals to stay abreast of current strategies that young people may use for this purpose.

Onsite testing for alcohol is most frequently carried out using either a Breathalyzer or oral fluids (saliva) testing. Breath analysis is accurate and gives a reading of the actual amount of alcohol in one's system. A Breathalyzer can be expensive initially, but there are very minimal ongoing costs for supplies and maintenance. Breath tests are easy to administer, as the offender only has to blow into a disposable mouthpiece and a numerical result is displayed on the apparatus.

Oral fluids tests identify the presence of alcohol in one's system through a chemical reaction between oral fluids and certain reagents used in the test. Oral fluids tests can simply tell whether the person has consumed alcohol, or they can give a quantitative reading of the alcohol level, with the latter usually being a more expensive test. Since any alcohol use by those under age 21 is illegal, it

may be sufficient just to determine whether alcohol is present through oral fluids tests. Alcohol can be detected through urine testing as well. Unless tests are simultaneously being conducted for other drugs, however, this method is more invasive than breath analysis or oral fluids testing.

Some manufacturers have developed sweat patches for alcohol testing. These are worn on the skin for several days and when removed and analyzed can determine whether any alcohol was consumed during the period the patch was worn. The advantages of this type of testing are that it can capture alcohol use over time, and the testing does not have to take place right after the person consumes alcohol for detection. The disadvantage is that it takes time to analyze the test and receive the results, so there cannot be an immediate response given to the offender.

Continuous transdermal alcohol testing is another valid way to determine whether a youth has consumed a small, moderate, or large amount of alcohol. It is designed to be used as a screening device to determine alcohol use and not to produce a specific BAC reading. The monitoring device is a passive, non-invasive tool that monitors alcohol consumption 24 hours a day, seven days a week for an extended time. The tamper-and water-resistant bracelet captures transdermal alcohol reading from continuous samples of vaporous or insensible perspiration collected from the air above the skin (Robertson, Vanlaar, & Simpson, 2006). Cost for the continuous transdermal alcohol testing device is usually charged to the offender, which often denies indigent youth access. Indigent funds should be established to allow access for those who are unable to pay. Any information gathered through this compliance monitoring process should be shared appropriately and expeditiously with all who should have access to it, including the court when circumstances merit court action, treatment, and other program providers involved with the offender and victims when their safety may be at risk.

CASE STUDY:
jack and jill

CASE STUDY: JILL

Alcohol and Drug Testing

Another one of Jill's program requirements is to undergo alcohol and drug testing. Considering the information above, what method(s) would you use? Where would you conduct the tests? Why?

PRACTICE GUIDELINE 10

Apply sanctions for noncompliance, when necessary, and increase positive reinforcement.

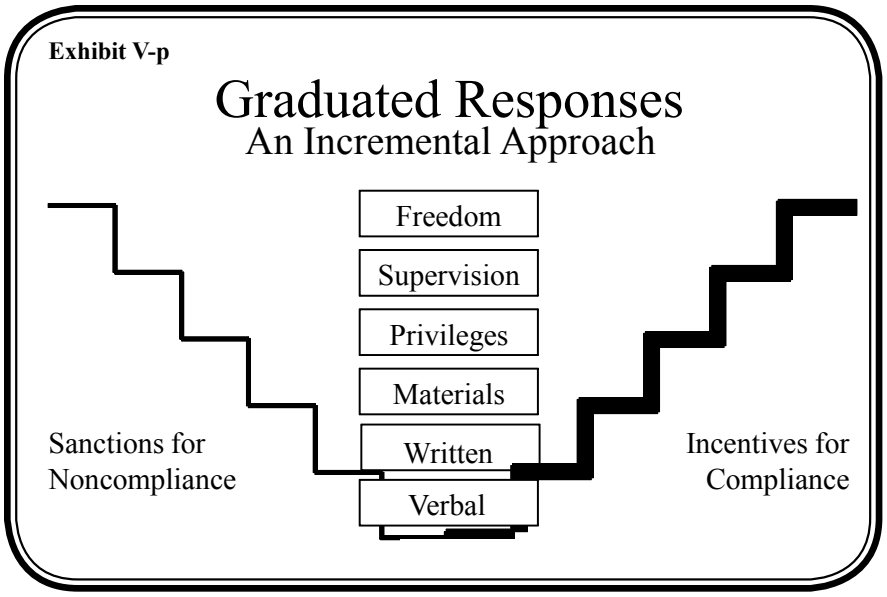
Swift, certain, and consistent sanctions should be applied for unacceptable behavior, particularly instances of drinking or engaging in activities that are a danger to the offender or others. When this is necessary, however, it becomes increasingly vital to reward constructive behaviors positively. People respond better to incentives than to punishment. Research has shown the optimal ratio to be four positive reinforcements for every one that is negative (Andrews, Bonta, & Hoge, 1990). Positive reinforcements are crucial because (Maryland Division of Parole and Probation, 2001):

- People respond better to positive reinforcement than to sanctions.
- Timely, consistent responses help youth change to prosocial behaviors.
- Clear expectations and definite boundaries guide youth toward behavioral goals.

A continuum of sanctions and incentives should be available so that youth can receive the appropriate level of response. This continuum, or graduated response model, is predicated on responding to lesser infractions with lesser penalty and responding to greater infractions (or ongoing lesser infractions) with greater penalty. Similarly, continued compliance or a particular accomplishment, or notable positive behavior, would merit increasing reward. Exhibit V-p provides a graphic representation of a graduated response model. The bolder line for incentives corresponds to the greater emphasis that should be placed on giving positive responses.

A cogent, well-designed system of responses can influence the level of cooperation or resistance presented by the offender. Taxman, Soule, and Gelb (1999) examined several research projects to identify the features necessary to a graduated sanctions model. Those features can be applied as well to graduated incentives and are:

- Certainty: Respond to every infraction or compliance.
- Celerity: Respond swiftly. Sanctions or incentives are most effective if they closely follow the behavior being disapproved of or rewarded.
- Consistency: Respond to similar infractions or levels of compliance with similar responses.
- Parsimony: Respond at the least level that is likely to produce the desired result.
- Proportionality: The level of response should equal the level of the offense or compliance.
- Progressiveness: Continued noncompliance results in increasingly severe responses and continuing compliance merits increasing rewards.
- Neutrality: Responses are an objective, impartial reaction to an offense or compliance.



Ultimate sanctions include the revocation of supervision resulting in incarceration, while an ultimate reward or incentive is the successful completion of supervision. There are, however, incremental and intermediate responses that can be employed and can serve to guide the offender to behavior change and subsequent successful achievement of supervision goals. Jurisdictions may opt to generate a structured sanctions and incentives menu to delineate responses to noncompliance and compliance. This structured menu can make responses more consistent, more equitable, and more proportional to the seriousness of the violation or the level of compliance, as well as more certain and more swift. Each agency must develop its own menu of sanctions and incentives, and these may need to be modified further for particular youth on a case-by-case basis. Often, youth can help define effective sanctions and incentives that are meaningful for them.

Based on the graduated response model shown in Exhibit V-p, the options shown in Exhibit V-q are provided as examples of possible sanctions and incentives.

As Exhibit V-q demonstrates, not every instance of noncompliance merits a return to court, but agency supervisors and courts should be kept informed through regular reports about noncompliance by youth and the responses to it by officers. Community supervision officers must establish a clear understanding of the court's position on enforcement and should neither promise nor threaten what the court cannot or will not deliver. Officers should work with the court to develop a common understanding of and system for responses from the court that are most likely to achieve the defined goals of community supervision. For example, both community supervision officers and the court should be well-aware of the fact that, in accordance with federal guidelines vis-à-vis the JJDP Act, incarceration may be an option for adult offenders (i.e., between the ages of 18-20), but should not be considered as an option for juvenile status offenders, which is more than likely where juveniles charged with underage drinking will fall.

Exhibit v-q
Examples of sanctions and incentives

Sanctions		Incentives
Revocation; noncompliant termination from diversion; incarceration; residential program; or a more intensive level of supervision	Freedom	Discharge from supervision or diversion program
Increased supervision contacts; increased alcohol testing; increased community service hours	Supervision	Less frequent supervision contacts; decreased alcohol testing
Restricted privileges for leisure activities or earlier curfews	Privileges	Additional time for leisure activities or later curfews
Monetary fine	Materials	Tickets to an entertainment event or certificates for a restaurant
Written reprimand; written report to referral agency; written report to judge	Written	Letter of commendation; positive report to judge or referral agency
Oral reprimand	Verbal	Oral praise

CASE STUDY: JACK AND JILL GRADUATED SANCTIONS

CASE STUDY: jack and jill

Jack

Suppose Jack only completed 5 hours of community service within his 30-day deadline. What would be an appropriate response?

Jill

Initially, Jill was required to come to the community corrections agency for an office visit every two weeks. She was also subject to random alcohol and drug test every two weeks. Suppose after 45 days that Jill has been complying with all her program requirements and her mother and treatment provider report Jill has maintained a consistently positive attitude. What incentives might be appropriate in Jill's case?

CONCLUSION

In moving away from a one-size-fits-all approach to responding to underage drinking offenders, it is important to recognize that effective intervention with all juvenile and adult offenders, including those who drink underage, begins with good assessment and case management practices. Screening young people to determine if there could be a more substantial substance abuse issue that needs to be addressed is a crucial first step in responding appropriately to underage drinking offenders. Additional assessment of risk and needs and substance assessment (if warranted) also will yield objective information that can be used to validate community corrections professionals' assumptions about young people and give them more direction on the young person's needs that can be targeted for services and change. Assessment data can also be used as a gauge to assess the effectiveness of prescribed interventions (as a pre/post test) used with underage drinkers in an effort to evaluate what is and is not working with individual youth and with this population as whole. Therefore, assessment is not only done at the start of a young person's involvement in diversion or probation, but it should be done throughout his/her involvement with diversion or probation services.

Developing a well-thought-out case plan, with input and assistance from the young person also can increase the young person's understanding of, and buy-in to, their program requirements or conditions. It is important to recognize, however, that a significant number of underage drinking offenders may not see a need or want to change. Thus, determining their readiness to change and motivating them to progress through the change process is a key role for justice system professionals. In carrying out the elements of case plans, officers should incorporate evidence-based practices calling for matching

interventions with the needs of youth, engaging them in cognitive behavioral interventions and skill training, and referring them to appropriate alcohol treatment programs, as needed. Family involvement and community support is also vital in helping underage drinkers change their behavior. Finally, it is the job of community corrections professionals to monitor the compliance of youth with supervision conditions and apply sanctions, if necessary, for noncompliance. It is important, however, to include greater incentives than sanctions in responding to youth, as they are more likely to change and maintain positive behaviors with this approach.

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APPENDIX A
ENFORCING UNDERAGE DRINKING LAWS (EUDL) PROGRAM COMMUNITY COALITIONS

OREGON LEADERSHIP FOR ALCOHOL-FREE KIDS

(see www.orpartnership.org/web/services/underagedrinking.asp)

- By utilizing both public and private resources, this coalition has worked to combat underage drinking by:
- Launching a statewide media campaign, involving the Governor's Public Information Office, aimed at adult audiences;
- Being comprised of leaders independent of state government but includes representation from state government and endorsement of the governor;
- Assessing the progress on combating underage drinking and other public health issues via the Oregon Healthy Teen Survey, which monitors risk behaviors and other factors that influence the health and well-being of Oregon's children and adolescents (see http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/aboutoht.shtml);
- Combating alcohol-related advertisements that are attractive to or target youth, encourage unsafe practices, or are offensive to ethnic or other community members;

- Encouraging the state government to improve the monitoring and enforcement of underage drinking laws; and
- Working with community-based programs that work with youth to address the issue of underage drinking.

Community corrections is one of many partners involved in this coalition. For instance, if a juvenile is found adjudicated of an alcohol-related charge, the local juvenile justice agency will work with the child's parents to take action in finding appropriate resources to address any potential substance abuse problems of the child. Depending on funding availability, agencies may even be able to provide direct services to an offender without the need of external agencies or programs.

UNDERAGE DRINKING COMMUNITY TASK FORCE IN CEDAR RAPIDS, IOWA

(see www.asac.us/PDFs/UnderageDrinking.pdf)

- Created in May 2003 by the Area Substance Abuse Council on behalf of the Linn County Partnership on Substance Abuse, the Underage Drinking Community Task Force is represented by multiple community sectors, including students, parents, school personnel, law enforcement, and various community organizations and individuals. It has three areas of focus with regard to underage drinking:
- To educate both parents and community members about the health effects of alcohol on young bodies, the legal consequences of underage drinking, and social norms.
- To partner with school officials, law enforcement, juvenile court and the community to promote support services and encourage consistent enforcement of laws and policies concerning the use of alcohol by minors.
- To educate youth on making low risk choices and strengthen support systems for youth not engaging in high risk behaviors.

Community corrections is involved in this task force mainly through the Community Corrections Improvement Association (CCIA), whose mission is to support community-based corrections with community involvement, acceptance, and financial resources to establish and embrace pro-active programs that break the cycle of dysfunction for the family. CCIA works with members of the task force to promote healthy lifestyle choices for young people, including not using alcohol and other drugs.

YOUTH IN ACTION (YIA) IN DEWITT COUNTY, ILLINOIS

(see www.udetc.org/documents/success_stories/IL0708.pdf)

- Since 2005, the Youth in Action (YIA) group, comprised of 18 high school students, has worked with the Dewitt County Mothers Against Drunk Driving (M.A.D.D.) coalition and the EUDL Rural Project to implement a variety of environmental strategies that educate their community on the dangers of underage drinking. The YIA group has accomplished a great deal in its community to combat underage drinking, including:
- YIA worked collaboratively with local law enforcement on planning and implementing compliance checks of all retail liquor license establishments in the community. The group's efforts revealed that the establishments had compliance rates of only about 83%, meaning that alcohol was quite accessible to minors in the area. In the end, the community implemented more stringent underage drinking policies for establishments.
- YIA worked with local retailers to design and implement a "Sticker Shock" project. The sticker read: "WARNING!!! It is illegal for anyone under the age of 21 to purchase or consume alcohol. PLEASE HELP US SAVE THE LIVES OF OUR FRIENDS!!!! Dewitt County Youth in Action Team." The group achieved an 87% rate of retailers participating in the project.
- YIA also worked as decoys on "shoulder tap" operations, where minors ask adults to purchase alcohol for them. In the first year, a baseline compliance rate of 92% was established. In the second and third years, however, many more adults were surveyed (i.e., more than 175 each year) in the study. The results revealed that only three adults offered to purchase alcohol for minors in each of these years, yielding a compliance rate of 98%.

COMBATING UNDERAGE DRINKING COALITION IN BALTIMORE COUNTY, MARYLAND

(see www.baltimorecountymd.gov/Agencies/health/healthservices/substanceabuse/prevention.html or www.udetc.org/documents/success_stories/MD0708.pdf)

- Administered by the Baltimore County Department of Health's Substance Abuse Prevention Services, the coalition is comprised of many partners, including but limited to, juvenile services, local law enforcement, the state's attorney's office, the local liquor board and licensed beverage association, parks and recreations department, and faith-based organizations. It works to provide events, services, information, and education in efforts to reduce the accessibility of alcohol to minors. In one particular example, the coalition began a collaborative enforcement effort to address the commission of nuisance crimes (e.g., excessive noise disturbance, illegal

parking, destruction of property, and public urination) by impaired students both on and off campus of Towson University, the second largest public university in the state with an enrollment of more than 21,000 students. These efforts included:

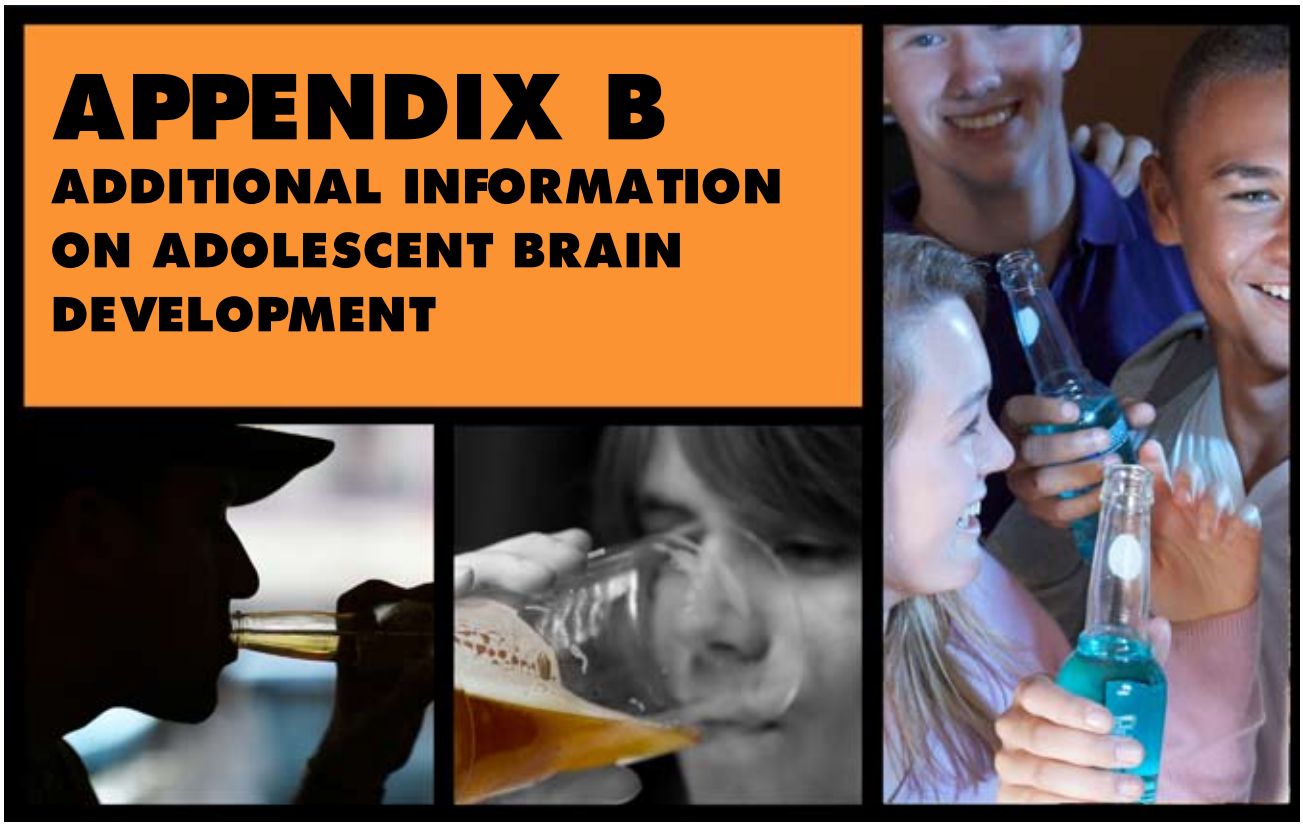
- Forming a two-man special alcohol enforcement unit to monitor student behavior off campus. Officers worked to increase student and community awareness by patrolling the most problematic areas on weekends and college party nights.
- Instituting university policy to address students' disorderly and disruptive behavior off campus and informing students that the university would take judicial action for inappropriate off-campus behavior.
- Implementing responsible server practices among liquor licensees in the community and increasing penalties tenfold for licensees who repeatedly violated liquor laws.

PARENTSEMPOWERED.ORG IN UTAH

(see www.parentsempowered.org)

Led by the Utah Department of Alcohol Beverage Control, this is a media and education campaign to prevent and reduce underage drinking in Utah by providing parents and guardians with information about the harmful effects of alcohol on the developing teen brain, along with proven skills for preventing underage alcohol use. Many state agencies and other organizations are partners in the campaign, including: Attorney General's Office, Department of Health, Department of Public Safety/ Highway Patrol and Highway Safety Office, Division of Substance Abuse and Mental Health, Juvenile Court, State Office of Education, Mothers Against Drunk Driving (M.A.D.D.)/Utah Chapter, Utah Prevention Network, and Utah Substance Abuse and Anti-Violence Coordinating Council. With regard to community corrections' involvement in the campaign, the Utah Juvenile Court works to combat underage drinking among youth offenders who enter the court system on alcohol-related charges or through substance abuse treatment and educational prevention services. In either case, juvenile court workers will have to supervise such offenders during the course of their involvement in the court system. Supervision includes making referrals to treatment programs on behalf of the offenders, as well as ensuring that offenders comply with the conditions set forth by the judge.

APPENDIX B
ADDITIONAL INFORMATION ON ADOLESCENT BRAIN DEVELOPMENT



ALCOHOL AND ADOLESCENT DEVELOPMENT

Adolescence is a period of biological, psychological, and sociological changes. Girls usually achieve physical maturity by their late teens while boys often continue growing even into their early 20s. Recent research also indicates that brain development continues into the mid-20s. In this document, therefore, young people between ages 18 and 21 are included in this description of adolescence, even though they are legally considered adults for some purposes. They still are undergoing developmental changes.

Exhibit 1 depicts the interactive course of adolescent development and illustrates some of the factors that influence youth development. The circular arrows represent the reciprocal nature of each system that surrounds a youth. The individual adolescent is viewed as the center of our consideration and is situated within progressively larger spheres of influence, including the family, environment, and social context. Within each of these spheres are various elements that affect a youth's development. Beginning in the center, a youth's genetic makeup and biological processes, as well as nutrition, are among the individual factors that influence development. Next, the family (or family surrogate) forms the most immediate realm of influence around the individual child. The degree of family accord or conflict affects the youth, as do family values and religious beliefs. Family income affects the housing and neighborhood in which the family is able to live. This environmental context then determines many opportunities and services available to youth, including schools, health care, social welfare, and employment opportunities. Neighborhood and school factors also largely determine peer group associations. Finally, at the outer level, the social context—made up of laws and policies, social structures, and economic conditions—shapes all layers within this sphere. Institutional racism, sexism, classism, and ageism are rooted in the social context and affect the composition of the environment and the opportunities available to families and youth.

Underage drinking is intertwined with the biological, psychological, and social factors at work during youth development. The use of alcohol and other drugs by individuals under 21 appears to have a greater effect on young people when compared with its effect on adults. Alcohol use among family members, peers, and neighbors also can influence young people to begin drinking at earlier ages. Inherited biological factors interact with environmental influences to determine physical growth and development of adolescents. Genetic makeup determines when glands and hormones trigger the

Exhibit 1

The Biopsychosocial Process of Adolescent Development

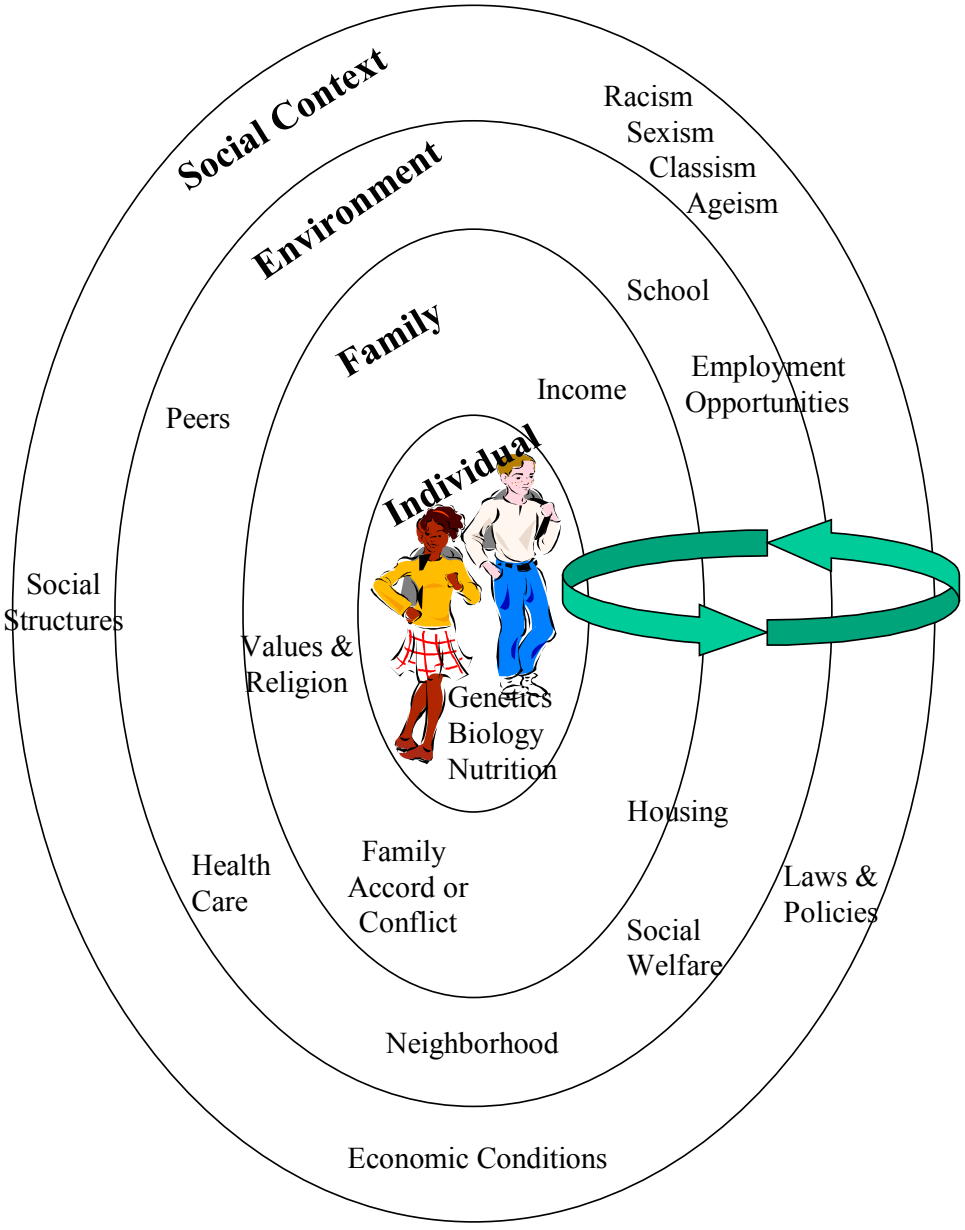
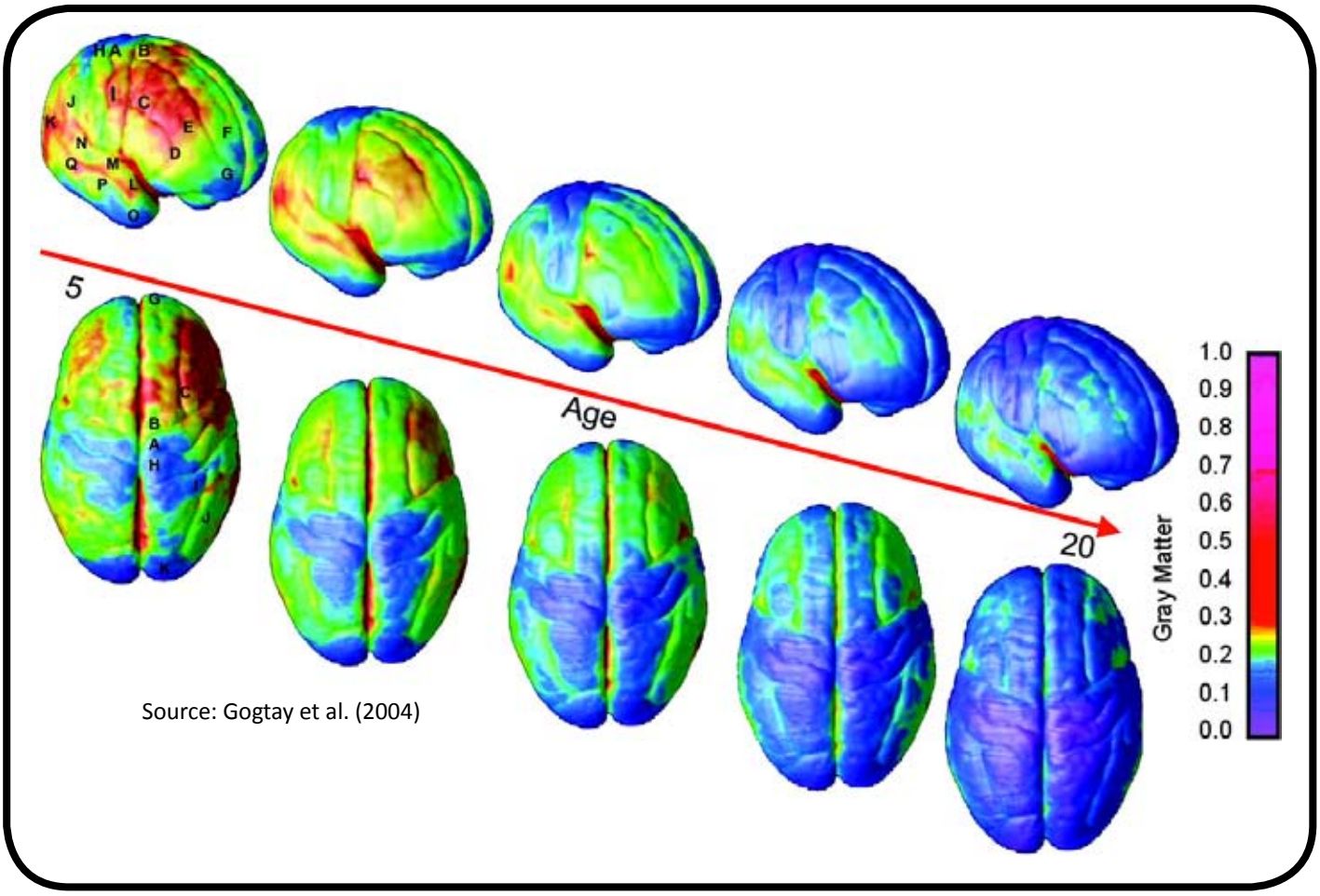


Exhibit 2: Brain Basics



Source: Gogtay et al. (2004)

beginning of puberty, but external factors, such as nutrition, stress, and exercise levels, may also affect this internal timing device.

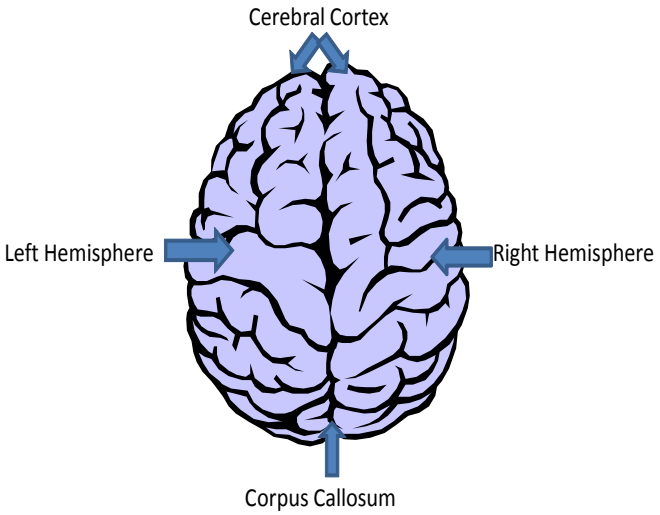
A holistic view of adolescent development, such as that depicted by the ecological model in Exhibit 2, is important. It is important to understand the fundamentals of brain structure and functioning to recognize how alcohol affects the brain and, therefore, adolescent behavior and development. The brain continues to develop during adolescence. Brain structures and development affect the ability of young people to think and reason and their emotional responses to situations. Various factors influence a youth's development and behavior. Those who work with youth must consider this array of factors, implement approaches that encourage positive development, and apply strategies to change inappropriate behavior. Thus, preventing or changing problem behaviors may require interventions at the family, neighborhood, community, and societal levels, in addition to interventions targeted to individuals.

The human brain, which weighs about three pounds, contains more than 10 billion neurons and 100 billion other cells. It is the most complex part of the human body. The brain controls body movements and behavior in, interpret messages from the senses here, and is the seat of intellect (National Institute of Neurological Disorders and Stroke, n.d.; Weinberger, Elvevag, & Giedd, 2005).

Exhibit 3

Brain Structure

Cerebrum



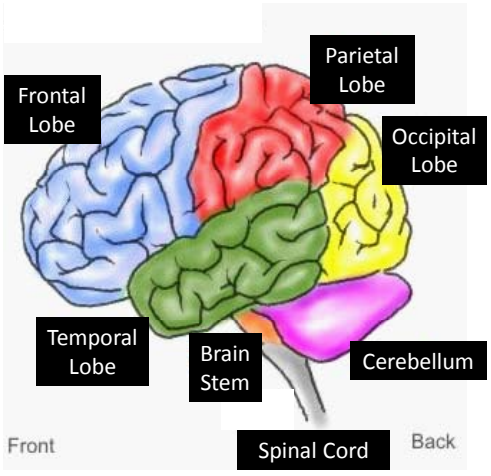
The largest portion of the brain is the cerebrum, which is made up of two cerebral hemispheres united by the corpus callosum, as shown in Exhibit 3. The cerebral cortex is the outer layer of the cerebrum (see www.brainexplorer.org). The corpus callosum is a band of nerves that connects the right and left sides of the brain (Van der Meer & Dudink, 1996).

The two hemispheres of the brain serve unique functions. The right hemisphere controls the left side of the body and the left hemisphere controls the right side of the body. The right hemisphere is the seat of creativity, while the left hemisphere controls language and rational and analytical thought (see www.brainexplorer.org; Van der Meer & Dudink, 1996).

Exhibit 4

Brain Structure

Regions of the Human Brain



Adapted from image by Fedak Illustration and Graphics
Available at http://www.science.ca/scientists/scientistprofile.php?pID=343

A side view of the brain, illustrated in Exhibit 4, shows the four lobes of the cerebral cortex:

- The frontal lobe is located behind the forehead and is important in controlling movement and in decision-making. Within the frontal lobe is the prefrontal cortex. This area of the brain specializes in planning complex cognitive behaviors and in the expression of personality and appropriate social behavior.
- The parietal lobe controls bodily sensations.
- The occipital lobe is positioned toward the back of the head and primarily controls vision.
- The temporal lobe is located near the temples and controls hearing. It also helps us recognize objects and faces.

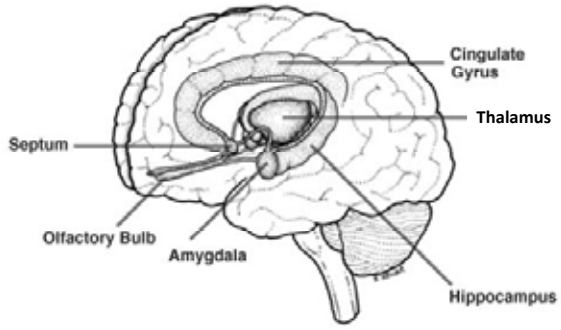
- The cerebellum is a walnut-shaped structure located at the base of the brain, and is responsible for motor coordination, posture, and maintaining equilibrium (see www.brainexplorer.org).

The four lobes of the brain depicted in Exhibit 4 and the corpus callosum connecting the two hemispheres of the brain are known as the brain's neocortex.

Exhibit 5

Brain Structure

Limbic System



Source of illustration: http://focus.hms.harvard.edu/1996/Apr26_1996/images/Brain.JPG

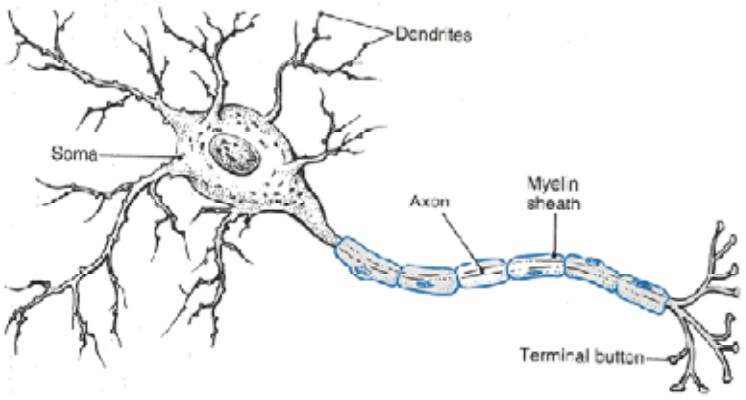
The limbic system of the brain is depicted in Exhibit 5. This system is a series of nerve pathways incorporating structures beneath the corpus callosum and within the temporal lobes of the brain. This system controls mood and emotion, processes and stores recent memories, and controls appetite and emotional responses to food. Specifically, the amygdala controls autonomic, emotional, and sexual behavior, the hippocampus is important in the formation of memories, and the thalamus relays sensory information to the cerebral cortex, among other functions. These pathways form connections with the cerebral cortex and brainstem (see www.brainexplorer.org).

The basic functional unit of the brain is a neuron shown in Exhibit 6 (next page). Neurons receive, process, and transmit information through their highly specialized structure. Sensations, movements, thoughts, memories, and feelings result from signals that pass through neurons. The soma is the cell body that contains the nucleus where molecules needed for the neuron to survive and function are manufactured. Neurons have two types of projections. Most neurons have many dendrites, which typically are short and have many branches. Dendrites receive information and communicate with the receptors of other cells as they release chemical neurotransmitters that link to the axons of other cells to carry nerve impulses. These chemical messages are converted to electrical currents and carried from the dendrites through the cell body and down the axon to another cell. Axons are long, thread-like parts of the nerve cell that extend from the cell body. Axons are covered by myelin, a soft, white material that insulates the axons. This substance helps nerve signals travel faster and farther. A synapse is a tiny gap between neurons. When a signal reaches the end of the axon, it stimulates the release of chemical neurotransmitters that cross this synapse and attach to receptors on another cell. A message may continue to be passed in this fashion from one cell to the next (see www.brainexplorer.org; National Institute on Drug Abuse, n.d.; National Institute of Neurological Disorders and Stroke, n.d.).

Exhibit 6

Brain Structure

Neurons



Source: http://www.mindcreators.com/Images/NB_Neuron.gif

To understand this neurotransmission process, imagine a busy municipal transportation center. This transportation center constantly receives passengers, baggage, information, parcels, and other items by plane, trains, busses, personal vehicles, telephones, and radio transmissions. These passengers, information, and other items move through the transportation center via roadways, walkways, train tracks, escalators, elevators, telephone and electrical lines, and other mechanisms and then are dispatched to other destinations. Depending on the purpose and final destination of a passenger or other item traveling through the transportation center, various routes and conveyances are used. To work as efficiently as possible, the transportation center installs many aids such as signs, announcements, driving regulations, and methods of keeping roads, tracks, and sidewalks clear. This keeps passengers and other items moving as quickly as possible. If something happens to slow down or disrupt the movement of passengers and other items (e.g., bad weather, a security breach, downed power lines, computer failures, or equipment malfunctions), the progress of passengers and other items moving through the transportation center may be slowed significantly or come to a complete halt. Alternate pathways and transmission methods may be needed to adapt to slowed or disrupted passages.

ADOLESCENT BRAIN DEVELOPMENT

Scientists once thought that human brains reached their maximum growth in childhood, but new methods of viewing the brain and recent research indicate that brain development continues at least into early adulthood. At the beginning of adolescence, the brain is only about 80% developed (Ruder, 2008). During adolescence, the brain undergoes its final stages of maturation, and this development continues until about age 25 (Coalition for Juvenile Justice, 2006). There are several ways the structure and function of the brain change throughout adolescence and young adulthood. These changes are important to consider for a better understanding of both the cognitive development of youth and the effects of alcohol use for this population.

The progression of development of the various lobes of the brain advances from back to front. Thus, the frontal lobe containing the prefrontal cortex, which controls reasoning, advanced thought, and impulses, is the last area of the brain to mature (Coalition for Juvenile Justice, 2006; Ruder, 2008).

Various changes that occur in the brain during adolescence include (ACT for Youth, 2002; Coalition for Juvenile Justice, 2006; Spinks, 2002):

- Significant restructuring of the frontal lobe.
- The corpus callosum, the seat of intelligence, consciousness, and self-awareness doesn't reach full maturity until after age 20.
- The parietal lobes that integrate auditory, visual, and tactile signals remain immature until about age 16.
- The temporal lobes, where emotional maturity develops, are still evolving after age 16.
- Changes in the brain's neurotransmitters occur during adolescence. For example, dopamine, which influences memory, concentration, problem-solving, and other mental functions, is not yet at its most effective level in adolescence.

The restructuring of the frontal lobe that occurs during adolescence and affects the cognitive abilities of youth includes:

- Death of a series of cells.
- Breaking of synaptic connections.
- Creation of new synaptic connections.
- Completion of myelination in the prefrontal lobe.

Typically, some brain cells die during childhood and adolescence. When this occurs, it changes the pattern of brain circuitry. In other cases, brain cells do not die, but they become disconnected from adjacent cells by the pruning of connections between cells (synapses). Thus, some messages can no longer travel the same paths they did previously, and functions may change. As the adolescent brain matures, new synaptic connections are forged and old ones are eliminated. The formation of these new connections and reduction of old ones may be influenced by genetic factors, experiences and behavior, or chemicals. Connections among brain neurons that are not used may wither away, while those that are used remain. That makes adolescent activities especially important, as this is the period when new connections are being formed. It also makes the brain especially vulnerable to the effects of alcohol and other substances during adolescence that may interfere with the formation of these new connections.

The dendrites at the end of neurons also may increase their number of branches, which increases the potential for greater numbers of connections and increasingly complex brain networks. Several

different neurons might be connected by the passage of messages from the dendrites of multiple cells to the axon of the same cell. This growth and pruning process strengthens the most often used connections in the brain and eliminates the clutter of unused connections, thus making the brain more efficient. Such a restructuring process of neuronal networks results in changes to the brain's systems and processes from a more generalized, immature organization to a more specific organization in the mature brain (ACT for Youth, 2002; Newton, 1995; Spinks, 2002; Weinberger et al., 2005).

Myelination involves sheathing the axons of neurons with soft, white, fatty protein insulation. Increased myelin helps to strengthen and stabilize signals and to move them along the axons of neurons at a faster pace. The increased production of myelin continues during adolescence and is particularly prominent in the prefrontal cortex and temporal and parietal areas (Giedd, 2004; Weinberger et al., 2005). These parts of the brain carry out many of the executive functions of the brain such as planning, verbal fluency, attention, and regulation of behavior (Newton, 1995).

Cognitive processes such as controlling impulses, planning, and making decisions are important aspects of mature thinking. Controlling impulses requires complex functions such as the ability to pay attention, plan, reason, and imagine future consequences. These functions require temporary mental workspace (working memory) in the frontal lobes of the brain. Mature thinking requires the ability to consider possible alternatives and results of various behaviors, to plan the sequential strategy of one's actions, and to weigh the possible risks and benefits of particular choices. All the parts of a plan or decision must be kept in mind at the same time, requiring working memory. Since the frontal lobes and neuronal networks are still developing in adolescents, sufficient temporary workspace or working memory is not available. This often makes it difficult for youth to control impulses, make and carry out plans, and make good judgments (Weinberger et al., 2005).

The amygdala, an almond-shaped structure in the limbic system, becomes more active during adolescence than during other life stages. The amygdale has many functions, including to control arousal (e.g., sexual behavior), autonomic responses associated with fear (e.g., faster heart rate, sweating, faster breathing), emotional responses (e.g., "fight or flight" reaction), and hormonal secretions. Increased levels of testosterone at puberty swell the amygdala in both sexes, but especially in boys. This may account for the rise in aggressiveness and irritability during adolescence. The hippocampus that helps with emotional memories and social relationships, on the other hand, is larger in girls. Scientists believe that while the prefrontal cortex is still under construction during adolescence—developing the capacity to control impulses, plan, and make decisions—teenagers' behavior may be more likely to consist of emotional instead of reasoned responses (Brownlee, Hotinski, Pailthorp, Ragan, & Wong, 1999). Impulsiveness, thrill-seeking, anger, fear, and depression are some of the responses that may be influenced by the amygdala and hippocampus.

Neurotransmitters are chemicals that are stored in tiny sacs at the end of the axon projections of each neuron. When a message or signal reaches the end of the axon, these neurotransmitters are released into the synapse between the neuron and adjoining cells. These chemicals find receptors on the dendrites of receiving cells that are specifically designed to receive that type of chemical. Through this process, messages are passed from one cell to the next.

Different types of neurotransmitters regulate various functions, such as thinking, feeling, reacting, breathing, and digesting. Diverse types of cells secrete specific neurotransmitters. These brain chemicals work in specific brain locations. Although more than 60 types of neurotransmitters have been identified, some of the most important ones are:

- Dopamine, which influences memory, concentration, problem-solving, and other mental functions.
- Serotonin, which stabilizes moods and anxiety.
- Acetylcholine, which is related to attention, learning and memory.
- Noradrenaline, which elevates mood.
- Endorphins, which reduce stress and promote calm.

The levels of some neurotransmitters have been found to be lower in adolescents and thus do not provide the same level of control in the adolescent brain as they do for adults. For example, the release of dopamine produces pleasurable feelings. When an action is taken that satisfies a basic need or desire, dopamine is released and individuals experience feelings of pleasure. Decreased levels of dopamine may result in teenagers being more likely to seek thrills to achieve a desired reward level. Levels of serotonin also may decline temporarily in adolescents, providing less stable moods and more impulsive behavior (Brownlee et al., 1999)

As the brain matures, these changes in structures and functions allow it to work faster and more efficiently. Information can be transferred from one part of the brain to another with greater speed, which improves reaction time (Bonnie & O'Connell, 2004). Healthy brain maturation involves a shift from concrete to abstract thinking abilities. This transition is gradual and may vary from one context to another (Berk, 1996). Paying attention, verbal fluency, self-talk, goal-setting, regulating behavior, motor sequencing, and complex planning are skills that adolescents develop as the prefrontal lobe of their brains mature. Adolescents become more capable of self-monitoring, self-inhibition, goal-directed behavior, delayed gratification, and sustained activity. With cognitive development, youth gradually change from emotional responses to a cognitive anticipatory control system for their behavior—their ability to think ahead and recognize possible consequences of their behavior improves. They are able to think more logically. The maturing adolescent is able to think about a situation and respond to it based on a thoughtful analysis and recognition of the potential consequences of his or her behavior. Increased cognitive maturity also allows youth to observe phenomena and discover theories or rules to explain how events take place (Newton, 1995). Individuals who experience problems with the development of abstract thinking abilities also may encounter problems with social, emotional, and other aspects of their development. Youth whose cognitive abilities remain primarily at the concrete end of the continuum may have diminished abilities to think ahead, make good judgments, reason adequately, solve problems, and enjoy mental flexibility. It is important, therefore, to help youth develop more abstract cognitive thinking abilities.