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Underage Drinking

Underage drinking is a widespread offense that can have serious physical, neurological, and legal consequences. Problematically, it has become quite commonplace. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) works to eliminate underage consumption of alcohol and provide guidance for communities developing prevention and treatment programs.

OJJDP created the underage drinking bulletin series to educate practitioners and policymakers about the problems youth face when they abuse alcohol and to provide evidence-based guidelines. The series presents findings from a study on preventing underage drinking in the Air Force as well as a literature review of the effects and consequences of underage drinking, best practices for community supervision of underage drinkers and legal issues surrounding underage drinking, and practice guidelines for working with underage drinkers.

The series highlights the dangers of underage drinking. Hopefully, the information it provides will support communities in their efforts to reduce alcohol use by minors through the use of evidence-based strategies and practices.

Underage Drinking: Practice Guidelines for Community Corrections

Highlights

In this bulletin, the authors describe 10 guidelines for community supervision professionals who regularly work with underage drinkers. These guidelines are derived from evidence-based practices. They help professionals develop a plan for screening underage drinkers, determine appropriate responses, create a case plan, and provide treatment. The guidelines point to the following:

- Youth should be screened for alcohol problems regularly throughout their supervision. If they are found to be at risk for such problems, a substance abuse specialist should conduct a thorough assessment. Other assessments should identify youths' risks, needs, and assets.
- Justice professionals should develop an individualized case plan for each youth.
- Professionals should match interventions with a youth's needs and assets. Youth's progress and participation in programs should be monitored.
- Family and social networks must support youth.
- Youth should receive swift and certain sanctions for noncompliance with supervision conditions but should also receive positive reinforcement for constructive behaviors.



Underage Drinking: Practice Guidelines for Community Corrections

Guidelines based on evidence-based practices¹ help direct the roles of community supervision professionals who work with underage drinkers. Adapting evidence-based practices when working with underage drinking offenders requires juvenile justice professionals to recognize existing legal, structural, procedural, and philosophical differences between communities. Community corrections professionals who use evidence-based practice standards in this way can provide a blueprint for communities to develop the most effective responses to this problem.

This bulletin focuses on 10 practice guidelines based on the evidence-based practice literature. Practitioners should consider these guidelines when working with youth who are referred to community corrections for underage drinking and related offenses. Readers should consider these practice guidelines within the context of their local system and agency and determine how to facilitate necessary policy, practice, and system changes.

Practice Guideline 1

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

All youth² who come in contact with the justice system should be screened for alcohol and other drug involvement regardless of the offense with which they are charged. Although screening all youth may not always be practical, screening for alcohol-related problems should be conducted with any youth who is detained or arrested for underage drinking or who has risk factors that indicate that he or she may be particularly vulnerable to alcohol problems. Screening might be performed at a number of points, including at arrest, pretrial release, diversion, presentence investigation, and probation intake or during supervision.

A variety of alcohol and drug screening instruments are available³ but their suitability for use with adolescents and

young adults may be questionable. Many instruments were developed for use with adults and may not have been validated for use with adolescents and young adults; others were initially developed for use in physical and mental health settings but may not have been validated for use with adolescents and young adults in the justice system.

Administering and interpreting screening instruments may require different levels of training and expertise. Some instruments are available in the public domain and can be used without cost. Others must be purchased.

Most screening instruments rely on youth's self-reports, which may or may not be truthful. To ensure accuracy, practitioners should consider other sources of information about the youth's drinking—including family, peers, law enforcement, schools, and written or electronic records.

Practice Guideline 2

Assess the youth's risk and needs.

An actuarial assessment of risk and needs serves two primary purposes. First, it helps identify youth who are most likely to reoffend and determine which youth should receive the limited resources of the justice system. Second, it helps identify a youth's specific needs (which are related to the youth's risk of recidivating) so that a case plan and interventions and services can be developed to best address those needs.

Following an assessment of a youth's risk and needs, the community corrections professional verifies the information collected and classifies the youth according to risk. The most intensive interventions can be reserved for youth determined to have the greatest probability of reoffending (Crime and Justice Institute, 2004).

When choosing an assessment tool, community corrections agencies should consider factors such as ease of use, validity (i.e., whether the tool measures what it is designed to measure), reliability (i.e., whether different raters get

similar results when using the tool on an individual), the amount of staff training required, and cost. If possible, the tool should be normalized for the population on whom it will be used. Risk and needs assessment instruments generally measure factors known to correlate highly with repeat offending, such as:

- Current and prior offenses (age, frequency, seriousness).
- Education level.⁴
- Employment.⁵
- Family and living situation.
- Peer relationships.
- Substance abuse history and current substance use.
- Antisocial attitudes.

In addition to providing objective data on a youth's level of risk of further engagement in delinquency, the assessment should also provide information on the youth's needs. For example, the results from a risk and needs assessment also provide information on whether a youth charged with underage drinking may need services and interventions for substance abuse. Professionals should use the assessment as a basis to develop a case plan for each youth that ensures that the youth's critical needs are addressed (King County Department of Community and Human Services, 2005).

Some organizations assume that a risk and needs assessment should be performed only when a youth is placed on probation, not when he or she is placed in a diversionary program.⁶ Risk and needs assessment data are beneficial at any point in the justice system process. Community corrections professionals should use their discretion to determine when to perform a risk and needs assessment, based on the youth's location within the system (probation or diversion), the agency involved, and the practicality of performing an assessment.

Data obtained from a risk and needs assessment can determine the effectiveness of prescribed interventions for an individual youth. A youth's risk level and needs can also change over time. Therefore, periodic reassessment is as important as initial assessment. This helps ascertain whether the prescribed interventions are having a positive (or negative) impact on the youth.

Practice Guideline 3

Assess youth for strengths and assets.

After performing a risk and needs assessment, professionals should examine what strengths, assets, and tools are

available to help youth build a healthier and more productive future. The Search Institute (n.d.) has developed a list of 40 developmental assets that may improve youth's lives. This list can be viewed at www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18.⁷ Professionals should determine which of these assets a youth already has and look for ways to build other assets. Research has shown that higher levels of these 40 assets contribute to youth's positive achievements, including academic achievement, and decrease their difficulties and problem behaviors, including problem alcohol use and violence (Search Institute, n.d.; Scales and Roehlkepartain, 2003).

Practice Guideline 4

Assess youth for substance abuse problems.

If screening and assessment indicates the youth may have an alcohol problem, a substance abuse professional who has special training and experience in working with youth and young adults should further assess the youth. 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* (DSM-IV) (American Psychiatric Association, 1994), but they may still have significant alcohol abuse issues.

Substance abuse assessment determines the nature and complexity of an individual's alcohol use and related problems. The assessment gathers information from a variety of sources. Coordinating the gathering and use of this information among the various organizations and agencies that deal with young people can result in better assessments (Buck Willison et al., 2010). The substance abuse professional performing the assessment should gather the following types of information in this process:⁸

- Arrest, court, and corrections records.
- Educational records.
- Medical records.
- Mental health and substance abuse treatment records.
- Self-reports and interviews from youth.
- Interviews with collateral contacts.
- Instrument test results.

A number of factors increase youth's risk of alcohol and other drug problems or provide some protection against these problems. Information on both risk and protective factors should be collected throughout the screening and assessment process. This information should be used to develop case plans, determine treatment styles, and enhance youth's resilience⁹ against such problems.

After the data have been reviewed and analyzed, justice system personnel and the substance abuse assessment professional must determine the extent of the youth's substance abuse problem, the factors that contribute to the problem, the strengths and supports available to the individual youth, what consequences the problem has led to, and the individual youth's readiness for intervention.

Practice Guideline 5

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

After screening, risk and needs assessments, and alcohol-related assessments have been completed, community corrections professionals should recommend the most appropriate system- and individual-level responses and interventions for youth. Professionals should then create a case plan. Possible approaches and case-plan requirements are described here.

System-Level Response

Each jurisdiction should have many options available for a system-level response. The response must coincide with the goals of the agencies that enforce underage drinking. System goals should incorporate balanced consideration of community safety, offender accountability to victims and communities, and competency development in offenders (Harp et al., 2004). The decisionmaking criteria for system-level responses may be based on factors such as (National Center for Juvenile Justice, 2002:44):

- The nature of the offense.
- The juvenile's background and history.
- The harm that the victim or community suffers.
- The community's views.
- State laws and local court policies.

Possible system-level responses include:

- **Warn, fine, release.** First-time offenders who have committed relatively low-level offenses (i.e., low-risk offenders) may be required to pay a fine and not be placed in custody.
- **Diversion.** Another option for low-risk, first-time offenders with low-level offenses may be a juvenile or adult diversion program. Diversion programs allow youth to meet the requirements of the program and thus avoid criminal charges. Requirements may include attending prevention programs, paying restitution to victims, or community service.
- **Supervised probation.** Juvenile justice professionals may suggest that youth with previous justice system involvement, a more serious offense, or serious substance abuse issues be placed on probation.
- **Split sentence.** If the offense was even more serious or the offender requires a stronger response from the justice system, a split sentence might be imposed that consists of limited time in jail coupled with probation. According to the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, incarceration may not be an option for juvenile status offenders (such as underage drinkers).¹⁰ Instead, juveniles may be placed in a program where they are incarcerated at a detention facility only on weekends after they violate a probation term. Alternately, juvenile offenders could report to a day center as a sanction and return home at night.
- **Residential placement.** Residential placement or secure confinement for juveniles (or incarceration for youth between ages 18 and 20) is considered the most restrictive recommendation and should be reserved for youth who have committed the most serious offenses or those who have not benefited from previous justice system involvement. Residential placement for youth with alcohol problems should include a substance abuse treatment program.

Individual-Level Interventions

Individual-level interventions are the sanctions, services, and programs that youth will be involved in once a decision is

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made about how the system will handle the case. Individual-level interventions may include fines, fees, community service, counseling, educational programs, cognitive-behavioral programs, treatment, and more. These interventions should be tailored to meet the needs of the youth and the unique circumstances surrounding each case. The court or community corrections agency may provide these services and programs (such as community service) or they may be part of the social services system in the private sector (e.g., treatment, counseling).

Effectiveness of Promising Prevention Approaches

Research has found a number of effective prevention approaches for curbing underage drinking. Most of these efforts are directed toward youth and young adults who have not started drinking or whose drinking is minimal and has not caused them problems. Some individuals in the juvenile and adult justice systems also fall into these groups and should be placed in prevention programs to keep them from becoming at high risk for underage drinking. Therefore, justice system personnel and community corrections professionals should help plan and implement prevention programs.

Prevention programs that have been found somewhat effective or promising include (Bonnie and O'Connell, 2004):

- Elementary and secondary school-based interventions.
- Programs that provide parents with the skills and impetus to appropriately monitor and supervise their children.

Cognitive-behavioral therapy/treatment (CBT) is one type of intervention that has proven effective with a range of juvenile and adult offenders (Lipsey, Landenberger, and Wilson, 2007), including substance users. The underlying premise of CBT is that thoughts affect emotions, which influence behaviors (Office of Juvenile Justice and Delinquency Prevention, n.d.). Cognitive-behavioral interventions include techniques to change thought patterns, attitudes, values, and expectations that have resulted in

problem behaviors. They also instill more balanced thinking, which promotes positive behavior (King County Department of Community and Human Services, 2005; Lipsey, Landenberger, and Wilson, 2007).

Many programs are based on the CBT approach. CBT interventions provide skills training. They include opportunities for participants to practice using new skills by role-playing and other means. They also allow staff to reinforce positive attitudes and behaviors (Crime and Justice Institute, 2004).

Justice system personnel should avoid services and programs that are not effective at preventing underage drinking, such as those that only provide information, use fear tactics, send messages about not drinking until a person is "old enough," focus strategies on youth's self-esteem, or focus on strategies to reduce peer pressure.

Recommending Services or Supervision to Underage Drinkers

The program or agency the youth works with may have standard services or supervision conditions the youth must adhere to. Additional services or conditions should be imposed that are relevant to the specific needs of the youth and the offense he or she committed. For example, underage drinkers might have to:

- Abstain from alcohol or other drug use.
- Undergo alcohol or drug testing.
- Undergo extensive assessment by a substance abuse professional.
- Participate in alcohol or other drug education and treatment.





objectives, action steps, and more. At a minimum, a case plan should include (National Center for Juvenile Justice, 2002:74):

- Face confinement at home (except for school, work, religious activities, or supervised community activities such as theater and athletics).
- Abide by an early curfew.
- Lose driving privileges because of license suspension or revocation.
- Pay restitution to victims who were injured or suffered losses as a result of the youth's behavior.
- Participate in restorative justice programs.
- Participate in cognitive-behavioral programs or educational classes.
- Perform community service to repay the community.
- Pay fines and fees to the justice system for the additional burden that the unlawful behavior caused.
- Lose college scholarships, face suspension from sports teams, or face eviction from college residence halls.

Case Planning

Once a disposition or sentence has been established for a case, an individualized case plan should be developed. The plan should indicate the level of supervision the youth requires, the youth's specific needs, and the interventions that will be used. Case plans should be developed in conjunction with the youth and his or her parent or guardian (Carey et al., 2000).

The case plan can be understood as a contract between the community corrections professional and the youth under supervision and provides a blueprint for how the case should be handled. In practice, case plans range from a simple outline of requirements for completing the supervision (e.g., diversion, probation) to plans that identify risk factors, protective factors, strengths, assets, priority targets, goals,

- Objectives that the youth must achieve in supervision.
- Goals—including abstaining from alcohol use, staying away from situations in which alcohol is readily available, and repairing the harm that previous drinking caused.
- Activities the community corrections professional and youth under supervision can participate in to accomplish those goals and objectives.
- A timeframe for completing each objective.

To focus on the strengths and assets of an individual youth, Henderson, Benard, and Sharp-Light (2007) suggest constructing a resiliency chart that lists a youth's challenges and strengths in parallel columns. As challenges are resolved, they are removed from the chart. New strengths and positive supports are added as they are developed.

Practice Guideline 6

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

Stages of Change

To promote effective behavior change, community corrections professionals must be familiar with the processes that individuals go through when they try to change their behavior. The Stages of Change Model that Prochaska, DiClemente, and Norcross (1992) developed has been found effective in helping individuals change unwanted behaviors. It has been analyzed and critiqued in other research (e.g., Littell and Girvin, 2002). Individuals go through five stages when working to change a behavior pattern. They include:

- **Precontemplation.** The time when a person does not intend to change or denies that a problem exists.

“Treatment programs should have plans and ongoing services to help youth remain alcohol-free.”

- **Contemplation.** The time when a person recognizes the problem and thinks about overcoming it but does not make a concrete commitment to take action.
 - **Preparation.** The time when a person develops specific plans to change within a defined timeframe.
 - **Action.** The time when a person begins to make observable changes in problematic behaviors.
 - **Maintenance.** The time when a person sustains the behavioral changes and works to avoid relapse.
- The interviewer must express empathy to the youth to understand his or her reasons for change, rather than relying on the court’s preset agenda.
 - The interviewer must be able to handle the youth’s resistance to change through patience and diligence.
 - The interviewer must ask questions and make statements to help the youth identify his or her own reasons for change.
 - The interviewer must support the youth’s sense of self-worth by remaining optimistic, reminding the youth of personal strengths and successes, and affirming the youth’s efforts to change.

Individuals may require several cycles of these stages before they achieve long-term behavior change (DiClemente, 2003). When youth are placed in community supervision, professionals often approach them as if they should be at the action stage, acknowledging that they have a problem and are ready to change behavior. However, most youth are not at this stage when they are first placed on supervision. Most are at the precontemplation or contemplation stage. Therefore, justice system professionals must identify the stages youth are working on and move them to each following stage rather than assuming that all youth will change their behavior at the same rate. Professionals should match their strategies with the youth’s stage of change.

Motivational Interviewing

Motivational interviewing is a client-centered counseling style for bringing about behavior change that helps clients explore and resolve ambivalence. In other words, motivational interviewing encourages clients to want to make changes in their behavior. Behavior change arises from the client’s internal values, goals, and sense of accomplishment. External influences such as threats, incentives, and peer pressure may thwart change. When people change for internal reasons, such as a will or desire to change, they exert more effort, gain more satisfaction, and stick with the changes for longer than when they change for external reasons.

Walters and colleagues (2007) describe four basic principles of the motivational interviewing process:

The interviewer should use reflective statements to paraphrase what the youth has said and describe what the interviewer understands about the youth’s thoughts and feelings. This lets the youth know that the interviewer is trying to understand his or her thoughts, feelings, and actions. It also gives the youth a chance to make corrections if the officer has not understood him or her correctly.

People are more likely to thrive and change when they receive praise and positive rewards than when they are criticized and punished. Affirmations may be paired with incentives to increase the chances that the youth will repeat positive behaviors. Incentives might include praise, a written commendation, and additional privileges.

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 alcohol abuse treatment, this treatment should be integrated with justice system interventions. Alcohol treatment helps drinkers stop using alcohol, recover from its effects, and achieve a healthier lifestyle. Typically, justice system professionals will not provide treatment, but they must still know how to identify appropriate treatment programs and how to match youth with an appropriate program.

Treatment and justice system professionals may need to work together to decide how to handle actions such as relapse. 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 services or support. A justice system professional may see the same behavior 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 everyone who provides services to the youth.

Assessment and Treatment Matching

Qualified substance abuse treatment professionals should assess individuals who demonstrate alcohol problems at initial screening and concurrently assess their families to identify youth with special circumstances (Brannigan et al., 2004). Professionals should also evaluate the characteristics of youth who need treatment to match them with treatment programs.

Staff who provide alcohol treatment for youth must possess a broad range of knowledge and skills. These may include an extensive knowledge of adolescent development and psychiatric problems, the ability to work with families, and a positive attitude.

The options available for alcohol treatment programs will vary. Some communities may have only one or two resources; others will have many. When programs are limited, justice system professionals may have to develop additional resources. Justice system professionals should ask the following questions when investigating programs (Crowe and Reeves, 1994):

- **Program characteristics.** What substances does the treatment program cover? Whom does it treat? What is the cost of the program? What criteria must the youth meet to be eligible?
- **Program proficiency.** Does the program deliver treatment in the intended manner, quantity, and intensity? Do evaluations of the program show that it provides positive results for the majority of clients?
- **Program strategies.** Are individuals in treatment held accountable for attendance, punctuality, and abstinence? What consequences are given for each infraction? How are referrals made?
- **Staff competency and attitudes.** Does the program employ sufficient staff for the number of program participants? Are staff experienced and trained in providing services? Do staff provide strong leadership? Do staff show compassion and model positive personal characteristics? Do staff exhibit attitudes that require responsibility

and accountability from youth offenders? Are staff willing to coordinate with the justice system?

Justice system professionals should monitor treatment delivery and the youth's progress in treatment. They should also keep in mind that research indicates:

- Participation in any treatment is more beneficial than no treatment at all.
- The longer the period spent in treatment, the more positive the outcome.
- Treatment will likely be more successful if families participate.
- Skills training in treatment results in more successful outcomes.
- Participation in continuing care activities, such as self-help groups, provides more positive treatment outcomes.

Treatment Models

Many treatment models have been developed, but not all of them have been thoroughly researched and determined effective. Characteristics of successful treatment approaches include the following:

- **Comprehensive, integrated treatment approach.** Treatment for adolescents is more effective when it is 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 schoolwork, help families learn better communication skills, and encourage youth to associate with peers who do not drink.
- **Developmentally appropriate programs.** Some youth begin drinking by age 12 or earlier, and young adults are prohibited from drinking until age 21, so the range of those involved in the justice system because of underage drinking may cover 10 years or more. During this period of development, youth undergo tremendous physical, sexual, social, cognitive, emotional, and moral changes. Alcohol or other drugs may impede developmental progress. Assessments should examine each youth's individual developmental progress in these areas and not only rely on age as an indicator of maturity.

Treatment programs should modify content, activities, and approaches to make them appropriate for the developmental level of those in the program. Younger adolescents focus on family and same-sex peers whereas older adolescents strive to achieve independence from their families and begin dating.

- **Program retention.** The longer that youth participate in substance abuse treatment programs, the greater the likelihood that the treatment will be effective. Therefore, programs should implement strategies to retain youth in treatment, such as motivational interviewing, positive reinforcement, and engaging parents.

For information about specific treatment approaches found to have positive outcomes, see the sidebar, “Positive Treatment Approaches.”

Gender and Cultural Competence

The factors that contribute to alcohol abuse and the experience of underage drinking may differ for males and females and for youth from different cultures. For example, a high correlation exists between childhood trauma—especially sexual abuse—and chemical use by girls and women. Girls are more likely to have been sexually abused and to experience abuse over a longer period of time than boys. They are also likely to begin alcohol use in dating relationships. 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 the reasons they use alcohol and the contexts within which they consume alcohol are different, boys and girls should not be placed together in treatment programs. Another reason for same-sex placement is that during adolescence and young adulthood, male and female sexual development holds a strong influence on youth

and may impede the treatment process if both genders are placed together (Brannigan et al., 2004).

Underage drinking offenders should be held accountable for their behavior regardless of cultural backgrounds and special needs. However, cultural beliefs and traditions may be incorporated into the treatment setting to bolster youth’s commitment and engagement. Respected members of different cultural groups should be invited to share their perspectives and become involved in the treatment process as role models.

Continuing Care

Substance abuse is often defined as a chronic, relapsing disorder. Most youth will not maintain sobriety without additional support after completing treatment. Youth and young adults often believe drinking will enhance their social interactions. They remain vulnerable to influences by peers. Overall, they have a high likelihood of relapse without ongoing interventions. Good treatment programs should have plans and ongoing services to help youth remain alcohol-free.

Continuing care options may be problematic for youth and young adults who receive initial treatment in one locale and then move to another locale. Justice system professionals may also encounter youth returning from confinement in juvenile or adult facilities who need ongoing support services. Professionals should assume a case management role in these situations to refer such youth to appropriate sources of ongoing care.

POSITIVE TREATMENT APPROACHES

In *Reducing Underage Drinking: A Collective Responsibility*, Rosalind Brannigan and colleagues (2004) describe a number of approaches that have had positive outcomes for youth with drug and alcohol dependencies. These include:

- **Twelve-step approaches.** These programs involve detoxification, psychological evaluation, general and individual treatment planning, group therapy, lectures, and individualized counseling. These approaches use group therapy, so that those who are further along in the recovery process pass on knowledge, experience, and values to new participants. Participants may be referred to Alcoholics Anonymous programs after completing treatment to help stem the possibility of relapse.
- **Therapeutic communities.** These residential programs provide social opportunities to individuals with drug and alcohol problems. The treatment is delivered in long-term residential settings in which peers and professionals

emphasize that individuals must be responsible for their own addiction and recovery.

- **Cognitive-behavioral therapies.** These programs focus on individuals’ thoughts and behaviors and are based on the theory that individuals’ beliefs and urges generate their actions. Strategies include teaching individuals about the internal and external cues that prompt them to drink. Individuals learn coping strategies and skills to deal with problems they encounter and prevent relapse.
- **Family therapy.** These programs provide individual and family therapy sessions. Therapies are based on the assumption that a youth’s environment, including family, peers, and the community, influences alcohol use. Youth build essential skills, improve communication with their families, and learn coping mechanisms for dealing with stress. Sessions with parents address parenting styles and focus on how parents can have a more positive influence on their children.

Treatment Outcomes

Treatment programs should gather and analyze data on the treatment's effectiveness and should be able to document that this information is used to improve or enhance treatment strategies (Brannigan et al., 2004). Juvenile justice professionals involved in a youth's case should be aware of these outcomes.

Practice Guideline 8

Engage family and social support networks in the supervision process.

Juvenile justice professionals should get the families and communities of underage drinkers involved in the prevention and intervention processes. Studies have consistently shown that informal agents of control (e.g., family and neighborhood, and social networks) are more powerful than formal agents of control (e.g., probation, parole, law enforcement) in helping persons under community supervision achieve and maintain behavior change (Petersilia, 2003; Sampson, Morenoff, and Gannon-Rowley, 2002; Perrone et al., 2004; Gottfredson and Hirschi, 1990). If supportive individuals can be recruited to provide positive feedback for a desired behavior, the youth may be more successful in changing his or her behavior (Crime and Justice Institute, 2004).

Parents and legal guardians of youth younger than age 18 have a legal obligation to financially support and supervise their children. Community corrections professionals should also be involved in the supervision process on some level. At a minimum, this may mean parents or legal guardians must sign forms allowing their child to participate in a diversion program or must attend their child's court hearing.

Family and community support is no less important for young adults between the ages of 18 and 21. After youth reach age 18, parents are not legally required to financially support and otherwise supervise their children. However, they may feel socially obligated to do so. Although working with family members of adults in diversion programs may

not be common or required, it can be beneficial for reinforcing positive change and, in the case of young adults with substance abuse problems, for preventing relapse.

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

For example, parents or legal guardians of minors should monitor the youth's behavior by doing the following (Bonnie and O'Connell, 2004):

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

Professionals and staff may need to work with parents and community supporters to teach them the positive parenting practices listed above. Parents may need encouragement or persuasion to change parenting habits that are unproductive or harmful. Finding ways to leverage the mutual loyalty and support of a youth's family and social networks can remind the youth that his or her actions affect family members and others within the social network. Therefore, their actions can motivate and facilitate change.

"Family and social networks are powerful [agents] in helping persons under community supervision achieve and maintain positive behavior change."

Engaging families and social networks should not only be used to enforce community supervision requirements. Families and social networks also bring attention to what the youth is doing well, identify the youth's strengths and resources, and find solutions to problems or eliminate obstacles when the youth is not meeting program goals or objectives (e.g., not attending education classes, not paying restitution, not performing community service). In general, the solutions that mean the most are the ones that the youth and the youth's supporters develop (Mullins and Toner, 2008).

Practice Guideline 9

Monitor compliance with supervision conditions and case plan expectations.

Monitoring youth's behavior and responding to instances of noncompliance is such a fundamental aspect of community supervision that, in many cases, it has become the essence of probation work. However, successful supervision encompasses a much broader range of essential activities (e.g., screening and assessment, developing case plans, motivational interviewing, and engaging families and social support networks). Nonetheless, community supervision staff must create and implement methods for monitoring underage drinkers' behavior. Effective monitoring begins by building cooperative and coordinated interactions with other agencies and individuals to facilitate gathering accurate and timely information about each youth's behavior.

Community corrections staff should aggressively pursue information to instruct case management decisions. Officers should establish and maintain sufficient contacts to monitor each youth's activities and ascertain the youth's compliance with supervision conditions and expectations.

Community corrections personnel should arrange to have any programs in which a youth is enrolled notify them immediately about unexcused absences or noncompliance with program expectations. Supervising officers should also obtain information from other agencies in the juvenile, criminal, or civil justice system; family members; and schools, if they have contact with a youth who is under

supervision. Personnel should flag new arrests, 911 calls, and other incidents involving a youth under supervision, regardless of the youth's risk level. Agencies can expedite information requests and enter into formal agreements about how such exchanges will occur. Requests for information about specific individuals require community corrections officials to obtain signed release forms.

Alcohol and Drug Testing

If a youth is placed on probation, he or she should be screened regularly for alcohol and other drug use. If the youth is placed on diversion, the agency operating the diversion program should investigate the pros and cons of administering drug tests before making this part of their program requirements.

Youth under probation supervision should be subject to 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, opiates, alcohol, and any other substances common in the locality.

Screening tests should be performed at times when youth and young adults are most likely to have been drinking, such as weekends, evenings, and early mornings. Community supervision staff may want to consider conducting tests at locations where youth live, work, or socialize rather than waiting until they are in the community corrections agency office.

If the youth participates in a nonprofit diversion program, the program may not have the authority of the court behind it or have the same resources as a government entity. In these cases, the nonprofit program should carefully investigate the pros and cons of administering drug tests before making these tests part of their requirements.



“Swift, certain, and consistent sanctions should be applied for unacceptable behavior. Positive and constructive behaviors should be rewarded.”

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 when youth engage in drinking or other dangerous activities. Juvenile justice professionals must also strive to reward the youth’s positive and constructive behaviors. To achieve sustained behavioral change, people respond better to incentives than to punishment. Research has shown that the optimal ratio is four positive reinforcements for every negative reinforcement (Cullen, 2002).

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, means that supervision officers should respond to lesser infractions with lesser penalties and to greater infractions (or ongoing lesser infractions) with greater penalties. Similarly, continued compliance or a major accomplishment would merit increasing rewards. Ultimate sanctions would include revoking supervision, which would result in incarceration; an ultimate reward or incentive would include the successful completion of supervision. However, each agency must develop its own menu of sanctions and incentives and modify them for particular youth on a case-by-case basis. Often, youth can help define the sanctions and incentives that are meaningful for them.

Not every instance of noncompliance merits a return to court, but agency supervisors and courts should be kept informed through regular compliance reports that describe how officers responded to noncompliance. Community supervision officers should understand 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 system for responses from the court that are most likely to achieve community supervision goals.

Conclusion

In moving away from a one-size-fits-all approach to responding to underage drinking offenders, juvenile justice professionals must recognize that effective intervention with all juvenile and adult offenders begins with good assessment and case management practices. Additional risk, needs, and substance assessments can yield objective information that can be used to validate the assumptions that community corrections professionals have about youth. Such assessments will give professionals more information about youth’s needs and determine how youth can best receive services and begin to change. Assessment data can also be used to assess the effectiveness of prescribed interventions.

Getting input and assistance from the youth when developing the case plan can increase youth’s understanding of the program requirements or conditions. Unfortunately, many underage drinkers may not see a need for change or want to change. Thus, justice system professionals must work with youth to determine their readiness to change and motivate them to progress through the change process.

When carrying out the elements of case plans, officers should incorporate evidence-based practices—matching interventions with youth’s needs, engaging youth in cognitive-behavioral interventions and skills training, and referring youth to appropriate alcohol treatment programs. Successful case plans should also involve elements of family and community support. As the case plan is carried out, community corrections officers must monitor youth’s compliance with supervision conditions and apply sanctions when necessary. Successful officers employ more incentives than sanctions in responding to youth, which makes youth more likely to change negative behavior and maintain positive behavior.

Future research should concentrate on developing more effective treatment options and determining the best supervision methods for underage drinkers. With such research, states and communities can set up more effective policies, practices, and guidelines for professionals who work with this community.



For More Information

This bulletin was adapted from *Underage Drinking: Intervention Principles and Practice Guidelines for Community Corrections* (Crowe et al., 2011). In this bulletin, the authors have provided 10 guidelines, culled from evidence-based practice literature, to aid community supervision professionals in their work with underage drinkers. The bulletin is the fourth in an Office of Juvenile Justice and Delinquency Prevention (OJJDP) series on underage drinking. The goal of the series is to better inform practitioners, policymakers, and judges on the effects of underage drinking in the hope that this information will support the development of more effective policy and practice guidelines to combat the problem.

Other bulletins in the series highlight the importance of preventing and reducing consumption of alcohol by youth younger than age 21, outline some of the legal issues that community supervision professionals may encounter when working with underage drinkers, and present findings from an evaluation of OJJDP's Enforcing Underage Drinking Laws initiative implemented in five communities with local Air Force bases.

The bulletins can be accessed from OJJDP's Web site, ojjdp.gov. *Underage Drinking: Intervention Principles and Practice Guidelines for Community Corrections* is available online at www.appa-net.org/eweb/docs/appa/pubs/UDIPPGCC.pdf.

Endnotes

1. Guidelines informed by evidence-based practices are based on evidence obtained from blind, controlled trials, i.e., research that follows the scientific method.
2. For the purposes of this bulletin, the term "youth" indicates any adolescent or young adult younger than age 21.
3. These include, for example, the Alcohol Use Disorder Identification Test, Adolescent Drug Involvement Scale, Adolescent Drinking Index, Drug and Alcohol Quick Screen, Personal Experience Screening Questionnaire, and Rutgers Alcohol Problem Index.

4. A low education level is correlated with higher levels of offending.
5. Unemployment or underemployment is correlated with higher levels of offending.
6. Diversionary programs channel some youth offenders outside the juvenile justice system. The purposes of diversionary programs are to prevent youth who have committed relatively petty acts from being stigmatized as criminals and to free the resources of the juvenile justice system, including courts and detention facilities, to focus on more serious offenders. For more information about diversionary programs, see Steven et al., 2004.
7. The Search Institute (n.d.) has also developed a checklist that helps assess youth's developmental assets.
8. Much of this information may be confidential and may require a signature from the individual and his or her legal guardian before it can be released.
9. More information about resilience can be found in Henderson, Benard, and Sharp-Light, 2007.
10. Section 223(a)(11)(i) of the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, (42 U.S.C. 5633) provides that states that receive formula grants under the act shall not place juveniles who are charged with or who have committed an offense that would not be criminal if an adult committed it in secure detention facilities or secure correctional facilities.

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