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Understanding and Using Brief Interventions in the Juvenile Justice System

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Introduction

Use of alcohol and other drugs by adolescents continues to be a public health problem. National surveys of high school students indicate that alcohol and marijuana have the highest prevalence rates, and the use of nonmedical prescription medication is reaching an unsettling high rate. Most youth by age 19 will have tried alcohol and nearly half will have tried at least one illicit drug, with marijuana being the most common one.

Early substance use is linked to several adverse social and health effects, including:

- delinquency and breaking the law[2]
- neurological damage[3]
- poor school performance[4]
- taking sexual risks[5]
- accidents[6]

2012 Monitoring the Future Study[1]

Prevalence of Past Year Drug Use Among 12th Graders

Drug	Prev. (%)
Alcohol	63.5
Marijuana/Hashish	36.4
Any prescription drug*	14.8
Amphetamines*	7.9
Adderall*	7.6
Vicodin*	7.5
Tranquilizers*	5.3
Hallucinogens	4.8
Sedatives*	4.5
OxyContin*	4.3

**Nonmedical use, or not prescribed by a doctor*

Substance use during adolescence also poses longer term risks as early use increases the likelihood of developing a substance use disorder. According to the National Institute on Drug Abuse, the majority of individuals who become addicted to a substance started using before age 18 and developed their disorder by age 20. The risk pattern may be influenced by several factors, including the challenges that come with adolescence and identity formation, differences in exposure to family and peer influences[7], behavioral and mental disorders that have their onset during adolescence[8], and neuro-development factors that may alter drug

1 Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2013). *Monitoring the Future National Results on Drug Use: 2012 Overview, Key Findings on Adolescent Drug Use*. Ann Arbor: Institute

2 Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Miech, R. A. (2014). *Monitoring the Future National Survey Results on Drug Use, 1975-2013: Volume II, College Students and Adults Ages 19-55*. Ann Arbor: Institute for Social Research, The University of Michigan.

3 Padula, C., Brown, S., Hanson, K., Medina, K., & Tapert, S. (2011). Impact of adolescent alcohol and drug use on neuropsychological functioning in young adulthood: 10-year outcomes. *Journal of Child & Adolescent Substance Abuse, 20*(2), 135-154.

4 DuPont, R. L., Caldeira, K. M., DuPont, H. S., Vincent, K. B., Shea, C. L., & Arria, A. M. (2013). *America's Dropout Crisis: The Unrecognized Connection to Adolescent Substance Use*. Rockville, MD: Institute for Behavior and Health, Inc. Retrieved from www.ibhinc.org, www.Prevent-TeenDrugUse.org, and www.cls.umd.edu/docs/AmerDropoutCrisis.pdf.

5 Hipwell, A., Stepp, S., Chung, T., Durand, V., & Keenan, K. (2012). Growth in alcohol use as a developmental predictor of adolescent girls' sexual risk-taking. *Prevention Science, 13*(2), 118-128.

6 National Institute on Alcohol Abuse and Alcoholism (NIAAA). *Alcohol Alert, No. 67* "Underage Drinking," 2006. Retrieved from http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm.

7 Maggs, J. L., & Schulenberg, J. E. (2002). A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol Supplement, 63*(2), 54-70.

8 Brown, S. A., McGue, M., Maggs, J., Schulenberg, J., Hingson, R., Swartzwelder, S., Martin, C., Chung, T., Tapert, S. F., Sher, K., Winters, K. C., Lowman, C., Murphy, S. (2008). A developmental perspective on alcohol and youths 16 to 20 years of age. *Pediatrics, 121*, 290–310.

sensitivity for the adolescent[9].

A reality for many substance-abusing adolescents is that they get involved in the juvenile justice system. Yet this situation presents a valuable opportunity to apply substance use treatment services. Access to drug treatment services and resources in lieu of incarceration is a hallmark of diversion programs. These services can include screening and assessment for drug abuse upon arrest, referral to treatment programs in the community, and drug treatment services within the juvenile court. This technical assistance brief focuses on how a particular type of treatment approach – Brief Intervention – can be an alternative to an in-house service within a juvenile court.

What is a Brief Intervention?

A Brief Intervention (BI) is an interpersonal interaction that uses counseling techniques to reduce resistance to change and to increase participant engagement. It can be a valuable tool to reduce a person's drug use and other risky behaviors. This counseling approach is developmentally appropriate given that many drug-abusing youth in juvenile courts are not "career" drug abusers and thus are not amenable to a disease-oriented treatment strategy for which abstinence is the only treatment goal. Young people may be quite receptive to the self-guided behavior change strategy that is a cornerstone of BIs.[10] Research has indicated that BIs for youth can be effective at reducing drug use[11], and they are associated with reduced overall criminal behaviors[12]. There are four elements common to most BIs:

Motivational Interviewing

01

Motivational Interviewing (MI) is a counseling technique designed to enhance a person's motivation to change some specified behavior. The counselor is instructed to be non-judgmental, non-labeling, and non-confrontational. Restated, the therapist's job is to act as a teacher or coach in order to help the adolescent progress through the stages of change. The intent is to move the client from low problem recognition and little willingness to change, to the "action" stage in which the youth identifies and implements specific steps of positive behavior change.

Though initially developed for adults, Motivational Interviewing is especially well suited for adolescents. It avoids confrontation, which supports the individuality of

For the treatment practitioner, key elements of MI:

- Conduct oneself as an empathetic counselor. Reflective listening skills and being non-judgmental are important parts of Motivational Interviewing. The counselor creates a context that encourages the adolescent to feel comfortable talking about personal matters. Statements such as "I understand what you are saying" or "What do you see as the next step for yourself?" are effective empathetic statements.
- Personalize feedback about the adolescent's problems and willingness to change. Feedback is not to be used to "prove" that the adolescent has a drug use problem; rather, it is to assist the young person to recognize that change is in order.
- Emphasize that change is the adolescent's responsibility. The adolescent is ultimately responsible for choosing what to do about his or her drug-use behaviors. Thus, the counselor's goals are not forced upon the adolescent. In this light, the counselor offers information, provides guidance and suggestions, and seeks a commitment from the adolescent about what changes he or she will make.
- Encourage self-efficacy or optimism in the adolescent. Self-efficacy refers to the feeling of accomplishment by a client. The change process is enhanced when an adolescent client feels that self-improvement is based on his or her accomplishments. Self-efficacy is encouraged when the counselor acknowledges positive change—no matter how small—and reminds the adolescent that the behavior change goals are the adolescent's responsibility.

An intervention that contains even some of these elements has been proven effective in initiating change and reducing drug use.

9 Masten, A. S., Faden, V. B., Zucker, R. A., & Spear, L. P. (2009). A developmental perspective on underage alcohol use. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 32*(1), 3.

10 Miller, W.R., & Sanchez, V.C. (1994). Motivating young adults for treatment and lifestyle change. In G. Howard (Ed.), *Issues in Alcohol Use and Misuse by Young Adults* (pp. 55–82). Notre Dame, IN: University of Notre Dame Press.

11 Tanner-Smith, E. E., Steinka-Fry, K. T., Hennessy, E. A., Lipsey, M. W., & Winters, K. C. (2015). Can brief alcohol interventions for youth also address concurrent illicit drug use? results from a meta-analysis. *Journal of Youth and Adolescence, 44*(5), 1011-1023.

12 Hubbard, R. L., Craddock, S. G., Flynn, P. M., Anderson, J., & Etheridge, R. M. (1997). Overview of 1-year follow-up outcomes in the drug abuse treatment outcome study (DATOS). *Psychology of Addictive Behaviors, 11*(4), 261-278.

adolescence. The open and respectful exchange of views supports an adolescent's desire to have his or her viewpoints heard. Also, this interviewing technique can have benefits even when a patient does not admit to having a problem, which is often the case for a teenager[13]. When individuals are not ready to commit to a behavior change, Motivational Interviewing allows the counselor to maintain rapport by "meeting them where they are" in their change process and negotiating for some interim steps. As the counselor encourages the adolescent's views and opinions, he or she is empowered to have ownership of the changes.

Although this counseling style grew out of the substance abuse field, Motivational Interviewing can be used to address a wide range of behaviors, such as delinquency and anger. Thus, treatment professionals may find that skill development in this area will be useful to address numerous problem areas that teenagers in a juvenile court face. Indeed, skills developed in MI would be useful to all court personnel as they work with youth to guide them away from the juvenile justice system.

Cognitive-Behavioral Therapy

02

Cognitive-Behavioral Therapy (CBT) is a therapeutic technique used to change one's perceptions, thoughts, and feelings about his or her behavior. It increases an individual's awareness of how social experiences affect the way he or she acts. CBT is based on the principles of social learning theory. It focuses on the importance of overcoming skill deficits and increasing the client's existing coping skills by providing a means to obtaining social support.

The "ABC" principles of CBT are included in the BI in order to facilitate the change process. The ABC model refers to an **A**ntecedent that is responded to by various **B**ehaviors or **B**eliefs, which, in turn, are followed by the **C**onsequences. By applying specific therapeutic steps outlined in the BI manual such as assessing high-risk situations and identifying errors in thinking that may contribute to bad decisions, the therapist helps the young person choose attitudes and behaviors that are healthier alternatives to drug use behaviors.

13 Tevyaw, T. O., & Monti, P. M. (2004). Motivational enhancement and other brief interventions for adolescent substance abuse: Foundations, applications and evaluations. *Addiction, 99*(2), 63-75.

Pros and Cons Exercise

03

The Pros and Cons exercise involves a technique to assist with the process of getting the adolescent to begin to establish specific goals. Asking the client if he or she is interested in hearing the counselor's suggestions for change is one strategy but this approach is non-motivational. Rather, the Pros and Cons exercise encourages the client to examine the pros and cons of his or her substance use. The pros list provides insights as to what functional value is linked to the youth's drug use (e.g., to self-medicate; to cope with stress); the cons list can lead the youth to identifying problems that drug use creates as well as action steps for change to avoid the problems (e.g., being drug free will keep the youth out of trouble with the law). Below are sample questions that a counselor using this exercise would ask:

Pros	Cons
• "What do you like about using drugs and alcohol?" • "What are the good things about using/drinking?" • "What else?" • "What positive effects of using matter the most to you?"	• "What don't you like as much about using/drinking?" • "What are the not-so-good things about using/drinking?" • "What else?" • "Which negative effects of using matter the most to you?"

Setting Goals

04

Setting goals needs to be individualized. This feature of BI recognizes the heterogeneity of adolescent drug involvement. Each young person has his or her own reasons for substance use. Youths may differ greatly in terms of willingness to change and treatment goals. By using individualized goals and personalized feedback, the intervention can be more directly focused to each adolescent's specific needs.

Abstinence is an ultimate goal for all drug-abusing teenagers, and it is always advisable to discuss the benefits of abstinence with an adolescent client. Therapists are encouraged to discuss the abstinence challenge with the

Abstinence goals may include:

- abstinence from all substances
- abstinence from a select drug (e.g., illicit drug)
- reduction in use for a week, then abstinence from all substances

Harm reduction goals may include:

- a reduction in the frequency and/or intensity of the usage
- a reduction in driving under the influence
- a reduction of use before or during responsibilities (i.e., no use during weekdays when the youth attends school or works at a job)
- avoidance of use of new or unfamiliar substances

teenager and to seek his or her willingness to make a contract to abstain from any use. Therapists should also discuss ways to avoid using or drinking successfully, and at follow-up, reinforce success. If use occurred, the counselor should plan to discuss with the youth the situations where use occurred and how to address challenges in the future.

Harm reduction may also be a logical early-stage goal of a BI. Any behavior change that reduces harm is a positive outcome. Adolescent clients may be more receptive to the change process when counselors take a more flexible approach toward goal attainment.

Therapists are encouraged to elicit feedback from patients about their suggestions. At follow-up, it is helpful for counselors to continue to develop discrepancies and ask what additional steps the youth wishes to take to reach abstinence.

Are BIs Effective?

With limitations, BIs have been shown to be effective for adults. The evidence also has been accumulating on the effectiveness of BIs for adolescents as well[14]. In its policy statement "Alcohol Use by Youth and Adolescents: A Pediatric Concern," the American Academy of Pediatrics recommends that clinicians who work with children and adolescents regularly screen for current alcohol use and use BI techniques during office visits[15].

For Whom Is BI Intended?

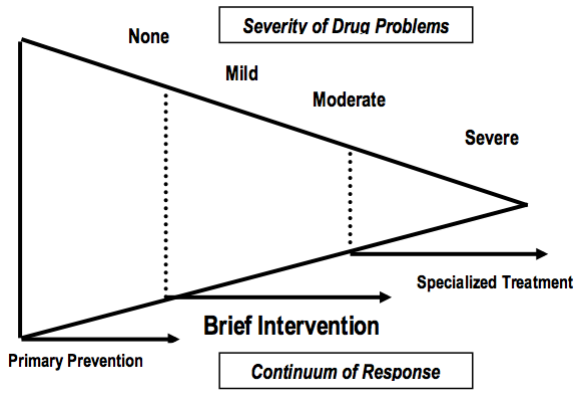
As noted above, a BI is primarily designed for individuals who are exhibiting mild or moderate problems associated with alcohol or other drug use. Such early-stage adolescent users typically experience some harmful or hazardous consequences from their drug use, such as trouble with the law. However, if the following characteristics are present, a BI may not be appropriate:

- has one or more previous treatment failures;
- meets criteria for a drug dependence disorder;
- has significant withdrawal symptoms; and
- requires hospitalization for medical or psychiatric circumstances[16].

The figure below depicts a continuum of care applicable across a variety of drug use problems. The range of drug use problems is indicated on the top; responses to these problems are illustrated on the bottom. In general, specialized treatments (e.g., intensive outpatient and residential treatment), are appropriate for youth with severe drug use problems (e.g., when several symptoms are present), whereas BIs are viewed as an appropriate response for mild to moderate users (e.g., when a handful of symptoms are present).

Also, a BI can be a suitable response when a youth relapses after receiving specialized treatment. In this context, the intervention would focus on resuming progress with goals set earlier.

Continuum of Care



14 Tanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment, 51*, 1-18.

15 American Academy of Pediatrics (2010). Policy statement - alcohol use by youth and adolescents: A pediatric concern. *Pediatrics, 125*(5), 1078-1087.

16 Center for Substance Abuse Treatment (U.S.). (2012). *Brief Interventions and Brief Therapies for Substance Abuse* (Revis 2012. ed.). Rockville, Maryland: U.S. Department. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Finally, a Stepped Care Approach may be appropriate – expanding BI eligibility and adjusting based on response:

- all clients start with BI;
- if no improvement then "step up" the client to a more intensive treatment program; and
- keep "stepping up" until sufficient improvement

Importance of Screening

Since BIs are not appropriate for all youth, a screening should occur to determine the level of care needed for each youth. Examples of screeners are provided below. The purpose of screening is to look for evidence of any use of alcohol, tobacco, or illicit drugs or abuse of prescription drugs and to assess the severity of the problem. Results from such screens can indicate whether a teenager is appropriate for a BI or needs a more extensive assessment and possible intensive treatment. There are several excellent resources which describe screening tools and their use:

- Tobacco, Alcohol, and Other Drugs: The Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse (Kulig & Committee on Substance Abuse. (2005). *Pediatrics*, 115 (3), 816-821).
- Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (American Academy of Pediatrics Committee on Substance Abuse. (2011). Electronic version. *Pediatrics*, 128:e1330-40).

Consider using specific strategies to enhance self-reporting collected via screening by:

- Building rapport
- Establishing confidentiality (with limits)
- Reinforcing personal benefits and relevance of the assessment
- Using standardized tests that measure invalid reporting
- Adjusting process based on learning and reading ability
- Repeated testing
- Collecting urinalysis

GAIN Short Screener[17]

The 5-minute GAIN (Global Appraisal of Individual Needs) Short Screener provides screening scores for several key health domains that are relevant when considering the clinical needs of a teenager. Elevated scores on any domain suggest the need for evaluation with the full GAIN. The GAIN-SS health domains (each has 5 items) are listed below.

- Internalizing Disorder
- Externalizing Disorder
- Substance Disorder
- Crime/Violence
- Total Disorder Screener

CRAFFT tool[18]

The CRAFFT identifies adolescent alcohol and drug use and associated behaviors. Research indicates that a "yes" to two of the questions below signals a problem needing further evaluation and that a score of 4 or more "should raise suspicion of substance dependence[19]."

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 you ever gotten into **TROUBLE** while you were using alcohol or drugs?

17 Dennis, M. L., Feeney, T., Stevens, L. H., & Bedoya, L. (2006). Global Appraisal of Individual Needs–Short Screener (GAIN-SS): *Administration and Scoring Manual for the GAIN-SS Version 2.0.1*. Bloomington, IL: Chestnut Health Systems. Retrieved on July 15, 2015 from http://www.chestnut.org/LI/gain/GAIN_SS/index.html.

18 *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* (American Academy of Pediatrics Committee on Substance Abuse. (2011). Electronic version. *Pediatrics*, 128:1330-40).

19 Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatric & Adolescent Medicine, 156*(6), 607-614.

Skills Needed

Preferably, a BI would be administered by an individual with a certified degree in addiction counseling or a license in a related counseling field of behavioral science. The BI techniques are relatively simple and concise, and thus many treatment agencies can implement these methods. Proficiency in use increases with a combination of training, practice, and feedback. Regardless of one's background, it is important that the person initiating the intervention be familiar with basic counseling skills, the theories and practices involved, and have a basic understanding of the etiology, course, and treatment of adolescent alcohol and other drug dependence. It is an asset if the counselor has knowledge of Cognitive-Behavioral Therapy, Motivational Interviewing, and the Stages of Change model.

Skill-Building in Motivational Interviewing

Although BI should be administered by a certified counselor, Motivational Interviewing can be effectively implemented by a wide range of direct service personnel (e.g., primary healthcare, nursing, supported employment, tobacco cessation, vocational rehabilitation, and criminal justice[20]). Juvenile justice professionals are encouraged to receive training in Motivational Interviewing, which would allow the team to:

- speak the "same language" when working with youth and families to make significant changes in their lives;
- understand that there is an inherent ambivalence to change (for anyone) and that a Motivational Interviewing style will increase empathy for the service provider;
- increase engagement in treatment and other pro-social activities; and
- increase retention rates[21].

For more background about Motivational Interviewing, along with information about workshops and coaching, visit www.motivationalinterview.org or www.motivationalinterview.net.

Cautions When Using a BI

As in any counseling setting with a young person, it is important that the adolescent client be fully advised of mandated reporting laws. For example, the treatment provider needs to inform the youth that if he or she discloses being a victim of physical or sexual abuse, or reports that he or she may harm himself or herself, the counselor is required to report such information to the proper authorities.

A final caution is a reminder of the limitations of BI approaches. One should not consider a BI as a sufficient, stand-alone therapy for teenagers with a substance dependence disorder. Such youth are likely to require a more intensive treatment program. Also, when abstinence is the only goal of counseling, then the harm and risk reduction options are not appropriate.

Wrap Up

- There is emerging evidence on the effectiveness of BIs for adolescents.
- Juvenile courts can be a suitable setting for BIs given that many juvenile detainees are in the early stages of their drug involvement.
- This approach is relatively easy to learn and implement and, thus, it can be readily included in the toolkit of counseling staff.
- Prior to implementing a BI, a suitable screening needs to be administered. The GAIN-SS and CRAFFT are two of several adequate screeners.
- Counselor techniques should include Motivational Interviewing and Cognitive-Behavioral Therapy.
- Juvenile justice professionals should consider getting training in Motivational Interviewing techniques.
- Adequate supervision of the counselor is needed to ensure continued counseling skill development and fidelity to program delivery.

20 Motivational Interviewing. (2011). Retrieved July 16, 2015, from https://www.centerforebp.case.edu/practices/mi.
21 See supra note 19.

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