

A JUDICIAL CURRICULUM ON JUVENILE DWI AND ALCOHOL & OTHER DRUG USE

Saving Lives and Strengthening Communities

Developed by the
National Highway Traffic Safety
Administration and the
National Council of Juvenile and
Family Court Judges

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“Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Transportation or the National Council of Juvenile and Family Court Judges.”

Trainer Notes

I. Introduction to Training Package

This section of the Training Package for A Judicial Curriculum contains materials for the trainer(s) and the coordinator of these programs that provide guidance on conducting the sessions as individual training events or as a coordinated multi-session workshop.

The curriculum is designed for judges who hear juvenile DWI (Driving While Impaired) cases and other alcohol related offenses. The audience may include other members of a community who have an interest in the topic area. Judges may be from the juvenile, family, district or adult court systems and have a varied level of experience. This training includes concepts that may challenge the practices or "thinking" of an individual or a jurisdiction.

This package of lesson plans is not constructed as a series of lecturettes or leader presentations. They are designed to be a series of facilitated/guided activities that sequentially and cumulatively help participants examine and increase their understanding of youth DWI. The lessons guide them further through an examination what they might do individually and in their teams to develop a court model that best meets the needs of youth, families, and communities.

It recommends that trainers/facilitators for this training have at a minimum:

- experience facilitating discussion and activities
- have a working knowledge of the court system
- be a content expert based on the topic of the lesson plan.

It is also highly recommended that a judge be part of any team presentation.

II. An Overview of the Training Package

The training package is made up of seven lesson plans designed for 2-3 hour presentations. Each lesson plan is designed as an individual workshop. If a training/conference coordinator wishes to offer all seven as a series, the overview outline represents our recommendation for the most useful sequence of topic areas. **Should the training be adapted and modules are changed, reordered, or eliminated, it is suggested that the coordinator create new module segues between topics to provide a smooth transition. Be sure to check for logical sequence and duplicative content when new material is added or topics are reordered.** The modules are sequenced to maximize participant understanding of the problem, the unique needs of adolescents, the necessity to collaborate with law enforcement, and finally empower them to create an action plan to effect change in their own communities. The following overview chart describes the aims of each lesson in the package:

Lesson Plan Overview

Time	Title and Objectives
1 Hour	<p>Module 1: Introduction and Overview</p> <ul style="list-style-type: none"> • This module will introduce the rest of the training and the workshop goals and objectives.
1 Hour & 45 Minutes	<p>Module 2: Alcohol and Other Drug Problems in Adolescents - Trends</p> <ul style="list-style-type: none"> • Describe trends and patterns of AOD in adolescents as they relate to most frequently used drugs, attitudes, availability, drinking/using behavior, driving patterns. • Use the “trends” information to develop suggestions for steps for judges, communities, parents and schools to take to reduce the number of injuries and deaths caused by impaired driving among adolescents.
2 Hours	<p>Module 3: Adolescent Development</p> <ul style="list-style-type: none"> • Describe the manifestations of popular youth culture. • Distinguish adult and adolescent development issues. • Relate the reasons adolescents use drugs to developmental issues. • Explain the implications of adolescent development for DWI court practices.

<p>2 Hours</p>	<p>Module 4: Law Enforcement and the Courts</p> <ul style="list-style-type: none"> • Explain the laws that have been enacted to reduce the instance of adolescent alcohol and other drug related car crashes and how these laws relate to the characteristics of adolescents and their drinking and driving patterns. • Describe the challenges to law enforcement officers, prosecutors and the court/judges in enforcing these laws. • Determine the critical roles of the judge, law enforcement and the prosecutor in overcoming the challenges to enforcement of the laws. • Explain the relationship of enforcement of existing laws to the reduction in the number of alcohol-related car crashes among adolescents.
<p>2 Hours & 30 Minutes</p>	<p>Module 5: Screening and Assessment</p> <ul style="list-style-type: none"> • Distinguish screening from assessment and identify 2 strategies for each. • Develop a list of assessment report elements that would indicate the thoroughness of the assessment process. • Highlight the key areas of concern for assessing family issues. • Identify the elements of a strength-based approach to assessments. • Develop a set of expectations for the “system” approach to screening and assessment.

2 Hours	<p>Module 6: Dispositions</p> <ul style="list-style-type: none"> • Describe the balanced approach to dispositions. • Determine the goal(s), benefits and challenges of specific sanctions. • Describe the purposes and goals of treatment. • Identify questions to ask when seeking appropriate treatment providers.
2 Hours	<p>Module 7: Engaging the Community</p> <ul style="list-style-type: none"> • Describe three levels of programs in the continuum of community responses. • For each level, explain the purpose, the target population, the community entities most likely involved, and at least two examples of programs. • Create an action plan for initiating or continuing involvement in the community response.

III. Guidelines for Using the Curriculum

As you prepare to teach from any of the lesson plans, here are some guidelines to follow and notes about the design format that will help you best use the materials and conduct an effective workshop.

Guidelines for Preparation

- study the entire design, including participant materials
- make necessary changes to adapt the design for your audience or to add new materials
- anticipate questions that participants might have as you guide them through the workshop
- make note of questions you have about the material; call NCJFCJ or refer to the resources to clarify

About the Design

Target audience: The curriculum was written with the assumption that the participants are involved in the adjudication of youth DWI and other alcohol and drug offenses. Although judges are the primary audience, other disciplines may be invited by the local jurisdiction and the curriculum should be adjusted accordingly.

Trainer notes: You will find sections in the design that are not scripted text. These are suggestions to you, the trainer, about group set-up, report out, or activity instructions.

Script: You will find sections in the design preceded by the trainer note "say something like the following." This is a suggestion for what to ask or say to the participants as you share information, give activity instructions, and lead discussions.

Suggested Responses: When you ask questions of adult participants it is important to give them an opportunity to share what they already know. Often they will share helpful ideas that neither the authors nor the trainers thought about; sometimes they need a little help getting started. The responses are listed in the design to give you some ideas about how to get participants started if they are stuck as well as give you key ideas to mention if the participants do not.

Time Frame: In the right column you will see the time suggested for an activity or discussion. This is meant to be a guide and will vary according to class size and level of participation.

Materials: Also in the right column you will see handout pages and references to visuals needed.

IV. Tips on Facilitating the Training

A. The Workshop Checklist

Whether or not the trainer is directly responsible for the logistics of the training, he or she must check that the preparations have been made for the workshop space to accommodate and facilitate learning for the group. Following is a simple checklist to use as your guide.

Training Room

- Size is adequate for number of participants
- No posts or obstructions are in the room (or arrange seating to accommodate)
- Entrance/exit should be at the rear of the room to avoid disruption
- Location and operation of lighting controls
- Location and operation of room temperature controls
- Eliminate possible interruptions (e.g. beepers, cell phones)
- Accessible restroom and break areas
- Set up easel, overhead, screen to ensure that they are visible to all
- Seating should be comfortable, movable, and preferably set with round tables
- Advise participants of emergency exiting and regulations

Equipment and Materials (check lesson plans for equipment and materials needed)

- Video player and monitor
- Laptop and LCD
- Overhead projector (extra backup bulb)
- Easel and easel pads
- Table for materials and supplies
- Handout materials
- Pens, pencils, and paper for activities
- Name tags/name tents

Amenities

- Refreshments (breaks/lunch)
- Phone messages
- Smoking regulations and provisions

B. Adult Learning Principles

This curriculum is written to address the learning interests and needs of adults and is based on a set of principles that views participants as equal partners in the learning process.

Adult Learners

- ❖ are more likely to learn to solve perceived problems or challenges in work and life in general rather than theory in isolation.
- ❖ have extensive life and work experience; therefore, they learn best by participating actively in a series of planned experiences, having the opportunity to analyze those experiences, and then determine the application to work and life experiences.
- ❖ need to be self-directed. The role of the trainer/facilitator is to engage them in a process of inquiry, analysis and decision-making rather than to transmit knowledge and evaluate the learner's conformity to it.
- ❖ learn best when learning programs make optimum provision for difference in style, time, place, and pace of learning since individual differences among adult learners increase with age and experience.

C. Trainer/Facilitator Roles and Skills

In this training, the leader's role is that of a facilitator, one who leads participants through the learning process.

Facilitator Roles

- ❖ discussion leader + information provider
- ❖ encourage and welcome participant input through word and demeanor
- ❖ create/maintain atmosphere in which participants feel comfortable to challenge information and ask questions
- ❖ refrain from lectures
- ❖ use open-ended questions to invite participant interaction
- ❖ demonstrate credible knowledge about DWI adjudication
- ❖ demonstrate a high level of energy and a sincere communication of belief in the purpose of the training

The facilitator can provide the opportunity for optimal learning through the use of group discussions and by responding to participant questions. The following guidelines are presented to assist you in that endeavor.

Guidelines for Conducting Group Discussions

- ❖ Know the *desired outcome* (new knowledge, viewpoint, behavior) of the group discussion.
- ❖ Anticipate *controversial issues, questions or situations* that may arise. The more accurately you can predict these situations, the less likely you are to be thrown off balance during the discussion groups.
- ❖ Know the *limits of your role*. You are there to impart information and facilitate/guide the discussion process, not to validate your own ideas.
- ❖ Define the *intended purpose* of the discussion for the group.
- ❖ Anticipate the "so what" or "what's in it for me" questions on people's minds.
- ❖ Give everyone an *equal opportunity to participate*. If the group is large and/or if some people are being left out of the discussion, consider breaking the group down into smaller groups. Provide quiet time for participants to jot down their responses to a question you pose, then get responses from all "round robin" style.
- ❖ Avoid "yes" or "no" questions. Use *thought provoking questions* to stimulate discussion.
- ❖ Keep the discussion *progressive, staying on the topic*. If the planned approach is not going to achieve your objectives, be flexible and prepared to adopt a different approach.
- ❖ Listen *carefully and intently*. Show interest in the thoughts of others and build on their comments.
- ❖ Give *occasional summaries*. Restate the highlights of the discussion and paraphrase any conclusions or generalizations from the group.
- ❖ Know when to end the discussion: *outcomes reached; body language; time-limit*.

Guidelines for Asking Questions

The ability to ask questions is a critical skill for trainers. The effective trainer must know what questions to ask; what types of questions to ask at each step in the discussion, how to phrase the questions to get the results he/she wants, and how to restate if his/her first effort does not work.

Four Types of Questions

- ❖ *Overhead:* addressed to the group as a whole; anyone may answer.
- ❖ *Direct:* the trainer directs the question to a particular individual, usually because he/she has the best information.
- ❖ *Reverse:* the trainer, when asked a question, turns it back to the person asking the question. Often when a person asks a question, he/she wants to make a statement, but needs encouragement.
- ❖ *Relay:* the trainer passes the question asked by one participant to another for a response, or he/she may put it out as an overhead question.

Shaping the Question According to Its Purpose

- ❖ To open discussion
- ❖ To amplify, expand and explain a member's contribution
- ❖ To move discussion ahead to another point and to close discussion on the preceding point
- ❖ To introduce a point that is being missed
- ❖ To provoke and sharpen distinctions, including evaluations and judgement on ideas that have been presented
- ❖ To promote collaboration
- ❖ To summarize and/or give unity to divergent ideas.

D. Using Visual Aids

The trainer must be familiar with the proper creation and use of training aids: overhead transparencies/Powerpoint presentations, and easel pads. The training aids needed for this training will be provided in Powerpoint, hard copy of overhead transparencies and master copies of all handouts. The trainer may record information generated from group discussion/brainstorming on easel pads. The following guidelines are important to remember when using visual aids:

Overhead Transparencies

- ❖ Position the project so that you:
 - create an undistorted image,
 - completely fill the screen, but do not spill over,
 - avoid blocking view sight lines to the screen.
- ❖ Move around so you do not block sight lines to the screen.
- ❖ Use a piece of paper to reveal sections of information one at a time (if necessary).
- ❖ Do not darken the room but do control the light that falls on the screen by dimming front lights and draping nearby windows.
- ❖ Keep visual on the screen only as long as needed for teaching point.
- ❖ Turn off the projector when not in use to change the center of attention away from the screen.
- ❖ Use a pencil to point on the bed of the projector rather than walking into the image on the screen to point to information.
- ❖ Take a quick glance behind you to the screen each time you put up an overhead to be certain that is clear and aligned.
- ❖ When developing your transparency text, graphics, charts, and pictures, be sure to keep them simple. Use your handouts for detailed information. General rule: 6X6 – no more than six words across, no more than six lines down.

Computer Generated Slide Presentations

With the advent of laptops and LCD projectors, presentations are being created and displayed using software available with most word processing program packages. These programs allow you to create slides that can incorporate vivid color, graphics, charts, sound clips, pictures and movies. Regardless of the software you choose you must be prepared to manage your technology and balance it with group participation.

- ❖ Ensure that you have the proper equipment, including laptop, screen and LCD projector with cables to connect your equipment.
- ❖ Have overhead transparencies as backup in case of technology failure.
- ❖ Be certain to test your equipment and, if you are bringing a floppy disk, make sure your files can be read and displayed with the equipment provided.
- ❖ Dim lights but do not darken the room. Dimming will illuminate the text and brighten the color.
- ❖ Balance your use of dramatic visuals with the engagement of the group. Decide how much attention you want to have given to your visuals versus other group members and/or the trainer.
- ❖ Use the guides provided by the software program for print size – try to keep the text simple and short. Use your handouts for long detailed information.
- ❖ Choose animations within your slides carefully. Some animations can take precious time to load and become legible. The same rule is true for text bullets that appear with sound; they too can take more time and interrupt the flow of your spoken presentation.
- ❖ Do not overly complicate the presentation with unnecessary audiovisuals; they may be fun but remember to focus on your learning objectives.

Easel Pads

Some lesson plans call for the trainer to record group responses to questions.

- ❖ Title easel pad sheets with topics you plan to discuss before you begin the session.
- ❖ Use a dark colored broad tipped marking pen and check it before you begin to ensure it is working.
- ❖ Write in large print, using capitals and lowercase – it is easier to read than all capital letters.
- ❖ Print as neatly as possible and avoid script or cursive.
- ❖ Talk to the participants, not the easel pad.
- ❖ When writing quickly to record responses it is hard to ensure that you are spelling correctly or getting the whole idea. Let the group know that spelling doesn't count and check with the participants to make sure you have accurately captured their ideas.

The Trainer as a Visual Aid

Since the group will be watching and listening to you as the central focus of the presentation, you are the most important training aid. How you communicate your message/information and the platform presence you exhibit will be the key ingredient to establish a climate and motivation for learning.

- ❖ *Facial expression:* Express interest and enthusiasm with your eyes and a smile. Maintain a neutral expression when receiving participant input; be careful about letting disapproval, concern or judgement show.
- ❖ *Posture:* Keep your posture open and straight, yet relaxed to show that you are attentive.
- ❖ *Gestures:* Use your hands and arms comfortably to be expressive or appear relaxed. Avoid habitual tapping, jingling of coins and other distracting motions.
- ❖ *Movement:* Move around the room to maintain contact with all and to move a bit closer to any person talking.
- ❖ *Eye contact:* Make eye contact with *all* participants.
- ❖ *Voice:* Vary the tone and speed of your voice and project to the entire room. If there is a microphone, check volume control so that you can be heard without being too loud.
- ❖ *Language:* Use clear language; avoid or explain acronyms or jargon.

E. Evaluating the Training

The measure of true success for any training is the post workshop application of the content, but we also know that immediate feedback from the workshop experience can tell us how likely people are to use the content and can provide us with valuable information for improving the format, content and materials. We encourage the trainer to have time allocated at the end of the workshop for completing evaluations. The trainer may want to explain the evaluation process at the beginning of the sessions so that participants are aware that they will be expected to complete a form at the end of the session.

Evaluation questions should go beyond what the participant liked and disliked. For example, questions should be included that address how the content will be used, who else could benefit from this training, how it can be enhanced/improved and what other trainings would be helpful to judges in their juvenile drug court program planning efforts.

(Portions of this section have been adapted from the: Training Package for Line-Staff and First-Line Supervisors to Reduce Disproportionate Minority Confinement, Cygnus/OJJDP, 2000)

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Background Information

In 1998 the National Council of Juvenile and Family Court Judges received funding from the National Highway Traffic Safety Administration, U.S. Department of Transportation to update the Youth DWI (Driving While Impaired) Curriculum. The original curriculum was a very successful product developed in 1989 and delivered in over a dozen states. The purpose of the update was to provide a more comprehensive curriculum that includes drug use, adolescent development, assessment and treatment. The curriculum consists of seven training modules that use adult learning techniques to effectively maximize the information imparted. It was pilot tested in a in ten different locations around the country in 2002-2003. The curriculum development team hopes that it will be accessed and used by State Highway Safety Offices in each state.

Use of mood altering substances by juveniles is illegal and negatively impacts their safety and the safety of others while driving; therefore, there is no acceptable limit or amount for juveniles who drive impaired. All states now have zero tolerance, setting the BAC limit at no higher than .02 for drivers under the age of 21. This program is based on the philosophy of zero tolerance.

The goals of the workshop are twofold. First, to provide knowledge and skills to judges so that more youthful offenders using alcohol and other drugs involved with DWI and other alcohol/drug related offenses will be identified and receive appropriate treatment and sanctions. Second, to enable judges to take a proactive leadership role in the development of community-based comprehensive prevention and intervention programs and networks.

The National Highway Traffic Safety Administration and the National Council of Juvenile and Family Court Judges are pleased to present the Youth DWI Curriculum for Judges. It is an effective training that will impart a new perspective to judges who deal with youth DWIs and give them the tools needed to become a proactive member of their community and advocates for change.

Curriculum Development Working Group

Vince Burgess
Director, Transportation Safety Services
Richmond, Virginia

Honorable John Campbell
City Court of Minden
Minden, Louisiana

Honorable Elizabeth Crnkovich, Vice Chair
Douglas County Juvenile Court
Omaha, Nebraska

Honorable Thomas E. Heydinger
Huron County Court of Common Pleas
Norwalk, Ohio

Jeffrey P. Johnson, M.A.
President/C.E.O., Family Service Agency of
San Bernardino County
San Bernardino, California

Matt Leone, Ph.D.
Associate Professor, Criminal Justice
University of Nevada, Reno

Sergeant Douglas Paquette
New York State Police
Albany, New York

Honorable James Ray
Lucas County Juvenile Court
Toledo, Ohio

Nancy Roget, M.S.
Center for the Application of Substance
Abuse Technologies
University of Nevada, Reno

Investigator Yvonne Shull
Orange County Sheriff's Department
Aliso Viejo, California

David B. Smith
Scottsdale, Arizona

Honorable Philip Trompeter, Chair
Roanoke County Juvenile and Domestic
Relations District Court
Roanoke, Virginia

Dawn Wilsey
National Traffic Law Center
Alexandria, Virginia

Project Consultants

Betty Gurnell
Chapin, South Carolina

Sue Yeres
ESSI Systems
San Francisco, California

NHTSA Representative

James Wright
Youth Alcohol Program Manager
Impaired Driving Division
National Highway Traffic
Safety Administration
400 7th Street, S.W., Room 5118
Washington, D.C. 20590
Phone: (202) 366-2724
FAX: (202) 366-2766
E-Mail: Jim.Wright@nhtsa.dot.gov

NCJFCJ Project Administration

Iris A. Key
Manager, Alcohol & Other Drugs Division
National Council of Juvenile
and Family Court Judges
P.O. Box 8970
Reno, NV 89507
Phone: (775) 784-1663
FAX: (775) 784-6628
E-Mail: ikay@ncjfcj.org

Jessica Pearce
Projects Coordinator
Alcohol & Other Drugs Division
National Council of Juvenile
and Family Court Judges
P.O. Box 8970
Reno, NV 89507
Phone: (775) 784-1661
FAX: (775) 784-6628
E-Mail: jpearce@ncjfcj.org

Physical Address:
NCJFCJ
1041 North Virginia St., 3rd Fl.
Reno, NV 89557

Introduction and Overview

MODULE SUMMARY

TARGET POPULATION: <i>Judges</i>	SUGGESTED TIME: 1 hour
SPACE REQUIREMENTS: <i>Table set in rounds or squares so that groups of 6 or 8 can be seated together</i>	SUPPLIES & EQUIPMENT: <ul style="list-style-type: none"> • Easel pad • Markers • LCD or • Overhead projector • VCR & Monitor
PERFORMANCE OBJECTIVES: <ul style="list-style-type: none"> • <i>Introduce goals and objectives of the workshop</i> 	PARTICIPANT MATERIALS: <i>Participant notebook Additional resources</i>
INSTRUCTIONAL METHODS: <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	AUTHORS: <i>Betty Gurnell, Columbia, South Carolina Susan Yeres, San Francisco, California</i>

A. Welcome and Objectives	15 minutes
1. Have the local contact and judge make opening remarks.	
2. Trainer provide brief professional background.	
3. Introduce the workshop by showing the NHTSA video, “Beyond the Bench,” produced in conjunction with the Office of Juvenile Justice and Delinquency Prevention and the Police Executive Research Forum. Use the following narrative as a guide: <i>In this video several judges present their perspectives on ways they can get involved in their communities to impact underage drinking and driving.</i>	Video “Beyond the Bench” NHTSA (15 minutes)
4. After video use this narrative as a guide: <i>After hearing from other judges, not only is it clear that you can have a role, you can clearly make a difference. The population of the United States, ages 15 - 20, has decreased from 24.3 million in 1982 to 23.9 million in 1999, a decrease of 2%. During this same time period, motor vehicle fatalities for this age group have decreased by more than 25%, while alcohol-related fatalities have decreased by 57%. (NHTSA 2000 Youth Fatal Crash and Alcohol Facts)</i>	
5. Show slide and explain the workshop outcome. Use the following narrative as a guide: <i>The purpose of this workshop is to reduce the crashes, and thereby, the resulting deaths and injuries that are caused from the use of alcohol and other drugs by juveniles. It is important for the court to provide community leadership to deter and prevent DWI (driving while impaired) and similar offenses by the community’s youth. Judges who hear DWI and other cases involving juveniles using alcohol and other drugs are uniquely able to take positive steps to help solve this problem.</i>	Slide 1 Workshop Outcome

<p>6. Review the workshop goals.</p> <ul style="list-style-type: none"> To provide knowledge and skills to judges so that more youthful offenders using alcohol and other drugs involved with DWI and other alcohol/drug related offenses will be identified and receive appropriate treatment and sanctions. To enable judges to take a pro-active leadership role in the development of community-based comprehensive prevention and intervention programs and networks. 	<p>Slide 2 Workshop Goals</p>
<p>7. Relate the philosophy of the program.</p> <p>Use the following narrative as a guide:</p> <p><i>Use of mood altering substances by juveniles is illegal and negatively impacts their safety and the safety of others when driving; therefore, there is no acceptable limit or amount for juveniles who drive impaired. All states now have zero tolerance, setting the BAC limit at no higher than .02 for drivers under the age of 21. This program is based on the philosophy of zero tolerance.</i></p>	

<p>B. Expectations and Agenda Review</p>	<p>20 minutes</p>
<p>1. Ask participants to write two expectations for this workshop. After they have completed their writing, conduct an introduction and expectation sharing round robin. Starting with a volunteer, have each person introduce themselves and explain their jurisdictional role in DWI, then share their expectations. (Optional: Can have people introduce themselves to each other and share expectations at their tables, then conduct introductions in large group and ask for two expectations from each table group.)</p> <p>Note: Trainer record expectations on chart paper.</p> <p>Option: If the participant group is too large for individual introductions, recognize the regions or jurisdictions present in the room and ask for volunteers to report their expectations.</p>	
<p>2. Review the agenda and explain how the content will address stated expectations and which expectations are not covered in the course content.</p>	<p>Slide 3 Agenda (Note: modify to reflect actual agenda)</p>

3. Review logistical issues, to include: restrooms, phones, messages, breaks.	
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C. Values Issues and the Role of the Judge	20 minutes
<p>1. Transition to this section using the following narrative as a guide:</p> <p><i>While working with adolescents, your role as a judge can be fulfilling, it can also be quite frustrating, presenting you with difficult decisions and conflicting values. Sometimes people can think through value-laden decisions more clearly if they have an opportunity to examine those conflicts. We are going to take a few minutes to talk about some of these conflicts now.</i></p>	
<p>2. Prior to the next activity post two large signs on opposite walls in the room so they can easily be seen: one will say AGREE and the other will say DISAGREE.</p> <p>Option: If your space or time do not permit enough time to move the group out of their seats into the center of the room you can conduct this activity by asking participants to stand up at their seats if they agree and to remain seated if they disagree. You can use the same procedures for discussion as noted below.</p>	
<p>3. Explain the activity using the following narrative as a guide:</p> <p><i>I am going to read out a series of value-laden statements. After each statement, move toward and stand either near the AGREE sign posted on this side (point), or near the DISAGREE sign posted on this side (point) to indicate your position on that statement. There are no right or wrong answers.</i></p>	
<p>4. Read one statement at a time. After each statement pause for a few minutes while participants “take their stand.” If anyone asks for clarification just ask that they make their own interpretation of the statement. Ask for two or three volunteers on each side to explain their viewpoint. Do not allow this to become a debate, just a sharing of ideas.</p>	

<p>5. Statements:</p> <ul style="list-style-type: none"> • Adolescents who use alcohol and other drugs are no different from other adolescents. • If parents were more responsible, we wouldn't have problems with adolescents using alcohol and other drugs. • Zero tolerance might be a bit too tough; all kids are going to experiment. 	
<p>6. Transition to the role of the judge by using the following narrative as a guide:</p> <p><i>Values shape our perspective and the way we view information. The statements we just "took a stand" on represent some of the core issues concerning our attitudes toward youth, our perspective about family and our belief about reasonable boundaries when dealing with young people in the court. Values therefore impact our definition of role.</i></p>	
<p>7. Introduce the activity and discussion of the judges' role in prevention and intervention. Use the following narrative as a guide:</p> <p><i>Let's examine your perspective on the role you play in prevention - reducing the likelihood of incidents in the first place and in intervention - taking actions to keep DWI from recurring. At your tables, take 5 minutes and create a list on chart paper of all of the roles you can have in prevention and intervention as they have been defined.</i></p>	<p>Slide 4 Prevention and Intervention</p>
<p>8. After ten minutes stop the groups and ask them to take 10 minutes and discuss how their values impacted their choice of roles or how they view their roles.</p>	
<p>9. Ask groups to report out their discussions using the information on their chart paper and highlighting three ways that values impacted their identification of roles. Post the chart paper and refer to them during the training as you address different aspects of the roles they identified.</p>	

<p>10. Summarize the discussion by reviewing the primary roles and connect these as the general headings for the lists they produced in the exercise.</p> <p><u>Role of Judge</u></p> <ul style="list-style-type: none"> • involvement in community education • upholding DWI and other A/D laws • applying appropriate sanctions 	<p>Slide 5 Role of the Judge</p>
<p>11. Transition to the next module on Trends using the following narrative as a guide:</p> <p><i>To enable you to most effectively fulfill your role(s), you need to know more about the population of young people living in your communities, attending your schools and coming to your court. More specifically it is critical to have information on the current trends in alcohol and other drug use for adolescents. What will you be seeing, what issues will you be facing, and what more do you need to learn or keep current about?</i></p>	

Workshop Outcome

- The purpose of this workshop is to reduce the crashes, and thereby, the resulting deaths and injuries that are caused from the use of alcohol and other drugs by juveniles.

Slide 1

Workshop Goals

- To provide knowledge and skills to judges so that more youthful offenders using alcohol and other drugs involved with DWI and other alcohol/drug related offenses will be identified and receive appropriate treatment and sanctions.
- To enable judges to take a proactive leadership role in the development of community-based comprehensive prevention and intervention programs and networks.

Slide 2

Workshop Agenda

- Introduction and Overview
- Trends in Alcohol/Drug Problems
- Adolescent Development
- Law Enforcement and the Court
- Screening, Assessment and Treatment
- Dispositions
- Engaging the Community

Slide 3

Prevention : Reducing the likelihood of incidents in the first place

Intervention - Taking Actions to keep DWI from recurring

Slide 4

The Role of the Judge

- Involvement in community education
- Enforcing DWI and other A/D laws
- Applying appropriate sanctions

Slide 5

Introduction

Workshop Goals:

- To provide knowledge and skills to judges so that more youthful offenders using alcohol and other drugs involved with DWI and other alcohol/drug related offenses will be identified and receive appropriate treatment and sanctions.
- To enable judges to take a pro-active leadership role in the development of community-based comprehensive prevention and intervention programs and networks.

Workshop Philosophy:

Use of mood altering substances by juveniles is illegal and negatively impacts their safety and the safety of others while driving; therefore, there is no acceptable limit or amount for juveniles who drive impaired. In twelve states where zero tolerance laws were put into effect, single vehicle, night time crashes involving young drivers dropped 16%. In states where these laws had not yet been put into effect these crashes increased 1% during the same time period. This program is based on the philosophy of zero tolerance.

The Role of the Judge - Notes

Adolescent Related Alcohol and Other Drug Trends

MODULE SUMMARY

<p>TARGET POPULATION:</p> <p><i>Judges</i></p>	<p>SUGGESTED TIME:</p> <p><i>One Hour & Forty-five minutes</i></p>
<p>SPACE REQUIREMENTS:</p> <p><i>Tables set in rounds or squares so that groups of 6 or 8 can be seated together</i></p>	<p>SUPPLIES & EQUIPMENT:</p> <ul style="list-style-type: none"> • <i>Easel pad</i> • <i>Markers</i> • <i>LCD or</i> • <i>Overhead projector</i>
<p>PERFORMANCE OBJECTIVES:</p> <ul style="list-style-type: none"> • <i>describe trends and patterns of AOD in adolescents as they relate to most frequently used drugs, attitudes, availability, drinking/using behavior, driving patterns.</i> • <i>use the “trends” information to develop suggestions for steps for judges, communities, parents and schools to take to reduce the number of injuries and deaths caused by impaired driving among adolescents.</i> 	<p>PARTICIPANT MATERIALS:</p> <p><i>Participant notebook</i> <i>Additional resources</i></p>
<p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	<p>AUTHORS:</p> <p><i>Betty Gurnell, Columbia, South Carolina</i> <i>Susan Yeres, San Francisco, California</i></p>

<p>A. Why Look at Trends?</p>	<p>15 minutes</p>
<p>1. Show the following headlines on the slide:</p> <ul style="list-style-type: none"> • High School Football Star Killed in Car Crash on Prom Night - Beer Cans Found at Crash Site • Six Local Teens Killed in Fiery Crash • Two 16 year olds Injured in Fight at Scene of Unsupervised Keg Party <p>Note: Add or substitute current or local headlines.</p> <p>Use the following narrative as a guide:</p> <p><i>You are probably all too familiar with headlines such as these appearing in local and national newspapers and magazines. I'm sure we would all like to make a difference in these statistics. In your table groups please introduce yourselves to each other, then complete the following sentence as many times as you can in two minutes:</i></p>	<p>Slide 2 Headlines</p>
<p>2. Show the sentence stem on the slide.</p> <p>We could eliminate teen DWI if only . . .</p> <p>Encourage participants to follow guidelines for brainstorming: everyone participates, write down all ideas, wild and zany ideas are encouraged, no evaluating of ideas. Here are some examples of statements they might make:</p> <p>We could eliminate teen DWI if only</p> <ul style="list-style-type: none"> - we strictly enforced the legal drinking age - we could put a big, protective bubble around our teens - we had a parent ride with them all the time 	<p>Slide 3 Sentence Stems</p>

<p>3. Use the following narrative as a guide to introduce the performance objectives:</p> <p><i>You might check some of these suggestions out for potential action ideas. But in reality, much as we would like to completely eliminate this problem, we probably won't. We can, however, take some steps toward understanding the issues a bit better, and in doing so to at least make the roads safer for all of our communities.</i></p> <p><i>In this module we are going to discuss some of the trends in the use of alcohol and drugs among teenagers in the United States, along with trends in their driving behavior.</i></p>	
<p>4. Show the performance objectives on the slide and review. Participants can follow along in their manual.</p> <ul style="list-style-type: none"> • describe trends and patterns of AOD in adolescents as they relate to most frequently used drugs, attitudes, availability, drinking/using behavior, driving patterns. • use the “trends” information to develop suggestions for steps for judges, communities, parents and schools to take to reduce the number of injuries and deaths caused by impaired driving among adolescents. 	<p>Slides 4 & 5 Performance Objectives</p>

<p>B. Trends - The National Picture</p>	<p>30 minutes</p>
<p>1. Ask participants to take about 10 minutes to respond to the multiple choice questions on the Trend Quiz in their workbook. They can work with others at their table if they prefer.</p>	
<p>2. After participants have completed the quiz, conduct a discussion and present additional information using the quiz as a guide and the following format:</p>	

<p>3. Question 1. The leading cause of death among adolescents in the U.S. is</p> <ul style="list-style-type: none"> a. Suicide b. Gunshot c. Car Crashes d. Overdose of drugs <p>How many of you answered a? b? c? d?</p> <p>The correct answer is c. Car Crashes</p>	<p>Slide 6 Question 1</p>
<p>4. Use the following information to explain and elaborate on this response:</p> <ul style="list-style-type: none"> • More than one-third of all deaths for people ages 15-20 result from motor vehicle crashes (Vital Statistics Mortality Data - 1998, Centers For Disease Control.) In 2000, more than one-third of these motor vehicle fatalities involved alcohol. (2000 Youth Fatal Crash and Alcohol Facts, NHTSA 2002) • A NHTSA funded study, released in October 2000, found that people who begin using alcohol before age 21 are more likely to be drivers in alcohol-related crashes later in life. (1999 Youth Fatal Crash and Alcohol Facts, NHTSA 2001) • Suicide is the third leading cause of death among teens; alcohol is a factor in 50-65% of all youth suicides (Addiction Technology Transfer Center at University of Missouri, Kansas City). According to a study done by Penn State, the only predictable element in adolescent suicide is the continued use of alcohol. • The rate of alcohol-related motor vehicle fatalities is influenced by geographic density, population demographics regarding age and sex, cultural differences, and law enforcement techniques. Nearly 70% of youth motor vehicle fatalities occurred in rural areas. The highest rates were found in the rural western states. (2000 Youth Fatal Crash and Alcohol Facts, NHTSA 2002) 	

<p>5. Question 2. The leading cause of adolescent car crashes is:</p> <ul style="list-style-type: none"> a. No driver education b. Few parental controls c. High speed d. Number of passengers in the car <p>How many of you answered a? b? c? d?</p> <p>The correct answer is d. Number of passengers in the car. (JAMA March, 2000)</p>	<p>Slide 7 Question 2</p>
<p>6. Relate the following information to explain and elaborate on this response:</p> <p>It's no wonder:</p> <ul style="list-style-type: none"> • March 2000 issue of the Journal of the American Medical Association (JAMA): the relative risk of driver death per 10 million trips was 39% higher for 16 year old drivers with one passenger than with the adolescent driving alone; with three or more passengers the relative risk of dying in an accident is more than two times what it would be if the teen was driving alone. • The number of deaths per 10 million trips for 16-year-old drivers who have 3 or more passengers in the car is 5.6; for 17-year-olds the comparable number is 4.5; for drivers 30-59 years old it is 0.47. (JAMA, March 2000) • Studies (National Clearinghouse for Alcohol and Drug Information) also suggest that dangerous driving habits such as speeding, swerving, purposely skidding and driving after drinking or taking drugs is strongly associated with the presence of peers. • Several studies have shown that teen drivers are more likely to crash when carrying only teen passengers than when traveling alone or with other passenger combinations (Drummond & Triggs, 1991; Foldvary & Lane, 1969; Preusser, Ferguson & Williams, 1998). 	

<p>7. Question 3. Which of the following is the primary reason teens give for using alcohol or drugs?</p> <ul style="list-style-type: none"> a. The need to belong b. Coping c. Pursuit of pleasure d. There's nothing else to do <p>How many of you answered a? b? c? d?</p> <p>The correct answer is c. The Pursuit of pleasure - being drunk or high feels good.</p>	<p>Slide 8 Question 3</p>
<p>8. Use the following information to explain and elaborate on this response:</p> <ul style="list-style-type: none"> • MADD guide for parents on teens and drinking: a majority of parents believe peer pressure to be the primary reason teenagers drink or use drugs, <u>but</u> • 79% of teens surveyed said that being drunk/high feels good • 67% said that being drunk/high helps them to cope - to forget about their problems • 66% said they drink/use drugs because others do - to "fit in" or belong (not necessarily peer pressure) • 47% said that they drink/use drugs because there's nothing else to do. <p>(Note, this percentage is higher in rural areas)</p> <p>(MADD website, February 2001)</p>	

<p>9. Question 4: Teens get more of their information about alcohol and drugs from</p> <ul style="list-style-type: none"> a. Books b. Parents c. Educational programs - school, DARE, MADD d. The Internet <p>How many of you answered a? b? c? d?</p> <p>The correct response is d. The Internet (MADD, Michael Nerney, Paul Carey, 2000)</p>	<p>Slide 9 Question 4</p>
<p>10. Use the following information to substantiate this response:</p> <ul style="list-style-type: none"> • <i>Web sites are readily available with information about specific drugs - how to manufacture them, where to get them, how to hide evidence of use.</i> <p>Web sites: hightimes.com headcase.com 420.com highaltitude.com testpure.com gothicdungeon.com dancesafe.com (Web site search, February 2001)</p> <ul style="list-style-type: none"> • <i>Although they do get a <u>lot</u> of information from the Internet, they do not necessarily get, nor are they necessarily interested in, getting information about the consequences.</i> • <i>MADD reports that 56% of students in grades 5 to 12 say that alcohol advertising encourages them to drink (MADD web site, February 2001)</i> • <i>In a survey of high school students, respondents reported that they use the Internet for most of their information-gathering on drugs. (Michael Nerney, Paul Cary, 2000)</i> 	

<p>11. Question 5: Which of the following is NOT a high risk factor for predicting teen AOD use?</p> <ul style="list-style-type: none"> a. Easy access/availability b. Parental use of alcohol or drugs c. Music that teens listen to d. Teen attitudes and perceptions <p>How many of you answered a? b? c? d?</p> <p>The correct answer is c - music that teens listen to</p>	<p>Slide 10 Question 5</p>
<p>12. Use the following information to explain and elaborate on this response:</p> <ul style="list-style-type: none"> • 2001 Monitoring the Future Study: adolescents' perceptions of the harmfulness of drugs and their disapproval of people who use drugs are important predictors of their own drug use habits. While disapproval rates among 10th graders remained relatively stable, among 12th graders there were some disturbing, statistically significant decreases in the perception of risk. • Teens at highest risk for alcohol-related problems are those who <ul style="list-style-type: none"> • began using alcohol or other drugs before the age of 15 • have a parent who is a problem drinker or an alcoholic (risk is even higher if there are several generations with problem drinkers) • have close friends who use alcohol and/or other drugs • have been aggressive, antisocial, or hard to control from an early age • have experienced childhood abuse and/or other major traumas • have current behavioral problems and/or are failing at school • have parents who do not support them, do not communicate openly with them, do not keep track of their behavior or whereabouts • experience ongoing hostility or rejection from parents and/or harsh, inconsistent discipline <p>(Catalano and Hawkins, 1999, CSAP, 1995)</p>	<p>Refer to www.monitoringthefuture.org for the latest statistical information</p>

<p>13. Question 6: Which of the following is NOT a street name for club or party drugs?</p> <ul style="list-style-type: none"> a. Georgia Home Boy b. Funky Stuff c. Special K d. Roofie <p>How many of you answered a? b? c? d?</p> <p>The correct answer is b. Funky Stuff.</p>	<p>Slide 11 Question 6</p>
<p>14. Use the following information to briefly explain these club or party drugs and reasons teens use:</p> <ul style="list-style-type: none"> • Ecstasy - stimulant, hallucinogen. Improves mood, increases energy. The dancing frenzies accompanying this drug's use can lead teens to dehydration and hyperthermia, resulting in extremely high body temperatures. • Georgia Home Boy (GHB), a sedative, can be made from common household ingredients (teens find recipes on the Internet, ingredients are found in a number of dietary supplements). Lower doses cause relaxation, but at increased doses this drug can result in sleep, eventual coma or death. This drug is also used for its growth hormone-releasing effects • Rohypnol (Roofie) is a tasteless and odorless sedative in the benzodiazepines family that mixes easily with carbonated drinks. Commonly referred to as a "date rape" drug as individuals under its influences tend to forget what happened. • Ketamine (Special K) is an anesthetic. Low doses - loss of attention span, learning ability and memory. At higher doses - delirium, amnesia, high blood pressure, coma, death. 	

<ul style="list-style-type: none"> • Methamphetamine (Meth) - is a toxic, addictive stimulant that affects many areas of the central nervous system. It is often made in home laboratories (teens get the recipes from the Internet.) Can cause memory loss, aggression, violence, psychotic behavior and heart problems. • LSD - hallucinogen; unpredictable behavior depending on the amount taken. Effects include numbness, weakness, nausea, increased heart rate, sweating, lack of appetite, sleeplessness. <p>Sources: <i>Buzzed</i>, by C. Kuhn, S. Swartzwelder, W. Wilson, 1998. National Institute on Drug Abuse, "Club Drugs Aren't Fun," July, 2000.</p>	
<p>15. <u>Teen perceptions and reasons for use</u></p> <ul style="list-style-type: none"> • Think these substances are harmless • Several are tasteless and odorless • Some used to increase energy for more frenzied and longer dancing 	<p>Slide 12 Teens Perceptions and Reasons for Use</p>

<p>C. Implication of the Trends on The Judge’s Role</p>	<p>60 minutes</p>
<p>1. Guide participants to relate the trends information with their work in their courts by having them discuss the following questions. Ask participants to take 5 minutes to respond individually, then discuss their responses with the others at their table.</p> <ul style="list-style-type: none"> ➤ In what areas did this information confirm what you already knew? ➤ What information about trends was new to you? ➤ What evidence of these trends have you seen in your court and community? ➤ How do these trends compare with what you know about the trends in your community? ➤ What information would be useful if you were talking to parents? ➤ If educators, parents and community leaders were aware of this information, what difference do you think it would make? ➤ How do you think these trends are similar to and different from the trends of adolescent alcohol and drug use when you were a teen? 	<p>Slides 13, 14 and 15 Implication of Trends on Judge’s Role</p> <p>Handout #1 Implication of Trends on Judge’s Role</p>
<p>2. After about 20 minutes, ask of the large group:</p> <ul style="list-style-type: none"> • What surprises were there? • What was the most important topic that came out in your discussion? 	

<p>OPTIONAL ACTIVITY IF TIME PERMITS</p> <hr/> <p>3. Use the following narrative as a guide to tie in this information with the role of the judge discussed in the introduction: In the opening module we presented three roles for judges in reducing the number of adolescent car crashes:</p> <ul style="list-style-type: none"> • involvement in community education • upholding DWI and other AOD laws • applying appropriate sanctions <p>Give one of these assignments to each of the table groups. These are described in the participant workbook.</p> <p>Group #1 Develop a 5 minute presentation that you would make to a group of community leaders on the importance of knowledge of these trends in the community</p> <p>Group #2 Develop a 5 minute presentation that you would make to a group of law enforcement personnel on the importance of these trends in the enforcement of DWI laws with teens.</p> <p>Group #3 Develop a 5 minute presentation that you would make to a group of your peers about the implications of these trends in applying appropriate sanctions</p> <p>Group #4 Develop a 5 minute presentation that you would make to a group of educators about the importance of knowledge of these trends in their work with adolescents.</p>	<p>Slide 16 The Role of the Judge</p> <p>Handout #2 Group Presentations</p>
<p>4. Give groups 15 minutes to develop the presentations, then have each group make their presentation.</p>	
<p>OPTIONAL DISCUSSION IF TIME IS LIMITED:</p> <hr/> <p>5. Ask the participants: Who, in your community, could benefit from knowing these trends? How might they use this information in their work with education, prevention and/or intervention? (If needed, use probing questions to guide the group to identify educators, other judges, law enforcement, community leaders.)</p>	

6. Summarize and transition to the module on adolescent development by using the following narrative as a guide:

We have looked at a number of research reports concerning national trends about adolescents and their drinking and driving behavior, and you have related this to your role as a judge. In our next module we are going to look more closely at the behavior and development characteristics of adolescents to help us understand these trends a little better and give us ideas of action we can take to make changes.

Adolescent Related Alcohol and Other Drugs

TRENDS

HEADLINES

- High School Football Star Killed in Car Crash on Prom Night – Beer Cans Found at Crash Site
- Six Local Teens Killed in Fiery Crash
- Two 16 Year Olds Injured in Fight at Scene of Keg Party

Slide 2

Trends

We could eliminate teen DWI if only . . .

Slide 3

Performance Objectives

- Describe trends and patterns of AOD in adolescents as they relate to
 - most frequently used drugs
 - attitudes
 - availability
 - drinking/using behaviors
 - driving patterns

Slide 4

Performance Objectives, Continued

- Use the “trends” information to develop suggestions for steps for judges, communities, parents and schools to take to reduce the number of injuries and deaths caused by impaired driving among adolescents

Slide 5

1. The leading cause of death among adolescents is

- A. Suicide
- B. Gunshots
- C. Car Crashes
- D. Overdose of Drugs

Correct answer is

Slide 6

2. The leading cause of adolescent car crashes is

- A. No driver education
- B. Few parental controls
- C. High Speed
- D. Number of passengers in the car

Correct answer is

Slide 7

3. Which of the following is the primary reason teens give for using alcohol or drugs?

- A. The need to belong
- B. Coping
- C. Pursuit of pleasure
- D. There's nothing else to do

Correct answer is

Slide 8

4. Teens get most of their information about alcohol and drugs from

- A. Books
- B. Parents
- C. Educational programs: school, DARE, MADD
- D. The Internet

Correct answer is

Slide 9

5. Which of the following is NOT a high risk factor for predicting teen AOD use?

- A. Easy access/availability
- B. Parental use of alcohol or drugs
- C. Music that teens listen to
- D. Teen attitudes and perceptions

Correct answer is

Slide 10

6. Which of the following is NOT a street name for club or party drugs?

- A. Georgia Home Boy
- B. Funky Stuff
- C. Special K
- D. Roofie

Correct answer is

Slide 11

Implications of Trends on Judge's Role

- In what areas did this information confirm what you already knew?
- What information about trends was new to you?
- What evidence of these trends have you seen in your court and community?

Slide 12

Teen Perceptions and Reasons for Use

- Think these substance are harmless
- Several are tasteless and odorless
- Some used to increase energy for more frenzied and longer dancing

Slide 13

Implications continued

- How do these trends compare with what you know about the trends in your community?
- If educators, parents and community leaders were aware of this information, what difference do you think it would make?

Slide 14

Implications continued

- How do you think these trends are similar to and different from the trends of adolescent alcohol and drug use when you were a teen?

Slide 15

Role of the Judge

- Involvement in community education
- Upholding DWI and other AOD laws
- Applying appropriate sanctions

Slide 16

Implication of Trends on Judge's Role

Please take about 5 minutes to respond to each question individually, then discuss your responses with the others at your table.

- In what areas did this information confirm what you already knew?

- What information about trends was new to you?

- What evidence of these trends have you seen in your court and community?

- How do these trends compare with what you know about the trends in your community?

- If educators, parents and community leaders were aware of this information, what difference do you think it would make?

- How do you think these trends are similar to and different from the trends of adolescent alcohol and drug use when you were a teen?

Group Presentations

- Group #1 *Develop a 5 minute presentation that you would make to a group of community leaders on the importance of knowledge of these trends in the community.*
- Group #2 *Develop a 5 minute presentation that you would make to a group of law enforcement personnel on the importance of these trends in the enforcement of DWI laws with teens.*
- Group #3 *Develop a 5 minute presentation that you would make to a group of your peers about the implications of these trends in applying swift and uniform sanctions.*
- Group #4 *Develop a 5 minute presentation that you would make to a group of educators about the importance of knowledge of these trends in their work with adolescents.*

Adolescent Development

MODULE SUMMARY

TARGET POPULATION: <i>Judges</i>	SUGGESTED TIME: <i>Two Hours</i>
SPACE REQUIREMENTS: <i>Tables set in rounds or squares so that groups of 6 or 8 can be seated together</i>	SUPPLIES & EQUIPMENT: <ul style="list-style-type: none"> • <i>Easel pad</i> • <i>Markers</i> • <i>LCD or</i> • <i>Overhead Projector</i>
PERFORMANCE OBJECTIVES: <ul style="list-style-type: none"> • <i>Describe the manifestations of popular youth culture</i> • <i>Relate the reasons adolescents use drugs to developmental issues</i> • <i>Explain the implications of adolescent development for DWI court practices</i> 	PARTICIPANT MATERIALS: <i>Participant notebook</i> <i>Additional resources</i>
INSTRUCTIONAL METHODS: <i>May include:</i> <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	AUTHORS: <i>Mike Nerney, Long Lake, New York</i> <i>Betty Gurnell, Columbia, South Carolina</i> <i>Susan Yeres, San Francisco, California</i>

A. Introduction	10 minutes
<p>1. Trainer introduces him/herself and shares his/her background in this topic area. The background information should include a personal reflection (humorous or self-disclosing about his/her own adolescence and/or raising an adolescent).</p>	
<p>2. Ask the group to think of and say all of the words or characteristics they associate when they hear the word “adolescent” and record on chart paper as the group responds. (Possible responses include: rebellious, moody, time of change, intense, acting out, peer oriented, materialistic.)</p>	
<p>3. Discuss the list and how our view of this developmental stage impacts our ability to effectively intervene and make a difference.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>As you look at this list, note how many negative words we have listed. It is clear that we filter what we see and hear through these perspectives of adolescents. The first step in understanding young people is knowing more about their world. We might block out valuable information because we are either distracted or “turned off” by what we see or hear.</i> • <i>Our view of youth culture is clouded by factors such as: assumed knowledge, based on former group membership (“I was once young”), generalized knowledge based on parenting experience (“I know teens, I have raised three children successfully”), judgments about youth culture based on media coverage of episodic violence (“Why don’t teens value life?”), and resignation to incomprehensibility (“I will never understand young people”).</i> • <i>We will spend the next few hours learning more about the reasons for adolescent behaviors, reactions, feelings and perspectives.</i> 	

<p>4. Review the objectives for the session</p> <ul style="list-style-type: none"> • Describe the manifestations of popular youth culture • Relate the reasons adolescents use drugs to developmental issues • Explain the implications of adolescent development for DWI court practices 	<p>Slide 1 Performance Objectives</p>
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<p>B. Manifestations of Youth Culture</p>	<p>30 minutes</p>
<p>1. Describe the manifestations of youth culture.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>It is important to understand that generations spur cultures. If we were teens - two three or four decades ago, our experience of adolescence is different from those experiencing it now. Each shares a different history, values, attitudes and behaviors.</i> • <i>The manifestations of popular culture include: clothes, body decoration, hairstyles, music, music technology, dancing, drug terms, movies, games and game technology, sports, communication/computer technology. And even within a generation there are vast ranges of experience based on such factors as geography, socioeconomic factors, race, parenting, to name just a few.</i> 	<p>Slide 2 Manifestations of Culture</p>

<p>2. Ask the group to divide into separate tables based on the decade (40's, 50's, 60's, 70's, 80's) in which they were an adolescent. If they spanned two decades, tell them to choose the one that best represents their experience.</p> <ul style="list-style-type: none"> • Explain their assignment to describe their own generational youth culture, using the list of “manifestations of popular culture.” Direct the group to take 10 minutes to list their generational manifestations and discuss differences/similarities within the group based on geography, socioeconomic status, race, religion, parenting, or any other factors they heard in the discussion. • Encourage the groups to have fun reminiscing about what defined their popular youth culture. • Inform the groups that they will have 5 minutes to report out. They can report out in song, skit and/or discussion. 	
<p>3. Summarize the discussion of youth culture and connect it to the developmental tasks of adolescence.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • From our group reports, we can see how unique each generation's experience can be. At the same time there are some common themes to our experience of adolescence. • What kinds of reactions did adults have to your culture? (Possible responses might include: fear, jealousy, disgust, humor, hated us). • Each generation may view the next as greater risk takers, stranger or more aberrant than their own. These reactions and our behavior stem from the natural divide that develops as young people transition into adulthood. 	

<p>C. Developmental Characteristics and Tasks of Adolescence</p>	<p>40 minutes</p>
<p>1. Explain that you will be engaging the group in discussion about the developmental characteristics and tasks of adolescence through the research of theorists and scientists.</p> <p>Note: Use personal stories and anecdotes throughout this section to bring the information closer to the life experiences of the group.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>Years of research indicate that the time frame from 14 to 24 years of age is exceptionally risky for a host of behavioral and emotional problems. And new research on brain development, gained through the use of new technology (for example MRI's - Magnetic Resonance Imaging), demonstrate specific conditions that exist in the brain only during adolescence.</i> • <i>Linking this research to the stages of adolescent development has generated greater understanding of the way in which adolescents perceive the world, themselves and their behaviors.</i> • <i>We will explore the connections between young people and drugs and the motivation for these connections in light of new research. How many of you talk to your pets? We know that what we say and what they hear might be very different. Gary Larson developed a series of cartoons on this disparity. In one, a person was talking to his dog saying something like this: "Ginger, you shouldn't have ripped up that rug. Ginger, you will have to stay outside." Ginger hears, "Ginger, blah, blah, blah. Ginger, blah, blah, blah." Similarly, we think we are communicating one set of words to young people and what they hear is likely <u>very</u> different.</i> 	
<p>2. Display Slide and read: What you say... Your hair looks lovely What they hear...Boy, you looked awful yesterday</p>	<p>Slide 3 Development Characteristics: Growth</p>

3. Describe how skeletal growth and hormonal changes have enormous impact on self-image, esteem and emotions.

Use the following narrative as a guide:

- *We may mean to give a compliment but young people are feeling extremely sensitive about their appearance.*
- *Ask the group: What is the fastest growing part of a young person's body: muscles, skeleton, brain or internal organs?*
- *As you might painfully remember from your own experience, or witness from the growth or your own children, the adolescent's skeleton is the fastest growing part of the body with most of that growth in the extremities.*
- *Ask the group: How would you describe the body of a boy at his growth spurt? (Awkward, gawky, clumsy)*
- *This growth has a remarkable impact on the emotional state of adolescents. One example of this "state of being" is referred to as 'The spotlight effect', the phenomenon of knowing that all times, everyone is looking at me, INTENSELY! Young people go as far as to pick a different outfit for each day of the week because they are certain that "everyone" would notice that they wore the same pants on two consecutive days. Imagine (or remember) the pain of noticing a pimple on a prominent part of your face as you start the day; and isn't it always on the day of a class presentation or lunch date with someone special!*

<p>4. Describe the implications of these perceptions, exacerbated by the media, on self esteem.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>Ask the group: What is the standard of physical attraction for young people in this county and where does it come from (WWF, Britney Spears, Janet Jackson, or any popular rock stars)</i> • <i>This combined with the awkward stage of growth and the spotlight phenomenon, has an impact on self image, even in children in seemingly healthy families. In self esteem measure, scores drop dramatically at adolescence, as early as 12 years of age and especially among Caucasian females and African-American males.</i> • <i>It is no wonder that of the 3,600 young people that start smoking everyday, 2,600 are teen girls. It is a fact of biochemistry that cigarettes suppress appetite, increase metabolic rate and can aid weight loss - and girls know this, along with the knowledge that smoking has a biochemical calming effect.</i> • <i>Adolescents have a need to feel emotionally safe, therefore we need to avoid comments that relate to physical appearance, as in what you say...what they hear... and comment on their behavior and character improvement - an observed behavior.</i> 	
<p>5. Display Slide and Read:</p> <p>What you say... You were supposed to clean your room What they hear...I want to control your life and you will never go out again until you are 35</p>	<p>Slide 4 Development Characteristics: Intensity</p>
<p>6. Ask the group:</p> <p>Compared to an adult's brain, how intensely does an adolescent feel emotions - at the same level, twice the level of intensity, four times the intensity or one half the level of intensity?</p>	

7. Explain the brain research basis for understanding adolescent emotional issues and get examples from the group of these behaviors.

Use the following narrative as a guide:

- *Compared to the adult's brain, the adolescent brain feels emotions at twice the level of intensity. Recent study has shown that the Amygdala, the seat of the emotions of fear, anxiety and anger is actually larger in teens than in adults.*
- *Ask the group: What are some examples of adolescent behaviors that demonstrate the intensity of their emotional state? (Devastation at the loss of a relationship, lack of impulse control, taking risks to an extreme, outburst of anger and hurt)*
- *Adolescent brains generate twice as much energy, activity and emotional intensity. These are important considerations in our communication and understanding of adolescents and as well in the intervention and treatment of substance abuse.*
- *Even considerate adults have difficulty understanding the "ordeals" of adolescents.*
- *Ask the group: "What do you say to a young person who has just broken up with a girl/boyfriend after a few months?"*
- *Typically we might respond to a teenager "shattered" by a broken relationship with comments like: "You'll get over it", "There are plenty of fish in the sea." At about this time they are thinking their world is collapsing and we are responding with platitudes.*
- *Young people need to build the emotional competencies to enable them to cope. These skills are not natural, they need to be taught. Alcohol and drug use inhibits this process.*

(Michael Nerney; Dr. Jay Giedd, NIMH, 2001; Dr. Deborah Yurgelun-Todd, McLean Hospital, Belmont, MA, 2000.)

<p>8. Display Slide and Read: What you say...That could be dangerous What they hear...Wow, that could be exciting</p>	<p>Slide 5 Development Characteristics: No Fear</p>
<p>9. Explain how continuing brain growth means unfinished capacity development in such areas as judgment.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>“No fear” is the brazen brand name of youth-oriented fitness gear. Now we know from the brain scan research that there is some truth to the hype. The teen has limited life experiences to reason about danger and that is coupled with a brain that has not yet fully developed the structures to use those life experiences for problem-solving and reasoning. So even if a teen experiences intensity of emotion, their frontal lobe, that “kicks in” reasoning, does not activate as intensely as an adult while processing fear.</i> • <i>Ask the group: How might that impact substance use? How might that impact substance use and driving? (Possible responses might include: youth ignore information about drug dangers, youth are drawn to substances that adults view as dangerous, youth don’t reason that drinking/drugging and driving are a deadly or dangerous combination)</i> 	
<p>10. Display the Slide and Read:</p> <p>What you say... I’ll drive you to school What they hear...I would like to embarrass you so that you can never face your friends again</p>	<p>Slide 6 Development Characteristics Separation</p>

11. Describe the task of separation from parents and the development of new relationships as well as establishing individual identity.

Use the following narrative as a guide:

- *As part of developing their own identity, adolescents need to assert their independence from their parents. One minute they want you to take care of them (take me to the mall, help me with my homework) the next moment they want to be left alone and certainly not SEEN with you! This is a natural and important part of transitioning to adulthood.*
- *At the same time teens are moving toward peers to develop new relationships and become part of a cohesive group.*
- *Parents and other adults need to delicately straddle the need to hold on and provide guidance with the process of letting go and enabling young people to learn how to choose for themselves and be on their own. Because of this relationship, it is critical that the courts involve and engage the parents in the educational and judicial processes.*
- *Why are we currently seeing young people come back home (or never leave) in their 20's? Have they not successfully completed this basic task of adolescence?*

<p>D. Development Issues and Alcohol/Drug Use</p>	<p>20 minutes</p>
<p>1. Engage the group in integrating their knowledge about development and the reasons for alcohol and drug use in this age group.</p> <p>Use the following narrative as guide:</p> <ul style="list-style-type: none"> • <i>After reviewing the development characteristics and tasks of adolescence, we can examine the reasons for adolescent drug use with greater depth.</i> • <i>Three of the primary reasons that adolescents give for their use of drugs are:</i> <ul style="list-style-type: none"> ▶ <i>belonging</i> ▶ <i>the need to cope</i> ▶ <i>the pursuit of pleasure</i> ▶ <i>heightened aggression</i> • <i>In national surveys young people report a number of reasons for their use of alcohol and drugs and most are directly connected to the tasks and issues they are facing as teens.</i> 	<p>Slide 7 Reasons for Drug Use</p>
<p>2. Ask each table to list the development issues that underlie each of the reasons for drug use given by young people. Allow 10 minutes for groups to work. Conduct the report out by having the first table report on the first reason – belonging and ask others for additions. Move to the second table for the second reason, and continue this process to cover all four.</p>	<p>Handout #1 Development Issues and Reasons for Using Alcohol and Other Drugs</p>

3. Ensure the following points are made about each of the reasons for teen drug use, either by summarizing after the report out on each of the reasons or pulling the information together as a conclusion to this section.

- **Belonging:** Just as we feel a strong need to belong, the adolescent, with their emotional intensity feels the sense of inclusion or exclusion that much more strongly. This is increased by the need to separate from parents. As we discussed in the trends section, rather than peers “enticing”, “forcing” or “pressuring” drug use by group members, it is the young person who chooses to use drugs in their desire to belong. (Maybe it is the OPK phenomenon that perpetuates the myth of peer pressure. It is the parent’s wish to believe it is “Other People’s Kids” that made my kid use drugs.)
- **Coping:** Drug use can fulfill certain emotional and social needs of adolescents, enabling them - at least for a temporary period of time with the pressures they feel. With the spotlight on them (their physical awkwardness and low self-esteem) and their volatility, self-medicating to reduce anxiety and anger is prevalent.
- **Pleasure:** Drugs activate pleasure centers and some youth simply like getting high. Their interest in exploring new experiences and in developing identity through experimentation can lead in this direction. Finding new or different avenues for excitement is important in intervention.
- **Heightened Aggression:** Juveniles like drugs like “Special K” to increase their aggression levels. The result is increased violent behavior. This problem is particularly acute in the gang environment. Conversely, some youth use drugs and self medicate as noted in the coping area. Being part of the group, in this case, is showing a capacity for violence and diminishing any residual fear.

<p>4. Direct participants to the page in their materials titled: “Putting It All Together” Ask them to take 10 minutes to work in pairs to respond to the questions.</p> <ul style="list-style-type: none"> • For each issue, ask for volunteers to share their responses. Use responses to recap/review major points of the presentation. 	<p>Handout #2 Putting it All Together</p>
<p>5. Transition to the next module on Law Enforcement and the Court.</p> <p>Use the following narrative as a guide:</p> <ul style="list-style-type: none"> • <i>These foundational pieces on trends and adolescent behavior provide a framework for looking at prevention and intervention in alcohol and drug use by teens while driving.</i> 	

Adolescent Development Performance Objectives

- Describe the manifestations of popular youth culture
- Relate the reasons adolescents use drugs to developmental issues and family dynamics
- Explain the implications of adolescent development for DWI court practices

Slide 1

Manifestations of Popular Culture

Clothes	Body decoration	Hairstyles
Music	Music technology	Dancing
Sports	Movies	Games
Communication technology	Drugs used/ drug terms	Drug use viewed

Slide 2

What you say....

What they hear...

Your hair looks lovely

Boy, you looked awful
yesterday

Developmental Characteristics
Growth

Slide 3

What you say... What they hear...

You were supposed to clean your room I want to control your life and you will never go out again until you are 35

Developmental Characteristics
Intensity

Slide 4

What you say... What they hear...

That could be dangerous Wow, that could be exciting

Developmental Characteristics
No Fear

Slide 5

What you say... What they hear...

I'll drive you to school this morning I would like to embarrass you so that you can never face your friends again

Developmental Characteristics
Separation

Slide 6

Why Teens Use Alcohol/Drugs

- Belonging
- Need to cope (forget their problems)
- Pursuit of Pleasure (feels good)
- Heightened aggression

Slide 7

Putting It All Together

Characteristics	Specific behavior	Implications for court
Risk-taking		
Need to belong		
Emotional intensity		
Other		

Slide 8

Development Issues and Reasons for Using Alcohol and Other Drugs

Work with the others at your table for about 10 minutes to list the developmental issues that underlie each of the reasons adolescents give for using alcohol and other drugs.

Belonging

Developmental issues:

Coping

Developmental issues:

Pursuit of Pleasure

Developmental issues:

Heightened Aggression

Developmental issues:

Others

Developmental issues:

Putting it all Together

Take about ten minutes to work with your seat partner to respond to the following questions:

Characteristics	Specific Behaviors	Implications for the Court
Risk Taking		
Need to Belong		
Emotional Intensity		
Other		

Law Enforcement and the Courts

MODULE SUMMARY

<p>TARGET POPULATION: Judges</p>	<p>SUGGESTED TIME: Two Hours</p>
<p>SPACE REQUIREMENTS: Table set in rounds squares so that groups of 6 or 8 can be seated together</p>	<p>SUPPLIES & EQUIPMENT:</p> <ul style="list-style-type: none"> • Easel pad • Markers • LCD or • Overhead projector
<p>PERFORMANCE OBJECTIVES:</p> <ul style="list-style-type: none"> • Explain the laws that have been enacted to reduce the instance of adolescent alcohol & other drug related car crashes and how these laws relate to the characteristics of adolescents and their drinking and driving patterns • Describe the challenges to law enforcement officers, and the court/judges in enforcing these laws • Determine the critical roles of the judges and law enforcement in overcoming the challenges to enforcement of the laws • Explain the relationship of enforcement of existing laws to the reduction in the number of alcohol-related car crashes among adolescents 	<p>PARTICIPANT MATERIALS: Participant notebook Additional resources</p>
<p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> • Lecture • Reading assignments • Guided group discussion • Small group activities 	<p>AUTHORS: Betty Gurnell, Columbia, South Carolina Susan Yeres, San Francisco, California</p>

A. The Teen DWI Problem	15 Minutes
<p>1. Show the quotes on Power Point or add the other quotes through a role play demonstration (instructors, student volunteers.) Role players can identify themselves by holding a sign with their role printed in large letters.) Instructor could also choose to write each quote on a large poster to display on the wall.</p> <p>Mother: “At least my daughter doesn’t use drugs, she only drinks beer.”</p> <p>Father: “If they’re going to drink anyway, I’d rather they did it in our house while we’re here to supervise.”</p> <p>Officer: “I told the kids to pour their beer out on the side of the road. The driver only had two beers, and he wasn’t driving drunk. Why give him a juvenile record when he’s such a good kid?”</p> <p>Judge: “Kids will be kids! There’s no DUI here. We must turn our attention to those teenagers using hard drugs.”</p> <p>Prosecutor: “Your Honor, you honestly want me to waste my time prosecuting these kids for having that keg party last Saturday night? They come from good families, and I can’t waste my time baby-sitting some kids while worrying about really serious offenses that need my attention.”</p> <p>Teenager: “We’re old enough to vote, go off to college and enlist in the armed forces at 18. You tell us to get a job, grow up, act responsible. So why is it we’re supposed to wait until we’re 21 to drink?”</p>	<p>Slides 2 & 3 The Teen DWI Problem: Adults say...</p>

2. Use the following narrative as a guide to present critical questions about teens, the laws, and attitudes:

These comments and the attitudes they reflect seem pretty typical. In fact, you might have thought and said some of these yourself as a judge, a parent, a citizen, a teen. Ask yourself these questions:

- *Are teen drinking patterns different from those of adults?*
- *Do I know why the legal drinking age is 21?*
- *Do I approach teen alcohol-related offenses the same way as teen drunk-driving offenses?*
- *Am I aware of the purpose of these laws and the impact on public safety in the communities where they are enforced?*

These are some of the questions we will work to answer in this module on Law Enforcement, the Courts and the Teen DWI Problem

In addition we will address the following questions/issues:

*What are **the laws**?*

*What are the **goals and the impact** of these laws?*

*Whose responsibility is the **law enforcement**?*

*What are the **challenges for each group** involved?*

*As a judge, what is **my role** in supporting the law enforcement?*

Present the module objectives:

- Explain the laws that have been enacted to reduce the instance of adolescent alcohol and other drug related car crashes and how these laws relate to the characteristics of adolescents and their drinking and driving patterns
- Describe the challenges to law enforcement officers, prosecutors and the court/judges in enforcing these laws
- Determine the critical roles of the judge, law enforcement and the prosecutor in overcoming the challenges to enforcement of the laws
- Explain the relationship of enforcement of existing laws to the reduction in the number of alcohol-related car crashes among adolescents

Slide 4
Questions

Slide 5, 6, and 7
Performance
Objectives

<p>3. Conduct the following Visualization (to help the participants to personalize the issue) or ask participants to take a few minutes to imagine a scene that you will describe.</p> <p><i>Relax, close your eyes. Breathe deeply (repeat) Imagine that you have a 16 year old son (daughter) who is learning to drive. (Pause) You are riding along with him to pick up his two friends to go to a concert in the park. (Pause) You get to the first friend's house and he bounds into the car loudly saying "What's happenin'? Hey, Dad!" (Pause) At the insistence of his friend your son cranks up the volume on the CD playing. (Pause) You remind your son to pay attention as he lurches to a stop at the Stop sign at the end of the street. At the next stop the second friend folds himself into the back seat and the chatter increases in intensity to the beat of the music. (Pause) You take a deep breath and realize that every muscle in your body is very tense (Pause.) As the car approaches the next intersection you see the light turn yellow, and your foot almost goes through the floorboard as you caution your son to stop. (Pause) "Dad!!!!" your son exclaims, "It wasn't RED, for crying out loud." (Pause) What is your pulse reading right now? (Pause) How's your blood pressure doing? (Pause) Wish you were in a tank?</i></p> <p>Ask participants to take another deep breath or two, relax, open their eyes, stretch, come back to the very, very safe here and now!</p>	
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<p>B. Comparison of Adult and Adolescent Drinking and Driving Behavior</p>	<p>30 minutes</p>
<p>1. Use the following narrative as a guide to begin to compare the drinking patterns of adolescents and adults.</p> <p><i>Whew! That seemed all too real! And there wasn't even any alcohol involved. Scary, isn't it, just the thought of riding along with these kids. As we begin to take a look at the laws that exist, their purpose, their impact, and the problems with enforcement, let's take a look at some survey results.</i></p> <p><i>First let's compare the drinking patterns of adults and adolescents to see why some of these laws were enacted, and why the enforcement of them is so critical. The National Highway Traffic Safety Administration developed a survey to explore and compare drinking patterns of adults and adolescents of driving age. Adults and teens were given six questions to answer and to give reasons for their answers. Here is a summary of those findings: (Chart #1)</i></p>	<p>Slides 8 and 9 Comparisons of Drinking Patterns</p> <p>Handouts #1&2 Comparison of Drinking Patterns</p>

Chart #1: Comparison of Drinking Patterns

Questions	Adult Responses	Adolescent Responses
1. If you decide to drink anything, how do you consume it?	Sip or consume moderately	Guzzle or gulp
2. If you now decide to get in your car, where do you go?	Home	Cruise around
3. What time of the day or night are you most likely to do so?	2:00 a.m. - 4:00 a.m.	11:00 p.m. - 1:00 a.m.
4. How do you operate your vehicle?	Slowly or erratically	Fast
5. Is there anyone in the car with you?	No	Yes, three to five friends
6. Where are you when you decide to drink?	At a bar or a home party	At a party and around a car

<p>2. Ask the participants to review this chart in their handout, then ask them to discuss their responses to the questions that follow with the others at their table group. Let them know that you will ask a spokesperson from each group to report out their responses in about 10 minutes.</p>	<p>Handouts #1 Comparison of Drinking Patterns</p>
<p>3. When they report out, ask one group to share their responses to question #1, then ask if any of the other groups have anything to add. For question #2, ask another table to report out first, then ask for additional responses. Continue until responses have been shared to all the questions. Suggested or likely responses are written here for you as a guide; they are likely to come up with additional ones. If there are any of these that they don't mention, add them after all groups have responded by saying something like, "In addition to all the responses you have shared, another issue is . . ."</p>	
<p>4. Question #1 Based on what you know about adolescents, why do you think they are more likely to guzzle/gulp the alcohol instead of moderately consuming it like most adults?</p> <p><i>(Responses: To seek a thrill; to see how it will affect them; competition; instant results; drink to get drunk)</i></p> <p>What do you think the impact is on their BAC and their behavior?</p> <p><i>(Response: They feel the results more quickly; they are likely to consume more alcohol in a short amount of time.)</i></p>	
<p>5. Question #2 Why do you think juveniles are more likely to cruise around than head for home after drinking, and what is the significance?</p> <p><i>(Response: If they have been drinking they don't want to go home and "get caught" by parents; they drink to be social and want to be around their friends; they drive around to see and be seen. Significance - they are on the road longer, increasing the likelihood of a crash.)</i></p>	

<p>6. Question #3 To what can you attribute the difference in the time of day/night juveniles and adults are likely to drive after drinking? And what is the significance?</p> <p><i>(Response: Adults are more likely to drive when the traffic is minimal; juveniles are more likely to have a curfew. Significance - There are more cars on the road from 11 p.m until 1 p.m., again increasing the likelihood for a crash.)</i></p>	
<p>7. Question #4 Think about the information we reviewed on Trends, and the information on Adolescent Growth and Development and determine why adolescents drive fast when drinking while adults tend to drive slowly and erratically.</p> <p><i>(Response: Adults are more experienced both with drinking and driving and will usually attempt to accommodate for their impairment; juveniles are seeking a thrill. They are inexperienced with both driving and with drinking and do not know they need to accommodate for impairment nor do they know how; juveniles think they are invincible and are more likely to take chances. Also, juveniles react to the alcohol differently and are less likely than adults to feel sleepy when drinking.)</i></p> <p>What is the significance of this difference?</p> <p><i>(Responses: Juveniles are at a greater risk for being involved in or causing an accident. It can be easier for a law enforcement officer to detect an impaired adult because of the erratic driving patterns.)</i></p>	
<p>8. Question #5 Why do you think adolescents are more likely than adults to have passengers in the car, and what is the significance in terms of highway safety?</p> <p><i>(Response: Most adults will not ride with someone who is impaired. Juveniles want to do things with their friends. Youths tend to be trustful and will often let a friend drive when he or she has no business behind the wheel. Juveniles are easily distracted and their crash rate increases dramatically with the number of passengers in the car, even when there is no alcohol involved.)</i></p>	

<p>9. Question #6 What is the significance of the different responses to the question “Where are you when you decide to drink?”</p> <p><i>(Response: Adults often drink in social settings. Juveniles add “around a car” to their response. This reflects a pattern of combining social drinking with driving.)</i></p>	
<p>10. Emphasize that this pattern is what is significant about the adolescent alcohol-related crashes, and not simply drunk driving. Consequently, it is vital that judges, police officers, teens, parents, prosecutors, and policymakers understand that both high and low amounts of alcohol consumed by teens produce the same result: alcohol-related crashes. <i>from Judge Trompeter</i></p>	
<p>11. Transition to “Laws” using the following narrative as a guide:</p> <p><i>Let’s take a look at the laws that have been enacted, the rationale behind the laws, and the impact these laws have had in communities where they have been consistently enforced.</i></p>	

<p>C. The Laws</p>	<p>15 minutes</p>
<p>1. Refer to Chart #2 in the participant handout and on the following pages in the design (Note: there is not a slide for this chart as it contains too much information.)</p>	<p>Handout #2 The Laws</p>

Chart #2: The Laws

Law	Intent	Impact when enforced	The Rationale
<ul style="list-style-type: none"> MLDA - Minimum Legal Drinking Age (21) DUI/DWI - criminal offense to operate a motor vehicle while impaired or intoxicated by alcohol or other drugs 	<ul style="list-style-type: none"> Illegal for any person <u>under age 21</u> to purchase, possess, consume alcoholic beverages or to misrepresent their age to obtain such beverages. Criminal offense to operate a motor vehicle while impaired or intoxicated by alcohol or other drugs. Evidence that drivers' behavior is caused by influence or impairment of alcohol or other drugs 	<ul style="list-style-type: none"> A study of 13 States found that after the MLDA was raised to 21, the rate of single-vehicle nighttime fatal crashes fell 15% among drivers under 21. NHTSA estimates in 1999 alone these laws saved 901 lives. 	<ul style="list-style-type: none"> Adolescent alcohol drinking behaviors are different from adults; adolescents have little driving experience; adolescents generally are risk-takers Alcohol impairs judgement, reaction time, vision. Drivers who are impaired or intoxicated by alcohol or other drugs are a safety hazard to themselves and others on the highways.

Chart #2: The Laws

Law	Intent	Impact when enforced	The Rationale
<ul style="list-style-type: none"> Zero tolerance 	<ul style="list-style-type: none"> Prohibit operation of motor vehicle by anyone <u>under age 21</u> with any measurable amount of alcohol in the blood or on the breath 	<ul style="list-style-type: none"> The 12 states to implement the law first, compared to 12 states who did not, showed a 20% relative decline in proportion of single-vehicle nighttime crashes among drivers under 21 	<ul style="list-style-type: none"> Refers to MLDA - it is illegal for persons under age 21 to possess alcohol; adolescents respond differently to alcohol than adults
<ul style="list-style-type: none"> Illegal Per Se 	<ul style="list-style-type: none"> Illegal to operate motor vehicle w/BAC at or above 0.10 or 0.08 (varies by State) 	<ul style="list-style-type: none"> Decline of proportion of drivers in fatal crashes w/BAC's of 0.10 or higher was 1.5 times greater in States w/0.08 BAC laws 	<ul style="list-style-type: none"> Protect public safety while case is pending
<ul style="list-style-type: none"> Administrative Per Se (ALR) 	<ul style="list-style-type: none"> Law enforcement officer can seize the license of the driver at time of arrest. 		<ul style="list-style-type: none"> Reinforce responsibility of safe driving
<ul style="list-style-type: none"> Use and Lose 	<ul style="list-style-type: none"> Revoke driving privileges for persons under age 21 who attempt to purchase alcohol using false i.d. 		<ul style="list-style-type: none"> Limit availability of alcohol for persons under age 21
<ul style="list-style-type: none"> Adult responsibility laws 	<ul style="list-style-type: none"> Prohibit a person age 21 or older from purchasing alcoholic beverages for an underage person 		

D. The Challenges	One hour
<p>1. Use the following narrative as a guide to introduce the next activity: When we review the chart and the accompanying statistics it seems pretty simple. The laws are there, let's put them to good use. Obviously it's not so simple.</p> <p style="padding-left: 40px;">Note: invite member of local law enforcement to present information on how enforcement is impacted by required forms, processes and the court.</p> <p>Please turn to chart #3 in your workbook and let's begin to look at the challenges faced by those who are responsible for enforcing these laws.</p>	
<p>2. Use the following narrative as a guide to explain the next activity: There are some very common challenges for Law Enforcement Officers that are listed in this chart. There are also some challenges listed for parents and for prosecutors. Please review this chart with the others at your table. Add any to these lists that you can think of together, then complete the list of challenges for judges that you have experienced. Transfer your list to a sheet of chart paper and post it. Your group needs to select a reporter.</p> <p style="padding-left: 40px;">Note: Have judges brainstorm this list.</p>	<p>Handout #3 Enforcing the Laws: The Challenges</p>
<p>3. Have groups post their charts and conduct a report out.</p>	

Chart #3 - Enforcing the Laws . . . the Challenges

Law Enforcement. Officers	Parents	Prosecutors	Judges
<ul style="list-style-type: none"> • time-consuming • supervision issues for juveniles: few detention spaces; must wait for parents • few are prosecuted • personal attitudes: just kids • low status of MLDA compared to drug offenses • understaffing • places/times of adolescent use • community norms and attitudes 	<ul style="list-style-type: none"> • community status • fear of disclosure of family drinking problems • these are good kids • it really isn't SO bad • what about my child's future? • community norms and attitudes 	<ul style="list-style-type: none"> • other bigger crime control priorities • politics - there are other "high profile" cases we should deal with • there are few sanctions available if we do prosecute • we are short-staffed • personal attitudes - these are "just kids" • community norms and attitudes 	<ul style="list-style-type: none"> • • • • • • •

<p>4. Ask participants to read the Tommy Blake story and respond to the questions that follow. Have groups take turns sharing their responses to these questions. Some suggested responses are listed here.</p>	<p>Handout #4 The Story of Tommy Blake</p>
<p>5. Question #1: Which alcohol or traffic laws were violated in this scenario? (Responses: MLDA, DUI, seat belt, speed limit; adult responsibility)</p>	
<p>6. Question #2: What were some of the challenges to enforcement that were presented or implied in the story? (Responses: Parental attitude and modeling; no law enforcement officers present at popular youth “hang-out;” easy access/availability of alcohol)</p>	
<p>7. Question #3: How do you think this story might have been different if these laws had been enforced? (Responses will vary to include responsible action on the part of the parents who recognize his drinking and do not let him have the keys to the car; parents get him help; law enforcement works to discover youth hang-out places and conduct patrols there; adult responsibility laws are enforced so it’s harder for Tommy and friends to get the alcohol, etc.)</p>	
<p>8. Question #4: What would have to happen for this to be the case? (Responses: Education of parents, law enforcement, youth; involvement of school personnel, etc.)</p>	
<p>9. Ask participants to take 15 minutes to respond to this question. Have them chart their responses on the newsprint, then post their charts and conduct a report out.</p> <p>What role do judges need to take to increase the effectiveness of parents, law enforcement and prosecutors in overcoming the challenges to enforcing the laws?</p>	<p>Handout #4 The Story of Tommy Blake</p>
<p>10. Use the following narrative as a guide to transition to Module V.</p> <p><i>One critical role judges play is ensuring that effective screening and assessments are conducted on adolescents who come before them with likely AOD problems, regardless of the level of apparent involvement. In the next module we will look at available tools and methods to use to determine the most appropriate ones to use in any given situation.</i></p>	

Law Enforcement and the Courts

The Teen DWI Problem

The Teen DWI Problem Adults say . . .

Mother: "At least my daughter doesn't use drugs, she only drinks beer."

Father: "If they are going to drink anyway, I'd rather they did it in our house while we're here to supervise."

Slide 2

Adults say . . .

Judge: "Kids will be kids! There's no DWI here. We must turn our attention to those teenagers using hard drugs."

Prosecutor: "Your honor, you honestly want me to waste my time prosecuting these kids for having that keg party last Saturday night?"

Slide 3

Law Enforcement and the Courts

- Are teen drinking patterns different from those of adults?
- Do I know why the legal drinking age is 21?
- Do I approach teen alcohol-related offenses the same way as teen drunk driving offenses?

Slide 4

Law Enforcement and the Courts Performance objectives

- Explain the laws that have been enacted to reduce the instance of adolescent alcohol and other drug related car crashes and how these laws relate to the characteristics of adolescents and their drinking and driving patterns.

Slide 5

Law Enforcement and the Courts Performance objectives continued

- Describe the challenges to law enforcement officers, prosecutors and the court/judges in enforcing these laws
- Determine the critical role of the judge, law enforcement and the prosecutor in overcoming the challenges to enforcement of the laws

Slide 6

Law Enforcement and the Courts Performance objectives continued

- Explain the relationship of enforcement of existing laws to the reduction in the number of alcohol-related car crashes among adolescents

Slide 7

Comparison of Drinking Patterns

Questions	Adult	Adolescent
If you decide to drink anything, how do you consume it?	Sip or consume moderately	Guzzle or gulp
If you now decide to get in your car, where do you go?	Home	Cruise around
What time of day/night are you likely to do so?	2:00 am – 4:00 am	11:00 pm – 1:00 am

Slide 8

Adult – Adolescent Comparison

How do you operate your vehicle?	Slowly or erratically	Fast
Is there anyone in the car with you?	No	Yes, 3 to 5 friends
Where are you when you decide to drink?	At a bar or home party	At a party and around a car

Slide 9

Chart #1 – Comparison of Drinking Patterns

Questions	Adult Responses	Adolescent Responses
1. If you decide to drink anything, how do you consume it?	Sip or consume moderately	Guzzle or gulp
2. If you now decide to get in your car, where do you go?	Home	Cruise around
3. What time of the day or night are you most likely to do so?	2:00 a.m. - 4:00 a.m.	11:00 p.m. - 1:00 a.m.
4. How do you operate your vehicle?	Slowly or erratically	Fast
5. Is there anyone in the car with you?	No	Yes, three to five friends
6. Where are you when you decide to drink?	At a bar or a home party.	At a party and around a car

Please discuss your responses to the following questions with the others in your small group:

1. Based on what you know about adolescents, why do you think they are more likely to guzzle/gulp alcohol instead of moderately consuming it like most adults?

What do you think the impact is on their Blood Alcohol Content (BAC) and their behavior?

2. Why do you think adolescents are more likely to cruise around than head for home after drinking, and what is the significance?
3. To what can you attribute the difference in the time of day/night adolescents and adults are likely to drive after drinking? What is the significance?
4. Think about the information we reviewed on Trends, and the information on Adolescent Growth and Development, and determine why adolescents drive fast when drinking while adults tend to drive slowly and erratically.

What is the significance of this difference?

5. Why do you think adolescents are more likely than adults to have passengers in the car, and what is the significance in terms of highway safety?
6. What is the significance of the different responses to the question "Where are you when you decide to drink?"

Chart #2 – The Laws

Laws	Intent	Impact when enforced	Rationale
<ul style="list-style-type: none"> Zero tolerance 	<ul style="list-style-type: none"> Prohibit operation of motor vehicle by anyone <u>under age 21</u> with any measurable amount of alcohol in the blood or on the breath 	<ul style="list-style-type: none"> The 12 states to implement the law first, compared to 12 states who did not, showed a 20% relative decline in proportion of single-vehicle nighttime crashes among drivers under 21 	<ul style="list-style-type: none"> Refers to MLDA - it is illegal for persons under age 21 to possess alcohol; adolescents respond differently to alcohol than adults
<ul style="list-style-type: none"> Illegal Per Se 	<ul style="list-style-type: none"> Illegal to operate motor vehicle w/BAC at or above 0.10 or 0.08 (varies by State) 	<ul style="list-style-type: none"> Decline of proportion of drivers in fatal crashes w/BAC's of 0.10 or higher was 1.5 times greater in States w/0.08 BAC laws 	<ul style="list-style-type: none"> Protect public safety while case is pending
<ul style="list-style-type: none"> Administrative Per Se (ALR) 	<ul style="list-style-type: none"> Law enforcement officer can seize the license of the driver at time of arrest 		<ul style="list-style-type: none"> Reinforce responsibility of safe driving
<ul style="list-style-type: none"> Use and Lose 	<ul style="list-style-type: none"> Revoke driving privileges for persons under age 21 who attempt to purchase alcohol using false i.d. 		<ul style="list-style-type: none"> Limit availability of alcohol for persons under age 21

Chart #3 - Enforcing the Laws . . . the Challenges

Law Enf. Officers	Parents	Prosecutors	Judges
<ul style="list-style-type: none"> • time-consuming • supervision issues for juveniles: few detention spaces; must wait for parents • few are prosecuted • personal attitudes: just kids • low status of MLDA compared to drug offenses • understaffing • places/times of adolescent use • community norms and attitudes 	<ul style="list-style-type: none"> • community status • fear of disclosure of family drinking problems • these are good kids • it really isn't SO bad • what about my child's future? • community norms and attitudes 	<ul style="list-style-type: none"> • other bigger crime control priorities • politics - there are other "high profile" cases we should deal with • there are few sanctions available if we do prosecute • we are short-staffed • personal attitudes - these are "just kids" • community norms and attitudes 	<ul style="list-style-type: none"> • • • • • • •

The Story of Tommy Blake

Tommy Blake is a typical seventeen year old, a high-school junior with average intelligence, study habits and ambition. Up until the current semester his grades have been mostly B's, with a few C's and an occasional A. This semester, however, his grades are mostly C's. At this point it is likely he will be able to get into the State University, but he will probably wait and see what his friends decide to do before making any plans.

Tommy played basketball on the high school team for several years, but this year decided to give that up in order to work after school and some on the weekends. He and several of his friends work at a local fast food restaurant. His parents pay for all his essentials, so he enjoys the freedom of having money to spend as he pleases.

Speaking of friends, Tommy has quite a few, although he and his group are not exactly viewed as the "in crowd." Tommy's father is an attorney and his mother owns a decorating business. They are glad to be relieved of the time-consuming job as Tommy's chauffeur since he got his license, and have recently bought him a used car so that he can get himself to school and work. After all, he is responsible enough to work to pay for the gas himself. Several of his friends also have cars, so transportation for them is never a problem.

On this particular Friday night, Tommy picks up two of his friends, Scott and Dave, to go to the high school basketball game. The three have chipped in to buy several six packs of beer, supplied to them as usual by Scott's older brother. They chug a couple of beers each on the way to the game.

At half-time, Tommy, Scott and Dave meet up with three other friends, Sally, Karen and Judy, and head for the lake, a popular hang-out spot since the police rarely come around. This time of year they pretty much have the area to themselves, and as long as they are not rowdy, no one seems to notice. The girls have their own stash of beer, a couple of bottles of wine, and two joints. On the way to the lake Tommy and Scott down two more beers. They are both pretty used to drinking since they began to drink several years ago with Scott's brother.

Judy offers to light up a joint and pass it around but Tommy asks her to wait till they get to the lake. His parents know that he drinks beer sometimes; in fact, they drink themselves and have let him have a beer or two (never any "hard liquor") when they have parties, but they are vehemently opposed to any drug use and would definitely smell the marijuana in his car.

Once they are outside, Judy lights up her joint and starts to pass it around. She and Tommy, however, are the only two who smoke as the others are content with the beer and wine. In less than an hour, all the beer and wine are gone. Tommy has polished off eight beers, more than his usual three or four. His BAC is 0.10% and climbing, but he seems to be unable to recognize the fact that he is very high. If he knew his BAC it is unlikely that he would have any idea what it means.

Judy and Scott are at least as intoxicated as Tommy. Since leaving the basketball game, however, Dave has had only two beers; his BAC is 0.04%. Karen has had nothing but soda to drink, and she did not smoke the marijuana.

At this point the group decides to pile in the car and head for home. They all have a midnight curfew to meet, and besides, the beer and wine are all gone. Karen has her driver's license with her, but since it's Tommy's car no one questions who should be driving.

Although he is not aware of it, Tommy's reactions are slowed and his coordination is poor. He senses that his vision is a bit blurred so he closes one eye to keep from seeing double. He's having a bit of trouble concentrating on his driving with the music blaring and the others singing loudly, but he isn't worried. After all, he is with his friends and they are all having the time of their lives. He feels invincible. The speed limit on the winding road is 25; he is doing 50. Karen is worried, but she doesn't want to say anything and spoil the fun.

As they round the bend, the stop sign at the intersection with the main highway gleams in the glare of the headlights, but they are approaching the intersection much faster than Tommy realizes. He delays a second, then jams on the brakes. The car skids past the stop sign and into the intersection, crashing broadside into a minivan. The driver of the minivan, Joe Marchant, sees Tommy's car too late to react. In the car with Joe are his wife, Sherri, and their two children, Amy and Troy. They are on their way home after going to the basketball game and to dinner with friends.

As Tommy's car twists violently, then rolls over, the unbuckled kids inside are thrown about, slamming against the roof, the windows and each other. Karen is thrown out, striking her head on the pavement.

Karen is killed instantly as are Joe and Troy Marchant. Scott is in a coma with severe head injuries. Dave suffered a spinal cord injury and it is unlikely that he will walk again. Sherri and Amy both have lacerations, multiple bruises, and some minor fractures; Judy's knees are crushed; Sally's pelvic bone is broken, and her right leg is shattered. She will be in a cast for months. Tommy has escaped with a broken arm and a cut above his forehead.

Tommy is charged with three counts of felony DUI.

Respond to the following questions on your own, then discuss your responses with the others in your group.

1. Which alcohol or traffic laws were violated in this scenario?
2. What were some of the challenges to enforcement that were presented or implied in the story?
3. How do you think this story might have been different if these laws had been enforced?
4. What would have to happen for this to be the case?

Please take 15 minutes to respond to the following question in your small group. Write your response on chart paper, then post it on the wall. You will need a reporter for your group.

What role do judges need to take to increase the effectiveness of parents, law enforcement and prosecutors in overcoming the challenges to enforcing the laws?

Screening and Assessment

MODULE SUMMARY

<p>TARGET POPULATION:</p> <p><i>Judges</i></p>	<p>SUGGESTED TIME:</p> <p><i>Two and 30 Minutes</i></p>
<p>SPACE REQUIREMENTS:</p> <p><i>Tables set in rounds or squares so that groups of 6 or 8 can be seated together</i></p>	<p>SUPPLIES & EQUIPMENT:</p> <ul style="list-style-type: none"> • <i>Easel pad</i> • <i>Markers</i> • <i>LCD or</i> • <i>Overhead projector</i>
<p>PERFORMANCE OBJECTIVES:</p> <ul style="list-style-type: none"> • <i>Distinguish screening from assessment and identify 2 strategies for each.</i> • <i>Develop a list of assessment report elements that would indicate the thoroughness of the assessment process.</i> • <i>Highlight the key areas of concern for assessing family issues.</i> • <i>Identify the elements of a strength-based approach to assessments</i> • <i>Develop a set of expectations for the “system” approach to screening and assessment.</i> 	<p>PARTICIPANT MATERIALS:</p> <p><i>Participant notebook</i> <i>Additional resources</i></p>
<p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Reading assignments</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	<p>AUTHORS:</p> <p><i>Betty Gurnell, Columbia, South Carolina</i> <i>Susan Yeres, San Francisco, California</i></p>

A. Introduction	15 minutes
1. The purpose of this opening discussion is to examine the importance of well developed screening and assessment.	
2. Presenter share experience about <ul style="list-style-type: none"> • being given incorrect or incomplete information about the youth in an underage drinking and driving case • a case in which a screening and/or assessment revealed unexpected information 	
3. Ask if a few volunteers would like to share similar situations and the impact on the case.	
4. Connect these experiences with the importance of gathering accurate information in order to determine the needs of youth offenders using the following narrative as a guide:	
5. You make decisions each day based on the assessments and recommendations made by others. How do you know if the assessments are complete? How do you know that these inquiries and reports address all of the areas that are important? <i>There are a number of tools available that have been developed for screening and assessment that ask the right questions and/or guide the court in obtaining a comprehensive picture of the needs, strengths and risks for offenders and their families.</i>	
6. In this module we will examine the use of screening and assessment as a structured part of the process for making dispositions. Participants will be able to: <ul style="list-style-type: none"> • Distinguish screening from assessment and identify 2 strategies for each. • Develop a list of assessment report elements that would indicate the thoroughness of the assessment process. • Highlight the key areas of concern for assessing family issues. • Identify the elements of a strength-based approach to assessments. • Develop a set of expectations for the “system” approach to screening and assessment. 	Slide 1 & 2 Performance Objectives

<p>B. Distinguishing Screening and Assessment</p>	<p>One Hour & 45 minutes</p>
<p>1. Instruct the group to re-read the case study titled: "Tommy Blake" in their participant materials. Ask them to write a list of questions they have about information they believe they will need to determine if a comprehensive assessment should be done.</p>	<p>Law Enforcement & the Courts: Handout #4</p>
<p>2. Ask for volunteers to share their questions. Write the responses on chart paper in two columns: initial screening and assessment. As participants respond, write the answer in the column or columns that connotes the process in which those would be asked and answered. Explain how some information will be sought in the first process and explored further in the second process.</p>	
<p>3. To summarize the lists, define screening and assessment. Read and explain the definitions.</p> <p><u>Screening</u>: Brief procedures used to determine the presence of a problem, substantiate that there is reason for concern, or identify the need for further appraisal and assessment. (Crowe and Reeves, 1994)</p> <p><u>Assessment</u>: A series of activities that provide information about the psychological, social and environmental aspects of a youth's life and the history and degree of substance use/abuse in order to draw diagnosis and treatment implications. (Crowe and Reeves, 1994)</p>	<p>Slide 3 Screening</p> <p>Slide 4 Assessment</p>

<p>4. Through a jigsaw learning activity participants will learn and teach each other about the screening and assessment methodologies currently used with adolescents and the reporting of results.</p> <p>Note: Determine the size of the study group and the number of learning groups based on the total size of your participant group. If available, have samples of screening and assessment instruments for the following activity.</p> <p>Use the following narrative as a guide:</p> <p><i>First we will divide into 5 small study groups, and I'll assign each foursome a topic. You'll become 'experts' on your topic by reading and discussing the assigned material with your study group for 20 minutes.</i></p> <p><i>Then we'll form four larger learning groups with one 'expert' for each topic. One at a time, each expert will teach others in the group about his or her topic.</i></p>	<p>Slide 5 Study Group Directions</p> <p>Slide 6 Study Group Process: Step 1</p> <p>Slide 7 Study Group Process: Step 2</p> <p>Handout #1 Study Group Topics</p>
<p>5. Ask participants to sit with their study group and turn to their participant notebook section titled: "Fundamentals on Screening and Assessment." Assign each of the 5 topics to a study group.</p> <ul style="list-style-type: none"> • The Screening Process • Appraisal and Substance Abuse Assessment • Strength-based Approaches to Screening and Assessment • Documentation and Reporting • Family Issues <p>After 20 minutes, ask participants to create their learning groups and to present their topic of expertise one at a time. Their presentations should follow the order of the topic list from the Slide. Encourage the small learning groups to share experiences and additional knowledge on the topics.</p>	<p>Slide 8 Fundamentals on Screening and Assessment</p>
<p>6. Reconvene the large group and ask if there were any questions left unanswered or new questions that have arisen. Facilitate discussion of these topics.</p>	

<p>OPTIONAL DISCUSSION IF TIME IS LIMITED:</p> <p>7. Use the text of the study group guide to present information on each of the topic areas. Provide sample instruments and reports from the state/local area as examples of each process. Share case examples to illustrate how the screening and assessment process helps to provide appropriate interventions at the appropriate time. Engage the group in discussion about their own practices and processes -both the strengths and limitations.</p>	
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<p>C. A System to Screen and Assess</p>	<p>30 minutes</p>
<p>1. As a preliminary step in the action planning process the group will begin to identify their expectations of the central “players” in the screening and assessment process. Divide the group into “geographic” groups (e.g., any judges from the same jurisdiction would form a small group, others may need to work individually).</p>	
<p>2. Instruct the groups and individuals to complete the page titled: “A System for Screening and Assessment.” Allow 10 minutes for the participants to complete the page.</p>	<p>Slide 9 A System for Screening and Assessment</p> <p>Handout 2 A System for Screening and Assessment</p>

<p>3. Engage the group in discussion of each item on the list and make the following points:</p> <ul style="list-style-type: none"> • Screening all youth is appropriate • All professionals who have initial contact should either be trained to screen or have information about who does screening • Screening should be immediate • Access to assessment (initial appraisal tools) should be immediate and within the probation department or a contracted agency by trained personnel. • Substance abuse screening should be done by a professional trained in the chemical dependency field • Checklists should be developed as a guide to ensure that screening/assessment instruments can be examined for thoroughness, inclusion and comprehensiveness as well for a strength-based framework. • A policy should be developed that outlines the steps, standards, and time-lines for all screening and assessment procedures. 	
<p>4. Transition to Dispositions using the following narrative as a guide:</p> <p><i>Once you have been presented with the findings of the screening and assessment process, an informed decision can be made about an appropriate response. The next topic we address is dispositions during which we will address the options for education, intervention and treatment in cases of underage drinking and driving.</i></p>	

Screening and Assessment

Participants will be able to:

- Distinguish screening from assessment and identify 2 strategies for each.
- Develop a list of assessment report elements that would indicate the thoroughness of the assessment process.
- Highlight the key areas of concerns for assessing family issues.

Slide 1

Screening and Assessment

Participants will be able to:

- Identify the elements of a strength-based approach to assessment.
- Develop a set of expectations for the “system” approach to screening and assessment

Slide 2

Screening

Brief procedures used to determine the presence of a problem, substantiate that there is reason for concern, or identify the need for further appraisal and assessment

- Crowe and Reeves 1994

Slide 3

Assessment

A series of activities that provide information about the psychological, social and environment aspects of a youth's life and the history and degree of substance use/abuse in order to draw diagnosis and treatment implications

- Crowe and Reeves, 1994

Slide 4

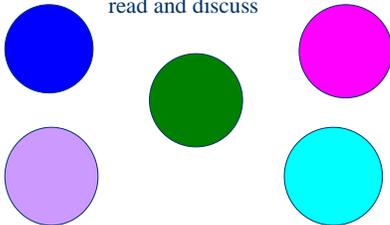
Study Group Directions

- Five small study groups will be formed to learn about and then teach about a specific topic on screening and assessment
- Each group will be given materials to read and discuss for 20 minutes.
- Members of the topic study group will then split up into separate learning groups to teach others about their topic area

Slide 5

Study Group Process: Step 1

Form Topic Specific Study Groups:
read and discuss



Slide 6

Study Group Process: Step 2



Slide 7

Fundamentals of Screening and Assessment : Study Group Topics

- The Screening Process
- Appraisal and Substance Abuse Assessment
- Strength-based Approaches to Screening and Assessment
- Documentation and Reporting
- Family Issues

Slide 8

A system for screening and assessment

- In your geographic groups take 10 minutes to answer the questions in your workbook.
- Pick reporters
- Incorporate discussion into your action plan

Slide 9

Study Group Topics: The Screening Process

What is screening?

Initial screening refers to brief procedures used to determine the presence of a problem, substantiate that there is reason for concern, or identify the need for further appraisal and assessment. Screening requires that the professional be aware of substance abuse risk factors and indicators, and be knowledgeable about screening techniques. As discussed earlier, a number of factors place youth at risk for substance use/abuse, these include a wide range of areas:

- ◆ family environment
- ◆ community environment
- ◆ constitutional vulnerability
- ◆ early behavior problems
- ◆ psychological and developmental issues.

Some tips on what screening is and what it is not:

- ◆ determines the need for a comprehensive assessment
- ◆ does not provide a diagnosis or specific treatment recommendation
- ◆ should be shorter than 30 minutes
- ◆ must be designed to have broad application across diverse populations
- ◆ is simple and easy to administer
- ◆ focus is on adolescent substance use severity and correlated problems
- ◆ determines juvenile's awareness and thoughts regarding alcohol and other drug problems
- ◆ assesses motivation to change alcohol and drug taking behaviors

Professional Observations

The professional must be equipped to note behavioral signs of use/abuse. These behaviors and/or history of these behaviors can be significant indicators for a comprehensive assessment. These can include:

- | | |
|---------------------------------|--|
| drop in grades | weight changes |
| shift in friendship group | daily use of one or more substances |
| emotional highs and lows | evidence of paraphernalia |
| defiance of rules or regulation | change in pattern of physical hygiene |
| becoming more secretive | selling possessions |
| loss of initiative | excuses for staying out late |
| withdrawal from activities | involvement in serious delinquency or crimes |
| early onset of use | parental substance abuse (including DUI/DWI) |

More pronounced physical and behavioral signs can be indicators of current use: poor coordination, drowsiness or agitation, slurred speech, dilated or constricted pupils, bloodshot eyes and tremors.

Sometimes the possibility of adolescent substance abuse is very obvious, but often it is much more subtle. For example, a DUI arrest and declining academic grades might both indicate a substance abuse problem, but school-related concerns are not as obvious without further examination.

Chemical Tests

One common way of screening youth is to conduct chemical tests; this is most often done with young people who are already under the supervision of the court. Common chemical tests are breath or saliva tests for alcohol and urinalysis for illicit drugs. Testing protocols are dependent on the suspected drug and cost/ accessibility of tests.

Interviews and Instruments

Some interview techniques and screening instruments are designed to get alcohol- or drug-involved persons to reveal information about their substance abuse. Used with other screening methods, these self-reports can be helpful in determining whether there is a need for further exploration. Screening instruments generally are brief tools that may be self-administered or conducted by a professional to solicit information about use of alcohol and other drugs.

Professionals recommend that screening be provided at the earliest possible point in the youth's contact with the system, and be repeated at different stages in the system (intake, pre-adjudication and post adjudication.) Because adolescent offenders clearly form an at-risk population and the base rate of substance use is sufficiently high, universal screening may be justified. A primary goal of screening is to prevent further involvement in the justice system. Examples of Brief Screening Instruments

HALT-BUMP

- Do you usually drink to get **H**igh?
- Do you sometimes drink **A**lone?
- Have you found yourself **L**ooking forward to drinking?
- Have you noticed an increased **T**olerance for alcohol?
- Do you have **B**lackouts?
- Have you found yourself using alcohol in an **U**nplanned way?
- Do you drink for **M**edicinal reasons?
- Do you work at **P**rotecting your supply of alcohol?

CAGE

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had an **E**ye-Opener first thing in the morning to steady nerves or get rid of a hangover?

3 C's

Control - Do you often have more than originally intended?

Consequences - Do you continue to use despite suffering big consequences for use?

Consumption - Does using dominate your thinking? (e.g., Does the person "doodle" marijuana leaves or drug pictures on school papers, or is the youth thinking on Monday about using at an upcoming party on Friday?)

Appraisal and Substance Abuse Assessment

What is appraisal?

Gathering and analyzing psychosocial data on youths is used to determine the extent of various problems in their lives and the resources available to address them. This process forms the basis for developing a case plan. One of the goals of a psychosocial appraisal should be to determine whether or not, and to what degree, a youth's situation is related to substance abuse. Information should be gathered and analyzed from several areas:

- ▶ history and extent of delinquency or criminal activity
- ▶ history and extent of substance abuse
- ▶ educational and/or job performance
- ▶ medical status and health
- ▶ leisure and recreational activity
- ▶ religious and cultural perspective
- ▶ family history (e.g. use of drugs, family structure)
- ▶ family and peer relations
- ▶ psychological and emotional status.

Information Gathering

A number of sources should be utilized to provide a comprehensive picture of the young person's history and status.

Existing Records: With the appropriate signed release of information forms, records should be reviewed for previous substance abuse treatment, medical problems and treatment, mental health diagnoses and treatment; cases of child abuse or neglect; delinquency history and previous periods of supervision; school status; and employment status and history.

Youth Self Report: Talking with youth to learn more about their situation and needs aids in gathering information and beginning the development of a help relationship. It is also a process that can help motivate the young person and is therefore especially crucial, needing to be done skillfully.

Interviews with Collateral Sources: Family members, teachers, other counselors, physicians and perhaps peers should be contacted and interviewed to get a full picture of the substance abuse problem.

Testing Instruments: Instruments have been developed to aid in the evaluation of substance abuse problems. There is a wide variety of these and when choosing an instrument the provider should ensure that it is developmentally and culturally appropriate as well as normed and validated on youth populations.

Self-Administered Tests: These are paper and pencil or computer tests a youth takes to provide information about him- or herself and about his or her substance abuse and other problems. These can be helpful when young people have difficulty speaking directly about themselves. They can provide an indirect and less threatening method of self-disclosure and may help eliminate any interviewer bias. The disadvantage of this method is that it relies on the youth's motivation and honesty and reading ability.

What is a substance abuse assessment?

Substance abuse assessment is the third step in the process that should be undertaken when the initial screening and psychosocial appraisal indicate a youth is experiencing problems related to substance abuse. The assessment often requires a multi-disciplinary approach, with the probation professional as the coordinator. Information obtained through the screening and psychosocial appraisal process should be synthesized and shared with assessors so they can build on these efforts. The results of the assessment process may be a diagnosis of substance abuse, if the findings support this.

A major part of the assessment process should be conducted by a substance abuse treatment professional and must be appropriately credentialed. Decisions should be made jointly between the substance abuse treatment professional and the probation professional as to the components that will be needed in the evaluation process. Elements included are:

- ▶ medical examination
- ▶ psychological/ psychiatric evaluation
- ▶ interviews with youth
- ▶ family evaluation
- ▶ clinical observations and recommendations.

Physicians, psychologists, and other professionals often are needed to complete a full assessment. The assessment should culminate in a written report by the treatment professional. It should describe the severity of alcohol and other drug abuse, identify factors that contribute to or relate to substance abuse, and recommend treatment approaches to address the problem.

What about dually-diagnosed youth?

One special area that needs to be examined in an assessment is the possibility of a dual diagnosis or co-occurring mental health and substance abuse problems. There is a high incidence of psychiatric disorders among persons with substance abuse problems. A dual diagnosis requires evaluation by a professional with expertise in both substance abuse and mental disorders, because making these differentiations is difficult. The symptoms of substance abuse and other psychiatric disorders often mimic each other. Sometimes youth turn to alcohol and other drug use to self-medicate the effects of psychiatric disorders. Typical adolescent development issues (e.g., impulsive behavior, changing

moods, and cognitive abilities) also cloud the diagnostic picture. Some of the psychiatric disorders that may be diagnosed in youths with substance abuse problems fall in the following categories:

Attention- Deficit and Disruptive Behavior Disorders
Mood Disorders (depression, bipolar disorder)
Anxiety Disorders (e.g., obsessive-compulsive disorder)
Personality Disorders (e.g., borderline personality disorder)
Eating Disorders
Psychotic Disorders (e.g., schizophrenia)

Strength-Based Approaches

What is a strength-based approach?

As we identify the information that needs to be collected for the screening and assessment process, we might automatically trigger a problem orientation. The professionals in the field are asked to gather information about such areas as history of delinquency, extent of substance use, family and peer relations and mental health status. Traditionally, assessment approaches with youths receiving court intervention have been problem-based, focusing primarily on youths' and families' needs and pathologies. However, if one chose to re-examine the information components sought, it is clear that strengths can be gleaned about many youths relative to life areas. There is great benefit to recognizing and using the strengths of youth as an impetus for change and viewing the youth as the central and most critical resource to that process. This viewpoint complements all that we know about engaging and motivating youth. The strengths perspective encompasses the capacities, talents, competencies, possibilities, visions, values, and hopes of youth, their families, and the community. It is also a perspective the professional can use to analyze their finding and ensure that a fair and unbiased assessment is made.

How do you use this approach with youth in the screening and assessment process?

One method of incorporating a strength-based approach is in the interview process. As the probation and the substance abuse professional gather information about the youth's feeling, perspectives, and history they can ask questions that acknowledge the youth as an important source of information, seek out information about what has "gone well" in the young person's life and probe for circumstances and people around whom they feel strong, empowered, and capable.

Some examples of these questions:

1. What are your "good points" that you are proud of?
2. Why do you think you are involved with the court? What happened?
3. What do you think needs to happen for the trouble to end?
4. What is the first step you need to take to get started?
5. Who will be the first to notice?
6. What will they notice you doing?
7. Many times teens have already started changes by the time they get to court. What good changes have you started?

8. Have you made *good changes* in the past? How did you make these changes?
9. What *positive relationships* do you have with adults? Tell me about the people and what makes that relationship positive?
10. Tell me about a *special achievement* in your life? Who was involved? How did you make it happen? What did you learn about yourself?
11. When do you feel best about yourself? Why?
12. What are you *smart* about? How do you use your “smarts?”

How do you use this approach with families in the screening and assessment process?

As with youth, the use of a strength-based approach can be incorporated into the family interview. Inherent in the approach is an appreciation for the cultural, ethnic and community values of the family and therefore an openness to understanding their impact on the family system. Using this framework will also help to reduce the defensiveness and resistance of the family who may perceive the assessment as an intrusion on their privacy, and a negative judgement of their effectiveness. The questions can help them feel empowered in the process and more of a partner in the process.

Some examples of these questions:

1. What has to happen for the current problems of your child to get better? What will tell you the problem is getting better?
2. What is important for us to know about your child?
3. Tell us about your child’s “good points.” What is your child good at doing that you are proud of? What are his/her interests?
4. What are your strengths as a parent?
5. What are some good things you are doing that you want to continue to happen?
6. What are some things you’d like to start doing as a parent?
7. How does your child show love to you?
8. How do you show love to your child?
9. How do you and your child communicate/talk? Are there special times or places that talking becomes easier or better between you?
10. Are there persons, places, or things (resources) in your neighborhood or community that you know of that could help?
11. What are some family habits, strengths, or “good points” that you are most proud of?
12. After problems happen in families, many people notice good changes have started before their first appointment at the court. Have you noticed such changes in your situation?
13. When your child starts to improve, who in the family will be the first to notice? What will this person notice your child doing?
14. Are there other persons in your child’s life who could be helpful right now?

What are the implications of a strength-based perspective on reviewing the results of the screening and assessment process?

The perspective of the screener and the assessor will greatly influence the nature of their analysis and their recommendations. Not only will their questions in the process be transformed but their view of the potential possibilities, interventions, and solutions will be impacted. Your perspective when

reviewing their reports can also be greatly impacted by a strength-based framework. Do you see the youth as a victim - helpless and hurt, the villain- hard and unhelp-able and or as a resource - capable and wanting to improve? Viewing young people through one lens exclusively limits our ability to view all of the possibilities for meaningful intervention and prevention.

Portions are excerpted and adapted from APPA, *Working with Substance Abusing Youths*, 1999 and Nissen, Laura, "An Introduction to the Strengths Approach, OJJDP Curriculum.

Documenting and Reporting the Results of Screening and Assessment

What should be reported to the court?

Conducting screening and assessment procedures is not the end of the process; the findings must be documented and reported in a way that will facilitate the court and others working with a youth. A designated professional, usually a probation staff, will have responsibility for synthesizing all of the information gleaned through screening, psychosocial appraisals and substance abuse assessments into a report and recommendations for the court. The recommendations should specify treatment recommendations and post treatment support services.

Elements of a report

Reports should describe how information was collected (e.g. interviews, records reviews, assessment instruments), summarize findings and make recommendations. The psychosocial appraisal, in conjunction with the substance abuse assessment should result in a report that has the following components:

- ▶ sentencing offense/misconduct
- ▶ juvenile's version of offense/misconduct
- ▶ victim statement and victim impact
- ▶ prior record and placement history
- ▶ family/personal background
- ▶ education/employment
- ▶ physical health
- ▶ leisure activities
- ▶ chemical dependency
- ▶ home environment
- ▶ community behavior
- ▶ mental health

The summary and recommendations portion of the report are crucial. Given the time constraints on the judge and other professionals reviewing the reports, you may rely on these sections to get an overview of the situation. Since your decisions need to be based on these reports, their clarity and thoroughness are critical. Because of the high costs of this level of substance abuse assessment it

is often ordered after the screening and psychosocial appraisal are reported to the court. Therefore the initial report will contain all or parts of the elements noted above.

The substance abuse assessment component should specifically identify and document:

- ▶ the conditions/environment at the time of assessment
- ▶ severity of the substance involvement (diagnosis)
- ▶ youth's conceptualization of reasons for use
- ▶ history of treatment services, including drug and mental health treatment

Report Cautions

The substance abuse assessment written report should be careful to:

- ▶ not reduce a youth to a test score or label
- ▶ emphasize the youth's strengths as well as problems
- ▶ capture a range of issues, strengths, and concerns
- ▶ integrate previous "work-ups"
- ▶ not include opinions and descriptions from previous reports without thought and research
- ▶ state diagnostic impressions as such, not as facts or as the truth
- ▶ specifically recommend level of care needed
- ▶ use the terms abuse or dependency rather than addict or alcoholic
- ▶ reference normed and validated test instruments
- ▶ use DSM IV criteria for diagnosis

Portions are excerpted and adapted from APPA, *Working with Substance Abusing Youths*, 1999.

Family Issues

Why involve the whole family?

Substance abuse is increasingly viewed as a disorder that is both affected by, and touches the whole family. Families play a critical role in general adolescent development. To intervene with substance abusing youths without including families in these efforts is impractical. The relationship between families and adolescent substance abuse is often reciprocal. Family factors frequently contribute to the initiation or ongoing use of alcohol and other drugs by youth. Concomitantly, adolescent substance abuse has a dramatic impact on the family.

Family Influence on Adolescent Substance Abuse

Heredity

There is an array of family factors that affect potential substance abuse among youths. One of the most salient of these is substance abuse by parents or siblings. There is convincing evidence that children of alcohol-addicted parents have a hereditary vulnerability to alcoholism. In families that have been studied over time, alcohol-related disorders have been found in multiple generations. There is believed to be a genetic predisposition to alcoholism in children of alcoholics that will lead to dependency if they begin using alcohol. The relationship between heredity and other psychoactive

substances is less certain.

Environmental Factors

Use of alcohol and other drugs affects the thoughts, feelings and behaviors of those using them. Various consequences of substance abuse affect parents' ability to provide consistent support and supervision of children. Mood changes, blackouts, aggressive behaviors, and withdrawal often accompany the use of alcohol and other drugs. Changes from sober to intoxicated states may cause the family climate to be in flux and children to have to make constant adaptations to their parents.

Parental substance abuse also causes family stress because of financial burdens, marital conflict, social isolation, and changes in family roles, routines, and interactions. Home life tends to be chaotic. Children often assume parental roles and may not feel safe and secure. These children often grow up feeling they have no control over their environment.

Children also learn from substance abusing parents to rely on alcohol or other drugs to help them cope with problems. Family life with substance abusing parents is usually disorganized, unpredictable, detached, and lacking in discipline, emotional support, and training for children.

Family Violence

Substance abuse by adult family members is correlated with an increased risk of child or partner abuse. The tendency toward violence increases in homes where alcohol and other drugs are abused. Studies suggest that alcoholism is more often found in parents who physically abuse their children than in those who do not abuse their children. Although more research is needed, it appears that family violence also may increase the risk of substance abuse. Children living in violent homes are likely to have lower self-esteem, feel powerless and experience other psychological trauma. Researchers have postulated that drug or alcohol abuse may be a form of self medication that allows survivors of sexual abuse to separate psychologically from the environment, anesthetize painful internal states and blur distressing memories.

Family Instability

A variety of other family factors may increase the risk of adolescents initiating substance use. Family financial strain, overcrowding, unemployment, absent parents, frequent family moves, and little contact between parents and children have all found to increase the risk of youth alcohol and other drug use.

Family Protective Factors

It is also important to remember that the family can protect young people from substance abuse and help them with change. Research has also shown that young people who have successfully negotiated adolescence have families who have provided "protective factors"; these include: adequate family income, structured and nurturing family; parents who promote learning, few chronic stressful life events, non-kin support network, warm and close personal relationships with parents and other adults, clear behavior guidelines, and family stability and cohesiveness.

The Effects of Adolescent Substance Abuse on the Family

Adolescents' use of alcohol and other drugs often has profound effects on each family member and

the family as a whole. Substance abuse negatively affects all aspects of a youth's life - school performance, health and development, and relationships. The natural inclination of most parents is to want to protect their children from these consequences. Many feel they are somehow to blame for the substance abuse, even if there are no family factors contributing to the problem. Many try to take on more responsibility for their children to protect them from the effects of their own behavior. Ultimately, this ends up enabling youths in their use of alcohol and other drugs. Youths need to experience the natural consequences of their behavior so they can decide to change it.

There is a possibility that some families respond to substance abusing children at the opposite extreme. Their disregard and lack of concern for the welfare of the child may communicate a message of worthlessness, lowering the child's self-esteem, and thus contributing to ongoing substance abuse.

Adolescent substance abuse can lead to greater family disharmony, especially if parents disagree on how to deal with the youth's behavior. Siblings are affected by a brother or sister's alcohol or other drug use, also. Younger siblings often learn to use chemicals from older ones. Siblings also may be co-opted into "covering up" for another's irresponsible behavior. The attention paid to the substance abusing youth may take the family's attention and energies away from the needs of other children in the family as well.

Excerpted and adapted from APPA, *Working with Substance Abusing Youths*, 1999.

A System For Screening and Assessment

As a first step toward developing or enhancing your “system” for screening and assessment, answer the following questions:

What resources are available for screening assessment? What are the qualifications of the providers? (Share ideas with others from your jurisdiction or adjoining jurisdictions.)

Who will be screened? How will that be determined case by case? When will it be determined?

Who will be assessed? How will that be determined case by case? When will it be determined?

What time-frames will you have for the processes? (E.g. deadlines for screening, reporting)

What processes and procedures do you have or will you put in place to ensure thorough, inclusive, and comprehensive screening and assessment? (E.g. checklists)

How will you incorporate the strength-based framework?

Dispositions: Sanctions and Treatment

MODULE SUMMARY

<p>TARGET POPULATION:</p> <p><i>Judges</i></p>	<p>SUGGESTED TIME:</p> <p><i>Two Hours</i></p>
<p>SPACE REQUIREMENTS:</p> <p><i>Tables set in rounds or squares so that groups of 6 or 8 can be seated together</i></p>	<p>SUPPLIES & EQUIPMENT:</p> <ul style="list-style-type: none"> • <i>Easel pad</i> • <i>Markers</i> • <i>LCD or</i> • <i>Overhead</i>
<p>PERFORMANCE OBJECTIVES:</p> <ul style="list-style-type: none"> • <i>describe the balanced approach to dispositions</i> • <i>determine the goal(s), benefits and challenges of specific sanctions</i> • <i>describe the purposes and goals of treatment</i> • <i>identify questions to ask when seeking appropriate treatment providers</i> 	<p>PARTICIPANT MATERIALS:</p> <p><i>Participant Notebook</i> <i>Additional resources</i></p>
<p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Reading assignments</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	<p>AUTHORS:</p> <p><i>Betty Gurnell, Columbia, South Carolina</i> <i>Susan Yeres, San Francisco, California</i></p>

A. Introducing the Balanced Approach to Dispositions	15 minutes
<p>1. In this module participants will look at the balanced approach to dispositions that include the use of graduated sanctions to protect public safety, hold youths accountable to the victim and the community, and developing competencies through education and/or treatment in AOD issues. Participants will complete a resource-mapping exercise to identify available resources and those needed to carry out their dispositions.</p> <p>Review the performance objectives.</p> <p>After completing this module participants will be able to:</p> <ul style="list-style-type: none"> • describe the balanced approach to dispositions • determine the goal(s), benefits and challenges of specific sanctions • describe the purposes and goals of treatment • identify questions to ask when seeking appropriate treatment providers 	<p>Slide 1 Performance Objectives</p>
<p>2. Ask participants, “What is the GOAL of sanctioning?” Get responses and write them on newsprint.</p> <p>Responses will likely include the following:</p> <ul style="list-style-type: none"> To punish the offender To hold youth accountable To protect the public To lessen the likelihood of further AOD involvement 	

<p>3. Add to these responses, using Power Point display of three interlocking circles and use the following narrative as a guide:</p> <p>According to the Balanced Approach philosophy, any sentence or disposition should seek to:</p> <ul style="list-style-type: none"> • Protect the public safety • Hold the offender accountable to the victim and/or community by having the offender acknowledge the impact of his/her behavior and work actively to make reparation • Develop offender competencies through education and/or treatment <p>This visual depicts the interconnectedness of the components. Some sanctions will address or focus on one component while other sanctions will address two or even all three.</p>	<p>Slide 2 The Balanced Approach</p>
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<p>B. Graduated Sanctions</p>	<p>60 minutes</p>
<p>1. Use the following narrative as a guide to introduce the activity: <i>A number of jurisdictions have used a variety of graduated sanctions to address adolescent AOD impaired driving. As a group we will explore the use of 15 promising approaches.</i></p> <p>Divide the 14 sanction charts between the table groups. Instruct each group to take 15 minutes to read about each sanction and complete the chart, identifying goals, target group, advantages, challenges, guidelines for using and resources. Complete one of the charts with the group to give them an example.</p> <p>Note to instructor: Refer participants to materials in their notebooks and provided in the classroom for additional information about each of the sanctions. Instructor should be familiar with each of these and available as a resource to answer questions groups might have.</p>	<p>Slide 3 Graduated Sanctions</p> <p>Handout #1</p> <p>Slide 4 Chart Components</p> <p>Slide 5 & 6 Sample Chart</p>

Description of Chart Completions	
Goal:	Public safety, Offender Accountability, Offender Education/ Rehabilitation (combination of two or more)
Target group:	Level of AOD involvement: experimental/social use, problem use/ abuse, dependency/ addiction
Advantages:	Cost, available resources, effectiveness, availability, reaches goal
Guidelines:	Appropriate for adolescents, meets intended goal, level of sanction matches level of AOD use or offense
Challenges:	Cost, resources needed, effectiveness, lack of availability, unclear goals
Resources Needed:	People, facilities, money, programs

Example	
Community Service	
Just as communities are harmed by offenses, they can be at least partially restored by meaningful service that contributes to their improvement. Youth is assigned to perform a certain number of hours of community service	
Goal:	Public Safety Offender Accountability Competency Development (circle one or more)
Target Group:	violation of underage drinking laws; substantial property damage as a result of an accident
Advantages:	community involvement with courts and families; low to no cost involved; actual service to community; youth involved with positive role models; develop responsible skills; public perceives concrete example of court holding youth responsible
Guidelines:	adequate adult supervision provided; transportation accounted for; requires special effort on part of the youth; meaningful service (community perceives as useful)
Challenges:	reliable transportation; finding an organization that can supervise community service at low cost; matching youth skills to appropriate service
Resources needed:	organization that can provide meaningful work, adequate supervision, positive role models; transportation

<p>2. Have each group provide an example of a case in which they have actually used their three sanctions or for which they could have considered using their sanctions.</p> <p>After groups have completed their charts, have them share their information with the large group. Encourage participants to take notes on their blank charts.</p>	
<p>3. Open the floor to a brief discussion of other examples. Presenters provide several examples of their own.</p>	
<p>4. Transition to the discussion on treatment explaining that treatment may be an integral part of the court's response to a case.</p>	

<p>C. Treatment</p>	<p>30 minutes</p>
<p>1. Use the following narrative to introduce the section on treatment options:</p> <p><i>Based on the screening and assessment, you will be provided recommendations about each offender's need for education and/or treatment. You will rely on the professionals in the court and in the community to determine the type and level of education/ treatment/ prevention. At the same time, it is important that the judge have knowledge about the range of treatment options that can be used with AOD cases.</i></p>	
<p>2. Use the following chart, also on Power Point, to briefly explain individual, group and family treatment options.</p> <p>Ask the following questions as you describe each type of treatment/education:</p> <ul style="list-style-type: none"> • Is this treatment available in your community? • Who provides it? • Who have you found has benefitted most from it? <p>Use specific examples from your own experience.</p>	<p>Slide 7 Treatment options</p>

<p>Individual</p>	<p>Group</p>	<p>Family</p>
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Motivational Counseling	Group Therapy	Therapy with Family Unit
Behavioral Contract	Cognitive Behavioral Change	Multiple Family Groups
Day Treatment – Intensive Outpatient	Support Groups	Parent Support
Outpatient	Self-Help	Parent Education and Prevention Groups
Residential	Education	

<p>3. Use the text on the following pages (excerpted from “Working with Substance Abusing Youths...APPA, 1999)” as a reference for covering information about each treatment option.</p>	
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Individual	
<p><u>Motivational Counseling</u> incorporates a strength-based approach to working with youth. Since teens rarely accept labels such as addiction, view their use as something that they will outgrow and have higher levels of resistance to confrontational counseling, building motivation and “buy-in” is viewed as a foundational component of change. Several techniques used include: partializing and prioritizing tasks; providing incentives and consequences, identifying strengths and building on earlier successes.</p> <p><u>Behavioral contracting</u> can be seen as part of motivational counseling or a separate approach that is often tied to the “Reality Therapy” model. It is also part of an individual approach to cognitive behavioral change conducted in group settings. Contracts are agreements specifying behaviors that a youth will do and what the “professional” or parent will do as well. The agreement can specify consequences both positive (reduction in supervision) and negative (stricter curfew). Putting the contract in writing and signing the document is an important part of the process.</p> <p><u>Day Treatment or Intensive Outpatient</u> generally involves the youth in a full day of highly structured activities that include substance use/abuse treatment -individual and group, education programs and family interventions. These programs are operated by substance abuse treatment professionals (with the aid of a multidisciplinary team) and are usually affiliated with a residential program. While allowing the youth to return home in the evenings, the program has a comprehensive array of services with progressively increased re-integration in the community.</p> <p><u>Outpatient intervention</u> may be a post-release program from residential treatment, or a group and individual treatment service provided by a residential setting. As noted above, an array of services may be provided with a professional team affiliated with a residential program.</p> <p><u>Residential programs</u> can range from 30 days to 6 months depending on the range of services provided and the target population served. These settings may use any of the individual, group or family interventions noted and may have aftercare services.</p>	

Group	
<p><u>Group Therapy</u> helps youth strive for abstinence and stabilize their functioning. They often deal with issues underlying substance abuse. Therapy groups should be led only by professionals with extensive training and experience.</p> <p><u>Cognitive Behavioral Change Groups</u> help members identify and change thinking errors that result in behavioral problems, learn problem-solving and pro-social interpersonal skills, and provide a supportive environment for rehearsing new thinking and behavioral patterns</p> <p><u>Support Groups</u> provide opportunities for youths to share experiences and provide camaraderie. Support for behavior change is often a goal of these groups, and recovery support groups often fit in this category.</p> <p><u>Self-Help Groups</u> include organizations such as Alcoholics Anonymous, Narcotics Anonymous and Al-Anon. The goals of these groups are behavior change and re-socialization. Most self-help groups use a 12-step model. They stress striving for abstinence and development of characteristics such as tolerance, honesty, and serenity.</p> <p><u>Educational Groups</u> provide information on issues related to substance abuse. A variety of topics might be covered in educational groups for youths, including co-dependence, stress management, HIV/AIDS, basic living skills, and many others.</p>	

Family	
<p><u>Family Therapy</u> with the family unit usually consists of working with the entire family, sometimes as a group, and sometimes with individual members. Therapy focuses on recognizing underlying family problems that may be contributing to the adolescent's substance abuse and strengthening the family's ability to communicate, set limits, and cope with other problems.</p> <p><u>Multiple-Family Therapy Groups</u> consist of three to ten multi-generational families that meet together. Families share experiences and concerns and provide help to each other. This provides a unique forum for parents and allows families to identify with and learn from the conflicts other families experience. It also increases their network of support and friendships.</p> <p><u>Parent Support Groups</u> often help families who feel isolated and need to know others have experience similar to theirs. Self-help groups provide this support, and often they provide education parents need to understand and deal with a youth's substance abuse. Some groups, especially those that are supporting families who are trying to make significant changes.</p>	

D. Being an Educated Consumer of Treatment	30 minutes
<p>1. After presenting and discussing treatment options with the large group, instruct table groups to develop a list of questions posted on chart paper in response to the following: "What questions would you ask a treatment provider or a "representative" (in or outside the courtroom) in order to ensure that you are getting the most appropriate, effective and timely services?"</p> <p>Give them 10 minutes to develop their list of questions.</p>	<p>Slide 8 Being an educated consumer of treatment</p>

<p>2. Have groups report out round robin style, sharing one of their responses and going around the group until all responses have been covered.</p> <p>Ensure that the following questions are addressed:</p> <ul style="list-style-type: none"> • What is the time frame and schedule for submitting assessments and progress reports for the court? • Can you provide the court with a report outline? • What treatment models do you use that are specifically developed for adolescents and in particular for the ethnic and cultural groups in our community? • How do you engage families in the treatment process? • How does your treatment provider provide follow-up or aftercare services? • What relationships do you have with local schools and community organizations? • Are you equipped to provide drug testing? • How do you evaluate the effectiveness of your program for adolescents? 	
<p>3. Transition to module on community outreach by explaining that we will now look at resources in the community to accomplish the goals of effective prevention, intervention and treatment.</p>	

A Balanced Approach to Dispositions

Performance Objectives:

- describe the balanced approach to dispositions
- determine the goals, benefits and challenges of specific sanctions

The Balanced Approach



Graduated Sanctions Charting

- Using the charts for the interventions you have been assigned, complete the sanction descriptions with the collective knowledge of your small group
- Take 15 minutes to complete the task and choose a reporter for the group.

Sanction Chart Components

Goal: Public Safety, Offender Accountability, Offender Education/Rehabilitation

Target Group: level of AOD involvement

Advantages: cost, access, availability

Guidelines: developmentally appropriate

Challenges: accessibility, cost

Resources needed: people, programs

Sample Sanction Chart: Community Service

Goal: Offender Accountability

Target Group: violation of underage drinking law; substantial property damage as a result of an accident.

Advantages: community involvement with courts and families; low to no cost involved; actual service to community; youth involved with positive role models; develop responsible skills; public perceives concrete example of court holding youth responsible.

Sample Sanction Chart: Community Service

Guidelines: adequate adult supervision; transportation arranged; requires special effort on part of the youth; meaningful service (community perceives as useful)

Challenges: reliable transportation; finding an organization that can supervise community service at low cost; matching youth skills to service

Resources needed: organization that can provide meaningful work, staff to supervise and be positive models, transportation

Treatment Options

Individual	Group	Family
Motivational Counseling	Group Therapy	Therapy with Family Unit
Behavior Contract	Cognitive Behavioral Change	Multiple Family Groups
Day Treatment	Support Groups	Parent Support
Outpatient	Self-help	Parent Education and Prevention Groups
Residential	Education	

Being an Educated Consumer of Treatment

- What questions would you ask a treatment provider or a "representative" (in or outside the courtroom) in order to ensure that you are getting the most appropriate, effective and timely services?"

Graduated Sanctions Worksheet

Complete the sections assigned to your workgroup and pick a representative to report to the larger group.

Restitution

Restitution holds the youth accountable for the financial losses they have caused their victim by requiring them to pay a sum of money to the victim to balance this monetary debt. The amount is based on information from the victim about out-of-pocket losses and information about the offender's financial status and earning capacity. Parents can be required to pay when the youth cannot.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Victim Impact Panels

Forums where victims share their experiences, often tragic and emotional, that have resulted from impaired driving, to acquaint the youth with the harm they have caused.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Emergency Room Visitation

Offender spends a certain number of hours observing the medical treatment of patients in the emergency department or shock trauma unit of a local hospital, preferably weekend nights.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Incarceration

Separate holding facilities for juveniles or lock-up with no sight or sound contact with adults; up to 24 hours, exclusive of weekends or legal holidays.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Out-of-home Placement

Group homes, residential treatment centers, youth ranches, secure facilities. Varied degrees of restrictions and rehabilitation programs.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Weekend Intervention

Requires DUI offender to attend a residential weekend program that provides screening and assessment for AOD use. Referrals are made to treatment programs.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Probation

Conditions are ordered by the court and monitored by a probation department. Can include restricting access to or use of an automobile, limiting access to certain places and people, submitting to searches and/or drug tests, curfew, attending school, obtaining employment, attending treatment, attending AOD education programs.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Intensive Probation

Requires more frequent contact (2 times a week) with probation officer and may require home curfews or unannounced home visits.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Fines

For violations of the minimum legal drinking age laws and/or impaired driving laws law-enforcement citation or court-ordered sanction.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Home Detention

Probationer may drive to school, work and/or treatment; no night driving allowed.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

License Suspension/Revocation

Temporarily invalidate offender's driver's license or revoking offender's license, requiring licensee to apply for new license after certain amount of time; notification of insurance company.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Vehicle-Related Sanctions

Breath-alcohol ignition interlocks, vehicle immobilization, vehicle impoundment, vehicle forfeiture, applied administratively by the court. Parents can be subject to vehicle-related sanctions as a consequence of their child's offense.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Victim-Offender Mediation

Victims have the opportunity to meet with the offender face-to-face in a safe and structured setting, along with a trained mediator and possibly family or friend for each of them. Victims tell the offender about the physical, emotional and financial impact of the offense; ask questions about the offense and offender; negotiate a form of restitution.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Education

Generally education programs consist of 10 - 16 hours of class time and inform participants about the effects of alcohol on the body and on driving performance, and about the legal consequences of underage drinking and impaired driving.

Goal:

Target Group:

Advantages:

Guidelines:

Challenges:

Resources Needed:

Engaging the Community

MODULE SUMMARY

<p>TARGET POPULATION:</p> <p><i>Judges</i></p>	<p>SUGGESTED TIME:</p> <p><i>Two Hours</i></p>
<p>SPACE REQUIREMENTS:</p> <p><i>Tables set in rounds or squares so that groups of 5 or 6 can be seated together</i></p>	<p>SUPPLIES & EQUIPMENT:</p> <ul style="list-style-type: none"> • <i>Easel pad</i> • <i>Markers</i> • <i>LCD or</i> • <i>Overhead projector</i> • <i>VCR & Monitor</i>
<p>PERFORMANCE OBJECTIVES:</p> <ul style="list-style-type: none"> • <i>Describe three levels of programs in the continuum of community responses.</i> • <i>For each level, explain the purpose, the target population, the community entities most likely involved, and at least two examples of programs.</i> • <i>Create an action plan for initiating or continuing involvement in the community response</i> 	<p>PARTICIPANT MATERIALS:</p> <p><i>Participant notebook</i> <i>Additional resources</i></p>
<p>INSTRUCTIONAL METHODS:</p> <ul style="list-style-type: none"> • <i>Lecture</i> • <i>Reading assignments</i> • <i>Guided group discussion</i> • <i>Small group activities</i> 	<p>AUTHORS:</p> <p><i>Betty Gurnell, Columbia, South Carolina</i> <i>Susan Yeres, San Francisco, California</i></p>

<p>A. The Story of Tommy Blake: Who is Responsible?</p>	<p>30 minutes</p>
<p>1. Use the following narrative as a guide to introduce the activity:</p> <p><i>Let's take one more look at the Tommy Blake story where in the events of one short evening, three lives were lost and the lives of the seven others, their families and friends, were forever changed. Who was responsible for this tragedy? Please read the instructions and complete the individual and group activity on Handout 7-1.</i></p>	<p>Law Enforcement and the Court Handout #4</p> <p>Handout #1</p>
<p>2. Call time after about 15 minutes, even if groups have not reached consensus. Have group reporters use their poster to share the group ranking along with their rationale, the method they used to reach consensus, and any difficulties they had in doing so.</p>	
<p>3. Use the following narrative as a guide to summarize this activity and lead into goals of community responsibility:</p> <p><i>In the introductory module we examined how conflicting values impact decisions that judges make. As you looked at the Tommy Blake story from the perspective of who is responsible, you again encountered a number of values issues and conflicts, and so it is in our communities. Although there is some variation in your decisions about the primary responsibility, it is apparent that in order to prevent this type of tragedy we must realize that it is a collective responsibility of the entire community.</i></p>	
<p>4. In this last module, The Community Response, we will look more closely at community responsibility, some programs that others are finding effective, and how you as judges can have an impact. After completing this module you will be able to . . .</p> <ul style="list-style-type: none"> • Describe three levels of programs in the continuum of community responses. • For each level, explain the purpose, the target population, the community entities most likely involved, and at least two examples of programs. • Create an action plan for initiating or continuing involvement in the community response. 	<p>Slides 2 & 3</p> <p>Performance Objectives</p>

B. Continuum of Responses in Communities	One hour
<p>1. Get a common definition for “community” by having participants write down their own definition. Ask several people to volunteer to read their definition to the group. List some of the key phrases on chart paper at the front of the room. The goal is to get participants to view the word “community” broadly to include families, friends, neighborhoods, faith communities, schools, youth groups, retailers, law enforcement government agencies and so forth.</p> <p>2. In order to have a comprehensive and effective program the community needs to set clear goals. Some of these goals might include:</p> <ul style="list-style-type: none"> • Safer driving by adolescents • Reduced car crashes involving adolescents, and thus reducing the resulting injuries, loss of property, loss of life • Reduced adolescent drinking and drug use 	<p>Slide 4 Goals of Community Response</p>

Present the continuum of responses and the definitions of each level using the following narrative as a guide:

These goals can be achieved through a continuum of responses and programs. Let's look at three levels of response along with a definition and example of each.

Education/Prevention -

- a pro-active process to initiate action prior to the time that a problem begins to occur
- targets groups of people who may be at risk
- improves knowledge and skills of the target population
- links the efforts of many organizations to promote community health and well-being

One example of a prevention program is the Driver's License Ceremony in the Commonwealth of Virginia. Virginia law requires that juveniles receive their driver's license, accompanied by a parent, at a special court ceremony conducted by the judge of the juvenile and domestic relations court district in which the juvenile lives. Judge Philip Trompeter reaches every new recipient of a driver's license in the community, as well as their parents, and focuses the ceremony exclusively around the subject of alcohol and other drug use. In an active teaching opportunity, he administers a drinking patterns survey, and he teaches the new drivers and their parents

- that drunk driving is not the only cause of alcohol-related accidents
- even minimal alcohol use by youths produces the same drinking pattern dynamics as heavy drinking
- nearly all teen drinking involves the use of a car
- the facts and consequences of the "abuse and lose" laws in Virginia

Slides 5 and 6
Definition of
Education/
Prevention

Slides 7 & 8
Driver's License
Ceremony

<p>Another example of a prevention program is the <i>Courage to Live Program: Three Steps to Safer Communities</i>. This innovative program is designed to address the seriousness of underage drinking and driving through community education and judicial outreach. The program's key goals are to help students devise action plans that they can use in their own schools to combat drinking and driving. The <i>Courage to Live</i> program is a curriculum developed by the National Judicial College that brings judges to schools to educate students about the serious consequences of underage drinking and driving. Part of the program involves judges conducting live DUI hearings in the classroom. The <i>Courage to Live</i> Program provides a vehicle for interested judges to get involved in prevention education in their local schools. The program also provides our nation's judges with the teaching tools, resources, and the information they need to deliver a strong prevention message to our nation's youth. It is critical that young people are aware of the fact that the choice they make regarding underage drinking and driving could be a life or death decision.</p> <p>3. <i>Deterrence</i> - Hinders the likelihood of adolescent AOD use and impaired driving.</p> <ul style="list-style-type: none"> • <i>increases the perception of risk</i> • <i>increases the fear of being caught</i> • <i>increases awareness of and application of consequences</i> <p>An example of a program designed to deter impaired driving is called <i>Triple Jeopardy</i>. This program enforces the premise that impaired driving, speeding, and not wearing seat belts are the common denominators that result in serious injury and death in most traffic crashes investigated by the police. Under this program, a person stopped by a law enforcement officer for any of these violations is automatically checked for the other violations as well.</p>	<p>Slides 9 &10 <i>Courage to Live</i></p> <p>Slide 11 For More Information About <i>Courage to Live</i></p> <p>Slide 12 Definition of <i>Deterrence</i></p> <p>Slide 13 <i>Deterrence</i> Example</p>
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<p>4. Intervention - Interrupting a situation in which there is a high likelihood of impaired driving.</p> <ul style="list-style-type: none"> • target adolescents who have used AOD's and are considered to be at high risk for AOD-related problems <p>One example of an intervention program is Administrative License Revocation - ALR. These laws mandate that police officers at the time of arrest seize a driver's license as an administrative license suspension or revocation on behalf of the State's driver licensing agency. They ensure that DUI offenders receive a license restriction within a relatively short period of time after their arrest, independent of their progress through the justice system.</p>	<p>Slide 14 Definition of Intervention</p> <p>Slide 15 Intervention Example</p>
<p>5. Assign each jurisdictional group four or five of the community programs described in these handouts. For each program, ask them to answer the following questions:</p> <ol style="list-style-type: none"> 1. Would you consider this program to be aimed at prevention, deterrence or intervention? Why? 2. Who would need to be involved to make this program work in your community? What would they need to do? 3. Who in your community would need to be educated to make this program work? What do they need to know? 4. What would your role be in getting this program started in your community? 	<p>Handout #2</p> <p>Slides 16 & 17 Program Examples</p>
<p>6. Have each group report out, giving a brief description of the program and sharing their responses.</p>	

C. Beyond the Bench - Planning for Action	30 minutes
<p>1. Use the following narrative as a guide:</p> <p><i>Incorporating the information provided in the opening video, by presenters, and in class discussions, complete the action guide in your participant notebook.</i></p>	
<p>2. Have participants create an action plan by using the following questions on Handout 7-6 as a guide:</p> <ul style="list-style-type: none"> • What is your community already doing to combat adolescent impaired driving and other problems associated with underage drinking and use of drugs? What is your role in those programs? • What is your community's most serious adolescent AOD problem? How do you know, or how can you find out? • Which new programs, laws or efforts would be the most helpful in your community? If these were in effect, what results would you anticipate? • What resources do you need in order to make this happen? What resources do you already have in place? • What steps do you need to take to make this happen? What other help do you need? When do you plan to get started? 	Handout #3
<p>3. If time permits, have two or three volunteers share their action plans.</p>	

<p>4. This slide presents four strategies for Judges to take to engage the community, strategies proposed by the Honorable Philip Trompeter.</p> <p>Use the following narrative as a guide to explain each:</p> <ul style="list-style-type: none"> • Judges should encourage law enforcement officers to regard all alcohol-related offenses by youths with the same seriousness as impaired driving. This requires education. If a judge begins a driver’s license ceremony as described in this program, police officers can be invited to attend. Judges can meet with police chiefs and prosecutors to educate them about adolescent drinking patterns. • Judges should reinforce law enforcement’s efforts. Judges should take alcohol-related offenses involving adolescents seriously by setting special dockets at convenient times for officers, if necessary. If a state does not have an “abuse and lose” law, then judges should assist the police in getting one enacted. Judges should make sure their courts have staff support or community resources to intervene immediately with juveniles who commit alcohol-related offenses. • Judges should use their authority to convene community leaders. Judges have the unique ability to assemble community members to address almost any community problem. They should explore prevention, treatment, and enforcement efforts with community leaders. They should review legislation that will enhance their efforts, ranging from juvenile driver’s license requirements to juvenile court jurisdictional issues. • Judges should be patient. Changing attitudes is a long process that is often generational in scope, but it can be accomplished. Combating adolescent impaired driving is an enforcement effort that can succeed. 	<p>Slide 18 Strategies to Engage the Community</p>
<p>5. Encourage participants to take time to review the materials on the resource table.</p>	

The Community Response

Who is responsible?

What are our options?

How do we begin?

Slide 1

The Community Response Performance Objectives

- Describe three levels of programs in the continuum of community response
- For each level, explain the purpose, the target population, the community entities most likely involved, and at least two examples of programs

Slide 2

The Community Response Performance Objectives Cont'd

- Create an action plan for initiating or continuing involvement in the community response.

Slide 3

The Community Response Goals

- Safer driving by adolescents
- Reduced injuries, loss of property, loss of life
- Reduced adolescent drinking and drug use

Slide 4

The Community Response Continuum - Prevention

- A pro-active process to initiate action prior to the time that a problem begins to occur
- Targets groups of people who may be at risk
- Improves knowledge and skills of the target population

Slide 5

Prevention continued

- Links the efforts of many organizations to promote community health and well-being

Slide 6

Prevention Example Driver's License Ceremony

Teaches new drivers and their parents

- That *drunk* driving is not the only cause of alcohol-related accidents
- Even minimal alcohol use by youths produces the same drinking pattern dynamics as heavy drinking
- Nearly all teen drinking involves the use of a car

Slide 7

Prevention – Driver's License Ceremony continued

- The facts and consequences of the “abuse and lose” laws in Virginia
- Parental discretion in letting teens drive
- (in the company of other teens) the consequences for breaking the law

Slide 8

Courage to Live Program

- Addresses the seriousness of underage drinking and driving through community education and judicial outreach
- The key goal of the program is to help students devise actions plans that they can use in their own schools to combat drinking and driving

Slide 9

Courage to Live, Continued

- On innovative component involves judges conducting live DUI hearings in the classroom
- Program provides judges with the teaching tools, resources and information they need to deliver a strong prevention message to our nation's youth.

Slide 10

Courage to Live, Continued

- For more information about the courage to live program contact:
The National Judicial College
Courage to Live
Mail Stop 358
University of Nevada, Reno
Reno, Nevada 89557
800-25-Judge (800-255-8343) or (775) 784-6747
Website: www.judges.org

Slide 11

The Community Response Deterrence

Hinders the likelihood of adolescent AOD use and impaired driving by

- Increasing the perception of risk
- Increasing awareness of and application of consequences

Slide 12

Deterrence – Triple Jeopardy

- Impaired driving, speeding and lack of seatbelts are the common denominators that result in serious injury and death in most traffic crashes investigated by police
- A person stopped by police for any of these violations is automatically checked for the other violations

Slide 13

The Community Response - Intervention

Interrupting a situation in which there is a high likelihood of impaired driving

Target adolescents who have used AOD's and are considered to be at high risk for AOD-related problems

Slide 14

The Community Response Intervention Example

Administrative License Revocation ALR

At the time of arrest, police officers seize a driver's license as an administrative license suspension or revocation on behalf of the state's driver licensing agency. This is done independently from the justice system.

Slide 15

The Community Response Program examples

1. Would you consider this program to be aimed at prevention, deterrence or intervention? Why?
2. Who would need to be involved to make this program work in your community? What would they need to do?

Slide 16

The Community Response Program Examples

3. Who in your community would need to be educated to make this program work? What do they need to know?
4. What would be your role in getting this program started and keeping it working in your community?

Slide 17

Beyond the Bench Strategies to engage the community

- ❖ Encourage law enforcement officers to regard all alcohol-related offenses by youths with the same seriousness as impaired driving.
- ❖ Reinforce law enforcement's efforts
- ❖ Use their authority to convene community leaders
- ❖ Be patient

Slide 18

The Story of Tommy Blake

Who Is Responsible?

Take a few minutes to review the characteristics and actions of the characters in the story of Tommy Blake (Handouts 4-6 and 4-7). Think of a word you would use to describe each of the characters, then from your point of view, rank order all the characters from Most Responsible (10) to Least Responsible (1). Discuss your responses and the rationale for your choices with the others at your table, then work together to reach a consensus. Write your team's rank order on chart paper. It is important to keep in mind that there are no right answers.

Characters	One Word Description

Rank Order	My Responses	Group's Responses
10 - Most Responsible		
9		
8		
7		
6		
5		
4		
3		
2		
1 - Least Responsible		

Engaging the Community: A Compendium of Efforts

1. Triple Jeopardy

This program enforces the premise that impaired driving, speeding, and not wearing seat belts are the common denominators that result in serious injury and death in most traffic crashes investigated by the police. Under this program, a person stopped by a law enforcement officer for any of these violations is automatically checked for the other violations as well.

2. Impaired Driver Enforcement Unit (IDEU)

The program has been instrumental in reducing the time a patrol officer spends processing a DUI arrest. Processing time appears to be an important deterrent to more DUI enforcement in many departments. Once the officer makes an initial determination that the driver is impaired, he or she requests that the specially equipped IDEU van respond to the incident location. The arresting officer then releases the suspect to the care and custody of the IDEU officers. After writing a report detailing the arrest, the patrol officer is free to resume normal patrol functions while the officers assigned to the IDEU van complete the booking process.

3. Student Activist Training Program

This is a one-day interactive learning program designed to increase knowledge of impaired driving and traffic safety issues and to encourage youth to become agents for social change. It combines instruction and practical exercises to help guide young people as they identify strategies to reach their community. Topics include graduated driver licensing, seat belt use, zero tolerance, use and lose, underage drinking laws, fake id's.

4. Limousine Rental Discounts

Partnerships with local limousine rental companies offering them the chance to be the exclusive limousine company for the high school in return for the company promising to not allow underage drinking in their cars.

5. Ghost-Out/Grim Reaper Visits

Student groups invite a teacher, coach or parent to dress up as the Grim Reaper. The Grim Reaper stops by one classroom at a time, randomly removing students from class to signify the loss of a classmate to an alcohol-related crash. This can be done in 30 minute intervals, approximately the same amount of time a person dies in an alcohol-related crash in the United States.

6. CMCA - Communities Mobilizing for Change on Alcohol

A community organizing effort by the University of Minnesota School of Public Health, CMCA advocates local public policies and practices of major community institutions such as schools, law enforcement agencies, licensing departments, community event groups, civic groups, houses

of worship. The object of these efforts is to reduce the flow of alcohol to young people from illegal sales by retail establishments, from provision of alcohol to youth by adults in the community.

7. KACM - Keep a Clear Mind

Parent/child substance abuse prevention program for families with children in grades 4 - 6 developed by the University of Arkansas. Four weekly correspondence courses present lessons on alcohol, tobacco, marijuana and tools to avoid drugs. The goal is to increase parent/child communication about drug prevention and to develop specific youth skills to refuse and avoid "gateway" drugs.

8. Administrative License Revocation

ALR laws mandate that police officers at the time of arrest seize a driver's license as an administrative license suspension or revocation on behalf of the State's driver licensing agency. The suspension notice also provides information on recourses available to the offender. This is independent of any license action taken by the judge.

9. Zero Tolerance Law Violations

In states with ALR laws, apprehension triggers license suspension or revocation and can be an administrative offense.

10. Use and Lose Laws

State legislation that revokes driving privileges of underage youth who attempt to purchase alcohol using false identification.

11. Parental Involvement

Parents supervise parties, keep close control over alcohol kept at home, ask youth about drinking and enforce rules about drinking and driving.

12. Responsible Beverage Service (RBS) or Server Training

RBS and server training programs educate salespersons in retail alcohol outlets and alcohol servers in restaurants and bars about how to avoid selling alcohol illegally to customers who are under 21 and to people who are intoxicated. Training may include information about how to detect false identification, how to spot purchases by adults who intend to pass the alcohol on to underage youth, and how to handle patrons who become belligerent when they are refused service.

13. Alternative Nonalcoholic Social Events

Community support for nonalcoholic social events.

14. Drawing the Line on Under 21 Alcohol Use

This program in Montgomery County, Maryland, conducts public education about the effects of underage drinking by holding press conferences, making presentations at schools and meetings of community organizations, and publishing pamphlets for the public. The program

sponsors alcohol-free events for county residents who are under 21, including after prom and after game parties and dances. It supports law enforcement efforts related to underage alcohol use by providing training for police, sponsoring a party hotline, and supporting the use of sobriety check-points and party patrols.

15. Report All Intoxicated Drivers (RAID)

The RAID program encourages motorists to call a toll-free number to report suspected intoxicated drivers. Dispatchers who receive such calls dispatch the nearest unit from any agency.

16. Sobriety Checkpoints

Law enforcement agencies actively seek out drivers above a particular state's legal Blood Alcohol Content level. They should be sustained, highly visible, and publicized to ensure that reductions in crashes are lasting.

17. Cabs on Patrol (COP)

Taxi drivers are instructed to report suspected impaired drivers to their company dispatcher immediately. The dispatcher in turn notifies the police department, which attempts to intercept the vehicle. Each cab participating in the program displays an emblem that reminds the public of the program's existence.

18. Bar Patrols

Officers are assigned duty near bars several nights a week. Most of the arrests are for laws forbidding minors on premises or minors in possession of alcohol. The patrols may also use underage decoys for periodic buy-bust operations to apprehend sellers of alcoholic beverages who do not ask for proof of age. These special officers also implement educational programs in schools and make presentations to civic groups.

19. Keg ID

A local ordinance requires all sellers of beer to place an identification band around each keg of beer sold. At the point and time of purchase, the seller secures positive identification from the buyer and keeps a record of the sale. If the keg shows up at a party where underage drinkers are served, the buyer can be held legally responsible.

20. Underage Decoy Operations

Law enforcement sends an underage person, or a person who looks underage (a trained cadet or civilian) into a convenience store or bar to attempt to buy alcohol. The establishments are randomly selected or selected based on information that they cater to minors. The intent of the operation is to send a message of zero tolerance and to deter businesses from breaking the law.

21. Badges in Business/Cops in Shops

Convenience stores permit officers to pose as employees. Each business affixes a sticker to its door, warning that there may be an undercover officer on the premises. The officers

apprehend minors attempting to purchase alcohol with no identification, a false ID, or an altered ID. As a part of the initiative, liquor control officers often provide educational presentations to employees of licensees on how to protect themselves by detecting false ID's.

22. Saturation Patrols

Saturation patrols are cooperative enforcement activities targeting high-volume areas. In addition to detecting impaired drivers, the increase the perception of risk by enhancing the public's expectation that those who drink and drive are likely to encounter a police officer and experience the consequences of a legal sanction.

23. Kid Rid

This project uses comprehensive corridor patrols to target areas with high juvenile substance abuse and related problems. Kid Rid grant funding enhances police presence in areas where juveniles congregate and use drugs or alcohol and also provided overtime funds for street and undercover officers to conduct buy-busts at stores suspected of selling alcohol to minors. The program has an educational component where police officers work with the community to develop anti-DUI materials and attend area high schools to discuss the perils of drug use and drinking and driving.

24. Teenage Alcohol Patrols

Additional patrols are scheduled at the times teens are most likely to drink and drive, the hours between 10 p.m. and 2 a.m. Officers are also stationed where teens park their vehicles, preventing them from driving.

Beyond the Bench - Personal Action Plan

1. What is your community already doing to combat adolescent impaired driving and other problems associated with underage drinking and use of drugs?
What is your role in those programs?
2. What is your community's most serious adolescent AOD problem? How do you know, or how can you find out?
3. Which new programs, laws or efforts would be the most helpful in your community? If these were in effect, what results would you anticipate?
4. What resources do you need in order to make this happen? What resources do you already have in place?
5. What steps do you need to take to make this happen? What other help do you need?
6. When do you plan to get started?

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