

**The American Probation and
Parole Association**



**Identifying Another Piece of
the Puzzle:**

**Drug Testing in the Juvenile
Justice System**

Workbook

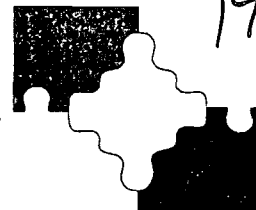
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Identifying Another Piece of the Puzzle:
Drug Testing in the
Juvenile Justice System

Overview

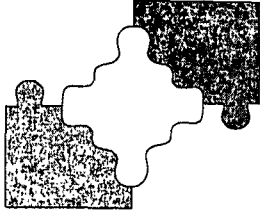
The use of illicit substances is undeniably linked with delinquency among youth in the juvenile justice system. Therefore, strategies for effectively intervening with delinquent youth must include methods for identifying and addressing their substance use. Coping with juvenile substance abuse requires a full array of programs and approaches. Drug testing is one component in that continuum of services that can serve to

- Identify youth who are using drugs,
- Evaluate the extent of drug use,
- Assess risks and needs of youthful offenders (especially needs for medical interventions),
- Identify youth needing substance abuse treatment,
- Help in determining appropriate correctional program placements,
- Confront youth's denial of substance abuse/addiction,
- Track and document the incidence and prevalence of drug use among youth,
- Protect the public, and
- Monitor compliance with court orders or program rules.

Purpose of this Workbook

This workbook is presented as a guide for developing and implementing a substance abuse testing program in a juvenile justice system. It is designed to be used with *Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies*, which provides a more thorough explanation of the topics covered in the workbook. The workbook is also intended to be used as a supplement to the training programs provided by the project to complement the instruction and, following training, to serve as a resource for agencies in their development of juvenile drug testing programs.

The workbook and training programs have been designed with the premise that the participants will already be knowledgeable about adolescent development, adolescent substance abuse issues, juvenile delinquency, and the juvenile justice system. However, for more information on these topics, please see the list of suggested resources in the back of this workbook.



*Workbook for Developing
A Substance Abuse Testing Program
for Juveniles*

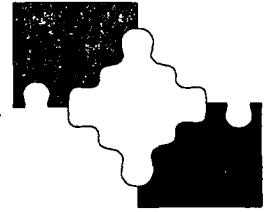
Workbook Content

The workbook is divided into eleven sections, each one detailing a necessary step in the development of a successful drug testing program. The first ten sections consist of questions to guide the planning of the program with the last section devoted to writing the policies and procedures. The steps in implementing a drug testing program are in this general sequence, but the process is not linear. Therefore, it may be necessary to return to earlier decisions once later ones are made.

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Goal for Participants

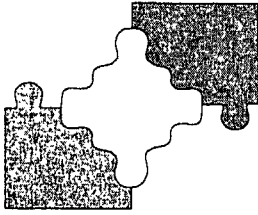
Participants will plan the implementation of a substance abuse testing program to identify and test juveniles in the criminal justice system for the use of drugs and to implement appropriate responses to both positive and negative testing results. The participants will be able to write policies and procedures for the testing program.



Identify Key Stakeholders

A stakeholder is anyone who has an interest or share in the outcome of an undertaking. Any or all of the following list might be stakeholders in the implementation of a drug testing program for juveniles: line personnel, administrators, youth, youth's family, judge, prosecutor, defense attorney, treatment and other service provider agencies, victims, legislators, community.

1. Who are the key stakeholders in your locality who should be involved in the planning and implementation of a drug testing program?
2. How will they be affected by implementation of a drug testing program?
3. What role will they play in drug testing?
4. What is their attitude toward drug testing?
5. How influential are they? Will they be supportive of drug testing or oppose it?
6. How will their participation be solicited?
7. Where will meetings take place?
8. How will the meetings be conducted to encourage participation by all parties?



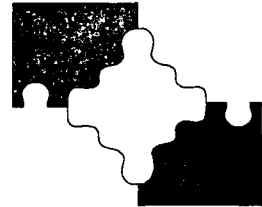
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Determine the Program Purpose

Being clear about the purpose of a drug testing program allows for full participation from the stakeholders and enhances the probability of a successful outcome. This clarity also sets a standard for conducting effective evaluation. Therefore it is an important part of the implementation of a drug testing program to have an accurate, succinct program purpose statement.

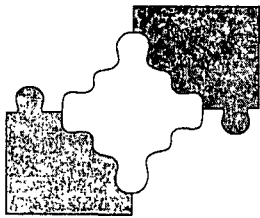
1. State your agency's mission.
2. How will a drug testing program support that mission?
3. What will the drug testing program accomplish? (See Overview, page 1, for list of objectives drug testing can meet.)
4. What methods will the agency use? (Analysis of hair, sweat, blood, breath, saliva, urine.)
5. Who will be responsible for the various elements of the program?
6. How soon after the juvenile becomes involved with the agency will drug testing be initiated and how often will it be conducted? Will that be determined by agency policy or by individual officer/worker initiative?

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7. Are there any objectives that are not to be pursued through the testing program? (For example, if testing is designed to identify youth using drugs and refer them to treatment, it is important to specify that positive results will not be used for punitive sanctions.)

Write a program purpose statement for your agency:

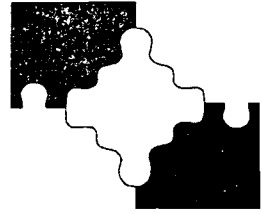


Investigate Legal Issues

An agency must have legal authority to conduct drug testing and must be in compliance with any regulations that govern the testing program and the confidentiality of the results. The agency can then plan and implement a drug testing program that is respectful of individual's rights and is able to withstand any legal challenges.

1. What gives you the authority to conduct drug testing? (e.g., state statute, judicial or paroling authority orders, agency policy)
2. Will the testing be conducted on *adjudicated* youth only, on *non-adjudicated* youth, or on both *adjudicated* and *non-adjudicated* youth?
3. What is the authorization for conducting drug testing on non-adjudicated youth?
4. What policies, statutes, and case law regulate confidentiality of results of drug testing or of juvenile records?
5. What type of information may be released?
6. To whom and under what circumstances may information be released?

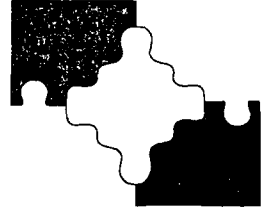
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7. How will the agency obtain permission to release information (e.g., court order, waiver signed by youth/parent)?

8. What are the consequences for disclosing information without authorization?

9. Draft your policy on confidentiality and your release of information forms.



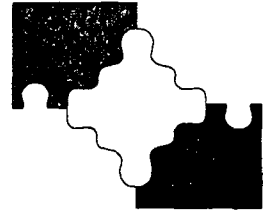
Select Methodology

Selection of the methodology to be used for drug testing will depend on the type(s) of drugs of abuse for which the testing is to be done, the cost of the tests, the accuracy of the results, and the practicality of conducting the tests. Consider that there is no one technology that is best in all situations. The use of more than one method of testing may be advantageous.

1. For what drugs do you want to test? Will there be times you wish to conduct a full drug screen and times you wish to test for individual drugs?
2. How quickly would you like to receive the drug test results?
3. What are the attitudes of your stakeholders regarding the various drug testing methodologies?
4. Answer the following questions for each of the methodologies currently available:
(Chart on next page.)

Comparison of Drug Testing Methodologies

	Hair	Sweat	Saliva	Blood	Breath	Urine
What is the reliability and accuracy?						
Do the cutoff levels used comply with NIDA or other official guidelines?						
How soon after collection of the sample will results be available?						
How will this method affect staff's workloads?						
What space/equipment is needed?						
Are the costs within the agency' budget?						
For which drugs can it effectively test?						
Which, if any, drugs does it not test for?						
Major advantages						
Major disadvantages						

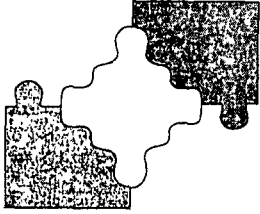


Decide How to Use Results

The program purpose will dictate how the results of the drug testing will be used. A response should be given each time a youth is drug tested, whether the test indicates use (positive) or non-use (negative) of drugs. It is also important that the response follow as quickly as possible after the test in order for the youth to have a firm association between the action (use or non-use of drugs) and the results.

1. What steps will be put in place to provide immediacy of response?
2. Which of the following are actions your agency could implement as a response to a youth's testing negative for drug use?

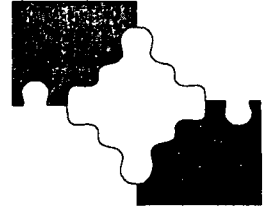
- Verbal Praise
- Positive notes to parents
- Later curfews
- Reduction in required reporting to probation officer
- Increase in permitted activities
- Distribution of rewards (movie tickets, skating passes, fast food coupons)
- Other _____
- Other _____



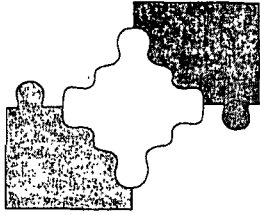
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3. Which of the following drug treatment/intervention programs are available in your area to provide services to youth who test positive for drug use?
- Drug education
 - Group counseling
 - Individual counseling
 - Self help/12 Step programs
 - Cognitive skill development (e.g., stress management, conflict resolution, anger management)
 - Day reporting
 - Intensive outpatient treatment
 - Placement in a relapse program
 - Psychiatric treatment
 - Treatment for the dually diagnosed
 - Residential placement
 - Therapeutic communities
 - Other _____
 - Other _____
4. What will be the process for referral for treatment interventions?
5. How will juvenile justice and treatment agencies collaborate to provide services? (Collaborative planning, memorandum of understanding, cooperative and ongoing monitoring of services and processes)

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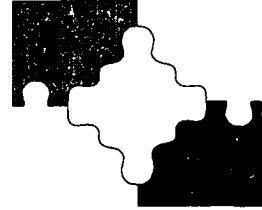
6. Which of the following are sanctions your agency could impose as a response to a youth's testing positive for drug use?
- Require the youth to participate in an orientation program
 - Require the youth to participate in re-orientation program
 - Issue a verbal warning
 - Issue a written warning
 - Issue a verbal reprimand
 - Issue a written reprimand
 - Require the youth to complete a writing assignment addressing areas of difficulty
 - Impose a loss of privileges
 - Impose room restriction/confinement or house arrest
 - Increase youth reporting/scrutiny
 - Impose a special extra duty or work detail
 - Require a detail assignment in a drug/alcohol program providing services to others with drug dependencies
 - Require a detail assignment in a program for clients with non-drug related difficulties
 - Require community service
 - Increase the incidents of drug testing (random, targeted, mandatory, periodic)
 - Impose a loss of time credits
 - Impose a loss of travel privileges
 - Place the youth under on-demand drug testing



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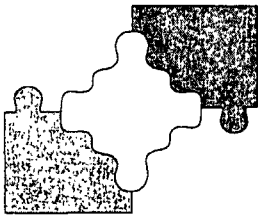
- Require intensive supervision
- Require the youth to participate in day reporting
- Impose a curfew
- Impose electronic monitoring
- Increase levels of supervision contact
- Impose fines for failure to remain drug free, funds to be used to support other treatment interventions
- Refer the youth to the court or releasing authority for review of placement status
- Return the youth to residential/institutional placement for a day, weekend, specified time frame, or indefinite period
- Impose any allowable facility disciplinary sanction following a due process hearing
- Pursue criminal charges
- Increase the security or classification level
- Provide for denial or revocation of release
- Other _____
- Other _____

7. Will responses be at officer discretion or will they be delineated in policy and procedures?



Develop Staff

1. Who will be responsible for implementing the drug testing program?
2. What will be the role of administrators of the program?
3. What will be the role of line personnel?
4. Will a substance testing coordinator be designated to oversee the program? If so, what will be the coordinator's duties?
5. What type(s) of training will be offered to prepare staff to implement a drug testing program and who will provide it?
6. What training will be offered during the program to assist staff in maintaining and improving skills?
7. Staff may exhibit attitudes ranging from resistance to enthusiasm for the implementation of a drug testing program. What are some ways to reduce resistance and encourage enthusiasm?



Drug Testing Protocol

The protocols for a drug testing program will be determined by the method of drug testing to be used, and the requirements for safe handling of the various body substances tested may influence the method selected for use. Universal Blood and Body Fluid Precautions, as delineated by the U.S. Department of Health and Human Services Public Health Service, are designed to prevent non-intact skin exposures of workers to blood-borne pathogens and are to be used with any possible exposure to blood or other body fluids containing visible blood. Universal Precautions do not apply to nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.

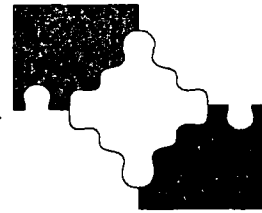
Though urine is not considered to be a hazardous product like blood, standard sanitary precautions should be taken when handling it. This means personnel should wear rubber gloves when conducting tests and care should be taken to dispose of products properly. This can be achieved by having the person being tested handle the urine until the container is appropriately sealed. The person administering the test can then take possession of the sealed container to conduct the test or transport the specimen. The process for collection of urine and conducting the test should be described in a step by step fashion in order to assure that safety precautions and chain of custody procedures are in place.

1. Where will collection of samples be conducted? Will there be a designated toilet facility to be used? Will there be collections off-site, such as at home visits or at off-site reporting locations?

2. Where will the drug tests be conducted?

3. What supplies and equipment in addition to the actual drug tests will be required for your program? (Secured refrigerator and freezer space, secure room for storing testing equipment, gloves, appropriate trash receptacle, etc.)

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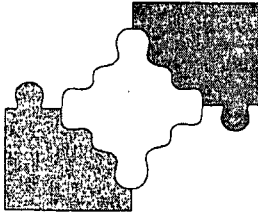
4. How will safety issues, both for the youth and the staff, be addressed?

5. Immediately prior to and during production of sample, what will youth be required to do? Will the youth be required to remove jacket, empty pockets, wash hands, allow personnel to observe the production of the sample, appropriately seal the sample, wash hands again?

6. What specific steps will staff follow during collection of sample? It is important that all collections be observed, and the observation should be by someone of the same gender as the youth being tested.

7. Will the staff who conducts the collection also conduct the test? If not, who will conduct the testing?

8. If testing is not conducted immediately following collection, how will the sample be packaged? Where will it be stored? How soon will it be tested?



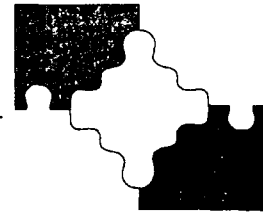
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9. How will the chain of custody be assured?

10. When and how will confirmations of positive tests be conducted? Who will arrange for the confirmation tests?

11. If confirmations of positive tests are to be done off-site, how will the sample be packaged for shipping? Who will be responsible for shipping the sample? And how will chain of custody be assured?

12. What method will be used to track the drug tests administered, the testing results, the number of confirmation tests, and the responses to all the drug tests conducted?



Costs and Funding

Among the factors to consider when estimating the cost of a drug testing program are the following:

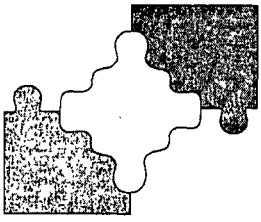
- Supplies (collection equipment, rubber gloves, forms, disposal of trash products)
- Space and equipment required
- Utility costs for additional water used
- Personnel time for collecting specimens and completing necessary paperwork
- Trainer costs, staff time, and materials for training of staff
- Cost per test
- Number of youth to be tested
- Frequency of testing

Considering the above factors what is the estimated cost of operating a drug testing program in your agency?

Once an estimate of the cost of conducting the drug testing program is known, agencies can seek appropriate funding to administer the program. Consider the following questions to determine possible funding sources for your program.

1. Are there federal, State, or local grants and funding programs for which your agency would be eligible?

2. Is there a possibility of agency collaboration and shared expenses?



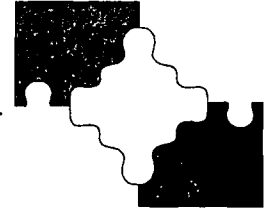
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3. Is resource sharing with other agencies an option or can donations be accepted/solicited?

4. Are user fees a possible source of funding in your locality?

5. If the agency's budget is the only source of funding, how will it be adjusted to accommodate the drug testing program?

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The following are examples for substance testing costs in different types of juvenile justice agencies. The examples cover usual costs at prices that are common for this type of testing. However, there are many variables to be considered for a particular agency, including the cost per test being reduced when an increased quantity is purchased. Therefore, each agency will need to consider their specific needs and resources to determine costs.

**Example A
Medium Residential Facility**

Youthville is a residential treatment program for 35 juveniles. The total number of youth served each year is about 90. The facility's policy is to test each youth at admission and randomly following off grounds activities, such as home visits, recreation, or work details. Staff estimate that each of the youth will make 8 off grounds trips each, and they expect to test them about half of the time. Three tests - marijuana, cocaine, and methamphetamines - will be conducted on each specimen. There are 15 staff members who will collect specimens, when needed, and must be trained. A laboratory will conduct tests and perform confirmations on positive tests. A supervisor and clerical staff member will have responsibility for shipping specimens and receiving and filing results.

Ongoing Costs

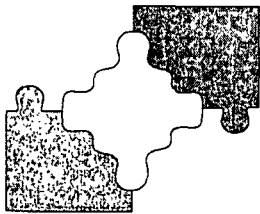
Number of youth to be tested at admission	90
Number of random tests to be administered	<u>360</u>
Total Tests =	450
Cost per test for 3 drugs	<u>x \$10</u>
Total Cost for Tests	\$4,500

(Supplies, forms, etc. will be provided by laboratory)

Staff time @ 15 minutes/youth at average wage of \$9/hour	\$10,125
Additional utilities	<u>Negligible</u>
Yearly Cost	\$14,625

Start-up Costs

No remodeling or additional space is needed	
Refrigerator	\$500
Staff training - 1 day x 16 staff @ \$9/hour	\$1,152
Substitute staff while others in training	\$504
Trainer for 1 day	\$350
The laboratory will keep records of the testing and can furnish information on numbers tested, results, etc.; thus, no computer system is needed.	
Other miscellaneous expenses (e.g., trash receptacle, gloves)	<u>\$100</u>
Total Start-up Costs	\$2,606



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**Example B
Small Detention Center**

The Eastview Detention Center admits approximately 500 youth each year. It is the policy of the Center to drug test each youth at admission as part of their physical examination. Only marijuana and cocaine tests are used. There are 10 staff members and all must know how to collect specimens and administer the onsite test kits. No confirmation tests are required because results are used only for assessment purposes and referral for services.

Ongoing Costs

Number of youth Tested Annually	500
Number of tests administered	x 1
Number of drugs tested	x 2
Total Tests	1,000
Cost per test	x \$3.00
Total Cost for Tests	\$3,000

Supplies, forms, etc. @ \$.50/youth =	\$250
Staff time @ 15 minutes/youth	
@ average wage of \$8.00/hour =	\$1,000
Additional utilities	<u>Negligible</u>
Yearly Cost	\$4,250

Start-up Costs

The youth restrooms will be used and the nurse's office has running water and room to securely store specimens and test supplies.

Refrigerator	\$500
Staff training - 2 days x 10 staff x \$8.00 per hour	\$1,280
Substitute staff while others in training	\$1,024
Trainer for 1 day	\$350
Training will be provided by the test manufacturer on the second day	
Personal Computer, Software, & Training to use it	\$3,000
Other miscellaneous expenses (e.g. trash receptacle, gloves)	<u>\$100</u>
Total Start-up Costs	\$6,254

**Example C
Large Juvenile Probation Department**

The Springfield Probation Department has approximately 1,000 youth on its caseload at any time. Five hundred of those are newly adjudicated cases each year. All youth will be tested for five drugs at intake. By past history, the department estimates that approximately one-half of the youth use drugs on an ongoing basis. Marijuana and cocaine are the major drugs used, but methamphetamines are a problem occasionally. Tests will be administered randomly three times a month. The department has 30 probation officers who will be required to collect specimens. An on-site instrument will be used for testing, and two officers will be specially trained to use it. Five administrators also will attend training. Confirmation tests will be used for any youth who will go back to court for possible revocation after several consecutive positive tests - estimated at about 10 percent.

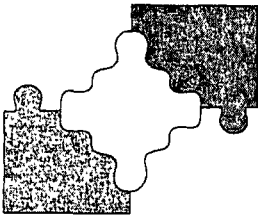
Ongoing Costs

All new youth to be tested at admission	500
5 drug test x \$1 each =	\$2,500
All youth with drug use (1/2 of 1,000)	500
2 drug test x \$1 x 3 tests per month =	\$36,000
Supplies, forms, etc. @ \$.35 per youth tested (18,500 tests x .35)	\$6,475
Confirmation tests at laboratory (50 x \$20)	\$1,000
Staff time @ 15 minutes/youth tested for specimen collection, review of results, etc. @ average salary of \$12/hour	\$55,500
Staff to operate instrument @ 3 minutes each for 38,500 tests @ \$12 per hour	\$23,100
Maintenance contract on instrument	\$750
Additional utilities @ \$50/month	<u>\$600</u>
Yearly Cost	\$125,925

Start-up Costs

No remodeling is necessary and there is sufficient space to store tests and operate testing equipment.

Refrigerator	\$500
Staff training - 1 day x 35 staff x \$12/hour	\$3,360
Training will be provided in 2 sessions each for 1/2 of staff; no substitute staff will be needed.	
Trainer for 2 days	\$700
Manufacturer will provide training on use of instrument.	



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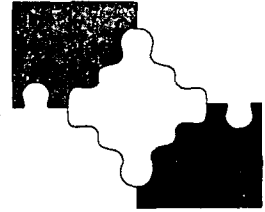
- B. Aggregate data for youth served by the agency/program (e.g., number/percentage with alcohol or other drug-related charges, number/percentage with other types of charges who are known to abuse alcohol and other drugs, number/percentage of youth abusing various types of drugs)

 - C. Number/percentage of youth identified as needing further assessment and treatment for substance abuse.

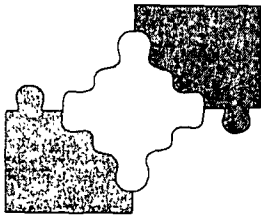
 - D. Number/percentage of youth actually receiving treatment for substance abuse.

 - E. Program costs related to youth with substance abuse problems (e.g., treatment costs, increased program commitment time and staff required because of ongoing substance abuse issues).
4. Process evaluations involve analyzing the program to determine if it is conducted as planned. Decide the program procedures that will be evaluated. (Consider the following areas)
- A. Youth selected to be tested; total number of youth tested; characteristics of youth tested (e.g., type of offense categories, substance abuse history)

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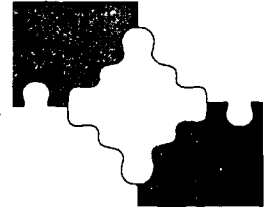
- B. Frequency of testing (for aggregate information, divide the total number of tests administered within a time period by the total number of youth in the program). For example, if there are 10 youth in the program and 30 tests have been administered over a three month period, the youth are being tested an average of 3 time each, or 1 time each per month. Is this consistent among the youth, or are some youth tested more frequently and others less frequently?
- C. Are staff conducting the program according to policies and procedures? This data might best be gathered by unscheduled observations. For chain of custody procedures, random audits of program paper work might be undertaken to check for appropriate information (e.g., time, date, signatures, and transmission and use of results)
- D. Are staff meeting the training requirements of the program? Determine which staff have attended training sessions, topics of training sessions, and number of hours of training received.
- E. Are staff consistently using results appropriately? This information might be gathered by a random audit of case records to find out test results and consequent responses by staff with positive reinforcement for negative results, sanctions for positive results, and/or referrals for alcohol and other drugs assessment and treatment.



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5. Outcome evaluations examine the results of the program. Decide the program outcomes that will be evaluated. (Consider the following areas.)
 - A. Number of positive and negative test results
 - B. Number and type of responses given to positive and negative tests
 - C. Referrals for assessment and treatment of alcohol and other drug abuse
 - D. Further arrests or program violations for continuing alcohol and other drug use
 - E. Successful completion of substance abuse treatment
 - F. Program costs, including costs of tests and supplies, staff costs for program tasks and training, costs for assessment and treatment of youth.

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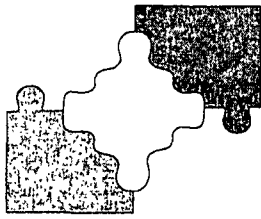


6. Decide how you will collect, store and retrieve evaluation information.
 - A. Paper files
 - 1) Forms needed
 - 2) Persons responsible for completing forms
 - 3) Persons responsible for filing forms
 - 4) Persons responsible for retrieving information from files
 - B. Computer
 - 1) Hardware (what is the capacity that is needed?)
 - 2) Software (commercial programs, programs from other agencies, public domain programs, agency developed programs)
 - 3) Persons responsible for entering, maintaining, and retrieving data

7. What will be the process for interpreting and reporting evaluation findings?
 - A. How will data be used to evaluate individual cases or in aggregate form for program evaluations?

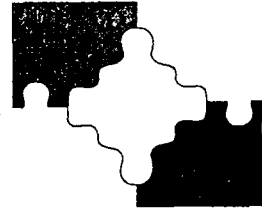
 - B. Will data be analyzed for
 - 1) General trends
 - 2) Unexpected or unusual findings
 - 3) Implications for clients, staff, program, agency, and community

 - C. To whom will findings be reported?
 - 1) Program personnel
 - 2) Program stakeholders
 - 3) Funding sources



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8. How will data be used for program decision making?
 - A. Are program goals appropriate?
 - B. Are program processes being conducted appropriately?
 - C. Are program outcomes acceptable?
 - D. Is the cost of the program appropriate for its impact?
 - E. Is the amount and type of data collected, stored, and retrieved appropriate?



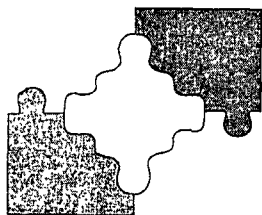
Develop Written Policies and Procedures

Answering the questions posed in previous sections will provide a basis for writing the policies and procedures for the drug testing program. It is important that the policies and procedures be written in order to

- protect youth, staff, and the agency;
- articulate how the program will be implemented;
- clarify expectations of staff;
- provide credibility for the program;
- allow others to replicate the program; and
- provide a mechanism for garnering support for the program.

The following outline is suggested for the written policies and procedures:

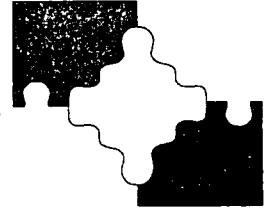
- I. Program purpose statement
 - A. What the program will accomplish
 - B. The drug testing methodology that will be used
 - C. Who will conduct the testing
 - D. When the youth will be tested (when testing will begin, how often it will be conducted, when it will cease)
 - E. What objectives will not be pursued through the testing program
- II. Authority to test (state all that apply)
 - A. State Statute
 - B. Judicial or paroling authority
 - C. Agency policy
- III. Target population
 - A. Identify youth to be tested
 - B. Delineate onset, frequency, and conclusion of testing
 - C. If random testing is conducted, determine how random lists will be generated. (Random testing is recommended.)
- IV. Description of drug testing methodology
 - A. Type of test(s) that will be used
 - B. Cut off levels to be followed



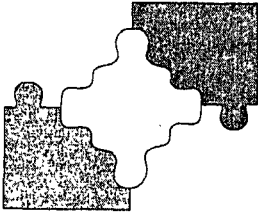
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- C. Requirement for confirmation tests after positive results and how confirmation tests will be conducted
- V. Requirement for responses to drug testing results
 - A. Need for immediacy of response to all drug testing results
 - B. Responses to negative drug testing results
 - C. Responses to positive drug testing results
- VI. Requirements for staff development
 - A. Training required
 - B. Duties of the administrator of the program
 - C. Duties of line personnel
 - D. Record keeping duties and who will perform them
- VII. Protocol for conducting the drug tests
 - A. Procedures to be followed to assure safety of youth and staff
 - B. Describe a step-by-step process for collecting the specimens and conducting the initial drug tests
 - C. Describe a step-by-step process for securing confirmation testing for positive results to an initial test
 - D. State the actions to be taken to assure and document the chain of custody
 - E. Note the paperwork required during and following each test occurrence, including any releases, waivers, and admission statements to be signed
- VIII. Confidentiality
 - A. Specify how records will be kept to ensure that confidentiality requirements are met
 - B. Specify who may receive drug testing results, and under what circumstances they may receive them
 - C. Specify the type of information that may and may not be shared
 - D. Describe the process and forms for obtaining permission to release information
 - E. Delineate the consequences for unauthorized release of information
- IX. Funding Issues
 - A. If user fees are to be collected, detail the process for collection
 - B. If external funds are used, state any reporting or other requirements that must be met

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- X. Data Collection and Evaluation
 - A. Describe the data that are to be collected
 - B. Identify the personnel responsible for data collection, storage, retrieval, and compilation
 - C. State how the data will be used to evaluate the program

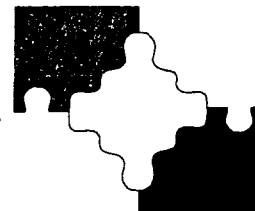


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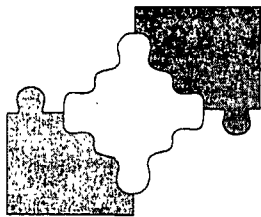
SUGGESTED READINGS

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INTERNET SITES WITH INFORMATION RELATED TO ALCOHOL AND OTHER DRUGS

Alcohol Policies Project, Center for Science in the Public Interest

www.cspinet.org/booze/

Monitors federal and state alcohol policy.

Center for Substance Abuse Treatment

www.samhsa.gov/csath/csath.htm

Disseminates federal addiction treatment funding. Describes the National Alcohol and Drug Addiction Recovery Month.

Community Anti-Drug Coalitions of America

www.cadca.org/cadcahom.htm

Monitors public policy; provides technical assistance to community coalitions.

Legal Action Center

www.lac.org/

Advocates for effective addiction treatment and prevention policy.

Marin Institute for Prevention of Alcohol and Other Drug Problems

www.marininstitute.org

Helps communities establish local policies; provides advocacy training to groups.

National Alliance for Model State Drug Laws

www.natlalliance.org

Provides model statutes.

National Association of Alcoholism and Drug Abuse Counselors

www.naadac.org

Offers material on effective advocacy and treatment policy issues, e.g., parity.

National Conference of State Legislatures

www.ncsl.org/

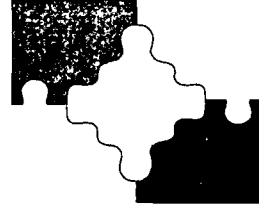
Provides information on state legislative priorities and links to individual legislatures.

National Institute on Alcoholism and Alcohol Abuse

www.niaaa.nih.gov

Federal agency with research role for alcohol abuse issues.

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National Institute on Drug Abuse

www.nida.nih.gov

Federal agency with research responsibilities for drug treatment and prevention.

Office of National Drug Control Policy

www.whitehousedrugpolicy.gov

President's drug policy agency; provides national data and federal strategy.

Physician Leadership for National Drug Policy

<http://center.butler.brown.edu/plndp/>

Physicians policy statement on illicit drug problems.

Project Vote Smart

<http://www.vote-smart.org/ce/>

Maintains contact information and issue profiles for state and federal elected officials and candidates.

Bureau of Justice Assistance Clearinghouse

www.ojp.usdoj.gov/BJA

Bureau of Justice Statistics Clearinghouse

www.ojp.usdoj.gov/bjs

Drug Free Workplace Helpline

www.samhsa.gov/csap/index.htm

Drug Information and Strategy Clearinghouse

www.hud.gov

Juvenile Justice Clearinghouse

www.ncjrs.org/ojjhome.htm

National Mental Health Services Knowledge Exchange Network (KEN)

www.mentalhealth.org

National AIDS Clearinghouse

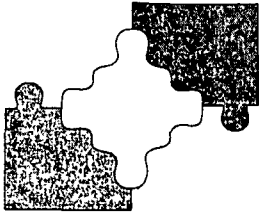
www.cdcnac.org

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.health.org

National Criminal Justice Reference Service (NCJRS)

www.ncjrs.org



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National Drug and Alcohol Treatment Routing Service

www.samhsa.gov/csatsat/csatsat.htm

Koch Crime Institute

http://www.kci.org/meth_info/links.htm

Another Empty Bottle

www.alcoholismhelp.com

Benton Foundation's Best Practices Toolkit

www.benton.org/Practice/Toolkit

Bureau of the Census

www.census.gov

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

CapWeb (the Internet Guide to Congress)

www.capweb.net

Catalog of Federal Domestic Assistance

www.gsa.gov/fdac/

Center on Addiction and Substance Abuse

www.casacolumbia.org

Centers for Disease Control and Prevention

www.cdc.gov

Community Anti-Drug Coalitions of America

www.cadca.org

Congressional Quarterly's American Voter

voter.cq.com

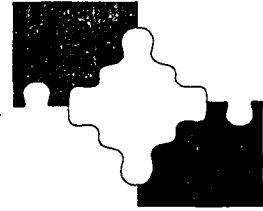
Dept. of Housing and Urban Development

www.hud.gov

Dept. of Labor

www.dol.gov

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Drug Abuse Treatment Outcome Study
www.datos.org

Fedstats
www.fedstats.gov

Foundation Center
www.fdncenter.org

Franklin County Prevention Institute
www.fcpi.org

The Higher Education Center
www.edc.org/hec/

Idealist
www.idealist.org

Join Together Online
www.jointogether.org

Kickbutt
kickbutt.org

Lindesmith Center
www.lindesmith.org

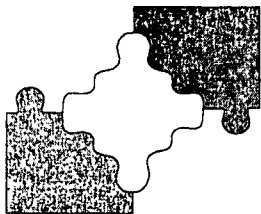
MADD
www.madd.org

Metropolitan Atlanta Council on Alcohol and Drugs
www.macad.org

Minnesota Star of the North Coalition
www.miph.org/star

“Monitoring the Future”
www.isr.umich.edu/src/mtf/

NASADAD
www.nasadad.org



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National Center for Health Statistics
www.cdc.gov/nchswww/default.htm

National Councils on Alcoholism and Drug Dependence
www.ncadd.org

National Inhalant Prevention Coalition
www.inhalants.org

National Organization on Fetal Alcohol Syndrome
www.nofas.org

Prevline's Funding Opportunities
www.health.org/pubs/funding.htm

The Quit Net
www.quitnet.org

Recovery Network
www.recoverynetwork.com/home.html

SAMHSA
www.samhsa.gov

Smart's Congress Track
www.vote-smart.org/congresstrack

Smokescreen Action Network
www.smokescreen.org

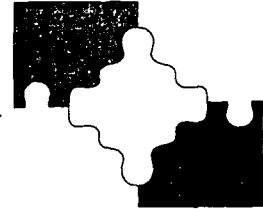
THOMAS
thomas.loc.gov

Tobacco BBS
tobacco.org

The Trauma Foundation
www.traumafdn.org

UCLA Drug Abuse Research Center
www.medsch.ucla.edu/som/npi/DARC/

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U.S. Nonprofit Gateway

www.nonprofit.gov

Center on Alcohol Advertising

www.traumafdn.org/alcohol/ads/index.html

National Association for Children of Alcoholics

www.health.org/nacoa







**Drug Testing
in the
Juvenile Justice System**

**A Training Program
for the
Ottawa County, Michigan
Family Court, Juvenile Division**

**Provided by
The American Probation and Parole Association**



November 28-29, 2001

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Delinquency Prevention, Office of Justice
Programs, U.S. Department of Justice.

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 Justice.

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TRAINERS

Linda Sydney

Linda Sydney, has been employed as a Project Director/Research Associate at the American Probation and Parole Association since 1998. She is currently Project Coordinator for a grant from the Office of Juvenile Justice and Delinquency Prevention to provide training and technical assistance for the implementation of drug testing programs in the juvenile justice system and is Project Director for two grants from the Bureau of Justice Assistance, one to provide training to rural probation and parole officers through distance learning methodologies and one to develop a document defining functional standards for automated case management systems for probation agencies .

Ms. Sydney served seven years as a Probation Officer supervising adult and juvenile offenders, eight years as a Probation Supervisor, and four years as Program Administrator/Chief Probation Officer of the Juvenile Probation Department in Lexington, KY. In her positions she has conducted drug testing, planned the implementation of a drug testing program, and provided supervisory oversight for a probation agency's drug testing program. She has co-authored with Dr. Ann Crowe "Developing a Policy for Controlled Substance Testing of Juveniles" and "Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles," bulletins published by the Office of Juvenile Justice and Delinquency Prevention.

Ann H. Crowe

Ann H. Crowe, M.S.S.W., Ed.D., is a Project Director and Research Associate at the American Probation and Parole Association in Lexington, Kentucky. She has worked extensively on projects pertaining to drug testing and juvenile justice, and she has authored several publications on drug testing or working with substance abusing youth. In addition, Ms. Crowe has developed several other training programs and materials, published various books and articles, managed a variety of projects, taught graduate social work courses, and delivered direct services to youth in a residential treatment program.



Agenda

Ottawa County, Michigan

Wednesday, November 28

- | | |
|---------------|--|
| 8:30 - 9:45 | Welcome and Introductions
Training Overview |
| 9:45 - 10:15 | Why Drug Test? |
| 10:15 - 11:15 | Adolescent Development |
| 11:15 - 12:15 | Whom to Test |
| 12:15 - 1:15 | Lunch |
| 1:15 - 2:30 | Juvenile Justice/Treatment Collaboration |
| 2:30 - 2:45 | What Drug Tests Can and Cannot Tell Us |
| 2:45 - 4:30 | Assessment |

Thursday, November 29

- | | |
|--------------|---|
| 8:30 - 12:00 | Ensuring Drug Tests Are Valid, Reliable, and Legally Defensible |
| 12:00 - 1:00 | Lunch |
| 1:00 - 3:30 | Responding to Drug Test Results |

☺ Two breaks will be given each morning and each afternoon.

⌚ Please return promptly from breaks and lunch.



American Probation and Parole Association



Ann H. Crowe
Linda Sydney

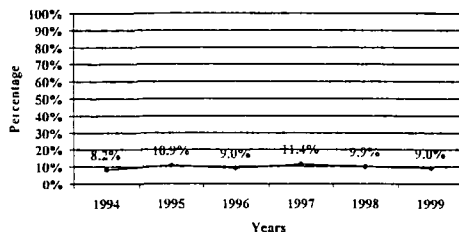
Objectives for Drug Testing Training

Training participants will be able to:

- Clarify testing policies and procedures
- Discuss technology for conducting testing
- Select appropriate youth for testing
- Define and describe desired responses to tests
- Show how drug testing can be used to effect behavior change

Persons Aged 12-17 Reporting Past Month Use of Any Illicit Drug

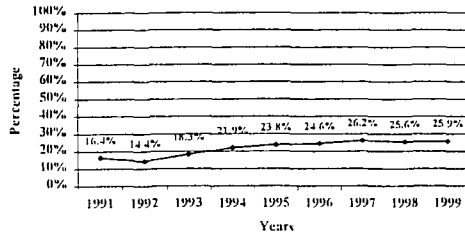
National Household Survey





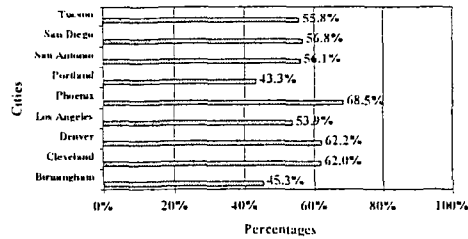
Percentage of 12th Graders Using Any Illicit Drug in Past 30 Days

Monitoring the Future Study

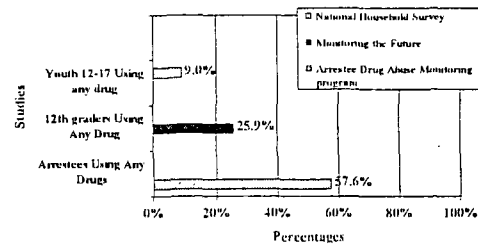


Percentage of Male Juvenile Arrestees Testing Positive for Any Drug - 1999

Arrestee Drug Abuse Monitoring Program



Comparison of Drug Use Among Youth - 1999





Purposes of Drug Testing

- Assessment and treatment tool
- Health and safety assessment
- Case planning tool
- Compliance monitoring and supervision
- Determine the incidence and prevalence of drug use and type of chemicals being used
- Make program planning decisions

Most Frequent Temporal Order

Minor delinquency → Alcohol use → More serious offending → Marijuana use → Poly-drug use

Huizinga, Loeber, & Thornberry, 1994 *Urban Delinquency and Substance Abuse: Research Summary*.

Co-Occurrence of Drug Use and Delinquency

The more serious the youth's involvement in drug use, the more serious the involvement in delinquency and vice versa



Why Do Kids Use Drugs

- Need to belong
- Coping
- Pleasure
- Creativity
- Aggression

Drugs of Abuse

- Stimulants
- Depressants
- Cannabis
- Hallucinogens
- Inhalants
- PCP

Club/Designer Drugs

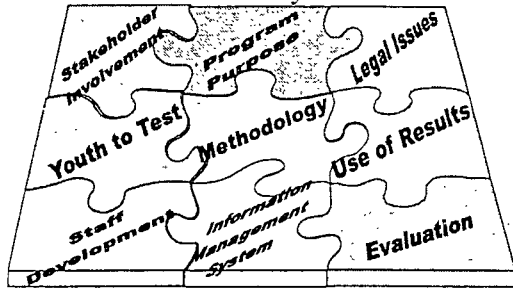
- Rohypnol
- Gamma Hydroxybutyrate (GHB)
(both are central nervous system depressants)
- Methylenedioxymeth-amphetamine
Ecstasy, MDMA
- Ketamine (Special K)



Top 5 Drugs of Choice
High School Middle School

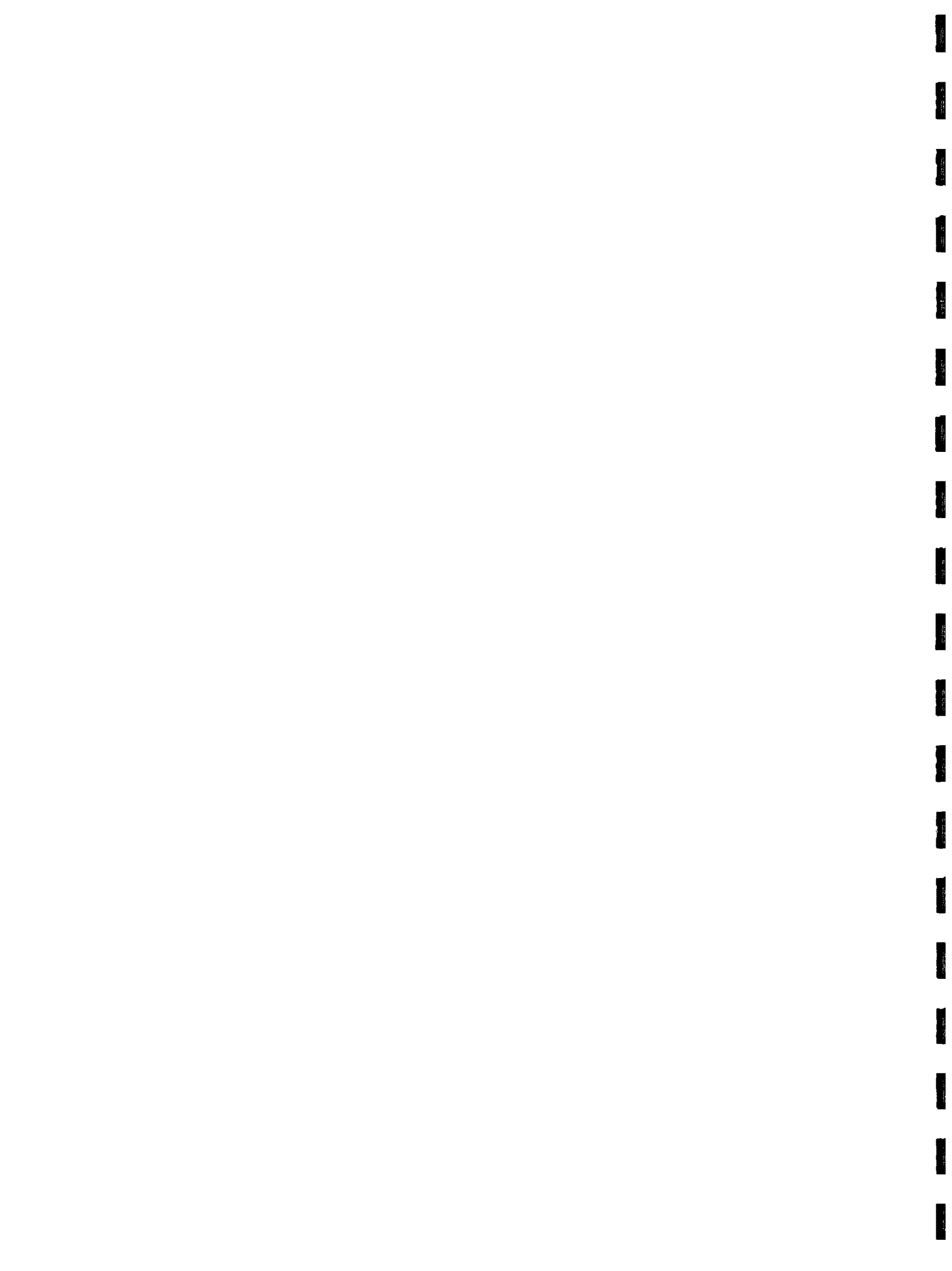
Michael Herney, 27th Conference on Juvenile
Justice Tampa, FL March, 2000

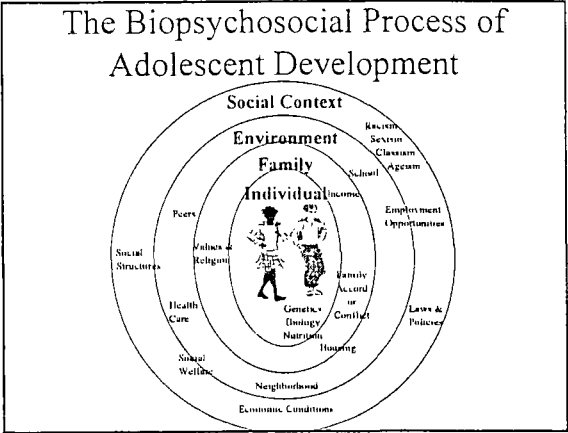
Components of a Drug Testing
Policy



Adolescent Development

Walking in their shoes





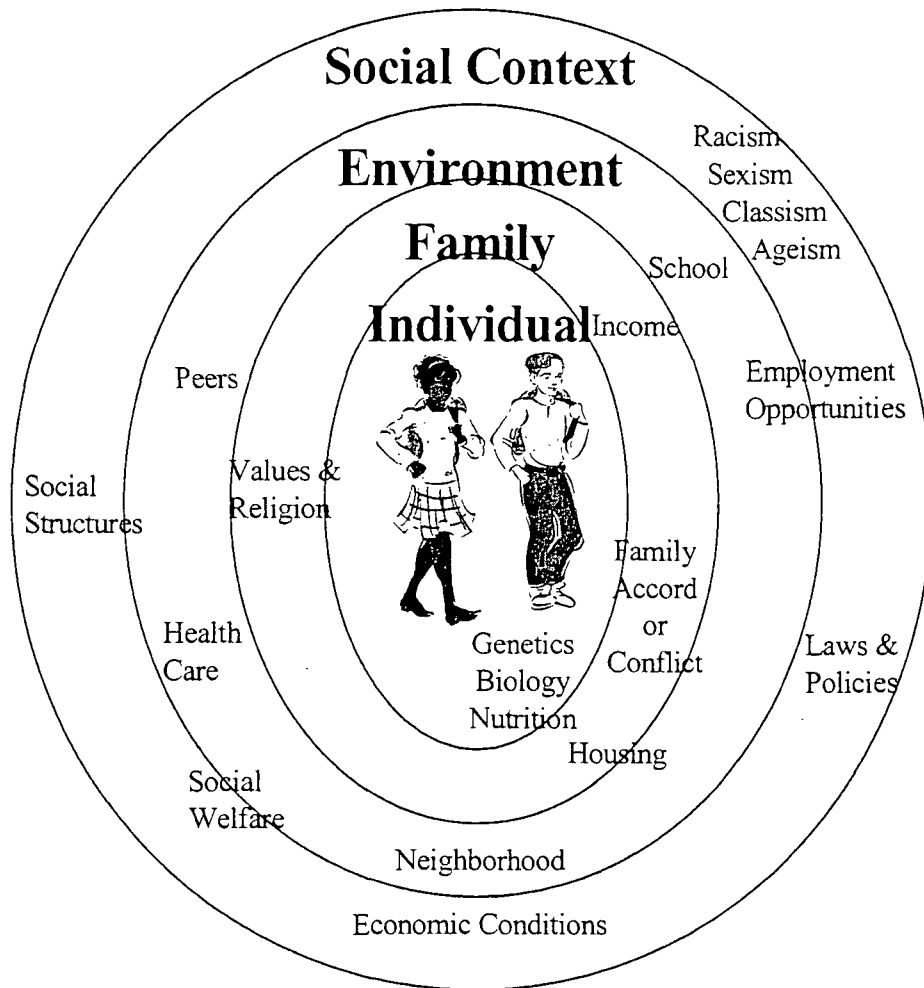
- ### Risk and Protective Factors
- Individual
 - Peers
 - Family
 - School
 - Community

- ### Adolescent Development Goals
- | | |
|--------------------------------|----------------------------|
| • Physical maturity and health | • Independence from family |
| • Sexual maturity | • Peer relationships |
| • Intellectual potential | • Values/moral behavior |
| • Personal identity | • Spiritual beliefs |
| • Vocational choice | |



SEEING THE WORLD THROUGH THEIR EYES

Think of a youth you work with: Initials _____ Age _____ Sex _____





RISK FACTORS FOR ADOLESCENT BEHAVIOR AND HEALTH PROBLEMS

Risk Factors	Adolescent Problem Behaviors				
	Delinquency	Violence	Substance Abuse	Teenage Pregnancy	School Dropout
<i>Individual</i>					
Rebelliousness	✓		✓		✓
Favorable Attitudes Toward the Problem Behavior	✓		✓	✓	✓
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓
Constitutional Factors	✓	✓	✓		
<i>Peers</i>					
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓
<i>Family</i>					
Family History of the Problem Behavior	✓		✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓	✓		
<i>School</i>					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Academic Failure Beginning in Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓		✓	✓	✓
<i>Community</i>					
Availability of Drugs			✓		
Availability of Firearms	✓	✓			
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓	✓		
Media Portrayals of Violence		✓			
Transitions and Mobility	✓		✓		✓
Low Neighborhood Attachment and Community Organization	✓	✓	✓		
Extreme Economic Deprivation	✓	✓	✓	✓	✓

Adapted from: Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating Violence and Delinquency: The National Juvenile Justice Action Plan*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U. S. Department of Justice.

Data Source: Hawkins, J. D., & Catalano, R. F. (1995). *Risk-Focused Prevention: Using the Social Development Strategy*. Seattle: Developmental Research and Programs, Inc.

Source: Howell, J. C., (Ed.). (1995). *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U. S. Department of Justice.



PROTECTIVE FACTORS AGAINST DELINQUENCY

<i>Domain</i>	<i>Specific Protective Factors</i>
Individual	<ul style="list-style-type: none"> • Intelligence • Steady disposition • Social skills • Conventional belief system
Peers	<ul style="list-style-type: none"> • Participation in and acceptance by prosocial peer groups • Adult supervision of and involvement in youth peer group activities
Family	<ul style="list-style-type: none"> • Parents who demonstrate love and caring for their children • Parents who are involved in their children's activities • Parents who monitor and supervise their children's behaviors • Family stability • Adequate financial resources
School	<ul style="list-style-type: none"> • Strong policies on violence and drugs • Teachers who care about students and demonstrate concern for their students' social and academic growth • Youth who are prepared for school • Success in school • Youth commitment to the education system
Community	<ul style="list-style-type: none"> • Opportunities for youth provided in the community • Social controls are provided • There is a high level of organization and cooperation in the community – neighbors work together to meet common objectives • Active PTA, after-school activities, churches and religious organizations, and youth social clubs

Source: Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating Violence and Delinquency: The National Juvenile Justice Action Plan*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U. S. Department of Justice.



DEVELOPMENTAL TASKS AND EXPERIENCES OF ADOLESCENTS

Areas of Development	Early Adolescence 10-13	Middle Adolescence 14-16	Late Adolescence 17-20
Physical /Sexual	<ul style="list-style-type: none"> • Girls reach peak growth spurt • Girls begin breast development and menstruation • Boys start ejaculation of seminal fluid • Body shapes change. Boys increase muscles while girls increase fat. • May experience coordination problems and awkwardness because of rapid growth. • Begin experiencing sexual drives 	<ul style="list-style-type: none"> • Boys reach peak growth spurt • Boys' voices change and facial and body hair grows • Sex drive strengthens, and appealing to the opposite sex becomes very important • Likely to be more concerned about appearance and grooming 	<ul style="list-style-type: none"> • Have reached mature physical growth and development • Motor skills and coordination tend to improve, especially for boys • Many youth are sexually active.
Cognitive	<ul style="list-style-type: none"> • Develop capacity for formal operational thought • Argue more effectively • Become more self-focused and self-conscious • Idealistic and critical • Vocabulary and understanding of language increases • Begin to grasp irony and sarcasm 	<ul style="list-style-type: none"> • Use formal operational reasoning on familiar tasks • Become better at planning and decision making • Evaluate vocational options • Intellectual interests gain importance • Knowledge and ability to solve problems expands • Become less self-conscious and self-focused • Tend to be present-oriented 	<ul style="list-style-type: none"> • Can think through and express ideas • Have a developed sense of humor • Interests tend to be stable • Can make independent decisions • Have ability to compromise • Tend to be more future-oriented
Emotional/ Social	<ul style="list-style-type: none"> • Struggle with sense of identity • Tend to be moody • Peers become more important • Generally have same-sex friendships • Less attention shown to parents, but family is still the primary source of guidance and support. • Parent-child conflict may increase • Often shy and modest • Want greater privacy 	<ul style="list-style-type: none"> • May alternate between high expectations and poor self-concept • Peers become increasingly important • Want greater freedom from parents • Peer relationships may change often • Behavioral experimentation (e.g., drugs, sex) • May feel sadness about psychological loss of parents 	<ul style="list-style-type: none"> • Have firmer sense of identity • Greater emotional stability • Friendships continue to be important • Concerned with serious relationships • Have capacity for tender and sensual love • More self-reliant • Greater concern for others • Capable of useful insight
Values and Ethics	<ul style="list-style-type: none"> • Developing ability to make moral choices • Begin searching for meaning • Begin to question and think about beliefs and behavioral choices 	<ul style="list-style-type: none"> • Question moral and spiritual issues • Develop ideals • Select role models • More consistent evidence of conscience 	<ul style="list-style-type: none"> • Tend to be idealistic and enthusiastic about social, political, and spiritual issues • Able to commit to values and follow through on them behaviorally

Sources: Bell, 1990; Berk, 1996; Center for Adolescent Studies, 1996; Rowatt, 1989

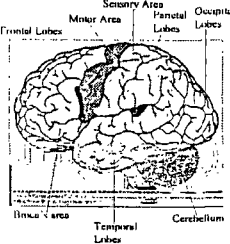


Physical Development

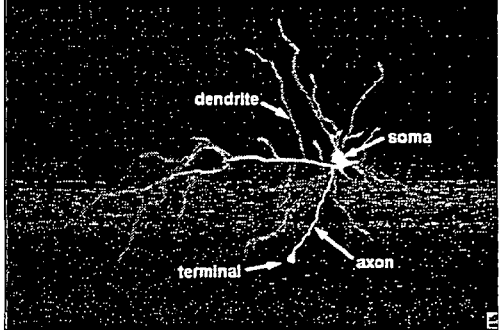
- Effects of genetics, biology, nutrition, environment
- Growth spurt
- Sexual development

Cognitive Development

Structure of the Brain



The diagram shows a lateral view of the human brain with the following labels: Frontal Lobes, Minor Area, Primary Area, Parietal Lobes, Occipital Lobes, Temporal Lobes, Cerebellum, and Brain's area.



The image shows a single neuron with labels: dendrite, soma, axon, and terminal.



Piaget's Stages of Intellectual Development

- Sensorimotor 0 – 2 years
- Preparations 2 – 7 years
- Concrete Operations 7 – 11 years
- Formal Operations 11 + years

Social and Emotional Development

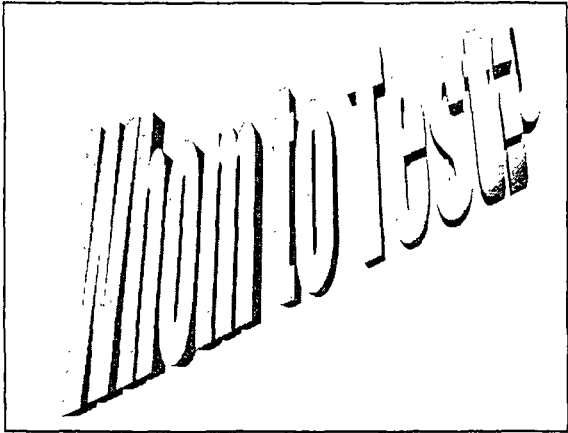
- Families
- Peers
- Experimentation
- Rebellion
- Talking and socializing
- Preoccupation with themselves
- Risk taking
- Mood fluctuations

Moral Development

The most persuasive moral teaching we adults do is by example: the witness of our lives, our ways of being with others and speaking to them and getting on with them. . .

Coles, 1997, p. 31

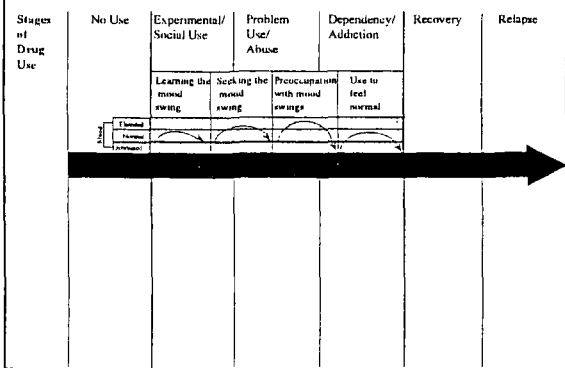




Ottawa County Policy

- ✓ Youth on probation or ISP at probation officer's discretion and if stipulated in:
 - Consent Agreement Contract
 - Court Order
 - Voluntary Agreement
- ✓ Youth in detention
- ✓ Youth in substance abuse treatment

Continuum of Substance Use/Abuse





Reasons for Testing

- Deterrence/Prevention
- Behavior change
- Enforcement
- Treatment referral
- Case planning

Drug Testing Throughout the Juvenile Justice System

	No Use	Expen- mental/ Social Use	Problem Use/ Abuse	Depen- dency/ Addiction	Recovery	Relapse
Probation						
TSP						
Probation Therapy						
Detention						
Treat- ment						

Assessment

*What do you need to know besides a drug test result,
and how do you get the information?*

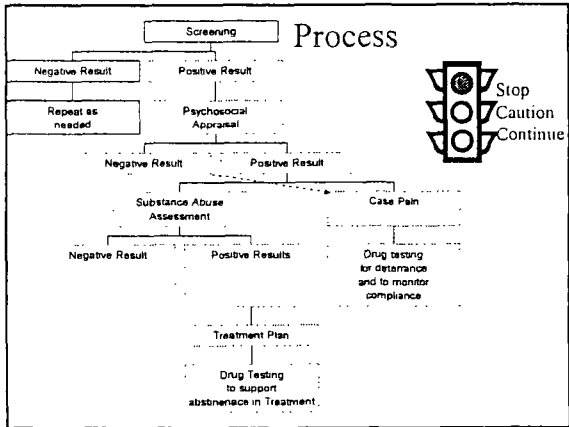


Terminology

Substance Abuse Assessment
 undertaken when the screening and psychosocial appraisal indicate substance abuse problems. May require a multidisciplinary approach including medical, psychiatric, and clinical evaluations.

Psychosocial Appraisal
 gathering and analyzing psychosocial data to determine the extent of various problems and the resources available to address them.

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



Screening

Is there a problem, concern, or need for further appraisal or assessment?

- Drug Testing
- Professional Observations
- Screening Interviews and Instruments
 - HALT-BUMP
 - CAGE
 - 3 Cs
 - Written instruments



Psychosocial Appraisal

To determine if a youth's situation is related to substance abuse

Process

- Information gathering
- Analysis
- Case planning

Psychosocial Appraisal

To determine if a youth's situation is related to substance abuse

Information Gathering

- Delinquency
- Substance abuse
- Education/job
- Medical/health
- Family and peers
- Psychological/ emotional
- Strengths/resources

Group Task

1. Develop questions about the assigned topic that juvenile justice personnel need to gather during a psychosocial appraisal for **substance abuse**.
2. List the sources for gathering information on each question.

Psychosocial Appraisal

To determine if a youth's situation is related to substance abuse

Sources of Information

- Existing records
- Youth's self-reports
- Interviews with collateral sources
- Testing instruments



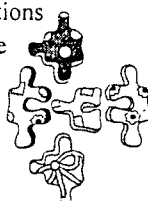
Psychosocial Appraisal

To determine if a youth's situation is related to substance abuse

Analysis

Does substance use result in notable impairment or distress?

- Failure to fulfill major role obligations
- Substance use in situations that are physically hazardous
- Legal problems
- Social or interpersonal problems



Psychosocial Appraisal

To determine if a youth's situation is related to substance abuse

Case Plan

- Problems identified
- Plan of action
- Persons responsible

Case Plan

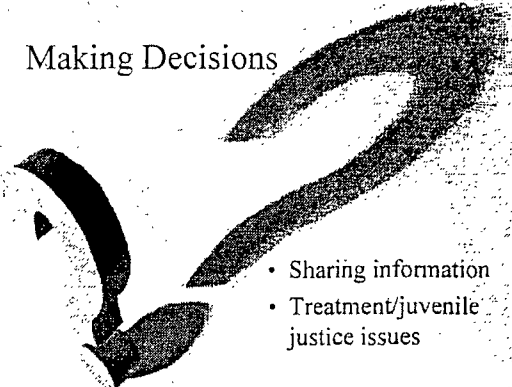
A hand-drawn template for a case plan. It consists of a vertical rectangular box with horizontal lines inside, suggesting a list of items. A small pencil icon is drawn in the top right corner of the box.

Assessment

- Determine the severity of alcohol and other drug abuse
- Identify factors contributing to or related to substance abuse
- Recommend treatment approaches

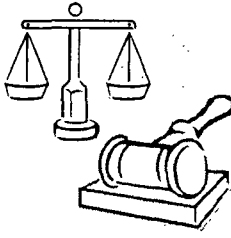


Making Decisions



- Sharing information
- Treatment/juvenile justice issues

Legal Issues in Drug Testing Juveniles



Preliminary Issues

- Parens patriae
- Legal status of probationers and parolees
 - diminished constitutional rights
- Legal status of pre-adjudicated juveniles



Authority to Test

- Legislation-State or Federal Law
- Court or Parole Authority Orders
- Agency Policy

Constitutional Issues

- Right against unreasonable search and seizures (4th Amendment)
- Right to due process (5th and 14th Amendment)
- Right to confrontation and cross examination of witnesses (5th Amendment)
- Right to equal protection (14th Amendment)
- Self incrimination (5th Amendment)

Other Legal Issues

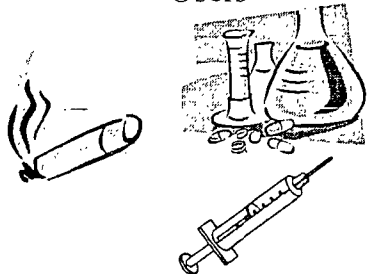
- Must condition of drug testing be related to offense?
- Can an officer test in the absence of specific authorization by law, court or board, or agency policy?
- Will one dirty test suffice to trigger sanctions? What degree of certainty is needed to trigger sanctions?



More Legal Issues

- Chain of custody
- Confirmation
- Confidentiality

Reliability and Validity of Drug Testing to Identify Juvenile Drug Users



Substances To Use For Testing

- Blood
- Saliva
- Breath
- Sweat
- Hair
- Urine



Pros and Cons of Blood Testing

- Effective
- Useful post accident and post mortem
- Used for drug overdose
- Used for diagnostics and research
- Results accepted by courts

- Invasive
- Not easy and requires extensive sample preparation
- Must be done by accredited laboratory
- Costs \$50-\$200 to perform

Pros and Cons of Saliva Testing

- Useful in detecting recent drug and alcohol use
- No privacy issue
- Specimens readily available
- Is considered non-invasive
- Can identify cocaine and cannabinoids

- No proficiency testing programs to determine the accuracy of testing methods and results
- Costs have been similar to blood tests, \$50-\$200 if conducted by a laboratory, but on-site devices are becoming available and are cheaper

Pros and Cons of Breath Testing

- Used widely for detection of alcohol
- Can indicate levels of use
- Non-invasive
- Immediate results
- Devices are costly, but per test cost is low

- Devices are expensive initially
- Short window of detection



Pros and Cons of Sweat Testing

- Promising technology, especially for probationers/ parolees
- Ability to detect future drug use
- Relatively non-intrusive
- Ease of application

- No proficiency testing programs for test administrators
- Accuracy of results is questionable
- Expense. While specimen is collected onsite, test is conducted by laboratory.

Pros and Cons of Hair Testing

- Long detection window
- Utility for identifying all types of drugs used
- Relatively non-intrusive
- Hair is easy to obtain
- Can quantify the amount of drugs detected (not ingested)

- May not detect recent drug use
- Limited number of labs which can test hair
- Results may be subject to race, environment, and sex influence
- Costs between \$50 and \$100 to screen and confirm the five drug classes

Pros and Cons of Urine Testing

- Less invasive than blood testing
- Very accurate
- Commonly available for most classes of drugs except inhalants
- Very quick results

- Limits on window of detection
- Is invasive
- Requires physical facilities for sample gathering
- Potential for tampering



Emerging Technology

- Voice changes
- Eye movements (Nystagmus)
- Pupillometry
- Vapor emitted from the eye
- Transdermal analysis
- Handwriting analysis
- Veracity testing

Urine Testing Immunoassay

- The detection of substances based on their predictable reaction to a reagent substance
- Qualitative, not quantitative measure
- Used for initial screening

Urine Testing GC/MS

- **Chromatography**
-the detection/identification of substances based on the molecules of the substances moving at different rates and thereby creating distinctive patterns
- **Spectrometry**
-the detection/identification of substances by shattering the drug into pieces as it comes through a chromatography column, thus forming a spectrum with characteristic patterns for each drug

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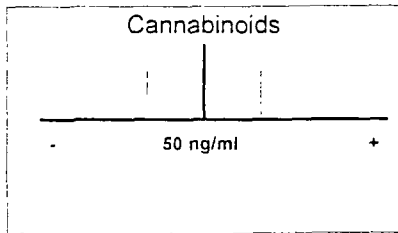
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Reliability and Validity Factors

- Sensitivity
-The ability to detect a particular substance in a positive specimen
- Specificity
- The ability to discriminate between the drug or drug metabolites of interest and other substances

Cut-off Levels



Recommended Cutoff Levels

Drug	Initial Test	Confirmation Test
Cannabinoids*	50 ng/mL	15 ng/mL
Cocaine*	300 ng/mL	150 ng/mL
Opiates*	2,000 ng/mL	300 ng/mL
Amphetamine/ Methamphetamine*	1,000 ng/mL	500 ng/mL
PCP*	25 ng/mL	25ng/mL
Benzodiazepines**	300 ng/mL	250 ng/mL
Barbiturates**	300 ng/mL	250 ng/mL
Methadone**	300 ng/mL	250 ng/mL

*U.S. Department of Health and Human Services Mandatory Guidelines for Testing Levels
**Cutoff levels not included in HHS guidelines because they may be legally prescribed. The levels cited are those recommended by the scientific community.



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Federal Aviation Administration's Comments

"...contemporary screening tests, such as immunoassays, have become extremely accurate and approach 99% accuracy levels."

Quoted by Dr. Leo Kadehjian in the SAMHSA
Onsite Drug Testing Workgroup Meeting 10/5/99

Passive Inhalation of Marijuana

Study	Room	Time	Symbol	Concentration	Reference
3, 4	Small Room	1 hour	⊗	< 6 ng/mL	Mue et al., 1998
4, 6	Small Room	1 hour	⊗	6-8 ng/mL	Law et al., 1984
5, 6	Small Car	1/2 hour	⊗	< 20 ng/mL	Morland et al., 1985
2, 8	Small Room	1 hour	⊗	< 20 ng/mL	Perez-Reyes et al., 1983
2, 8	Station Wagon	1 hour	⊗	≈ 20 ng/mL	Perez-Reyes et al., 1983
5, 12	Small Car	1/2 hour	⊗	30 ng/mL	Morland et al., 1985

Passive Inhalation of Marijuana Over Time

Study	Room	Time	Symbol	Concentration	Reference
2, 4	Small Room	1 hour x 3 days	⊗	≈ 6 ng/mL	Perez-Reyes et al., 1983
5, 4	Small Room	1 hour x 6 days	⊗	34.5 ng/mL	Cone et al., 1986, 1987
7, 16	Small Room	1 hour x 6 days		* 100 ng/mL	Cone et al., 1986, 1987



SAMHSA Position on Passive Inhalation

“The Department does not believe that passive inhalation is a reasonable defense or that significant exposure can occur through passive inhalation to cause a urine specimen to be reported positive.”

*Substance Abuse and Mental Health Services Administration
Mandatory Guidelines for Federal Workplace Drug Testing Programs, 59 FR 29908, 6/29/94*

Other Passive Exposure

- Passive inhalation of crack cocaine is even less likely than with marijuana (200 mg dose for 1 hour resulted in 26-107 ng/mL) *Cone et al., 1995*
- Inadvertent cocaine exposure (Immersed hands in coca paste for 1 hour resulted in positive at just below 300 ng/mL) *ElSohly et al., 1991*

Opiate Test Results After Consumption of Poppy Seeds

Selavka, 1991

Subjects	Food	Quantity	Results
8	2 Rolls	2 g. seeds	Negative
7	Cake	14-19 g. seeds	1/33 pos. @ 260 ng/mL @ 5 hours
7	1-3 Muffins	3-9 g. seeds	9/33 pos. @ 152-730 ng/mL @ 4-12 hours
9	2 Bagels	3 g seeds	10/24 pos. @ 129-1456 ng/mL @ 2-8 hours
4	Buttered or honeyed bread	22.5 g. seeds	6/13 pos. @ 207-571 ng/mL @ 2-8 hours
4	2 Streusels	24 g Mexican seeds	All positive at 24 hours, 2 pos. at 48 hours, 1 pos. at 72 hours



Consumption of Other Food Products

- Hemp seed foods
 - 3 cookies resulted in less than 4 ng/mL
Fortner et al., 1997
 - 2 12-oz. bottles of ale, no positives at 15 or 60 minutes, *Gibson et al., 1998*
- Hemp seed oil
 - Of 7 people who consumed 15 ml, 4 were positive at 50 ng/mL @ 8 hours, 3 were pos. at 50 ng/mL @ 24 hours, none positive at 48 hours, *Costantino et al., 1997*

Over-the-Counter Products

- False-positive results in amphetamine testing can occur after ingestion of
 - phenylpropanolamine (appetite suppressants and cold medicines)
 - pseudoephedrine (cold medicine like Sudafed, Actifed, Drixoral, etc.)
- Cross-reactivity may occur with other substances (inhaled medicines like Primatene and Bronkaid)

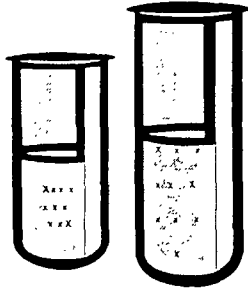
Tainting of Specimen Collection

- Substitution of other specimen
- Ingestion of substances
- Addition of substances to specimen
- Hydration (flushing)



Hydration does not increase the rate of drug excretion.

Hydration does provide a larger volume of liquid in which the metabolites are suspended.



Safeguards Against Tampering

- Observed collection
- Checks for tampering
 - Temperature
 - Color
 - pH
 - Creatinine level
 - Specific gravity
 - Glutaraldehyde
 - Nitrite
- Random testing
- Frequent testing
- Test every specimen collected

Suggested Policy

- Ask prior to testing what food or over-the-counter products have been consumed
- Give a list of products that cannot be consumed, including limiting the quantity of liquid
- Establish protocols for responding to "questionable" positives
 - Conduct a second test
 - Do confirmation testing at donor's expense
 - Count it as a positive test



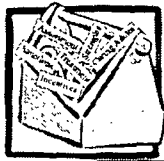
You can fool all the people
some of the time; you can fool
some of the people all the
time; but you can't fool all the
people all the time.



Abraham Lincoln

Coordinated Response to Drug Test Results

Tools of the Trade



Behavior Principles

- Immediacy
- Reinforcement
- Security and structure





Change Theory

- | | |
|---------------------|----------------|
| 1. Precontemplation | 4. Action |
| 2. Contemplation | 5. Maintenance |
| 3. Preparation | 6. Termination |

Strength-Based Approaches

Strengths		Deficits
Unique	View of Individual	"Case"
Possibility focused	Intervention	Problem focused
Youth's and family's aspirations	Treatment Plan	Developed for client by practitioner
Youth, family, community	Expertise	Professional

Strength-Based Approach

Strengths		Deficits
Possibilities	Choice, control, commitment, & personal development	Limited by pathology
Strengths, capacities, and adaptive skills	Resources for work	Knowledge and skills of the professional
Focus on progress	Help	Involves reducing symptoms and consequences of problems

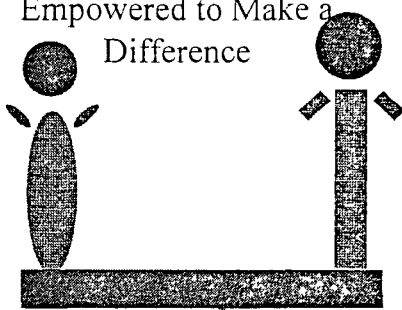


Creating a Helping Alliance with Youth

- Appreciate Individuality
- Find Kids' Strengths and Courage
- Create a Sense of Being Special and Belonging
- Give Kids Responsibility
- Give Kids Choices
- Understand, Respect, and "Join" the Coping Strategies of Youth

Robert Brooks, The Self-Driven Teacher

Empowered to Make a Difference



TreatmentJuvenile Justice

Drug Use Stages and Responses

Stages of Drug Use:	No Use	Experiment/Social Use	Problem Use/Abuse	Dependency/Addiction	Recovery	Relapse	
			Learning the mind swing	Seeking the mind swing	Preoccupation with mind swings	Use to feel normal	
		Screening/Monitoring/Assessment →					
Responses to Drug Use:	Prevention	Early Intervention	Treatment	Recovery	Relapse		
	<ul style="list-style-type: none"> • Drug testing for prevention • Self-esteem building • Decision making • Drug & alcohol education 	<ul style="list-style-type: none"> • Drug testing for Deterrence • Confrontation • No-use contracts • Support groups 	<ul style="list-style-type: none"> • Drug testing for monitoring and enforcement • Outpatient treatment • Intensive outpatient treatment • Day treatment • Partial hospitalization • Inpatient treatment • Residential Treatment • Support groups 	<ul style="list-style-type: none"> • Drug testing for prevention and accountability • Support groups • Relapse prevention 	<ul style="list-style-type: none"> • Drug testing for Deterrence • Support groups • Relapse intervention 		



Duration of Detectability

Drug	Maximum Detection Time
Alcohol	2 to 10 hours
Amphetamine	24 to 48 hours
Methamphetamine	24 to 48 hours
Barbiturates	24 hours
Short acting	48 to 72 hours
Intermediate acting	7 days or more (can be up to 6 weeks)
Long acting	3 days (therapeutic dose) to 6 weeks
Benzodiazapines (valium class drugs)	6 weeks
Cocaine/Cocaine Metabolites	1 hour to 4 days
Opiates/Heroin/Morphine	1 to 2 days
Methadone	2 to 3 days
Methaqualone	8 days
Phencyclidine (PCP)	1 to 8 days
Propoxyphene (Darvon) Metabolites	6 to 48 hours
Tetrahydrocannabinol Metabolites (THC)	2 days to 11 weeks



Recommended Cutoff Levels

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*U.S. Department of Health and Human Services Mandatory Guidelines for Testing Levels

**Cutoff levels not included in HHS guidelines because they may be legally prescribed. The levels cited are those recommended by the scientific community.





Case Studies



Case Example I

Vanessa

Vanessa Clark is 17 years old. Since Vanessa could remember, she and her mother lived with her mother's sister, Clarice, and Clarice's first husband, Edward in a very poor neighborhood in the City of Raymont. Vanessa never knew who her father was. Clarice and Edward had three daughters together (Falina, Catrina, and Salina). The entire family received assistance from various types of government social programs. Edward was constantly getting fired from jobs. The family regularly attended a small Baptist Church in the neighborhood where Vanessa's mother and aunt sang in the choir. Vanessa's mother died of an attack of appendicitis that was untreated when Vanessa was 11 years old. The next year, Vanessa's Uncle Raymond came to live with them. Raymond was a Vietnam War veteran on disability assistance and an alcoholic. He started sexually abusing Vanessa when she was 12. Edward left the family when Clarice became pregnant with her fourth child, because another man was the child's father. After the baby (a son) was born, Clarice married the father, Dewayne, and he moved in.

From the time that Vanessa started school, she had trouble both academically and socially. From an early age, she was extremely trusting of the other children, and they constantly took advantage of her. They would trick her into taking a book out of the library without checking it out, and then laugh when she tried to leave the library and the buzzer would go off. When the teacher wasn't looking, they would hide her stapler or scotch tape in Vanessa's desk so the teacher would think she stole them. Vanessa could never figure out how the items got there, but she was considered a troublemaker by teachers. In junior high, the boys at school would send anonymous notes to Vanessa with sexual innuendos. For small sums of money or cheap trinkets, she could always be talked into being a victim for the sexual experimentation of adolescent boys. Because of her poor attendance and low intellectual capabilities, she was held back in school several times. She started high school at age 16, and was placed in a number of remedial programs.

Vanessa remained with her relatives until she was 16. At that time, she met Willie Gooden, who picked her up when she was walking home from school one day. Willie Gooden "courted" Vanessa, much to her family's pleasure, but her Uncle Raymond became angry and more abusive. Vanessa became afraid. Willie Gooden told her he'd take her to the city, and she could work for him. Vanessa was glad to go. She quit school, which she'd always hated, and moved to Burnside with Gooden. When she started high school she was 5'3" tall, and weighed 128 pounds.



Case Example I
Vanessa

Scenario

On September 4, at 3:33 p.m., undercover narcotics officer Janine Bowen went to 3456 Bolivar Road in the city of Burnside following a tip that crack cocaine could be purchased at the location. Bowen knocked at the door and was admitted to the residence by Vanessa Clark, a 17-year-old black female. Bowen asked if she could buy some crack and was advised that she could, but that the man who did the dealing was not around but would return shortly. Bowen asked if she could wait for the man and the defendant told her to have a seat. Clark then proceeded to prepare a crack pipe for use in front of Officer Bowen. The process was interrupted when Willie Gooden, a black man, age 36, entered the dwelling. He spoke to Bowen and a deal was arranged. He sold Bowen \$350.00 worth of crack. The currency was treated with special chemicals for later identification by the police. The drug sale took place in front of Clark. Officer Bowen left the premises with the drugs. A warrant was obtained for the juvenile and the man, Willie Gooden. It was served the following day. Gooden was placed in the Burnside Jail. Clark was brought to the Burnside Juvenile Detention Center, charged with possession and delivery of a controlled substance, cocaine.



Case Example II

Scott

Scott Lanker, age 15, was born in Holcomb Hills, USA and now lives in the rural community of Cascade. He was the third of three sons born to Judy and Mark Lanker. Holcomb Hills is a middle class suburb of a large city. The family moved to various suburbs within the city as Mr. Lanker's real estate business flourished. Their last residence was in the upper class suburb of Harrison. Scott's mother was a housewife who had a difficult time coping with three young boys and a workaholic husband who was seldom home. She was expected to attend many social functions with her husband. She suffered a nervous breakdown when Scott was six, and spent a week in the hospital. Afterwards, she was prescribed Valium which she has taken ever since. When her physicians would no longer write her a prescription for the medication, she would switch physicians.

Scott had problems getting along with his classmates all through school, beginning at an early age. He would throw temper tantrums if told he could not play a certain game with the other kids. On one occasion, when Scott was 10, a boy who he considered his "best friend" began associating with another classmate during recesses. One day at recess, Scott lit a cherry bomb and threw it directly at the boys, permanently damaging one boys' eardrum and causing another short-term hearing loss. Scott's parents said that it was simply an accident, and that Scott had told the boys to run. This was Scott's story, as well. The children who witnessed the incident said that Scott lit, and then held onto the cherry bomb until just before it exploded. They said he did not warn the boys; he just threw it directly at them. The principal ordered Scott to stay indoors and work during recesses for two weeks, and to stay after school every afternoon until acceptable letters of apology were written to both boys and their parents. It took eight days for Scott to write acceptable letters to the boys and their parents. All through school, Scott received low grades in conduct, and teachers remarked that he had no respect for authority. Scott told his parents his teachers were mean and always picked on him.

Judy and Mark Lanker were divorced after 20 years of marriage. Mr. Lanker married his much younger secretary, with whom he had been having an affair. After the divorce, Judy Lanker, who had made several contacts within the real estate business through her husband, was able to secure a secretarial position with a realty company that competes with her husband's business. There, she met Robert Collins, the owner of the company, who was recently divorced. They were married within a year of Judy's divorce and moved to his home in a prominent neighborhood in the rural community of Cascade. Judy's sons do not like Mr. Collins, though he tried to be a father to them. He had no children from his previous marriage.

Scott's two older brothers, Dan, 20, and Rick, 18, are away at college in other states. The boys did not see their father much growing up. They see him even less since the divorce and his new marriage. They constantly tried to please him to gain his attention and approval by getting good grades in school and participating in athletic programs and clubs. Scott was on the swim team at the other schools he attended, but in the smaller, rural community of Cascade, there is no swim team. When they came to Cascade about a year ago, Scott was in good health and had a trim, athletic build; he was 5 feet and 4 inches tall and weighed about 135 pounds.



Case Example II
Scott

Scenario

On October 26, at 4:30 p.m., Scott Lanker, a 15-year-old white male, was arrested for stealing \$100 from a cash box from the Cascade High School office. Money had come up missing from the cash box, so the money had been treated with chemicals to identify the culprit. When caught "purple-handed," Scott said he had been "dared" to take the money, and that he had not taken any before. He would not name anyone who put him up to it. The school principal called the police. The police took Scott to the county police station in the neighboring community. Scott told police that his mom was out of town attending a conference in New Orleans, and he did not know how to reach her. He said his father was dead. Scott said his mom had let him stay home by himself while she was gone. There was an answering machine at the residence, and the police left a message. Scott appeared very nervous and was fidgety, but "talked tough." He asked to make a call to "a friend," which the police denied him. On a second try, the police reached Scott's mother at home. His mother, Judy Collins, came down to the station immediately. She seemed somewhat embarrassed when she entered the police station. Scott's mother said something about "those friends of Scott's" and wanted to take Scott home right away. After she filled out the necessary paperwork, the police released Scott to his mother and asked her to bring him back the next morning for a consultation with the school principal and a judge.



Case Example III

Tony

Tony Prado, age 16, lives with his parents and two younger sisters – Carla, age 10, and Sarina, age 14 – in a suburb of Mansfield. The neighborhood where the Prados live is mostly white. Most of the Hispanics who live in Mansfield live in the projects on the East side. Tony's father is a foreman in a large automobile factory in the city. His mother is religious education coordinator at the Catholic parish the family regularly attends.

Tony attended St. James Elementary and Junior High Schools, and now attends Mansfield Public High School. He has always been extremely popular with his school mates, and with his teachers. Younger children always looked up to Tony, and he was known for defending the smaller children from bullies at school. He was always able to break up a fight without using his fists. Until about six months ago, Tony was the school's star wrestler, and though he had to work hard for them, he always received A's and B's on his report card. He was on the school's honor roll.

Tony had been an altar boy at St. James Catholic Church, and had been active in the church youth group until recently. When he was 12, he organized a youth group from the parish to take food to the Hispanic families in the projects during the holidays and this became a yearly project for the group. From about the age of 10, he talked about joining the seminary to become a priest, but since becoming involved with his girlfriend, Angela, about a year ago, he has talked less about the priesthood. Neither Tony nor Angela's parents know about their relationship because neither of them communicates with their parents. Tony is extremely close with his sister, Sarina, and often confides in her. Recently, Tony has been putting pressure on Angela to have sex, but she has refused. She is seriously considering breaking up with him because he has become so moody and often gets angry with her.

About six months ago, Tony was arrested for breaking and entering a pharmacy with three other boys. He had run from the scene when the alarm rang, and was caught in the alley. He was placed on probation for two years. Tony's parents had been extremely upset about this incident. His father was very angry, and ordered Tony to quit the wrestling team at school. He'd also prohibited Tony from participating in any school activities, and from going out with his friends for three months. He allowed him to attend church activities, but Tony refused to go to any of these. He began sneaking out of his bedroom window to see his friends, and his girlfriend, Angela, whom he had been dating for a year. On several occasions, when Tony's father discovered that Tony had sneaked out of the house, he'd beaten him with a belt.



Case Example III
Tony

Scenario

On October 5, at 12:45 p.m., police responded to a call to 716 Beaumont Court in Mansfield. Neighbors phoned to say that an extremely loud party was going on at that address, and that a fight had broken out on the front lawn. When they arrived, police found an ambulance there as well. Two males had been fighting, and one had beaten the other severely. The less seriously injured, Tony Prado, a 16-year-old Hispanic male, was taken down to police headquarters, where he tested positive for PCP. He was detained in the Juvenile Detention Center for assault.

The second male involved in the fight, Matthew Roberts, age 16, lived at the house where the party took place. His parents were out of town for the weekend. He was taken to the local hospital, where he was listed in fair condition the following morning. He suffered from multiple facial wounds and a head injury from the beating. Matthew had a BAC of .2 when brought to the hospital; he tested negative for other drugs.



Case Example IV

Tiffany

Tiffany Stone, age 14, was born in the City of Grayson and now lives in the City of Winston. She has lived in five cities and seven different residences since she was born. She is the oldest of five children born to Marlene Stewart, age 31. Ms. Stewart has been married and divorced twice. Tiffany's father is serving a ten-year prison sentence for trafficking in cocaine. Four years ago, shortly after Tiffany's father was sent to prison, Marlene was picked up for prostitution and spent a year in prison. The children lived in different foster homes until their mother was released. Tiffany was very resistant to the authority of her foster parents, and frequently ran away.

Marlene and her children are currently living in public housing. Marlene is involved with Hank Sharp, who spends much of his time at their house. Hank works part time delivering furniture for a local business. Marlene is employed from time to time as a waitress. When she is not working, she receives public assistance. Hank forbids Marlene from working in bars, but he frequents them himself. When Marlene is out of work, Hank helps her out a little with the bills. Lately Marlene has noticed tension between Hank and Tiffany, but she hasn't said anything to either of them about it.

Marlene's mother spent a lot of time cooking for and caring for the children until she died when Tiffany was 9. The children were all very close to their grandmother, especially Tiffany. Now Tiffany is largely responsible for taking care of her four siblings — Jenny, age 11, Nicky, age 8, Ronnie, age 6, and Billy, age 2-1/2. Their mother is gone a lot, either working or with Hank. The children get free lunches at school during the day. Marlene stays with Billy while the children are at school; when she can't, Tiffany stays home from school. Since Marlene is never sure what her schedule will be, Tiffany is responsible for fixing dinner for the children every night. The main course generally varies between cheese or bologna sandwiches, peanut butter and jelly on crackers, and hot dogs. The family also consumes several bags of potato chips and several cases of pop each week.

Tiffany has attended four different elementary and two different junior high schools. She is enrolled in the 8th grade at East Winston Junior High, but has had excessive unexcused absences throughout the year. She is currently failing in all of her classes. Tiffany does not have any close friends at school. Her friends are 17- and 18-year-olds. She goes to a lot of parties with them, where they smoke marijuana and drink alcohol; they occasionally experiment with other drugs. Tiffany has stayed away from home all night on several occasions over the past few months. Tiffany is 5 feet and 5 inches tall and weighs about 155 pounds.



Case Example IV
Tiffany

Scenario

On May 10, at 1:30 a.m., police stopped alongside a man and woman who were having a verbal fight outside a liquor store. The male was noticeably drunk. The female, who was wearing very provocative clothing and appeared to be a minor, was screaming obscenities at the man. The man was trying to quiet her. The police asked for their identification. The female had none. The male handed over his driver's license. A breathalyzer test revealed that the man, Hank Sharp, age 34, was intoxicated. Sharp's car was searched and an empty 5th of whiskey and 5 ounces of marijuana were found, along with several pictures of nude women. A screen of Sharp's driver's license revealed that he had been arrested on several drug-related offenses. He had recently completed a year of probation. The female, who had not been drinking according to the breathalyzer test, appeared very at ease and confident. She stated that her name was Tiffany Stone, and that she was 14 years old. Sharp was charged with possession of marijuana and driving while intoxicated. Both were taken to police headquarters for further questioning. Both were required to submit urine samples for testing. Tiffany's mother was called. She was not able to come down to the station to pick up Tiffany because there was no one to watch the other children while she was away. She reacted furiously when she learned that her boyfriend, Hank, was involved. The police decided to take Tiffany to an emergency shelter for the night. When the results of her drug test were revealed the next day, Tiffany tested positive for both marijuana and amphetamines. Hank Sharp tested positive for marijuana. Subsequently, Sharp was further charged with running prostitutes and contributing to the delinquency of a minor.



Case Example V

Eduardo

Eduardo Gomez, age 13, lives with his mother and three younger siblings (a boy age 9 and twin girls age 6) in subsidized housing located in a primarily Hispanic inner-city neighborhood. His father and two older brothers, ages 16 and 19 are incarcerated. His mother works in the housekeeping department of a motel chain. The younger children attend school and daycare. Eduardo's 16-year-old brother was sent to a youth camp as a result of burglary. His 19-year-old brother was convicted of drug trafficking and is in a state prison. His father was convicted of manslaughter after he fatally stabbed his adversary in a barroom fight. Eduardo's mother and father are immigrants from Mexico where his two older brothers were born. Eduardo and the younger siblings were born in the U.S.

Eduardo attends the sixth grade at the Central City Middle School. He has been a marginal student since beginning school. Spanish is the primary language spoken in the Gomez home, and Eduardo began school with minimal English fluency. However, he now has an adequate command of English and speaks without an accent. Eduardo has struggled with both the academic and behavioral requirements at school. His reading and math skills currently test at third to fourth grade level, even though he was retained in the third grade for remedial work. His behavior has been a problem as well, with frequent fighting with other students, disrespect and defiance toward teachers, and truancy noted in his school records. His only friends are other Hispanic youth from his neighborhood who are having similar academic and behavior problems.

Eduardo functions primarily without adult supervision. Since age 10, he has gotten himself up in the mornings, fixed his own meals, attended school if he wanted, and spent time on his own. His favorite activities are playing video games and hanging out with his friends. He rarely comes home before 11:00 p.m. during the week and is usually out until 1:00 to 2:00 a.m. on weekend nights. Mrs. Gomez has tried to limit Eduardo's freedom, but her inability to be home to supervise him has resulted in most of her efforts being ignored by Eduardo. She has tried to entrust him with responsibilities for the younger children, but he usually is uncooperative and unreliable when asked to feed or watch the younger children. One time, Eduardo broke his younger brother's arm when he was left alone with the children. He said his brother was jumping on the bed and fell off. The brother confirmed this account at the time, but later told a friend that his brother pushed him off the bed because he was angry.

The Gomez family has been a client of most of the social service agencies in the city. A Child Protect Services worker has been monitoring the family for several years because of earlier reports of neglect. Mrs. Gomez received food stamps and other benefits after he husband was arrested, but she is now ineligible for further benefits. Family members are covered by Medicaid for their medical needs.



Case Example V
Eduardo

Scenario

On February 24, at 1:00 a.m., police found Eduardo spray painting the side of a building with red paint in a mostly African-American neighborhood adjacent to his own neighborhood. Although he was "caught red-handed," he denied responsibility for the painting and was rude and disrespectful to the arresting officers. He was brought to the detention center where he refused to tell officers his name. He was given a test for drugs and alcohol which indicated he had marijuana and alcohol in his system. After several hours, he told staff how to contact his mother (by calling a neighbor, as the family does not have phone service). Mrs. Gomez came to the detention center as soon as she was able to find a neighbor to watch her children. She said she had to leave by 7:00 a.m. to get to her job on time or she might be fired. She said she did not know Eduardo was out of the house – he had been watching television when she left. He was charged with criminal mischief and held in detention until his court appearance the next morning.



Case Example VI

Amber

Amber Williams, age 14, lives with her adoptive parents in the Oak Park Subdivision, an upper middle class neighborhood. Besides Amber and her parents, there are three other children. Amanda, age 17, and Bobby, age 6, are the Williams' natural children. Amber was adopted when she was five years old, and Frank, age 10, was adopted when he was an infant. The Williams family is highly regarded in their community and church. Mr. Williams is a professional and Mrs. Williams is a homemaker who has been very active in her children's schools and in their church. Amanda, Frank, and Bobby are known as good students – both academically and behaviorally – at their schools.

At first meeting, Amber is a delightful teenager. She is pretty and charming and can engage in small talk with adults. However, the Williams have seen another side of Amber almost since she came to live with them. While Amber is charming at first, she quickly becomes suspicious, demanding, hostile, and angry, especially if she does not receive what she wants immediately. Although the Williams say they are committed to meeting Amber's needs, they feel that she has never bonded with them. She usually is not affectionate with her parents or siblings, but if she wants something, she will use affection as a means of manipulating the situation. Amber makes friends easily and loses them just as quickly. She enters into peer relationships with charm, but she soon is spreading rumors about her new friends or stealing from them.

Amber was born to a 17-year-old unmarried mother. Amber's birth mother attempted to care for her during her first year of life. However, her mother began using drugs and alcohol and became involved in prostitution. Although her mother never left Amber unattended, she often left her with a variety of acquaintances she barely knew when she went to "work." Amber's birth mother also moved frequently, crashing with first one acquaintance and then another until she and her baby had worn out their welcome. Amber received very inconsistent care during that first year – whoever was around would give her a bottle or change her diaper only when she cried unceasingly. When she was about one year of age, Amber's mother took her to the hospital with a severe case of pneumonia. Hospital staff found Amber to be undernourished, delayed in her development, and afflicted with severe diaper rash. Amber was removed from her mother's care because of neglect and placed in foster care. After a few months in foster care, her foster parents moved, and she was placed with another family. Her new foster mother worked outside the home and left her with a neighbor. After a few more months, the foster mother took her to the doctor with an infection. The doctor suspected she was being sexually abused and made a report to Child Protective Services. It was discovered that the babysitter's boyfriend had been abusing Amber. When Amber was two, her birth mother's parental rights were terminated and Amber lived in six different foster homes until she was adopted by the Williams when she was five. Foster care reports indicate that most of the families found Amber to be a difficult child to parent. She stole, hurt other children in their homes, was not affectionate toward others, hoarded food, was hyperactive, and lied. She did poorly in preschool and kindergarten settings also.



Case Example VI

Amber

Scenario

On July 9, at 2:00 a.m., Amber and several other youth were arrested at a Rave they attended. Amber had several beers in her backpack and she had a marijuana joint and another powdered substance in her shorts pocket. She was brought to the detention center and tested for alcohol and other drugs. Amber tested positive for amphetamines that was later shown to be ecstasy. She behaved erratically during the detention intake process, cursing and attempting to strike staff who made simple requests of her. She told the intake staff that she had no parents. Finally, she said she was living with the Williams temporarily as a foster child. She talked incessantly during the intake process, ranging from coquettishness to belligerence. She claimed that she had the Williams' permission to attend the party and that other youth had given her something in a soft drink that had made her feel high. The detention staff called the Williams who came immediately to the detention center. They said they did not know Amber had left the house; she was in her room when they went to bed at 11:00 p.m. They checked her room before coming to the detention center and found a window open. When the Williams arrived, Amber was cold and uncommunicative toward them.



Case Example VII

Randy

Randy Robinson, age 15, is the oldest of three children in the family. His parents are divorced, and he has lived with both his mother and father alternately. His parents divorced, when Randy was 11 years old, after 12 years of a conflictual marriage. Mrs. Robinson accused her husband of abusing her and obtained protective orders against him on several occasions. However, on each of these occasions, after a brief time away, Mr. Robinson would pledge that he had reformed and would never hurt his wife again, and she would drop the protective order and allow him to come back into the home. The last time he abused her, Mrs. Robinson was hospitalized for several days with broken ribs and a concussion. After that incident, she refused to allow Mr. Robinson to return home, and she divorced him. Mr. Robinson contested the custody agreement during the divorce proceedings. He claimed that his wife was unfit to care for the children and they should live with him. The judge awarded custody to Mrs. Robinson but ordered the children could visit with their father one day each weekend.

Mr. Robinson often picks up his children on Friday night and keeps them until late Sunday evening even though he does not have permission from Mrs. Robinson or the court to keep them for these extended periods. During school breaks he often keeps them for a week at a time, again, without permission. During the last summer break from school, Mr. Robinson invited Randy to come live with him for the summer. Randy was ecstatic about the offer, and Mrs. Robinson agreed that he could stay with his father during the summer vacation.

Mrs. Robinson had never worked outside her home before the divorce; her husband had refused to allow her to obtain a job even though his work on construction jobs was seasonal, and they often had financial problems. Once she was divorced, Mrs. Robinson began working as a waitress in a bar. Although Mr. Robinson was supposed to pay child support, he often was late with it or did not pay at all. Because she needed the money, Mrs. Robinson usually agreed to work evening shifts at the bar and would work overtime if she was needed. This meant the children – Randy, age 15, Rhonda, age 12, and Buddy, age 8 – were left at home alone. When Mr. Robinson found out about this, he would pick up the children and blame his ex-wife for neglecting them. She would apologize and say she would not have to work so many hours if he would pay child support. Then a big argument would erupt. Mrs. Robinson currently has a restraining order to keep Mr. Robinson from coming to her home. He is supposed to pick up the children for their assigned visiting times at the school parking lot one block away. However, Mr. Robinson has repeatedly violated the restraining order. When he does this, Mrs. Robinson tries to avoid getting into arguments with him and has never reported these violations to authorities.

Mr. Robinson has aligned himself with conservative political ideologies. He believes men should be the “masters” of their homes, having control over both their wives and children. He thinks citizens have the right, and perhaps the necessity, to bear arms against “infiltrators” – those of different backgrounds than his. He frequently abuses alcohol and other drugs, using money that might otherwise be paid for child support. He also has lost construction jobs because he came to work intoxicated or didn’t show up for work at all.



Randy admires his father and feels that, since his father is out of the home, it is his (Randy's) responsibility now to make sure his younger siblings behave appropriately. He frequently disciplines them by slapping or punching them. He also does not feel he should abide by his mother's rules in the home. He comes and goes as he pleases, and does very little to assist her with household chores.

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Case Example VII
Randy

Scenario

On May 15, at 10:30 p.m., police were called to the home of Mr. and Mrs. Frank Duggan who reported their daughter had been assaulted by a high school boy. Diana Duggan had a black eye and several bruises on her arms. She was quite distraught, and it was difficult for the police to piece together the story. She had gone to a school dance with Randy Robinson. They had been dating for about three months. Diana and Mr. and Mrs. Duggan had all liked Randy at first. He was polite around Diana's parents, and he paid a great deal of attention to Diana. She was flattered at how jealous he was of her. She felt he really cared about her. However, at the dance, while Randy was behind the school building with some buddies, smoking cigarettes and drinking beers, Diana had danced with another boy. When Randy came back into the dance and found out she had danced with another boy, he was livid. He took her arm tightly and half dragged her out of the school building. He then began yelling at her that she was a whore and a slut for two-timing him. He hit her several times, knocked her down, and kicked her once in the abdomen. She managed to get away from him and ran home. When he showed up on her doorstep a few minutes later, Mr. Duggan had already called the police.

The police arrived at Randy Robinson's house at 11:00 p.m. They took Randy into custody and charged him with assault and battery. He was taken to the detention center. He was tested for alcohol and other drugs and the results were positive for alcohol and marijuana. Randy's mother was not at home when the police arrived, so they also called Child Protective Services to intervene with the other children until one of the parents could be located. At the detention center, staff put in calls to both Mr. Robinson at his home and Mrs. Robinson at the bar where she was working. They both arrived at the detention center at about the same time. They began arguing, both accusing the other for Randy's legal trouble. Mr. Robinson said if she would stay home and take care of her kids like any decent mother, instead of running around at all hours of the night, this wouldn't have happened. Mrs. Robinson said if he would pay the child support he was supposed to, she wouldn't have to work such long hours.



Case Example VIII

Stephanie

Stephanie Whitaker, age 16, lives with her mother and father in the suburban community of Cedar Hills. She has an older brother who is attending college but comes home for holidays. Her father holds a management position in a bank and her mother is a social worker. Both parents take part in activities at Stephanie's school as well as church and community activities. Mr. Whitaker belongs to the Rotary Club, and Mrs. Whitaker is president of the women's group at their church.

Stephanie is in the second half of her junior year at Springfield High School where she has been an outstanding student. Stephanie is taking several advanced placement courses and is handling the extra academic work with no difficulties. She is also a cheerleader and captain of the debate team. She plays on the girls soccer team as well. Throughout her school career, teachers have described Stephanie as a "joy" to have in their classroom and as a leader among other students. She is respectful toward adults and has many friends among her peers.

Stephanie started dating when she was 15 and has gone to school and church activities with several different boys. However, she has had a steady, and increasingly serious, relationship with Jason since the early Fall of this school year. Several of her teachers and peers were surprised that Stephanie began dating Jason and that their relationship has continued. Jason, a senior, seems quite different from Stephanie. He lives with his divorced mother in a working class neighborhood of Springfield. Although he is a good athlete, Jason is primarily known among his peers for partying, cruising around town, and being a "ladies' man." He hangs out with a crowd that likes to drink and use drugs, but he has never been in trouble for substance use. He has had a couple of minor legal problems – shoplifting and reckless driving. His driver's license has been suspended as a result of the reckless driving charge. He began dating Stephanie just after her birthday when she received a car as a gift from her parents. Jason makes average grades but has had a couple of school suspensions during high school because of fighting or threatening a teacher.

Stephanie's parents have been accepting of her relationship with Jason, but privately, they are a little disappointed. Nonetheless, they have welcomed Jason into their home, and he frequently spends evenings there, having dinner with the family and "studying" with Stephanie. They are hoping that accepting Jason will maintain their positive relationship with Stephanie and that she will eventually realize that Jason is not a good match for her. Stephanie and Jason usually go out together on Friday and Saturday nights. The sometimes go to a movie or a concert. Much of the time, they hang out around the town square with other youth. They use Stephanie's car because Jason does not have a license. Stephanie has been late returning a couple of times, but she has given plausible explanations for her tardiness, and her parents have not disciplined her.

At the last school grading period, Stephanie received the first B of her school career. It was in her science course and resulted mostly from her not completing a project. She was disappointed in herself and has been working harder in that class to bring up her grade.



Case Example VIII
Stephanie

Scenario

On March 23 at 1:00 a.m., Stephanie was arrested for driving under the influence. Police conducted a "raid" on the youth hanging out at the town square and made all of them take sobriety tests. Stephanie could not perform the physical tasks required (e.g., keeping her balance while walking a straight line, touching her finger to her nose). She was taken to the juvenile detention center where she was tested for substance use. The results were positive for alcohol and marijuana. Her parents were called and came immediately to get her out of detention. They were shocked when they learned the results of her substance tests as they did not think Stephanie ever used alcohol or other drugs.





