

Using “Sober Support”

Groups In Your Juvenile Court



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES

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Sober support is...

A personal connection to an individual and/or group that helps individuals suffering from substance-related problems maintain sobriety. Many in the recovery community believe that this kind of ongoing support is the foundation of the recovery process.

The most well known support network is Alcoholics Anonymous.

There are a number of common elements in the various approaches within sober support groups:

- Connect individuals to other people who are in recovery
- Address the individual's sobriety challenges
- Promote an alcohol and drug-free lifestyle

Fifteen-year-old Luis is in your juvenile court for final disposition after pleading guilty to possession of marijuana and petty theft (committed to support his drug habit). His case manager wants Luis to get treatment, and it's clear that the family needs support and guidance. You also want to make sure Luis connects to a support system that will help him stay clean. So, in addition to the standard recommended outpatient treatment, you consider mandating him to attend three sober support group meetings a week. But Luis' case manager tells you that your community has no youth-specific AA or NA meetings. You decide to go ahead with the mandate anyway. After all, something is better than nothing, right?

An all too familiar situation...

Courts across the country struggle daily to address the treatment and accountability needs of youth who use alcohol or other drugs. Although substance use among the general adolescent population has declined or remained stable (depending on the type of drug used), youth involved in the criminal justice system continue to exhibit high rates of use and abuse.¹ A comprehensive 2004 study² found that 78.4% of arrested youth had some level of drug and/or alcohol involvement, and research continually finds correlations between adolescent criminal behavior and alcohol and/or drug abuse.³

Current juvenile court practices with substance-involved youth

Treatment case planning by the courts often entails referral to outpatient or inpatient treatment, drug testing, and the additional requirement that the youth participate in a sober support group. This most often takes the form of Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA), although other models exist. It is not uncommon to see youth court-ordered to participate in AA/NA or sober support as a dispositional requirement or as an adjustment to probation violation(s).

In mandating youth to attend sober support, juvenile courts are following a trend set by adolescent treatment programs where the use of AA/NA has become widespread. A recent study found that 67% of reporting adolescent treatment programs identified their services as “12-step focused.”⁴ In addition 86% of adolescent-specific substance use disorder programs refer their patients to AA and NA groups as a continuing care resource.⁵ With the growth of juvenile drug courts across the country, judges and other juvenile court professionals have become more educated about adolescent treatment needs and treatment modalities, and this also has contributed to increased use of sober support groups, including 12-step programs. With this increase, however, come as many questions as answers: Is sober support developmentally appropriate for adolescents? Which adolescents are most likely to benefit? How is sober support different for adults and adolescents? How frequently should adolescents attend? What if a youth objects to the spiritual focus of a 12-step program?

To date, there has been little research on the effectiveness of sober support specifically for adolescents. Of the studies that have been done, nearly all have focused on inpatient settings, reporting short-term, limited success. But these findings have only limited relevance to youth involved in the juvenile justice system who rarely reach a level of substance abuse requiring inpatient care. Unfortunately, no studies have looked specifically at youth involved in the juvenile justice system although some research on this population is currently underway.⁶

Of course, judges and other juvenile court personnel cannot wait for definitive answers to the questions raised about sober support, as they must make daily decisions about how best to supervise substance-involved youth. The purpose of this technical assistance brief is to draw on what we do know to offer guidance about how to make the best use of sober support for court-involved youth, even with limited information. Essentially, this brief offers a “tool kit” of information and findings to consider for building and/or connecting to sober support group models for youth.

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What we know about how to make effective use of sober support with adolescents in the juvenile justice system

In general, while sober support can serve as a valuable addition to traditional drug and alcohol treatment, not all youth need or benefit from this level of support or intervention. Below are more specific conclusions to inform decision-making.

Youth with a longer history of substance use and greater addiction severity are more likely to attend and benefit from AA/NA.

This was the finding of an eight-year study of 160 adolescent inpatients (who may or may not have been involved in the juvenile justice system).⁷ Researchers concluded that AA/NA was more successful with seriously addicted youth because these youth had come to believe that they could never again use substances and that they needed the ongoing support of AA/NA.

However, serious addiction – and the mind-set that seems to accompany it – is rare among substance-involved youth in the juvenile justice system. Many court-involved youth referred to or required to attend sober support or 12-step meetings do not meet the diagnostic criteria for a substance use disorder (SUD).⁸ For court-involved youth with less serious substance use, the overall finding of the inpatient study may be more relevant: Adolescents simply do not engage or “buy into” the model in the way their adult counterparts may. This was reflected in their attendance, which was strongest when these youth first left treatment, but declined steadily and sharply over the years.

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Sober support is most effective when it engages youth and offers opportunities to interact with peers.

Many juvenile drug courts have not found the AA/NA model to be effective or helpful for their clients.⁹ It is not at all uncommon to step into a courtroom or juvenile probation office and listen to a youth explain that the AA/NA meeting simply didn't work for them. The most frequent reason that youth give for leaving AA/NA is boredom or perceived lack of fit.¹⁰

Why does AA/NA so often fail to engage adolescents? The most obvious reason may be its focus on adults. As mentioned above, adolescents do not display the level of addiction severity, or the long history of substance use, that adults may have accumulated. The presenters and participants attending AA/NA meetings are generally much older (the average participant is a 46-year-old Caucasian male) and discuss issues that youth simply do not relate to (such as child custody, divorce, and financial problems).

Figure 1.0 An age composition of most frequently attended 12-step meetings in relation to substance use outcomes. The researchers found that youth who attended AA/NA meetings, with at least some other youth attending, had better outcomes.

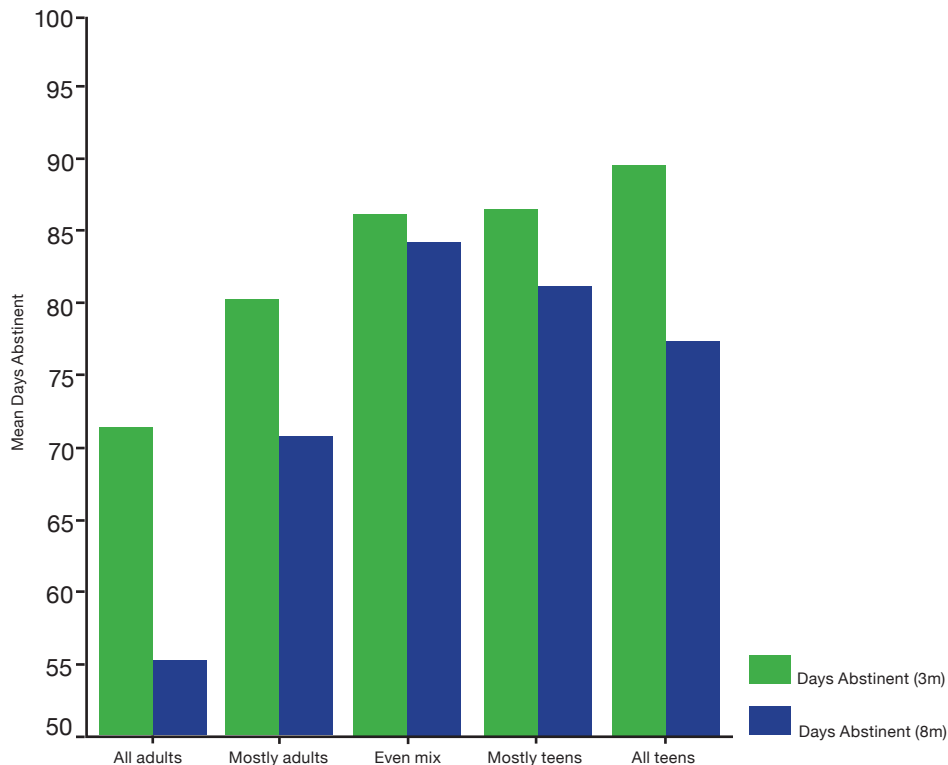


Figure 1.0
Reprinted with permission from Kelly, J. F., Myers, M. G., & Brown, S. A. (2005). The effects of age composition of 12-step groups on adolescent 12-step participation and substance use outcome. *Journal of Child & Adolescent Substance Abuse*, 15(1), 67-76.

These differences are important because a critical factor in the success of 12-step programs is the opportunity to share experiences with others who have suffered similar problems. When adolescents cannot identify with others in the group, or when they feel unsafe, they are unlikely to experience the program's benefits.

This does not mean, however, that the 12-step model is altogether inappropriate for adolescents. In fact, the process of group sharing, a basic tenet of 12-step approaches, may be well suited to this stage of development. Youth who were surveyed about their perceptions and use of AA/NA reported that what they most enjoyed was the group process. It was through this interaction that they received feelings of encouragement and hope.¹¹ Researchers also found that when adolescents engage in a group process, it can “reduce feelings of shame, alienation, depression and isolation.”¹²

This information points to a critical need for youth-specific groups and other sober support options that offer youth an opportunity to interact with peers in an atmosphere of open communication and trust. In developing these opportunities, courts should consider a broad range of activities that may be available in the average community. For some youth, meaningful peer connections may be found through a sport, art, or music program; for others it may be a faith-based resource, or even a community center that offers a variety of services.

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To ensure that youth benefit from sober support mandated by the court, court professionals need to be aware that attendance does not indicate engagement or involvement.¹³ Even when youth attend faithfully, they may not be engaging in the group or experiencing the sense of connection necessary to help them maintain sobriety. This can be gauged only by exploring with each youth his or her impression and experience of the group.

Two to three sessions of sober support per week may be optimal for adolescents.

In many adult drug courts, “90 meetings in 90 days” is the typical requirement for sober support, and it is not uncommon for juvenile courts to follow the same practice. But for adolescents, it’s not clear that daily attendance is necessary or beneficial.

A 2008 study of youth found that just two to three sessions of sober support in a week (equivalent to 36 meetings in 90 days) is enough to increase sobriety for youth.¹⁴ In light of this finding, the researchers caution juvenile courts not to over-expose youth to sober support. Instead, they suggest that for youth with less severe problems, the court might consider approaches that are not based on a 12-step philosophy – such as family therapy, extrication from peer groups, etc.¹⁵

The spiritual focus of AA/NA groups may engage adolescents who are seeking a sense of connectedness.

In a study about substance use and abuse in adolescents, Lisa Miller and colleagues concluded that spirituality – whether within or outside of religion – has value and influence in an adolescent’s life.¹⁶ In light of this, some adolescents who report a “personal relationship with the Divine” may be less likely to become addicted to alcohol or other drugs.¹⁷

Based on these findings, it appears that spiritually based approaches to sober support have the potential to engage many adolescents, particularly those who are seeking a sense of spiritual connectedness. However, it is important that each youth be carefully matched to a type of sober support that best aligns with the youth’s beliefs and values.

Courts can legally mandate attendance at sober support meetings including AA/NA—but all youth must have the choice between AA/NA and secular programs.

As a result of Federal court decisions, officials may not order mandatory participation in religious programs (including AA and NA) unless a secular alternative can be offered. Therefore, if a youth objects to the 12-step approach on religious grounds, and there is no other form of sober support available in the community, the juvenile court is prohibited from requiring the youth to participate. For details of the applicable case law, see page 12 of this brief.

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Things to consider before mandating youth to attend sober support groups

- First, in partnership with your treatment provider, determine if sober support group attendance is really necessary for the individual. In some cases a peer activity (such as sports or art classes) may be a better match to address the youth's needs for structured free time that promotes a drug-free lifestyle. Also consider a mentor if the youth needs support and guidance.
- Assess the safety of the sober support group by visiting an open meeting in your area. Make certain that both girls and boys would be safe from exploitation and open drug use.
- Meet with the group host to find out if youth are accepted or if there is a youth-specific meeting available in the area.
- Determine whether the meeting locations and times are accessible to youth. Many meetings geared to adults are held in the evenings, and this might pose transportation challenges or place youth at risk.
- Allow youth to visit more than one group to find a good match.
- Sober support groups are not considered clinical treatment. They are most effective as an adjunct to treatment and as a continuing support after treatment.
- The court cannot monitor what happens in a sober support group. Because one of the key underpinnings of sober support networks is confidentiality, attendees feel more comfortable to express their feelings and talk about their personal stories when they can be confident that what they say will stay in the group.
- One-on-one support through a mentor or sponsor can be helpful for youth attending sober support meetings. However, it is important to screen potential mentors to ensure that they are appropriate.

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When alternatives are not available in your community

If you can't find an appropriate support network for your population of young people, consider bringing a group of stakeholders together to create new support networks in your community.

There are a number of resources available to help you start new services. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers materials on their Web site, including:

- A Web cast that provides basic information about mutual support groups
<http://ncadi.samhsa.gov/multimedia/webcasts/w.aspx?ID=266>
- A guide on implementing services: What are Peer Recovery Support Services?
www.rcsp.samhsa.gov
- Grants are also available through the Recovery Community Service Program (RCSP) to establish recovery support services with funds from SAMHSA.
<http://www.samhsa.gov/grants/2010/ti-10-010.aspx>

Sober support options

We encourage you to explore all of the sober support options available in your community. Within a given network there may be a variety of alternatives – groups specific to women/girls, Spanish-speakers, or young adults.

Option	Description	Method of Delivery	For More Information
Alcoholism and Addictions Help Forum	This Web site, sponsored by the Sober Recovery Community, can help youth find and link to 12-step support meetings offered online every day of the week.	Online	soberrecovery.com/forums/
Recovery Community Services Program (RCSP)	The Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) funds grant projects across the country to develop and deliver these services. Check to see if your community is funded; if not, consider applying.	Community based	rcsp.samhsa.gov/_pubs/peer_rss.pdf
Young, Sober, & Free	This Web site is a place for young people to share their stories, download songs and publications that support sobriety, and link to 12-step groups.	Online	YoungSoberFree.com
Alcoholics Anonymous [Narcotics Anonymous]	Alcoholics/Narcotics Anonymous is a voluntary, worldwide fellowship of men and women who meet together to attain and maintain sobriety through the suggested 12-step model. There are no fees or dues. Their Web site offers publications for youth (i.e., A Message to Teenagers, Young People and AA, or Too Young?) that can be downloaded.	Online & community based	aa.org na.org
LifeRing Recovery	This network of groups supports abstinence recovery methods that rely on human efforts rather than on divine intervention or faith-healing. Groups are led by volunteer conveners. In addition, there are 24/7/365 forums, online chats, and email lists.	Online & community based	Unhooked.com
SMART Recovery®	SMART Recovery® (Self-Management And Recovery Training) is an international non-profit organization that offers free, self-empowering, science-based mutual help groups for abstaining from any substance or activity addiction. Support groups are also available online.	Online & community based	Smartrecovery.org
Daily Strength	This online support-group network provides access to 500+ support groups. All services are anonymous and free.	Online	dailystrength.org
The Pocket Sponsor®	Pocket Sponsor is a recovery meditation book. It provides a recovery meditation and positive statement for every hour of the day for 31 days. \$7.95.	Publication	pocketsponsor.com
Women for Sobriety	WFS is a self-help program for women with problems of addiction. Its precepts take into account the very special problems of women in recovery. Check the Web site for groups in your area.	Online & community based	womenforsobriety.org

The case law on sober support groups

Though there is no case law specifically regarding mandating juveniles to AA/NA, the Supreme Court's view of mandating religious-based support groups is clear in several court cases. It is therefore critical that judges, defense counsel, prosecutors, and probation staff be knowledgeable about the case law surrounding this issue.

The First Amendment to the U.S. Constitution provides that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof." The Fourteenth Amendment makes the provisions applicable to the States.

Justice Black wrote in *Everson v. Board of Education of Ewing Township*, 330 U.S. 1, 15-16, 67 S.Ct. 504, 91 L.Ed.711 (1947), the first modern Establishment Clause case, that the clause "means at least" that "[n]either a state nor the Federal Government...can force nor influence a person to go to or to remain away from church against his will or force him to profess a belief or disbelief in any religion. No person can be punished for entertaining or professing religious beliefs or disbeliefs, for church attendance or non-attendance." In addition, "It is beyond dispute that, at a minimum, the Constitution guarantees that government may not coerce anyone to support or participate in religion or its exercise" *Lee v. Weisman*, 505 U.S. 577, 587 (1992). Both cited in *Inouye v. Kemna*, 504 F.3d 705,713 (9th Cir 2007).

Federal case law interpreting the First Amendment Establishment Clause has determined that Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are religious programs and has prohibited courts and prison officials from ordering mandatory participation by probationers, parolees, and inmates in either program when no secular alternative is available.

A summary of each of the cases is outlined with their findings on the following page.

An overview of the cases

Findings	Case Summaries
<p>AA/NA are religion-based as a matter of law.</p>	<p>GRIFFIN V COUGHLIN 88 N.Y.2D 674 (N.Y. 1996) The Court held: “under the Establishment Clause of the United States Constitution’s First Amendment, an atheist or agnostic inmate may not be deprived of eligibility for expanded family visitation privileges for refusing to participate in the sole alcohol and drug addiction program at his State correctional facility when the program necessarily entails mandatory attendance at and participation in a curriculum which adopts in major part the religious-oriented practices and precepts of Alcoholics Anonymous” 88 N.Y.2D 674, 677. This case contains a detailed discussion of AA/NA and the reasoning adopted by the Court in finding that AA “expressions and practices constitute, as a matter of law, religious exercise for establishment clause purposes” 88 N.Y. 2D 674, 683.</p> <p>KERR V FARREY 95 F.3d 472 (7th Cir. 1996) The Seventh Circuit Court of Appeals found that a state correctional institution violated the Establishment Clause of the First Amendment by requiring an inmate, subject to penalties, to attend a substance abuse counseling program with explicit religious content. NA was the only substance abuse program available to the inmates. The Court found NA to be “fundamentally based on a religious concept of a Higher Power” 95 F.3d 472, 480.</p>
<p>It is a violation of the Establishment Clause to mandate religious-based programs when no secular options are offered.</p>	<p>WARNER V ORANGE COUNTY DEPARTMENT OF PROBATION 115 F.3d 1068 (2d Cir. 1997) Warner pleaded guilty to driving drunk and without a license, his third alcohol-related driving offense in little more than a year. He was sentenced to probation and ordered to attend Alcoholics Anonymous at the direction of his probation officer. Warner was offered no choice of therapy programs. After attending AA for a period of time, Warner complained to his probation officer that, as an atheist, he found the religious nature of the AA meetings objectionable. He was ordered to continue his attendance and later required to attend “Step meetings” devoted to discussion of AA’s Twelve Steps. He was also required to find a more advanced AA sponsor. The Second Circuit Court of Appeals found the AA meetings to be “intensely religious events” and forcing Warner to attend violated the Establishment Clause of the First Amendment. The fact that Warner was given “no choice of therapy providers” was significant.</p> <p>INOUYE V KEMNA 504 F.3d 705 (9th Cir 2007) Inouye, a methamphetamine addict sentenced for drug crimes, was released on parole and later required by his supervising officer to attend the Salvation Army’s Addiction Treatment Services program which required participation in AA/NA meetings. Inouye, a Buddhist, objected to the religious content of the AA/NA programs. The Court determined that Inouye had not been given a choice of programs and ruled that requiring him to attend a religion-based treatment program violated the Establishment Clause of the First Amendment.</p>
<p>When a program provides secular and religious selfhelp meeting options, it is not in violation of the Establishment Clause to mandate attendance.</p>	<p>O’CONNOR V CALIFORNIA 855 F. Supp. 303 (C.D. Cal. 1994) O’Connor was convicted of DUI and placed on probation. He was court ordered to enroll in an alcohol and drug education program. The program required O’Connor to attend weekly “self-help” meetings. AA and Rational Recovery, a non-twelve step alternative, were both pre-approved programs. Other programs required special approval. Many AA meetings were available but only five Rational Recovery meetings were offered per week. The Court considered it significant that there was a choice of programs to attend and ruled that requiring a person convicted of drunk driving to attend a selfhelp program, where the principal program available was AA, did not violate the Establishment Clause of the First Amendment to the Constitution.</p>

Conclusion

Courts are connecting substance-abusing youth to sober support groups and resources with the hope that they will help young people attain and maintain sobriety through a drug-free lifestyle. However, we know that no single “treatment” is appropriate for everyone. Matching services to a youth’s particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, school, and community.¹⁸ This requires that professionals work to seek out, closely examine, and even create a variety of options for safe, age-appropriate, faith-based, and secular support networks for youth. A good match will likely improve outcomes for youth.

READER’S CHALLENGE

Take what you have learned in this technical assistance brief and apply it to the case study on page one. What would you do for Luis?

Endnotes

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³ Office of National Drug Control Policy. (2003). Drug Policy Information Clearinghouse Fact Sheet, downloaded from <http://www.dojconnect.com/docs/pubs/DrugDataSummaryFactSheet.pdf>

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⁹ Chassin, *Id.*

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¹¹ Kelly et al., *Supra* note 8.

¹² Kelly et al., *Supra* note 8. at 58.

¹³ Miller, W.R. (2003). What do we know about Alcoholics Anonymous and treatment? *Alcoholism: Clinical and Experimental Research*, 27, 524-532.

¹⁴ *Supra* note 7.

¹⁵ *Supra* note 10. page 301.

¹⁶ Miller, Davies & Greenwald. (2000). Religiosity and substance use and abuse among adolescents in the National Co-morbidity Survey. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(9), 1190-1197. Subjects were 676 (328 female and 348 male) adolescents in the National Co-morbidity Survey who were assessed for substance use and abuse with the Composite International Diagnostic Interview.

¹⁷ *Id.*

¹⁸ National Institute on Drug Abuse. (2009). *Principles of drug addiction treatment: A research-based guide, 2nd edition*. Washington, DC: Author. NIH Publication 09-4180.

Additional reading

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Contributing Authors:

Margaret L. Borg
 Susan James-Andrews
 Jacqueline van Wormer, M.A.
 Guy A. Wheeler
 Susan A. Yeres, Ed.D.

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Iris A. Key
 Assistant Director

Jessica M. Pearce
 Projects Coordinator

Wendy L. Schiller
 Information Specialist

Juvenile and Family Law Department
 National Council Of Juvenile And Family Court Judges

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NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES
 P.O. Box 8970
 Reno, NV 89507
www.ncjfcj.org

Mary V. Mentaberry
 Executive Director
 National Council Of Juvenile And Family Court Judges

Shawn Marsh, Ph.D.
 Director
 Juvenile and Family Law Department
 National Council Of Juvenile And Family Court Judges