The Community 6 A's:

Recommended Practices for Talking With Youth About Alcohol Use

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These Recommended Practices were developed for the Community Integrated Service Systems (CISS) project to support local communities in their efforts to improve service delivery systems for prevention and health promotion. The Federal Bureau of Maternal and Child Health funded the project.

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Introduction

A community (any group of people) may wish to follow six steps to successfully intervene, at the community level, in youth drinking. The Community 6 A's described here are the recommended practices for talking with youth about alcohol use. Intervening means everything from talking about alcohol, to determining if youth and their peers are drinking, to helping a drinking, pregnant youth seek help to stop drinking.

The six practices, or Community 6 A's, are intended to be sequential. They may happen, step by step, in one conversation, or over several.

Not everyone in the community will play an active role in every step of preventing youth from drinking alcohol. But all of the community partners will want to be aware and supportive of the community's efforts. Community partners are people who have contact with youth and are committed to serving their needs. Community partners can be found in schools, faith communities, businesses, law enforcement agencies, etc.

The Community 6 A's will support the work of health professionals who are addressing alcohol use among youth in clinical settings.

Terms that you find in *italics* are defined in the Glossary of Terms beginning on page 12. The paragraphs that are grayed pertain specifically to talking with pregnant young women and their partners.

The rationale for these practices can be found in the full report *Promising Practices for Alcohol and Tobacco Prevention Among Youth* developed for the MN Department of Health CISS Project, November 2000. The full report and this summary are available from www.health.state.mn.us/divs/fh/chp/ciss/index.htm.

The Community 6 A's

The Community 6 A's are the recommended practices for talking with *youth* about alcohol use. Implementing these practices, step by step, will create healthy norms around drinking alcohol in your community. The practices are:

Agree

The first step towards a successful *community* intervention is for *community partners* to meet and agree upon their vision, mission and goals about alcohol use among youth. What community norms do you hope to instill? What messages do you want youth to understand about drinking?

Ask

Each community partner has a role in asking, or *screening* youth about alcohol use. Talking with youth about alcohol use and giving the *consistent messages* agreed upon in the first step helps community partners instill positive *community norms* around drinking alcohol.

Advise and Assess

Each *community partner* has a role in advising or educating youth about the consequences of alcohol use, and assessing if a change in behavior is needed. This may also be called a *brief intervention*.

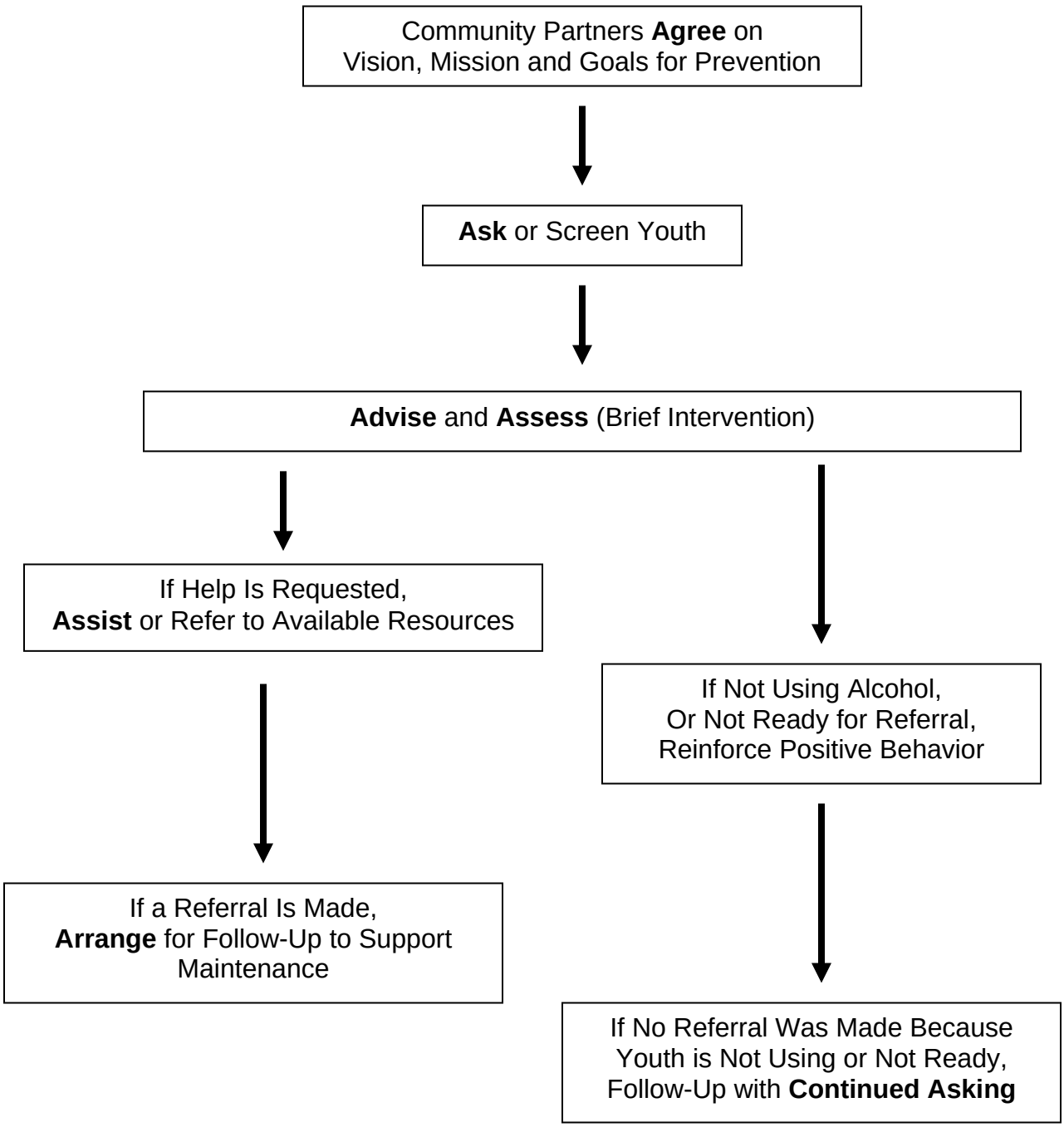
Assist

Each community partner has a role in assisting youth with finding help, if needed, for their alcohol use. This may also be called a *referral*.

Arrange

Each community partner has a role in arranging for *follow-up* to support youth in changing their drinking behavior.

The Theory of Action
For Preventing Alcohol Use Among Youth



Agree

The first step towards a successful community intervention is for *community partners* to meet and reach consensus on their vision, mission and goals about alcohol use among youth.* What community norms do you hope to instill? What messages do you want youth to understand about alcohol use?

Practical Steps for Community Partners:

- Learn about the community's demographic composition and norms about alcohol use. This knowledge will help the community partnership develop appropriate, effective and consistent messages, programs and services for youth.
- Participate directly or indirectly in the continuum of asking, assessing, advising, assisting and arranging follow-up for alcohol intervention among youth.
- Provide messages, programs and services for youth that are *culturally specific* and relevant.
- Serve as public advocates for alcohol use prevention among youth.
- Act as role models for alcohol use prevention among youth.
- Develop and test all prevention messages for youth with youth.
- Focus the prevention efforts on both the general population and those the community defines as "*at risk*".
- Receive training on each of the practices. This will assure the quality of your prevention effort.
- Determine how their sites may be a place to practice one or all of the strategies for talking with youth about alcohol use.
- Assure that alcohol prevention programs are *multifaceted*, use a *trained-peer format*, include short and long-term goals, and are *evaluated*.
- Work with *Coordinated School Health* prevention efforts that focus on building skills for decision-making, refusal and communication.

* For tools to assist you in building a community partnership and reaching consensus on goals and messages, please see *Prevention Planning Tools: A Self-Guided Set of Tools For Use with Community Partners,* developed for the MN Department of Health CISS Project, April 2001. These worksheets are available from www.health.state.mn.us/divs/fh/chp/ciss/index.htm.

Ask

Talking with youth about alcohol use and giving the *consistent messages* agreed upon in the first step helps community partners instill positive *community norms* around drinking alcohol.

Practical Steps for Community Partners:

- Ask youth about their alcohol use in terms of quantity (how much), frequency (how often) and duration (for how long).
- Support a common standard for identifying drinking behaviors among youth. (A *validated screening tool* should be used if one is available and appropriate to the setting.)
- Assess youth based on the five stages through which youth proceed to use alcohol: anticipation, initiation, experimentation, habituation and addiction.*
- Explain concerns and/or screening results, and provide an explicit and consistent message about the possible consequences of alcohol use.
- Encourage and reinforce non-drinking. Periodically ask again, or re-screen for alcohol use.
- Ask young women who are pregnant or who have recently delivered about their alcohol use. Use a *validated alcohol screening tool* if appropriate and proven effective with a pre-natal population.
- Screen young women and their partners, giving them an explanation of screening results; education about the possible negative effects of alcohol to the fetus and infant; and an explicit and consistent message to abstain from alcohol during pregnancy, when breastfeeding and when caring for children.

* For more information about these stages, please see page 15.

Advise and Assess

Each *community partner* has a role in advising or educating youth about the consequences of drinking alcohol, and assessing if a change in behavior is needed. This may also be called a *brief intervention*.

Practical Steps for Community Partners:

- Send consistent messages about the consequences of drinking and reinforce the benefits of not drinking.
- Use a respectful approach and center on the needs of the youth. Include *structured feedback* and *participation*. Emphasize the youth's responsibility for change.
- Determine the youth's readiness to change by identifying the youth's particular *stage of change*: pre-contemplation, contemplation, determination, action, maintenance or relapse.*
- Negotiate goals and review strategies for behavior change through the use of *motivational interviewing*.
- Combine a variety of approaches to help move youth toward behavior change. These approaches include: raising awareness of the problem, giving advice, removing barriers, providing feedback and clarifying goals.

- Provide information about alcohol use that includes the impact of alcohol on a youth's body and mind, and on a developing fetus; ways to stop drinking; and coping strategies for the challenges of adolescence, sobriety and pregnancy.
- Use a respectful approach and center on the needs of the young woman. Include structured feedback and participation. Emphasize the woman's responsibility for change.
- Educate about the impact of drinking alcohol during pregnancy. Focus on the myths and misconceptions about the impact of alcohol to the developing fetus; the myths and misconceptions about it's effect on labor and delivery; and misconceptions about the role of alcohol in stress management and weight control.
- Provide information on the impact of alcohol on the developing fetus; ways to stop drinking during pregnancy and breastfeeding; and coping strategies for the challenges of pregnancy and sobriety.
- Assess a young woman's partner and/or the father of the unborn baby for alcohol use. A partner's drinking, as well as a young woman's living/social/familial circumstances, contributes to her risk for use.
- Give verbal support and reinforcement, including information about the benefits of abstaining from alcohol during and after pregnancy.

* For more information about these stages, please see page 16.

Assist

Each community partner has a role in assisting youth with finding help, if needed, for their alcohol use. This may also be called a *referral*.

Practical Steps for Community Partners:

- Identify available and accessible resources for youth regarding alcohol use.

- Refer to resources based on specific needs and the youth's readiness to change by considering and respecting the youth's:
  - drinking history;
  - existing emotional/behavioral/psychiatric conditions;
  - social and familial factors;
  - gender, cultural and ethnic background.

- Promote activities that include awareness raising, education, diversion programs, and accessible alcohol treatment programs designed specifically for the needs of youth.

- Coordinate referrals through interagency agreements and based on the specific needs of the pregnant youth. The referral includes information about the young woman's history of alcohol use before and anytime during pregnancy, and her current use.

Arrange

Each community partner has a role in arranging for *follow-up* to support youth in changing their drinking behavior.

Practical Steps for Community Partners:

- Reinforce and encourage positive behavior changes through regular follow-up with youth.
- Negotiate with youth, and track and monitor progress towards reduction or cessation of drinking.
- Continue to ask, or re-screen the young woman who is pregnant or has recently delivered, and assess her need for additional support and referral for treatment/cessation.
- Follow-up with pregnant youth to plan, implement and monitor positive changes in drinking behavior.

Glossary of Terms

at risk — those who may be particularly vulnerable to alcohol and/or tobacco use. The federal office of Substance Abuse Prevention often identifies youth "at risk" as: abused and/or neglected youth, homeless or runaway youth, physically or mentally handicapped youth, pregnant teens, school drop-puts, children of abusers of alcohol and other drugs, latchkey children, and economically disadvantaged youth. However, some claim that *all* youth, by definition are "at risk" for alcohol/tobacco use.

assessment — a structured evaluation by a trained professional of a client's substance use history and concurrent problems. It is the second step in a process that starts with screening, moves to evaluation and diagnosis, and finally to treatment, if warranted.

brief intervention — a primary prevention strategy to help individuals and their families make necessary changes in problem behaviors and to take responsibility for self-care. Common and critical components include:

- concrete identification of the problem to the individual and determining readiness to change
- advice to change or alter behaviors in order to achieve and maintain a particular health goal
- monitoring of progress and feedback to the individual

community — a community can be defined by geography, culture, a school, a family, etc. Different groups within a "community" may have different norms.

community norms — community norms are the prevailing attitudes that determine what is acceptable and unacceptable behavior. Community norms may be based on perception or reality.

community partners — community members that come together with an identified commitment to work together towards a common goal. The key players can include individual residents, health care providers, business, state, and local health departments, private and non-private healthcare organizations, labor, educators, environmental advocates, community-based organizations, and the media. Partnerships among diverse community groups increase the possible effectiveness of public health interventions.

consistent messages — words or phrases that convey meanings intended to influence behavior change or promote healthy behaviors. Consistent messages are supportive of each other and communicate a same value. Consistent messages do not necessarily use the exact same words.

Coordinated School Health	emphasizes the interrelationships among components and collaboration among staff, school administrators, and concerned community members to take concerted actions to achieve a common vision. A school health program that effectively addresses student health would include eight components: health education, health services, healthy and safe school environment, school counseling, mentoring and social services, parent and community involvement, healthy and nutritious food services, physical education, and health promotion.
culturally specific	structures and programs that mirror, complement and empower the cultures being served.
evaluation	the process of analyzing an intervention to determine (1) whether the stated objectives occurred, (2) the effect of the intervention on the target population, and/or (3) to assess if procedures used were consistent with the project's design. There are three primary types of evaluation outcome, impact, and process.
follow-up	the process of communicating to individuals the results of services and the appropriate information and recommendations.
intervention	an activity that prevents disease or injury, or that promotes health in a group of people. Interventions can occur on an individual, community, or *system* level.
motivational interviewing	a method of helping people to recognize and take action regarding a problem behavior, including alcohol and tobacco use. Motivational interviewing collects information from the individuals in order to promote self-esteem, increase feelings of self-efficacy, generate cognitive dissonance, and direct the conflict towards behavior change.
referral	a way in which individuals, families, groups, organizations are assisted to use available resources to prevent or resolve a problem. The steps in this process include: • establish a working relationship • establish the need for referral • set objectives for a referral • explore available resources • guide to resources • evaluate
screening	involves obtaining information in a standard way to identify those with probable substance abuse problems or those at high risk of developing substance abuse problems. Screening for alcohol and tobacco use might involve: • unstructured interviews • questionnaires • biomarkers (i.e. measuring blood alcohol level)

stages of change	a model of behavior change outlining six stages through a person moves in order to make positive behavior changes. The six stages are: precontemplation, contemplation, determination, action, maintenance, and relapse. The model maintains that a person must be "ready" in order to enter, continue, and adhere to a particular change strategy. *Note: There are other models of behavior change that may be used. This document features Prochaska-DiClemente, however this does not imply that it is the exclusive model.*
structured feedback	a strategy of brief intervention in which the individual is given the opportunity to carefully consider their present situation. It emphasizes the individual's responsibility for change through explicit messages and clear goals for behavior change.
system	a set of parts coordinated to accomplish a set of goals. In essence, a system is a set or group of interconnected, interdependent components that form a complex whole. Systems involve three essential elements: 1) purpose or goals; 2) components-structures and processes; and 3) components that must communicate in order to be coordinated. The central thread of any system is information and the flow of information between various links of the communication network that supports the operation of the systems.
trained-peer format	youth of similar ages have certain advantages over adults in teaching their peers Their "cognitive framework" will be more similar to their peers, so they may be more able to understand the subject matter in the same way as their peers, and be able to present it in terms their peers understand. Also, because they are more like those they are teaching, they will be better able to model the behavior. The teaching peers receive training, and in turn teach their peers. Programs that utilize this method of teaching and learning are said to have a "trained-peer format".
treatment	a variety of interventions to address an individual's use and abuse of tobacco, alcohol, or other drugs. Elements of comprehensive treatment include detoxification if needed, abstinence orientation, self-help group attendance, group therapy, education, family involvement and treatment, pharmacotherapy and aftercare.
youth	the time of life between childhood and maturity. Adolescence.
validated screening tool	a research instrument that actually measures what it was designed to measure. The best-developed substance use screening instruments are specifically designed to measure alcohol use. These typically focus on extracting information on the amount and frequency of alcohol use or on identifying alcohol-related behavior problems.

The Development of Substance Use Behavior: Stages and Process

It is generally accepted that youth move through five stages to become users of alcohol and tobacco. These five stages are: anticipation, initiation, experimentation, habituation and addiction.

During these stages, various psycho social risk factors influence substance use behavior, behavior that is socially rooted and reinforced. Despite the age at which youth first try alcohol or tobacco, they all seem to progress through a series of stages that take them from receptivity to dependence.

- The first stage is *anticipation*. It is the preparatory stage where attitudes and beliefs about alcohol/tobacco are formed. At this stage, the youth may see drinking or smoking as a way to appear older, deal with stress, make friends, or be independent. The psycho social risk factors include the media and adult role models.

- The second stage is *initiation*. It is the stage at which youth first try alcohol or tobacco. Peers are typically key to providing encouragement for beginning use. The psycho social risk factors include peer influences, the belief that use in normal, and the availability of alcohol or tobacco.

- The third stage is *experimentation*. This stage usually involves repeated, though irregular patterns of use. Use is usually in response to a situation, such as a party. The psycho social risk factors include social situations and peers, low self-efficacy to refuse (they don't feel confident about refusing), and the availability of alcohol or tobacco.

- The fourth stage is *habituation*. This is the stage of regular use. Youth may smoke or drink across a variety of situations and personal interactions. The psycho social risk factors include peers who smoke and drink, and lack of restrictions on smoking or drinking in the home, school and community.

- The final stage is *addiction*. This stage is characterized by a physiological need for tobacco or alcohol. This need involves a tolerance for nicotine or alcohol, withdrawal symptoms if the youth tries to quit, and a high chance of a relapse after quitting.

Since young people may become regular users in two to three years, the middle school, junior high, and senior high school years are a critical time for prevention efforts. Over the seven years of adolescence, from 11-17, developmentally appropriate prevention programs should be delivered.

Source: U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Smoking and Health, 1994.

Stages of Change

Prochaska and DiClemente describe six stages that people pass through in the course of changing problem behaviors such as alcohol or tobacco use. These stages are precontemplation, contemplation, determination, action, maintenance, and relapse.

The Stages of Change model, as it is called, is based on the trans-theoretical model that involves 10 processes of change: consciousness raising, self-liberation, social liberation, self-reevaluation, environmental reevaluation, counter conditioning, stimulus control, reinforcement management, dramatic relief, and helping relationships.

- The first step to change is *precontemplation*. Precontemplators are not considering the possibility of change, and may even avoid behavior change. People in this stage need information and feedback to raise their awareness of the problem and the need to change.

- The second step to change is *contemplation*. Contemplators are ambivalent about the need to change, they weigh the risks and benefits without a definite commitment to make a change. People in this stage are gathering information and use self-reevaluation to move them to take action.

- The third step to change is *determination*. Determination is the stage of high motivation. People in this stage require affirmation, support, and guidance to select strategies that will help them take action and succeed.

- The fourth step to change is *action*. In this stage people take specific steps to bring about behavior change. People in this stage use self-liberation and report more self and social reinforcement for their behavior change. They also use more helping relationships for support and understanding.

- The fifth step to change is *maintenance*. During this stage, the challenge is to sustain the behavior change and prevent relapse.

- The sixth step to change is *relapse*. People in this stage need support and social reinforcement to return to the maintenance stage.

Source: Prochaska JO and DiClemente CC. (1983) Stages and Processes of Self-Change of Smoking: Toward an Integrative Model of Change. *Journal of Consulting and Clinical Psychology*. Vol 51, No. 3:390-395.

Citation for *Promising Practices* Report

This is a summary of the full report: *Promising Practices for Alcohol and Tobacco Prevention Among Youth* developed for the MN Department of Health CISS Project, November 2000. The full report and this summary are available from www.health.state.mn.us/divs/fh/chp/ciss/index.htm.