SANCTIONING PRACTICES IN AN ADULT FELONY DRUG COURT

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Administering negative sanctions to clients for program infractions, and therapeutic consequences for insufficient progress in treatment, are among the key components of the drug court model, yet little research has investigated whether drug courts administer sanctions and therapeutic consequences in accordance with effective principles of behavior modification. A descriptive case study of a felony pre-adjudication drug court (N = 105) revealed that sanctions and therapeutic consequences were typically administered on a progressive gradient, in which lower-magnitude consequences tended to be administered for earlier infractions followed by higher-magnitude consequences for repetitive infractions. There were exceptions, however, for participants who had been issued a bench warrant for absconding from the program or failing to show for court hearings. For those individuals, higher magnitude consequences, including jail detention, house arrest, and show-cause hearings, were more likely to be imposed or were imposed more readily after a smaller number of infractions. Consequences also were generally administered in accordance with participants' expectations about the relative severity or burden of those consequences. Because this study was exploratory and involved a single drug court program, the results are preliminary and must be replicated. However, the data suggest that some drug courts may be capable of applying sanctions and therapeutic consequences in a manner consistent with effective principles of behavior modification.

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ARTICLE SUMMARIES

BEHAVIOR MODIFICATION

[1] While drug courts impose negative sanctions upon clients in the hopes of changing their behavior, there is little research examining whether drug courts actually succeed in applying sanctions in accordance with accepted behavioral principles.

METHODS

[2] The sample of drug court clients was drawn from a felony post-plea, pre-adjudication drug court in Philadelphia, PA. Researchers were present at all court hearings; additionally, client perceptions of sanctions were gathered through interviews.

RESULTS IN SANCTIONING

[3] Drug court clients usually received sanctions in order from lightest to heaviest and in proportion to their infractions. Those who were returned on bench warrants were an exception to this trend. Client perceptions were in line with court intent.

DISCUSSION

[4] Sanctions imposed in the drug court in question appear to conform to the existing literature on behavioral modification.

INTRODUCTION

Imposing sanctions on clients for program infractions is one of the key components of the drug court model (NADCP, 1997; Tauber, 2000). Some behaviors cannot be permitted to recur and must be reduced quickly in the interest of public safety. Drug court personnel and the public at large need to be confident that drug-abusing offenders—who may only be out on the street because of a diversionary or probationary opportunity—are not continuing to engage in risky activities such as crime or substance misuse (e.g., Harrell & Roman, 2001).

[1] It is an open question, however, whether drug courts administer sanctions in accordance with effective principles of behavior modification. When applied incorrectly, sanctions can bring with them a host of negative side effects that fail to improve outcomes and may actually make outcomes worse (Martin & Pear, 1999; Newsom, Favell, & Rincover, 1983; Sidman, 1988). For example, individuals who are exposed to severe sanctions often will do everything in their power to avoid the sanctions, such as absconding from the program, lying, or tainting their urine specimens. As a result, staff members may spend an inordinate amount of time attempting to overcome clients' resistances rather than conducting effective counseling. In addition, individuals who receive excessive sanctions may become depressed or angry, which can interfere with the development of an effective therapeutic relationship (Seligman, 1975; Schottenfeld, 1989).

There is a common misconception among many criminal justice professionals that sanctions tend to be most effective at high magnitudes. In fact, research suggests sanctions tend to be least effective at the lowest and highest magnitudes and most effective within the mid-range (Marlowe, 2007; Marlowe & Wong, 2008). Weak sanctions can precipitate "habituation" in which the individual becomes

accustomed to being punished (Marlowe & Kirby, 1999). Not only will this fail to improve behavior, it can make behavior worse by increasing the client's ability to withstand sanctions and hindering the credibility of the program. At the other extreme, sanctions that are too severe in magnitude can lead to "ceiling effects" in which further escalation of punishment is impracticable (Marlowe & Kirby, 1999). After an offender has been jailed, for example, the authorities may have used up their armamentarium of sanctions. Worse still, the offender may realize that the available options have been exhausted. At this point, future efforts to improve that individual's behavior may be quite challenging.

For this reason, drug courts were designed to administer a wider range of intermediate-magnitude sanctions that can be ratcheted upward or downward in response to clients' behaviors (NADCP, 1997). For example, clients might receive writing assignments, increased supervision requirements, fines, community service, or brief intervals of jail detention for noncompliance in the program. The sanctions are intended to be administered on a graduated or escalating gradient, in which the magnitude of the sanction increases progressively in response to successive infractions. This can enable drug courts to navigate between habituation and ceiling effects by matching the magnitude of sanctions to the severity and repetitiveness of clients' infractions.

Unfortunately, little research has investigated how sanctions are actually applied within drug court programs. Nearly all of the existing studies have focused on how clients and staff members *perceived* the utility of sanctions. For example, several researchers have conducted confidential focus groups with drug court participants to learn whether they considered sanctions to be a motivator to perform well in treatment. The results generally confirmed that participants viewed the threat of sanctions to be a potentially powerful inducement to succeed in the program, but only when they felt the magnitude of the sanctions was reasonable in light of

the seriousness or repetitiveness of infractions (Cooper, 1997; Goldkamp, White, & Robinson, 2002; Satel, 1998). Sanctions generally were viewed as detrimental to treatment goals when they were perceived as excessive in magnitude, or when it was difficult to predict the type or severity of the sanction that was likely to be imposed for specific infractions.

A recent qualitative survey found that staff members in drug courts similarly perceived sanctions to be potentially efficacious, but mostly for properly motivated or "sincere" clients (Lindquist, Krebs, & Lattimore, 2006). In that same study, staff members in drug courts reported that they applied a wider range of sanctions as compared to traditional criminal courts; the sanctions were reportedly more treatment-oriented as opposed to punitive in nature; and a greater emphasis was reportedly placed on tailoring the sanctions to the needs of the individual as opposed to emphasizing issues of standardization and equivalency.

The use of treatment-oriented or therapeutic sanctions has generated particular controversy within drug courts. Increasing treatment requirements in response to misbehavior could give the inadvertent message to clients that treatment is aversive and thus something to be avoided. For this reason, many drug courts distinguish between punitive sanctions for noncompliance with program requirements and therapeutic consequences for insufficient progress in treatment (Marlowe, in press). A client might, for example, receive a verbal reprimand or community service for failing to show up for counseling sessions, but might be required to attend a more intensive modality of treatment or more frequent self-help groups in response to continued drug-positive urine results. Unfortunately, little research exists to indicate whether clients recognize a meaningful distinction between therapeutic as opposed to punitive consequences.

Only two studies have been located that measured the effects of sanctions on drug offenders' outcomes. One correlational

study reported that outcomes in drug courts were significantly better among participants who perceived a direct and immediate connection between their own conduct and the imposition of sanctions and rewards in the program (Marlowe, Festinger, Foltz, Lee, & Patapis, 2005).

Another study randomly assigned drug-involved arrestees in a pre-trial supervision program to (1) the standard regimen of pre-trial services; (2) an intensive day-treatment program; or (3) a graduated sanctions condition, in which urine specimens were collected randomly on a weekly basis and participants received progressively escalating sanctions (including jail stays of up to 3 to 7 days) for positive results (Harrell, Cavanagh, & Roman, 1999). Contrary to expectations, the results revealed that participants preferred the sanctions condition to day treatment. Only 40% of participants assigned to day treatment agreed to participate in day treatment, whereas 66% of participants assigned to the sanctions condition agreed to comply with the sanction requirements (Harrell et al., 1999). Focus-group inquiries provided a possible explanation for this surprising finding. The participants reportedly objected to the substantial time burden and intrusiveness associated with day treatment, which outweighed the minimally intrusive procedures employed in weekly urine collection (Harrell & Smith, 1997). This suggests the participants might not have perceived a clear distinction between therapeutic and punitive consequences. Rather, they tended to view day treatment as a form of a sanction.

Importantly, in that same study, participants in both the treatment condition and the sanctions condition had lower rates of drug use than those receiving standard pre-trial services. However, participants in the sanctions condition had the best outcomes because they also had lower re-arrest rates extending out to 1 year post-entry (Harrell et al., 1999). These results confirmed that graduated sanctions, including

the threat of brief intervals of jail detention, could be acceptable and effective for some drug-abusing offenders.

The current study was undertaken to determine how sanctions are actually imposed within a felony drug court program. The objectives were as follows:

1. Determine whether sanctions are typically administered on a progressive gradient, in which lower-magnitude sanctions tend to be imposed for earlier infractions followed by higher-magnitude sanctions for repeated infractions.
2. Determine whether, and under what circumstances, high-magnitude sanctions are imposed for infractions early in the program.
3. Determine whether sanctions are imposed in accordance with participants' perceptions of the severity of the sanctions. That is, do participants tend to view sanctions imposed earlier in the program to be less severe than sanctions imposed for repeated infractions?
4. Determine how participants rank the perceived burden of treatment-oriented or therapeutic consequences in relationship to punitive sanctions.

The research design was a single-group, descriptive case study. Because the study was exploratory in nature and involved only a single drug court program, the results must be viewed as preliminary and replicated in other drug courts. Moreover, this drug court had been in operation for more than 8 years prior to the initiation of the research and the drug court judge held high offices in national and state professional drug court associations. As such, the operations of this drug court may reflect relatively more experienced practices as compared to typical drug court programs nationally.

METHODS

Participants

[2] The participants (N = 105) were recruited from a felony post-plea, pre-adjudication drug court located in the city of Philadelphia, PA. To be eligible for this drug court program, participants were required to (1) be at least 18 years of age; (2) be charged with a non-violent offense; (3) have no more than two prior non-violent convictions, juvenile adjudications, or diversionary opportunities; 4) be in need of treatment for drug abuse or dependence as assessed by a clinical case manager; and 5) be willing to participate in the program for at least 12 months.

The participants in the study were predominantly male (77%) and most self-identified as African-American (62%), Caucasian (24%) and/or Hispanic (25%). Their mean age was 24.10 years (SD = 7.25 years). Less than one-half (46%) of the participants had a high school education and one-half (50%) were regularly employed either full time or part time. Virtually all of the participants were unmarried (99%) and lived in the homes of other family members (79%) or friends (11%).

Nearly all of the participants (97%) were charged with delivery of a controlled substance or possession with the intent to deliver a controlled substance. In addition, 30% were charged with conspiracy related to a drug offense and 2% were charged with forgery (participants could have multiple charges). Participants also reported involvement in other criminal activities during the 6 months immediately preceding their entry into drug court, which may or may not have been detected by authorities or resulted in a formal charge, including theft offenses (13%), physical assaults (9%), weapons offenses (5%) or prostitution offenses (2%). At entry into the program, participants self-reported abusing cannabis (78%), alcohol (29%), opiates (8%),

cocaine/stimulants (9%), sedatives (5%) or PCP/hallucinogens (4%), and 35% reported regularly abusing multiple substances concurrently. Because the drug-use data were derived from self-report, it is possible that the use patterns were more serious than acknowledged by the participants.

Recruitment and Human Subjects Protections

Participants for the current study on sanctions were recruited from a larger study investigating the effects of contingent rewards on drug court outcomes. The larger study involves providing participants with tangible gift certificates for compliance in the drug court but does not involve any influence on the administration of sanctions.

Both studies were approved and continuously monitored by the Institutional Review Boards (IRBs) of the Treatment Research Institute and the Philadelphia Department of Public Health. Additionally, a Confidentiality Certificate was obtained from the U.S. Department of Health & Human Services, which shields the research data from a court order or subpoena (42 CFR Part 2a; 42 U.S.C. § 2a (6)). All of the research participants provided voluntary, written informed consent to be in the study, including a Health Insurance Portability & Accountability Act (HIPAA) Research Subject Authorization of Confidentiality & Privacy Rights.

Brief Description of the Drug Court Program

In this felony, post-plea, pre-adjudication drug court, defendants are required to plead no contest ("nolo contendere") to the initial charge(s) and the plea is held in abeyance pending graduation or termination from the program. Successful graduates have their no-contest plea withdrawn with prejudice and are eligible to have the record of the current offense(s) expunged if they remain conviction-

free with no evidence of resumed drug use for an additional 12 months. Record-expungement ordinarily enables the individual to respond truthfully on an employment application or similar document that he or she was not convicted of the offense (e.g., Festinger, DeMatteo, Marlowe, & Lee, 2005). The record-expungement petition is granted by the judge following a routine filing by the public defender at or near the 12-month anniversary of each client's graduation.

If a participant fails to complete the program, the no-contest plea is formally entered as a conviction. Given that most participants have been charged with a drug dealing-related offense, the potential sentence can be fairly severe depending upon the nature of the drug involved and the number and type of prior convictions. For example, if the substance was cocaine or heroin and the offender had no prior record, according to state sentencing guidelines the range would generally be 3 to 12 months of incarceration plus or minus 6 months at the court's discretion. If that same offender had two prior felony drug convictions, the range would be 15 to 21 months plus or minus 6 months at the court's discretion.

The drug court program is scheduled to be a minimum of 12 months in length and most participants require approximately 14 to 16 months to satisfy requirements for graduation. Participants generally are required to attend status hearings in court roughly every 4 to 6 weeks although the schedule of hearings may be increased in response to poor performance or serious infractions. Participants can be referred for substance abuse treatment to over 50 licensed programs in the Philadelphia region that are contracted to treat drug court clients. The full range of treatment modalities is available, including detoxification, residential, intensive outpatient, outpatient, and pharmacological services. Referrals are made based upon a clinical assessment of each participant's treatment needs that

includes the American Society of Addiction Medicine (ASAM, 2000) Patient Placement Criteria. Participants are stepped down to less intensive modalities of care based upon their clinical progress and the recommendations of treatment staff. A range of adjunctive services also is available where needed, including housing, educational, vocational, and psychiatric services.

All participants are assigned to a clinical case manager who coordinates treatment referrals, submits regular progress reports to the judge, and appears at status hearings to provide information requested by the court. Finally, participants are required to provide urine specimens on a random basis at least one time per week throughout their enrollment in the program. The frequency of urine testing may be ratcheted upward in response to evidence of relapse or referral to an intensive modality of care.

Imposition of Sanctions

As was noted previously, participants are generally required to attend status hearings approximately every 4 to 6 weeks. During the first 13 months of the program, participants in the current study attended an average of 10.59 (SD = 1.71) status hearings. At each hearing, if the participant was determined by the drug court team to have been non-compliant with program requirements, the judge, in consultation with the team, could elect to impose a sanction(s) and/or therapeutic consequence(s). The team also could administer rewards for good behavior and compliance. Therapeutic consequences are intended to be instructive in nature and to address poor treatment response, whereas punitive sanctions are intended to address more serious or willful infractions. Common infractions that resulted in sanctions or therapeutic consequences are listed below:

- missed treatment sessions
- missed case management sessions

- failure to provide scheduled urine specimens
- drug-positive urine specimens
- missed status hearings
- failure to comply with a previously imposed sanction (e.g., failure to complete an assigned essay)
- unsuccessful discharge or unexcused absence from a treatment program or recovery housing
- new criminal conviction

If a participant incurred a new criminal charge, the sanction was withheld until that charge was formally adjudicated.

Sanctions and therapeutic consequences were typically imposed in open court in the presence of other drug court clients, staff members, and observers. The types of consequences that could be imposed were described in a program manual and included the following. These consequences could be repeated as necessary.

Sanctions

- verbal reprimand
- 200 word essay
- jury box (observe court proceedings all day or all week)
- community service
- house arrest
- placement in a holding cell during the court hearing
- day visit to a local correctional facility for 1 to 2 days to observe in-jail substance abuse treatment sessions
- planned weekend incarceration
- immediate jail sanction of 1 to 7 days
- show-cause hearing (defendant must provide justification to remain in the program)
- termination from treatment court and sentencing on the original plea(s)

Therapeutic Consequences

- increased self-help meetings
- step up from case management only to outpatient (OP) treatment
- step up to intensive outpatient (IOP) treatment
- step up to residential treatment
- referral to a recovery house

Research staff members attended every court hearing and employed standardized procedures for recording all of the sanctions and therapeutic consequences that were ordered during the first 13 months of each participant's enrollment in the program. The consequences were recorded on a dated log in court and immediately transferred to a computer spreadsheet.

Participants' Perceptions of Sanctions

Participants were confidentially interviewed by research staff about their perceptions of the severity of the various sanctions and therapeutic consequences that could be imposed in the program. These interviews were conducted an average of 13.66 months (SD = 2.35 months) after participants' entry into the drug court program. This ensured that each participant had sufficient opportunity to be exposed to, or witness other clients being exposed to, the full range of consequences that were utilized in the program.

Participants were asked to rank order the possible consequences they could receive in the program in terms of "what would most trouble or bother you?" (from 1 = least troublesome to 15 = most troublesome). The consequences were presented in random order to avoid artificially influencing the order of the rankings. The same random order was presented to all participants.

This ranking task was conducted in two ways. Thirty-nine percent (n = 41) of the participants were given a

paper-and-pencil list of the possible consequences that were available in the drug court and asked to rank order them. In the rare instance when a participant was not familiar with a particular consequence, the interviewer provided a standard scripted clarification of that consequence. Sixty-one percent (n = 64) of the participants were presented with laminated cards, each listing a single consequence and including a standard definition of that consequence. Participants were then asked to sort the cards in order of least to most troublesome. The relative rankings from the paper-and-pencil procedure were highly and significantly correlated with the rankings from the card-sorting procedure (r_s = .95, $p < .001$); therefore, the data were combined across the two procedures. Participants required an average of 6.25 minutes (SD = 6.49 minutes) to complete the rankings and there was no difference in the time it took to complete the paper-and-pencil procedure versus the card-sorting procedure.

RESULTS

Imposition of Sanctions

[3] Figure 1 depicts the frequency with which various sanctions and therapeutic consequences were imposed during the first 13 months of the program. Seventy-seven percent of the participants received at least one sanction or therapeutic consequence during their first 13 months, averaging 3.44 (SD = 3.17) sanctions or therapeutic consequences per client.

The most frequently administered sanctions were of generally lesser magnitude and included writing essays, verbal reprimands, and requirements to observe the court proceedings from the jury box (imposed on approximately 45% to 55% of participants). The second most frequently imposed sanctions included mandatory visits to the local correctional facility to attend in-custody substance abuse treatment groups (imposed on approximately 35% of

participants) and brief jail sanctions lasting a few days (29% of participants) or a weekend (7% of participants).

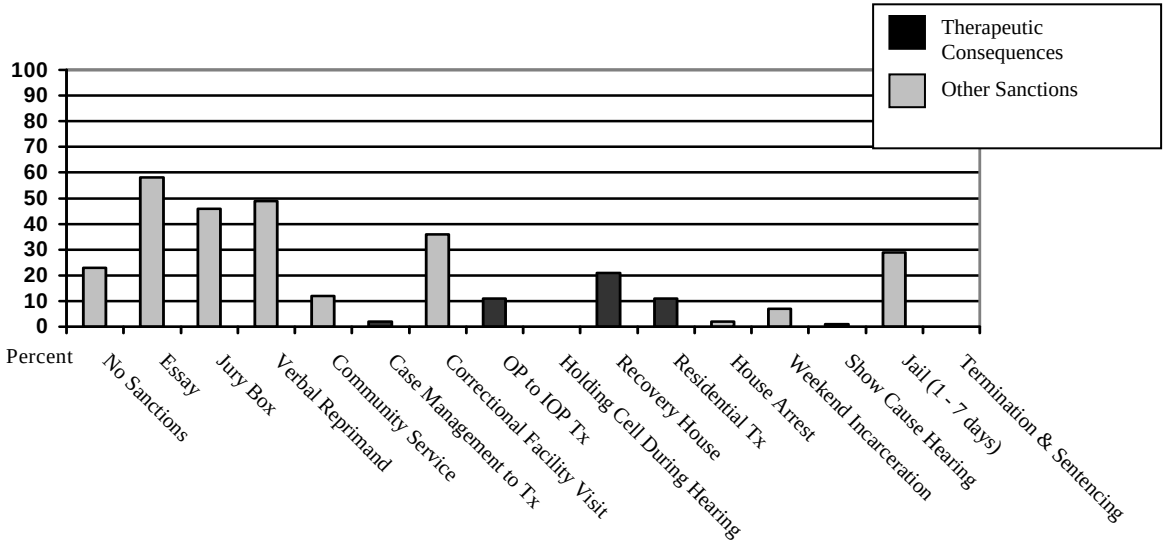

Figure 1. Percentages of participants receiving various sanctions and therapeutic consequences in an adult felony pre-adjudication drug court. Tx = treatment. OP = outpatient. IOP = intensive outpatient.

The most commonly imposed therapeutic consequences included transfer to a recovery house (21% of participants) or residential treatment (11% of participants) or step-up to IOP treatment (11% of participants). Very few participants were scheduled for a show-cause hearing (1%) and none were terminated from the program during their first 13 months. This reflects the court's general philosophy that participants should be given ample opportunity to improve their behavior before expulsion, provided that they do not pose an immediate risk to public safety.

Figure 2 depicts the average order in which the sanctions or therapeutic consequences were imposed. A writing essay was typically ordered as the first sanction for most participants, followed by a verbal reprimand or jury box as the second sanction. Therapeutic consequences such as stepped-up care or transfer to a recovery house were typically imposed subsequently, after an average of roughly three to four infractions. Finally, severe sanctions such as weekend incarceration or jail detention were imposed after an average of roughly three to five infractions.

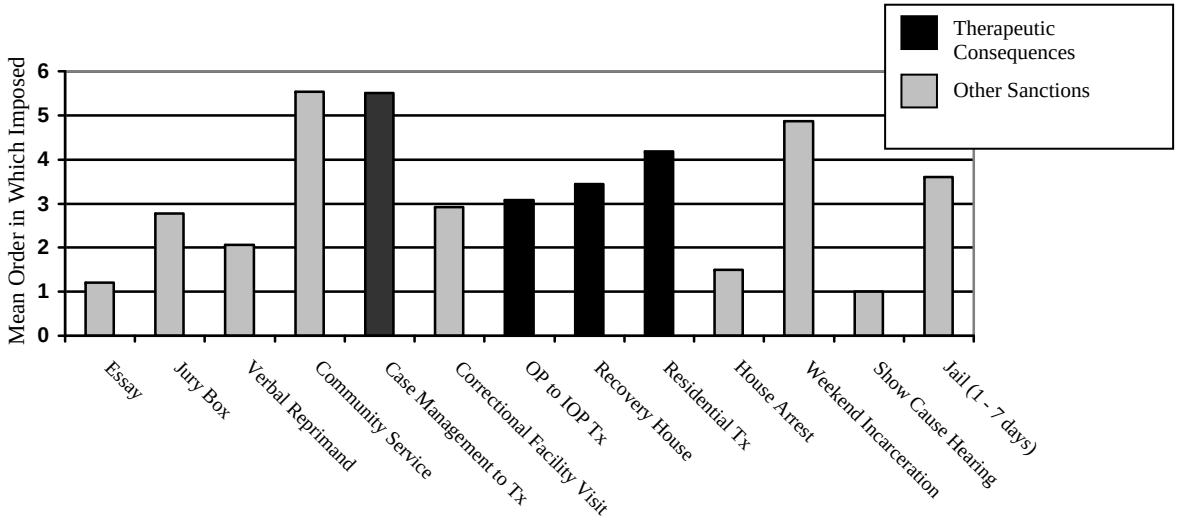

Figure 2. Average order in which sanctions and therapeutic consequences were imposed in an adult felony pre-adjudication drug court. Tx = treatment. OP = outpatient. IOP = intensive outpatient.

Importantly, the average order in which consequences were imposed was unaffected by how often they were imposed. As a result, some of the most serious sanctions, although imposed infrequently, were administered after an average of only one to two infractions. For example, although house arrest was imposed on only about 3% of the participants (see Figure 1) it was imposed on those few individuals after an average of only roughly one infraction (see Figure 2). This suggests that a small proportion of the participants may have committed more serious infractions early in the program resulting in the rapid imposition of more serious consequences.

Community service was meted out later than might be anticipated, most likely because substantial resources are often required to monitor participants' compliance with the conditions of community service. Finally, stepping participants up from case management only to OP treatment also occurred relatively later in the program after multiple infractions. This is not surprising, given that most participants would only have been advanced to case management alone after having completed several earlier phases of the program. An emergence of new infractions would need to have occurred late in the program to necessitate a return to OP care.

Returns from Bench Warrants

Severe sanctions such as weekend incarceration or jail detention are intended to be reserved for more serious types of infractions, such as absconding from the program or committing new offenses. It is possible that jail sanctions were imposed most readily on individuals who had been returned on bench warrants as a means of "getting their attention" and giving them exposure to what is to come if they do not improve their conduct. To test this hypothesis, analyses were conducted contrasting those individuals who were issued at least one bench warrant (20% of the sample) to

those who had never been issued a bench warrant (80% of the sample). Among participants who were issued at least one bench warrant, the mean number of warrants was 1.24 (SD = 0.44).

Analyses confirmed that participants returned on bench warrants received jail sanctions significantly sooner than those who had never been issued a bench warrant. Specifically, participants with at least one bench warrant received jail sanctions after an average of 2.30 infractions, whereas those without a bench warrant received jail sanctions after an average of 4.25 infractions ($p = .011$). Individuals returned on bench warrants were also more likely to be placed on house arrest ($p < .01$) or scheduled for a show-cause hearing ($p < .05$) and were more readily transferred to residential treatment or a recovery house ($p < .05$). This confirms that severe sanctions and restrictive therapeutic consequences were imposed more quickly on individuals who had absconded from the program or failed to show for court hearings.

Participants' Perceptions of Sanctions

Figure 3 depicts participants' mean rankings of the perceived severity of the various sanctions and therapeutic consequences that could be imposed in the program. The relative rankings are consistent with what might be expected. Participants generally ranked as least troublesome those sanctions that are intended to be low in magnitude and remedial in nature (essays, jury box, verbal reprimands, and community service). In contrast, participants ranked as most troublesome those sanctions that are intended to be high in magnitude and punitive in nature (house arrest, jail detention, show-cause hearings, and termination). Participants generally assigned mid-tier rankings to therapeutic consequences involving increased treatment requirements.

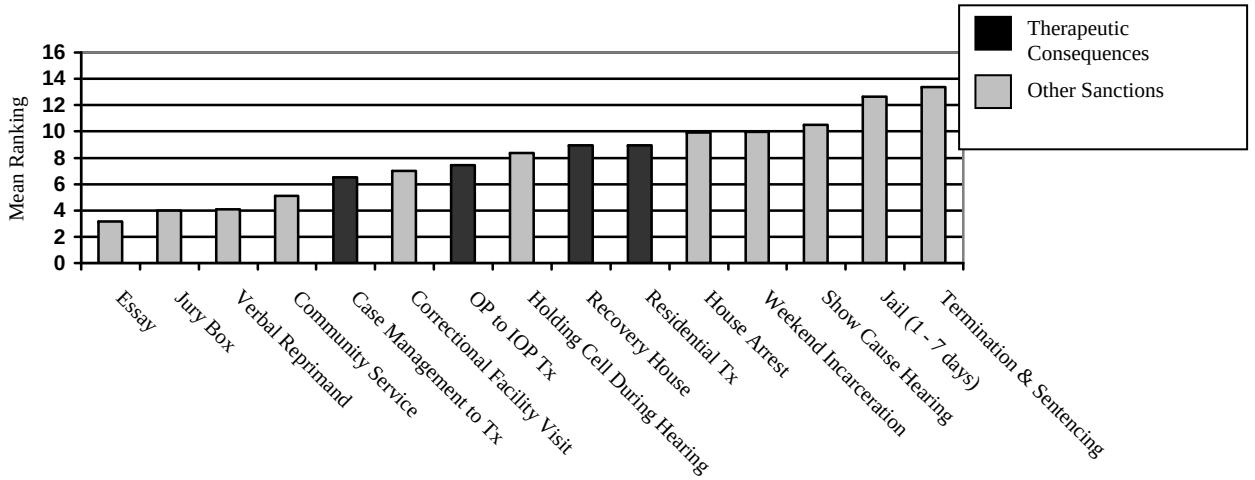

Figure 3. Participants' rankings of the relative severity of sanctions and therapeutic consequences in an adult felony pre-adjudication drug court. Range = 1 (least troublesome or bothersome) to 15 (most troublesome or bothersome). Tx = treatment. OP = outpatient. IOP = intensive outpatient

Importantly, the frequency with which various consequences were imposed in the program was significantly correlated with participants' perceptions about the relative severity of those consequences. Consequences that were ranked as less severe by the participants tended to be imposed more frequently, whereas consequences that were ranked as more severe tended to be imposed less frequently ($r_s = .60$, $p = .017$).

DISCUSSION

[4] This descriptive case study of a felony drug court program was undertaken to determine whether sanctions and therapeutic consequences tend to be imposed on a progressive gradient and whether they are administered in accordance with participants' expectations about the relative severity or burden of those consequences. The results confirmed that the most frequently administered consequences were generally of lesser magnitude, including writing essays, verbal reprimands, and a requirement to observe the court proceedings from the jury box. Sanctions that were intended to give participants a brief exposure to detention were imposed less frequently, although on a substantial plurality (approximately one third) of participants who had committed multiple infractions. Very few participants were scheduled for a show-cause hearing (1%) and none were terminated from the program during their first 13 months.

On average, lower magnitude sanctions tended to be imposed for the first few infractions, followed subsequently by stepped-up treatment requirements and finally by severe sanctions involving brief jail detention. There were exceptions, however, for roughly one-fifth of the participants who had been issued a bench warrant for absconding from the program or failing to show up for court hearings. For those individuals, punitive sanctions involving jail detention, house arrest, or show-cause hearings were more likely to be imposed or were imposed after a smaller number of

infractions. This likely stemmed from the serious nature of their transgressions and an apparent desire on the part of the judge and the drug court team to issue a clear warning of what would happen if these clients did not improve their conduct and obey the rules of the program. Individuals returned on a bench warrant were also more likely to be referred to recovery housing or transferred to a residential treatment setting. This may have reflected greater psychosocial dysfunction or instability on the part of individuals who had absconded from the program.

Importantly, the drug court generally imposed consequences in a manner that was consistent with how participants viewed the relative severity of those consequences. Specifically, consequences that were perceived as less burdensome tended to be imposed more frequently and after the first few infractions, whereas consequences that were perceived as more burdensome tended to be imposed less frequently and after repeated infractions. This suggests that most participants had a reasonably accurate expectation about how consequences were likely to be imposed in the program and were unlikely to be surprised by unexpectedly harsh or unusually lenient responses. It should also be noted that participants tended to rank increased treatment requirements as moderately burdensome, ranging somewhere between mild admonitions or chores at the lower end of perceived burden and brief intervals of jail detention at the upper end of perceived burden.

Limitations

There were several important limitations to this study that must be borne in mind when interpreting the results. First, as was noted earlier, the study was exploratory in nature and involved only a single drug court program. Therefore, the results must be replicated in other settings. Second, this was a relatively experienced drug court with seasoned staff.

As such, the results might not be representative of the practices of typical drug court programs nationally.

Note also that virtually all of the participants in the study had been charged with a felony offense involving the delivery of, or possession with the intent to deliver, a controlled substance. In this pre-adjudication drug court, they could have their guilty plea for this serious charge vacated and avoid incarceration if they were successful in the program. On the other hand, if they were unsuccessful, they often faced substantial jail or prison time. This legal arrangement provided a high degree of coercive leverage over the participants, which could have enabled the drug court staff to be more lenient or prudent in their imposition of other types of consequences. In addition, because many of the participants were involved in a separate study of contingent rewards, the augmented positive reinforcement in that study might have lent additional control over their behavior, thus reducing the need for more severe sanctions.

For these reasons, it is important to replicate the findings in other contexts. In particular, it would be important to examine the administration of sanctions in misdemeanor or post-adjudication drug courts, in which participants face relatively lesser criminal sentences or have already been sentenced on the original drug offense and may only face a potential technical violation of probation charge.

Recall further that the data were only collected during the first 13 months of participants' enrollment in the program. Presumably, more severe sanctions would be imposed for continued transgressions occurring after a longer interval of enrollment, including a greater use of jail sanctions, show-cause hearings, and termination.

Several of the potential consequences in the program could be imposed over a range of time intervals. For example, jail sanctions could be imposed for between 1 and 7

days. These time intervals were combined in the data analyses and in participants' rankings of the relative severity of the consequences. It is unknown what information might have been lost as a result of combining the time intervals in this manner. For example, 3 days of jail time might be perceived by participants as less burdensome than 7 days of residential treatment, although jail time might be perceived as more burdensome than residential treatment over equivalent time intervals. Future research will need to take a more fine-grained look at such gradations in the magnitude and length of sanctions and therapeutic consequences.

Consequences also were frequently imposed based upon the drug court team's global appraisal of participants' performance rather than being tied to specific infractions. For example, a participant who missed a treatment session and also provided a drug-positive urine specimen might have received two separate sanctions for the two infractions or one higher-magnitude sanction for the overall pattern of misconduct. In addition, good performance in some areas of functioning might have cancelled out sanctions for other infractions. For example, a participant who missed a counseling session but still maintained abstinence might not have been sanctioned for the missed appointment because of the continued sobriety. Therefore, it was often difficult to determine which consequences were being imposed for which specific behaviors. It was not possible, for example, to discern whether punitive sanctions tended to be imposed for willful misconduct, as contrasted with therapeutic consequences being imposed for non-responsiveness to treatment. Future research should attempt to disentangle how specific types of sanctions or therapeutic consequences are applied to specific infractions.

Finally, this study could not examine the influence of sanctions on outcomes because no experimental control was exerted over the imposition of the sanctions. By the design of the program, participants in the drug court should have

received more sanctions for the very reason that their performance was determined to be insufficient. Therefore, greater imposition of sanctions would be expected to correlate with poorer performance. This confounded correlation could contribute to the unwarranted conclusion that sanctions made outcomes worse. Further research is needed similar to the study conducted by Harrell and colleagues (1999) that brings the administration of sanctions under experimental manipulation.

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