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The author of this thesis is:

Elizabeth Bonomo
930 Greenwood Ave NE
Atlanta, GA 30306

The Chair of the committee for this thesis is:

Dr. Wendy Guastaferro
Criminal Justice and Criminology
Andrew Young School of Policy Studies
Georgia State University
P.O. Box 4018
Atlanta, Georgia 30302-4018

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SANCTIONABLE BEHAVIOR IN A FELONY LEVEL DRUG COURT: CATEGORIZING NONCOMPLIANT BEHAVIOR THROUGH A CRIMINAL-THINKING LENS

BY

ELIZABETH A. BONOMO

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree
of
Master of Science
in the
Andrew Young School of Policies Studies
of
Georgia State University

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ACCEPTANCE

This dissertation was prepared under the direction of the candidate's Dissertation Committee. It has been approved and accepted by all members of that committee, and it has been accepted in partial fulfillment of the requirements for the degree of Master of Criminal Justice in the Andrew Young School of Policy Studies of Georgia State University.

Dissertation Chair: Dr. Wendy Guastaferro

Committee: Dr. Dean Dabney
Dr. Leah Daigle

Electronic Version Approved:

Mary Beth Walker, Dean
Andrew Young School of Policy Studies
Georgia State University
December 2012

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ABSTRACT

ELIZABETH BONOMO

Sanctionable Behavior in a Felony Level Drug Court: Categorizing Noncompliant Behavior Through a Criminal-Thinking Lens
(Under the direction of DR. WENDY GUASTAFERRO)

Drug courts use sanctions as a form of behavior management and modification, and they are an important structural tool in the treatment of drug offenders by the criminal justice system. This research examined noncompliant behavior being sanctioned in a felony level drug court. The sample consisted of 66 high risk/high needs individuals who were enrolled in a drug court over a two-year period. Sanctionable behaviors were analyzed through a criminal-thinking framework in order to better understand noncompliant behavior in drug court. This study finds support for applying a criminal-thinking framework to noncompliant behavior sanctioned in drug court. The findings from this study illustrate the nuances of noncompliant behavior of a drug court population.

INDEX WORDS: drug court, sanction, criminal thinking.

CHAPTER I

INTRODUCTION

The U.S. antidrug movement launched in the early 1980s has strained the criminal justice system, resulting in overcrowded prisons and jails and limited resources to address the vast array of social and behavioral issues faced by the incarcerated population. The incarceration strategy that has served as the hallmark of this movement has several ramifications, one of the most striking of which is the number of individuals behind bars with substance abuse issues. Roughly 1.5 million of the 2.3 million individuals incarcerated in 2010 met the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for substance abuse or addiction, yet only 11% received treatment (National Center on Addiction and Substance Abuse at Columbia University [CASA], 2010). In addition, in the month prior to the offense for which they were incarcerated, 56% of state prisoners and 50% of federal prisoners used drugs and about a third of state and a quarter of federal prisoners committed their offense under the influence of drugs (Mumola & Karberg, 2006). More specifically, drugs or alcohol were involved in 78% of violent crimes, 83% of property crimes, and 77% of public order, immigration or weapon offenses, or probation and parole violations (CASA, 2010). The odds of offending are between 2.8 and 3.8 times greater for drug users than non-drug users (Bennett, Holloway, & Farrington, 2008) and these data suggest that drugs and alcohol are significant factors in crime. These data also illuminate the drug-crime relationship, revealing that states continue to focus on locking up individuals, largely ignoring the importance of providing programming and treatment for this group of offenders.

However, unsustainable prison costs coupled with tightened budgets and structural deficits have recently prompted many states to explore alternatives to incarceration when dealing with drug-involved offenders. Some of the more effective strategies for intervening with substance abusing offenders combine public health approaches with more traditional public safety strategies (Fletcher & Chandler, 2006; Marlowe, 2002). Integrating these two models has optimized outcomes for offenders in regard to reducing drug use and criminal recidivism (Marlowe, 2003). A typical implementation of this hybrid approach involves community-based substance abuse treatment combined with heightened levels of criminal justice system supervision. The criminal justice system ensures individuals adhere to treatment protocols and it has the authority to intervene and discipline drug-involved offenders who do not comply. Given that roughly 700,000 of the 1.8 million (39%) referrals to substance abuse treatment originate from the criminal justice system (Trunzo & Henderson, 2009), drug treatment providers and the criminal justice system serve many of the same individuals and therefore merging these two camps seems to be a practical strategy. Drug Court is one example of this hybrid treatment, blending substance abuse treatment and the criminal justice system. Drug court utilizes a coordinated case management approach and incorporates criminal justice supervision through graduated sanctions (Lurigio, 2000).

Drug court. Currently, there are 2,663 drug courts operating throughout the U.S., with more than half targeting adult offenders (National Association of Drug Court Professionals [NADCP], 2012). A drug court is a special docket within the court system designed to treat criminal offenders who have alcohol and other drug addictions and dependency problems (Huddleson & Marlowe, 2011). Programs are typically scheduled

to last 12-18 months and involve intensive treatment services, random weekly drug and alcohol testing, frequent court appearances where the judge reviews participants' progress, and rewards or sanctions based on individual behavior and fulfillment of obligations (Huddleston & Marlowe, 2011). This multifaceted approach has been shown to reduce criminal behavior (Huddleson & Marlowe, 2011; Rossman, Roman, Zweig, Rempel, & Lindquist, 2011; Wilson, Mitchel, & MacKenzie, 2006) while being cost effective (Belenko, Patapis, & French, 2005; U. S. Government Accountability Office, 2005).

Several factors lead to improved outcomes for drug court participants. In regards to the length of time in treatment, the longer participants are exposed to drug court treatment, the lower their recidivism rates (Kalich & Evans, 2006). Higher risk offenders have better outcomes when involved in more intense services requiring greater supervision and contact, whereas low risk offenders actually fare worse in these settings (Thanner & Taxman, 2003). This suggests that higher risk individuals will respond more successfully to the rigorous regimen characteristic of drug court. Further, using evidence-based assessment tools to evaluate participant risk level and criminogenic needs can lead to appropriate placement and services, in turn, improving participant outcomes (i.e. decrease recidivism) (Taxman & Thanner, 2006). Ultimately, drug courts incorporate aspects of substance abuse treatment and law enforcement, generating a unique service delivery system (Bouffard & Taxman, 2004).

Ten key components. In addition to the aforementioned factors to improve participant outcomes, the degree of success that drug courts have is related to their adherence to the 10 key components for defining drug courts (Huddleson & Marlowe,

2011). These 10 components are outlined by the National Association of Drug Court Professionals (NADCP) (1997) and form the core framework for drug courts. It is important to note that these components are program features and are separate from individual-level factors. They serve as guidelines and operationalize the features that all drug courts should share as standards for performance (Carey, Finigan, & Pukstas, 2008). The key components are as follows:

- Key component #1: Drug courts integrate alcohol and other drug treatment services with justice system processing;
- Key component #2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights;
- Key component #3: Eligible participants are identified early and promptly placed in the drug court program;
- Key component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services;
- Key component #5: Abstinence is monitored by frequent alcohol and other drug testing;
- Key component #6: A coordinated strategy governs drug court responses to participants' compliance;
- Key component #7: Ongoing judicial interaction with each drug court participant is essential;
- Key component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness;
- Key component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations; and
- Key component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness (NADCP, 1997).

Graduated sanctions. Although the key components lay the foundation for drug courts, the specific programmatic ingredients that lead to success have not been clearly assessed. This gap in knowledge makes it difficult to distinguish the factors that result in reduced criminal behavior and substance use. One such programmatic element is the drug court's response to rule-violating behavior. Drug courts respond to violations of program rules by increasing the severity of the punishment as the noncompliance continues or escalates. This form of behavior management is known as graduated sanctions and is key component #6.

The study presented here attempted to get inside the "black box"[1] of sanctions and consider the internal elements in order to evaluate this important yet underexplored programmatic tool. This research uses a qualitative approach to examine the noncompliant behavior of drug court participants. Discussed in greater detail in the methods section, this study uses a criminal-thinking framework to assemble categories to capture and group the particular types of noncompliant behavior that produced a negative sanction while the participant was enrolled in drug court. The purpose of this analysis is to explore the patterns of behaviors that were sanctioned in an effort to better understand noncompliant behavior among drug court participants.

Graduated sanctions emphasize incremental steps as a programmatic response to managing compliance (Taxman, Soule, & Gelb, 1999). Repeated violations of program rules are expected because drug court views addiction as a disease and understands that

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[1] Getting inside the "black box" of treatment refers to thorough evaluations of the drug court model in order to learn how clients, staff, and organizational factors work together to affect outcomes (Goldkamp, White, & Robinson, 2001; Bouffard & Taxman, 2004). In a literal sense, the term black box refers to the contents of something being mysterious or unknown to the user (Merriam-Webster's Collegiate Dictionary, 2005).

noncompliance and missteps will occur along the path to recovery. Some examples of program rules include: attend narcotics anonymous/alcoholic anonymous meetings, receive random drug screens, attend court, attend counseling sessions, and comply with curfew. The program rule violations and noncompliant behavior of drug court participants is not criminal behavior. Graduated sanctions serve as a motivational tool and are designed to increase desired conforming behavior while decreasing the likelihood that noncompliant conduct will recur (Meyer, 2007). Drug courts use these sanctions to control and modify noncompliant behavior, and they serve as an important structural tool in the treatment of drug offenders by the criminal justice system (NADCP, 1997).

In addition, graduated sanctions serve as a tool to interrupt criminal thinking – the malformed thought patterns that foster offending behavior through self-rationalization of individual acts (Taxman, Rhodes, & Dumenci, 2011). These thinking constructs stem from attitudes and values that support criminal behavior. Many drug courts recognize that participants have criminal thinking patterns that accompany their addiction and encourage noncompliant behavior. Graduated sanctions like those recommended in the aforementioned key components can help disrupt criminal thinking and allow the participant to amend his/her behavior before it leads to illegal activity. That said, a set framework for how drug courts should respond to such noncompliant behavior does not yet exist. There is not necessarily consistency across drug courts in terms of what behavior is being sanctioned, nor is there a definite idea of what behavior is acceptable within the drug court. As such, the active ingredients of sanctioning have not been identified. Because of this scholarly void, drug courts lack empirically-based guidelines on what types of behavior to sanction and what are the most effective responses to

noncompliant conduct. By delving deeper into the black box of sanctions, research can unpack the structure and process associated with sanction effectiveness, so that a set framework for sanctioning and responding therapeutically to noncompliant behavior can begin to emerge.

One way to dissect the sanctioning process is to critically examine participants' noncompliant behavior. By identifying individual behaviors and linking them to the censures received, drug courts can begin explore sanctioning patterns and more comprehensively understand why participants are being punished. This information can indicate areas where participants are struggling with treatment as well as potentially help programs strategically plan to better address the needs of individuals. Until recently, the drug court literature had not looked at individual behavior and subsequent sanctions. Guastaferro and Daigle (2012) looked at the extent to which participants are sanctioned in drug court and individual-level factors such as risk level, criminal history, and treatment characteristics, that could increase the likelihood of receiving a sanction. They contributed several key findings to the literature. The majority of participants (71%) received a sanction. Of those who received a sanction, 77% remained active in the program, suggesting sanction was not related to status in program. Several factors predicted a sanction: being a high school graduate, associating with those who have pro-criminal attitudes, having problems with family members due to alcohol or drugs, and marijuana use indicated as most problematic drug (Guastaferro & Daigle, 2012). With regard to factors that reduced the likelihood of receiving a sanction, previous incarceration and current or past mental health treatment were shown to be significant predictors. Conversely, several factors that were expected to increase the

chance of receiving a sanction, such as risk level and criminal history, were not significant. While exploring new ground, Guastaferro and Daigle's (2012) quantitative approach to studying problematic behavior did not fully explain how and why sanctions are meted out. There were several unexpected findings and particular factors were not significant, suggesting there is more to be explored at the individual level. Further evaluation of sanction and behavior is warranted in order to better understand the factors that are driving the delivery of sanctions.

The current study. The study presented here utilizes sanction data from a drug court and examined participants' noncompliant behavior. A criminal-thinking framework is used to categorize the noncompliant behavior. Each sanctionable behavior was assigned to a criminal thinking category based on the outcome of a thematic content analysis. The results of the present study and the use of a criminal thinking patterns framework could help identify subtle differences between the noncompliant behavior in an effort to help explain what factors lead to sanctions. This study builds on Guastaferro and Daigle (2012) by using a qualitative approach to study the noncompliant behavior. Ultimately, an in-depth analysis and categorization of individual behavior being sanctioned may help inform drug courts about the nuances of identifying targets of treatment and illuminate the criminal thinking patterns behind the participant's addiction.

This research study will begin with a literature review addressing substance abuse treatment and the various levels of care, criminal thinking and its connection to drug court participants and criminal behavior, cognitive behavioral therapy (CBT) and its effectiveness at treating addiction and modifying behavior, and an overview of sanctions and their application in a drug court setting. Following the literature review, Chapter III

will discuss the methodology including the sample, measures, and plan of analysis. Chapter IV will provide the study results and Chapter V will include a discussion of relevant findings, study limitations, and present recommendations for future research.

CHAPTER II

LITERATURE REVIEW

This study examined individual noncompliant behaviors among drug court participants utilizing a criminal-thinking framework as a guide. Patterns of behavior were identified and categorized into thematic groups. This study linked sanctioned behaviors with criminal thinking patterns in an effort to help the DeKalb County Drug Court better understand noncompliance among participants. As such, this study can potentially assist the DCDC determine problem areas specific to criminal thinking, then target treatment to address these areas, leading to improved treatment delivery.

The chapter that follows will serve as a foundation for this research study by introducing several critical areas of literature that have helped guide the development of the behavior categories, with each layer of literature intended to bring additional insight into drug court participants' noncompliant behavior. The first section of literature reviewed presents an overview of substance abuse and various forms of treatment. Understanding substance abuse and its symptoms will bring awareness to drug court participants' problem, helping illuminate why and from where noncompliant behavior might stem. Substance abuse treatment is a cornerstone of drug court protocol and one method used to address participants' addiction. The second section discusses literature that examines criminal thinking and its connection to drug court participants and criminal behavior. This study attempts to use drug court participant noncompliant behavior and categorize it into criminal thinking groups. To determine how this sanctionable behavior fits into these groups, it is necessary to review the literature on criminal thinking. In the final section, this author will review the extant literature on cognitive behavioral therapy

(CBT), an effective method drug court uses to treat addiction and criminal behavior. Recognizing how CBT works and considering the cognitive aspect of addiction is helpful to more fully comprehend noncompliant behavior being sanctioned. This chapter will end by introducing sanctions and exploring how past researchers have used them in drug court to modify participant behavior. Sanctions are an essential aspect of the drug court treatment plan; they aim to instill responsibility in participants and help them change their noncompliant behavior.

Substance abuse treatment. Roughly one in 10 Americans over the age of 12 are classified with substance abuse or dependency; the impacts of this addiction include emotional, psychological, and social costs to the country (National Institute on Drug Abuse [NIDA], 2007). The DSM IV classifies substance abuse disorder as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the four symptoms or criteria occurring within a 12-month period" (American Psychiatric Association [APA], 1994). The four symptoms are summarized as drug use that leads to 1) failure to perform major life roles, 2) dangerous action, 3) legal problems and 4) social problems (Sussman & Ames, 2001). A more severe version of substance abuse is drug dependence. Individuals with drug dependence must meet three or more of the following seven symptoms occurring within a twelve-month period: 1) tolerance, 2) withdrawal, 3) taking large amounts of the drug over long periods of time, 4) persistent unsuccessful effort to control use, 5) spending a great deal of time on activities related to obtaining drugs or recovering from their effects, 6) a reduction in important activities because of drug use, and 7) consistent drug use despite persistent physical or psychological problems caused by the drug (APA, 1994).

In order to capture individuals who fit these criteria, substance abuse treatment programs need to assess and screen individuals to determine the degree or severity of the drug problem. Without proper assessment, treatment programs might help people without a classified drug problem.

Substance abuse treatment programs are tailored to specific audiences, such as children, adults, individuals and groups. Programs employ an assortment of delivery agents, including counselors, medical doctors, social workers, recovering addicts, and psychologists (National Institute on Drug Abuse, 2009; Sussman & Ames, 2001). Individuals reach treatment programs through several channels, such as being court mandated, persuaded by family or friends, or by acknowledging on their own the negative consequences drugs and alcohol are having on their life. Varying levels of care include hospitalization, outpatient clinics, prisons, and residential/inpatient treatment facilities. Hospital programs involve 24-hour supervision, group and self-help meetings on the unit, and bedside counseling (Sussman & Ames, 2001). Outpatient treatment is typically connected to free-standing treatment programs or clinics and can be intensive—requiring individuals to meet multiple evenings during the week for 2 to 4 hour sessions or less rigorous—requiring individuals to gather once or twice a week for sessions that last 1 to 2 hours (Fisher & Harrison, 2005). If following evidence-based practices and guidelines set by the American Society of Addiction Medicine (ASAM), drug courts will provide services at a level of care equivalent to intensive outpatient treatment. Substance abuse treatment is also provided in prison, where inmates are removed from mainstream society and are under 24-hour surveillance. Prison treatment programs involve substance abuse education, social and behavioral skills training, group based treatment approaches

(such as therapeutic communities), and prerelease planning (Sussman & Ames, 2001). Another level of service is inpatient or residential facilities where treatment is delivered to individuals living on the premises. This approach allows for 24-hour supervision, highly structured days, removal of everyday stressors and full immersion in treatment (Fisher & Harrison, 2005). Clearly, substance abuse treatment includes multiple levels of care that feature differing degrees of intensity and supervision.

In addition to the various levels of care, there are also different treatment models programs adhere to, as in a twelve-step recovery model or cognitive behavioral therapy. The most commonly used type is the twelve-step recovery model that is typically associated with Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). This model provides the basic philosophy for many inpatient and outpatient substance abuse treatment facilities worldwide. AA began in 1935 and is an abstinence orientated, self-help organization that uses the support of recovered alcoholics and the twelve steps to recovery to guide individuals to sobriety (Cherry, Dillion, & Rugh, 2002; Sussman & Ames, 2001). The other common treatment model, cognitive behavioral therapy, addresses emotions, behaviors, and cognitions to help individuals recognize their reliance on drugs and learn to better manage challenging situations that lead to relapse (Range & Mathies, 2012).

An important consideration regarding substance abuse treatment in the community is retention rate, a key measure of program success. Retention indicates the percentage of participants who remained active over the course of a given period of time. Research suggests active involvement in treatment that lasts longer than 90 days has more of a positive impact on participants' outcomes, with treatment completers

gaining the greatest reductions in substance abuse and criminal behavior (Fletcher & Chandler, 2006). The retention rates for the general treatment population are not very promising. Nationwide, roughly half of those enrolling in outpatient treatment are involved for less than three months (Simpson, Joe, & Brown, 1997). Further, looking at therapeutic communities, which can range in program length from 6 months up to 18 months (Lipton, 1998), one study suggests that one-year retention rates range from 10-30 percent (Lewis & Ross, 1994). Another study found that the dropout rate ranges between 30 to 40 percent during the first 30 days of entry into the therapeutic community (De Leon & Rosenthal, 1979). In regards to drug court retention, estimates suggest that drug courts nationwide have an average one-year retention rate of 60 percent (Belenko, 1998). Drug courts appear to be keeping individuals engaged in treatment for a longer period of time than alternative programs.

The development of substance abuse treatment over the years has undoubtedly influenced the success of drug courts. Substance abuse treatment is the foundation of drug court and an instrumental component in addressing the criminogenic needs of the participants. However, substance abuse is but one criminogenic need and most offenders have more than one need (Andrews & Bonta, 1998). Drug court participants, and offenders in general, have criminal thinking patterns that encourage noncompliant behavior. This norm-violating conduct can escalate to criminal behavior, especially when individuals are placed in high-risk situations. As a component of treatment, drug courts that follow evidence-based practices use the relapse prevention model to teach participants how to manage and navigate through high-risk scenarios. Relapse prevention is addressed in cognitive behavioral therapy; its goal is to teach participants coping

strategies so they can anticipate and plan for high-risk situations. Drug court participants who have an inability to cope effectively in high-risk situations could be more likely to engage in noncompliant or criminal behavior that could result in a sanction. Findings suggest positive effects of relapse prevention on substance abuse and an increased self-efficacy at termination of the program (Brown, Seraganian, Tremblay, & Annis, 2002). Self-efficacy refers to an individual's belief in his or her own competence, (i.e., the confidence that he or she has the capacity to successfully meet a behavioral challenge and overcome a high-risk situation for relapse). Brown et al. (2002) concluded that self-efficacy is an important characteristic because it is linked to enhanced substance abuse outcomes. In addition, a meta-analysis that examined the efficacy of relapse prevention found that effects were strong and reliable for alcohol use and for polysubstance use (Irvin, Bowers, Dunn, & Wang, 1999). Overall, the findings showed reductions in substance abuse and improved psychosocial adjustment following relapse prevention treatments. Relapse prevention is an important element of drug court's treatment plan because it is effective with substance abusers. Drug court participants have triggers for relapse that stem from criminal thinking patterns rooted in their cognitive structure. The use of relapse prevention is one way in which drug court attempts to help break active addiction and criminal thinking.

Criminal thinking. In order to adequately address the problems of drug court participants, treatment plans must target criminal thinking patterns. Treating participants' substance abuse, although instrumentally important, can only impact a piece of the overall problem. If the mission of drug court is to reduce substance abuse and criminal behavior, identifying and treating criminogenic needs or dynamic factors that are known

to lead to illegal activity are imperative. Criminogenic needs refer to the degree to which deficits exist that influence criminal behavior (Taxman & Thanner, 2006). In other words, this concept indicates the extent to which an individual has the ability to avoid future criminal behavior (Taxman & Thanner, 2006). For example, offenders with less criminogenic needs and more protective factors will have a greater ability to refrain from criminal behavior. Criminogenic needs indicate in what ways an offender is amenable to change and if identified needs are reduced, how this may decrease the likelihood of future criminal involvement (Andrews & Bonta, 1998). Some examples of need factors include antisocial attitudes, values, and beliefs, low self-control and self-management, and antisocial peers. Some of the strongest correlates of criminality are antisocial personality and weak self-control (Andrews & Bonta, 1998). Research suggests that criminogenic needs, antisocial behavior, antisocial peers, and antisocial attitudes are some of the strongest predictors of criminal behavior (Gendreau, 1992; Gendreau, Little, & Goggin, 1996). These findings lend support to the importance of measuring criminogenic needs because they can lead to criminal behavior.

Another component of criminogenic needs is criminal thinking. Criminal thinking is a dynamic cognitive risk (Knight, Garner, Simpson, Morey, Flynn, 2006) that is rooted in faulty beliefs and irrational thoughts (Walters & White, 1989). A dynamic risk refers to a risk factor that is not one of the immutable, tatic factors like prior incarceration, but rather one that can be targeted for change, such as antisocial attitudes. A cognitive risk pertains to cognitive deficits and distortions that contribute to "self-justificatory thinking, misinterpretation of social cues, displacement of blame, deficient moral reasoning, and schemas of dominance and entitlement" (Lipsey,

Landenberger, & Wilson, 2007, p. 4) Offenders with these dynamic cognitive risks or criminal thinking constructs self rationalize and justify thought patterns that encourage noncompliant and unlawful behavior (Taxman, Rhodes, & Dumenci, 2011). These malformed thought patterns stem from attitudes and values that endorse antisocial and criminal behavior. Because criminal thinking is a dynamic factor, it is amenable to change and can be targeted by treatment. Examples of criminal thinking patterns include entitlement (conveys a sense of ownership and privilege and misidentifies wants as needs), mollification (justifying and rationalizing offending and minimizing the seriousness of antisocial acts), power orientation (displaying aggressive behavior to control or manipulate others to gain power) and personal irresponsibility (unwillingness to accept responsibility for criminal actions) (Knight et al., 2006; Taxman et al., 2011). There are several validated measures that identify criminal thinking including the Criminal Sentiments Scale, the Psychological Inventory of Criminal Thinking Styles, Measures of Criminal Attitudes and Associates, and the Texas Christian University Criminal Thinking Scales (Walters, 1995; Knight et al., 2006; Taxman et al., 2011). Scales are often used as part of an assessment, as a way to measure changes in criminal thinking, or as a means for comparison between different types of offenders. For example, Lacy (2000) looked at American prisoners with a drug abuse or dependence diagnosis and found that they showed higher scores on the Psychological Inventory of Criminal Thinking Styles scales compared to inmates without a drug diagnosis. This finding highlights that criminal thinking patters differ between types of offenders, and that it is necessary to identify and measure types of criminal thinking patterns in order to understand in what ways individuals are amenable to change. In the

drug court context, recognizing criminal thinking patterns of participants is essential in order to reduce recidivism, one of the main objectives of drug court. This study will attempt to distinguish criminal thinking patterns among drug court participants through an in depth analysis of noncompliant behavior. In doing so, it seeks to illuminate areas where participants are responsive to change and could provide points of intervention for the treatment team.

Criminal thinking itself does not directly cause crime, but instead forms a person's susceptibility for future illegal involvement and opportunities (Walters, 1995). The capacity to modify criminal thinking hinges on the ability to identify characteristics of these malformed thought patterns that are capable of being changed so as to reduce unlawful behavior (Taxman et al., 2011). Criminal thinking fosters drug court participants' noncompliant behavior, and if left untreated, can escalate into criminal behavior. By applying sanctions as a form of discipline for noncompliance, it can help to interrupt criminal thinking patterns that lead to uncooperative behavior. The role of the drug court is to identify the criminal thinking patterns behind participants' noncompliant behavior in order to deter their likelihood to recidivate. In order for drug courts to achieve this change, a deeper understanding of the characteristics of participant behavior is necessary. One way drug court attempts to break these criminal thinking patterns and help participants desist from using and abusing substances is through cognitive-behavioral therapy.

Cognitive-behavioral therapy. Drug courts use the cognitive-behavioral therapy (CBT) model as the foundation of their substance abuse treatment. CBT helps drug court participants assess situations and make more rational decisions. In turn, this can help

decrease noncompliant behavior and relapse. CBT is based on three principles that guide the treatment: 1) motivational interviewing, 2) cognitive therapy, and 3) relapse prevention.

Motivational interviewing is used to encourage the participant to commit to treatment and develop a sense of motivation and acceptance toward the treatment. Drug court participants are may be resistant toward behavior change because they do not view their addiction as a problem or an issue that is negatively impacting their lives. For many of the participants, having responsibility over their actions is something that they have had little experience with prior to their involvement in drug court. With motivational interviewing, participants are responsible for their own modification and the counselors are there to support them through the process. Motivation is seen as a state of readiness to change rather than a personality problem (Miller & Rollnick, 1991). Therefore, motivation is responsive and may fluctuate depending on the situation. Drug court aims to modify dynamic factors and motivational interviewing helps cultivate this adjustment by encouraging participants to commit to change.

Another component of CBT is cognitive therapy; its central purpose is to reinforce improved adaptive beliefs by restructuring the participant's thoughts (Range & Mathies, 2012). Cognitive approaches help individuals understand their reliance on drugs by identifying the underlying beliefs that fuel their addictive behavior and by teaching them specific techniques for managing their urges (Beck, Wright, Newman & Liese, 1993). When confronted with strong urges, individuals do not have the control to appropriately respond and refuse drugs (Beck et al., 1993). Situations that seem unbearable can stimulate these addictive beliefs and produce poor adaptive attitudes that

often lead individuals to drug use or engagement in criminal behavior. CBT helps drug court participants understand their underlying beliefs, including criminal thinking patterns. Once participants can identify and understand these beliefs, they can begin to increase their control over situations by generating more realistic thoughts, thus decreasing their likelihood to use drugs or recidivate.

The last ingredient of CBT is relapse prevention. During relapse prevention, the objective is to restrict the individual from resorting to maladaptive coping mechanisms. Motivational interviewing coupled with cognitive therapy address both behavioral and cognitive aspects that lead people to surrender to their old habits of drug use. The combination of the two provides the individual with the techniques to abstain from substance use and behave appropriately in high-risk scenarios. During periods of abstinence, the individual has a high sense of perceived control or self-efficacy (Range & Mathies, 2012). When their sense of control is threatened by a high-risk situation, the possibility of relapse presents itself. Lifestyle factors can contribute to high-risk situations and serve to "set up" a relapse (Larimer, Palmer, & Marlatt, 1999). Drug court participants must learn effective coping skills and ways in which to identify high-risk situations in order to plan an appropriate response and modify their behavior accordingly. When participants do slip and relapse, this can serve as an important tool for the treatment team. Specifically, identifying the behavior and recognizing reasons behind the participant's relapse can illuminate the problem that caused the behavior. Drug court can then respond by adjusting their treatment plan to target problem areas and prevent future relapse. CBT teaches individuals to "develop more adaptive patterns of reasoning and reacting in situations that trigger their criminal

behavior" (Lipsey et. al, p. 145, 2001). Knowing how CBT is used to modify behavior and reduce criminal thinking provides a foundation for analyzing and categorizing the characteristics of the behaviors behind the sanctions.

Drug courts that follow evidence-based practices use the CBT model because it is an effective approach to behavior modification. In a meta-analysis of 58 different studies that tested the effectiveness of CBT on recidivism for adults and juveniles, results showed that CBT significantly reduced reoffending overall (Landenberger & Lipsey, 2005). Specifically, the likelihood of individuals in the treatment group not recidivating were 1.53 times greater than those individuals in the control group. CBT has also been shown to reduce criminal behavior among convicted offenders (Wilson, Bouffard, & Mackenzie, 2005). The positive effects of CBT on criminal behavior and recidivism lend credence to drug courts utilizing this method of treatment, particularly as one of their key goals is to reduce reoffending.

Additional research suggests the effect of CBT extends beyond criminal behavior and recidivism and that it is overwhelmingly successful when treating substance abuse and addiction. Research shows that CBT approaches are effective for alcohol use disorders (Miller & Wilbourne, 2002), drug use (Irvin et al., 1999) and cocaine dependent outpatients (Maude-Griffin et al., 1998; McKay et al., 1997). Further, CBT has been shown to reduce criminal thinking among inmates completing a cognitive skills program (Blud, Trabers, Nugent, & Thorton, 2003) and inmates involved in a cognitive behavioral therapeutic program (Walters, Trgovac, Rychlec, DiFazio, & Olson, 2002). Overall, research demonstrates the positive effects of CBT on recidivism, substance abuse, and criminal thinking and is therefore well aligned with the objectives of drug court.

With an understanding of the criminal thinking patterns and criminogenic needs of drug court participants, CBT is applied as a component of treatment to target behaviors and attitudes that are amendable to change. In doing so, CBT attempts to modify behavior and help participants reduce their drug use. However, CBT is only one component of the drug court's approach to behavior modification. Drug courts integrate criminal justice supervision into the treatment model through the use of sanctions. Sanctions serve as a powerful additional component of treatment and an important tool to manage behavior.

Sanctions. One of the ways in which drug court attempts disrupt criminal thinking is through the use of sanctions. Strict supervision allows drug courts to pinpoint behaviors that are in line with criminal thinking and sanction noncompliant conduct that can lead to illegal activity. Sanctions hold participants accountable and serve as a teaching mechanism to help the individual learn to modify their maladaptive thinking patterns that lead to noncompliance and drug use. In addition, sanctions allow the criminal justice system to maintain considerable supervision to make certain that individuals abide by treatment protocols. Although sanctions have been used for years, drug courts are trying to use them more effectively by incorporating them into their treatment plans to increase compliance. In doing so, they have advanced the concept of sanctions (Taxman, 1999).

This final section of the literature review will begin with a history of the use of intermediate sanctions within the criminal justice system, and it will illustrate how corrections programs that are less restrictive than incarceration but more restraining than traditional probation have developed over the years. Ultimately, this discussion will shed

light on how drug courts have incorporated and expanded the concept of sanctions. After this overview of intermediate sanctions, the remainder of this section will examine past research on graduated sanctions in drug court and highlight demonstrated effective strategies for implementing these sanctions in accordance with other behavior modification techniques. This section will conclude with a discussion and review of the most important studies exploring the application of sanctions in drug courts.

History of sanctions in the criminal justice system. In response to a declining national economy and increasingly overcrowded prisons, intermediate sanctions emerged in the 1980s as a criminal justice sentencing alternative to incarceration. Essentially, without the funds to build new prisons, the ever-mounting economic and judicial pressure placed upon corrections systems to reduce their prison populations prompted many states to develop less-expensive and innovative alternatives to imprisonment. These alternatives served as midrange punishments meted out to those offenders for whom traditional incarceration was deemed too costly and severe, but for whom ordinary probation was considered by the courts to be too lenient (Petersilia, 1999). The subsequent birth of intermediate sanction programs, such as intensive supervision programs (ISPs), presented judges with a balance between punishments consistent with crime severity and the need to adequately supervise offenders, and offered a palatable alternative to prison and standard probation (Petersilia, 1999).

In practice, ISPs are a community-based approach to punishing offenders. ISPs are framed as tough form of probation whereby offenders are essentially made to comply through a brazenly strict program structure (Clear & Hardyman, 1990). Intensive surveillance and services are combined to form a host of responses for reprimanding

offenders. Examples include but are not limited to: electronic monitoring, on-site drug testing, curfews, home visits, community service, and at least twice-weekly contact (Clear & Hardyman, 1990). With a heightened degree of supervision and requirements, ISPs serve as an alternative to incarceration and a way to manage offenders in the community.

Graduated sanctions in drug court. Drug courts are increasingly being used to manage and treat the drug offender population who currently inundate the criminal justice system. By blending treatment and supervision, drug courts aim to positively change the participant's behavior. They encourage participants to recognize their addiction and its negative impact. One major aspect of drug court is compliance with the strict rules and heavy supervision. However, because drug court adopts the medical model and views addiction as a disease, non-compliance and missteps along the participant's path to recovery are expected. Being conscious of this fact, drug courts have introduced graduated sanctions into their program as a way to enforce compliance and foster behavior modification. Graduated sanctions, which respond to rule-violating conduct by progressively getting more severe as noncompliance continues or escalates, have been shown to have a greater impact on behavior modification making them an important component to drug court's overall mission (Marlowe & Kirby, 1999). It is important to note that there are two types of sanctions that are delivered in drug court, therapeutic and punitive. Therapeutic sanctions are treatment-oriented consequences (i.e. additional counseling sessions) and they address insufficient progress in treatment (Arabia, Fox, Caughie, Marlowe, & Festinger, 2008). Conversely, punitive sanctions (i.e. community service) target noncompliance with program requirements. While both types of sanctions

address different aspects of misbehavior, they both aim to modify the participant's conduct.

Graduated sanctions focus on incremental steps and they have the potential to increase compliance (Taxman, Soule, & Gelb, 1999). Based in deterrence theory, graduated sanctions respond to noncompliant behavior by working with the offender rather than waiting until he/she has made multiple missteps (Taxman et al., 1999). Instead of allowing the noncompliant behavior to continue and build up over time, potentially leading to revocation, drug courts approach the situation in a preemptive manner. Responding with gradual, increasing intensity each time an individual misbehaves, rather than allowing the disobedient behavior to accrue, sanctioning is proactive in identifying and preventing potential problems or noncompliant behavior from escalating. Specifically, by targeting the noncompliant behavior sanctions serve as a way to avoid or stave off revocation and can put some distance between having the individual in the community and in prison. Drug courts that follow evidence-based practices use graduated sanctions prior to revocation, and they address the problematic behavior as it occurs or immediately afterward. In doing so, they are better able to adjust and impact future noncompliant behavior. Sanctions are designed to increase the desired behavior while decreasing the likelihood that noncompliance will recur (Meyer, 2007).

Effective use of sanctions. There are several key components to delivering sanctions in drug court so as to have the greatest effect on behavior modification. One such aspect is immediacy. The impact of the sanction is the strongest when it is delivered immediately after the infraction (Marlow & Kirby, 1999). If the sanction is delayed, it could have an adverse impact. For example, a participant is disrespectful to a counselor

on Tuesday, but then is polite and courteous toward staff the remainder of the week. If the sanction is meted out on Friday, it could appear to punish the individual for his/her good behavior. This sends a mixed message when the individual is praised for his/her good behavior the remainder of the week but then receives a sanction for a past infraction (Marlowe & Kirby, 1999).

In addition to an immediate response, regular delivery of sanctions must occur for each infraction (Marlowe & Kirby, 1999). For example, if a client is sanctioned the first time he/she tests positive but not the second or third time, it does not foster positive behavior modification. Intermittent or inconsistent reinforcement can encourage the client to continue using because they are in a sense "getting away with it" while feeling the reward of the drug. In addition, it is important that the drug court treatment staff and judges involved in the process are all clear on what behaviors warrant a sanction. Staff, judges, and other authority figures, must have the same foundation and sound understanding of the behaviors that they are to identify and sanction as noncompliant. It becomes problematic when certain staff members differ on the behaviors they are watching for and identifying, whether for punishment or praise, consistency is key. Without consistent and immediate delivery of sanctions, it can significantly impact the treatment. Further, it is important that sanctions are sufficient intensity, not painful or excessive, and prior to using sanctions, expected behaviors are clearly articulated to participants (Marlowe & Kirby, 1999). When drug courts incorporate sanctions as part of an overall behavior modification plan and are conscious of the aforementioned factors for effective use of sanctions, fostering desired behavior is possible (Marlowe & Kirby, 1999).

Applying sanctions in drug court. Sanctions are a central element of the drug court model and an important tool to enforce compliance. The National Association of Drug Court Professionals has identified sanctions and incentives as one of the ten key components. The research to date has focused on techniques and principles on how to deliver effective sanctions. Although it is integral that drug courts understand how to implement sanctions that are in line with behavioral modification principles, little is known about how they are actually applied in drug court and whether they do in fact adhere to the principles. That said, there are a limited number of studies that have examined sanctions in drug courts.

One element of sanctions that has been examined in the drug court literature is their relation to outcomes. Goldkamp, White, and Robinson (2002) examined drug court participants who received one or more sanctions and compared them to those who received none. The findings indicated that participants who received a sanction, specifically a jail sanction, had an increased likelihood of being rearrested within the first year, suggesting that sanctions received can impact recidivism (Goldkamp et al., 2002). Additional research by McRee and Drapela (2009) looked at the number of sanctions received and how it impacted the likelihood of graduation from drug court. Program completers and non-completers did not have statistically significant differences in the number of sanctions received nor did the number of sanctions affect the likelihood of graduation, suggesting that sanctions are not related to status in program (McRee & Drapela, 2009).

Another element of sanctions that has received attention in the literature is whether the application of sanctions in drug court adheres to principles of behavior

modification. Arbaia et al. (2008) examined sanctions in a felony level drug court and found that sanctions delivered most often were of lesser magnitude but as the noncompliant behavior continued and subsequent sanctions were necessary, they increased in severity. Ultimately, the authors concluded that drug courts are able to deliver sanctions in a manner consistent with principles of behavior modification (Arabia et al., 2008).

Additional research tapping into the application of sanctions in drug court examined stakeholders' perceptions of sanction use in five drug court programs located in Florida (Lindquist, Krebs, and Lattimore, 2006). Knowing how drug court teams view punishments and examining the decision-making process is critical to understanding the role of sanctions within the drug court model. Stakeholders interviewed included judges, treatment providers, drug curt staff, and drug court participants. The study found that the kinds of behaviors most commonly punished included drug use, missing treatment, and poor attitude. Further, the types of sanctions most often applied were identified as jail time, increasing treatment, and community service (Lindquist et al., 2006). Overall, this study found that staff and participants viewed sanctions as effective.

Although these studies offer beneficial insight into the application of sanctions, there are several limitations. Participants' individual behavior in relation to the sanction they receive has not been explained in the literature. There is not a clear understanding of the relationship between the individual's behavior and the sanction meted out. Studying the link between noncompliant behavior and sanction received is crucial because it could help drug courts better understand why and how participants struggle to engage in pro-social behavior. In turn, this understanding could help inform drug courts

of certain targets for treatment. Additionally, the role of individual-level factors that influence noncompliant behavior, such as risk level, remains underexplored. Until recently, research had not looked at individual behavior and subsequent sanction. Guastaferro and Daigle (2012) looked at individual-level factors that help predict criminal behavior and could increase the likelihood of receiving a sanction. Although there were several key contributions as discussed in the previous chapter, the factors that were expected to increase the chance of receiving a sanction, such as risk level and criminal history, were not significant. Additionally, Guastaferro and Daigle (2012) found that the majority of sanctions (57%) handed out were drug sanctions followed by behavior sanctions (40%). This finding suggests that participants continued to use drugs and struggle with meeting program expectations. Although these findings are important, the limited context regarding the types of behaviors that are receiving a sanction is a limitation. Accordingly, a qualitative approach is best suited to identify the types of behaviors that are leading to sanctions and thus more fully understand how individuals are having difficulty committing to pro-social behavior.

Conclusion. The literature reviewed in this chapter covered the principal research relating to offenders with a substance abuse problem, specifically, drug court participants. Research highlighted varied methods of treatment, such as CBT and sanctions, which drug court uses to foster behavior change in offenders. In addition, this chapter introduced the literature on criminal thinking patterns and the connection to drug court participants' noncompliant behavior. Each of these areas enhances the understanding of participants' non-complaint behavior, effectively laying a foundation of understanding for the current study.

The study presented here builds on the research of Guastaferro and Daigle (2012) by using a qualitative approach to analyze noncompliant behavior. Using the drug court sanction data, this study will examine and categorize the specific behaviors that produce a sanction outcome. Applying a criminal thinking lens to a thematic content analysis will help identify subtle differences between the behaviors and add specificity to the conduct that leads to sanctions. In doing so, it has the potential to strengthen the use of sanctions in drug court by illuminating particular aspects of behavior for the treatment staff to target in order to better address the needs of participants.

The present study seeks to answer the following questions: (1) What criminal thinking categories capture the behavior sanctioned in the DeKalb County Drug Court? (2) What are the specific noncompliant behaviors that fit into each criminal-thinking category? This study anticipates finding support for a criminal-thinking framework being used to categorize noncompliant behaviors. Further, this study expects to find demographic differences across the criminal thinking categories of noncompliant behaviors.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine noncompliant behavior sanctioned in drug court, using a qualitative approach. Employing a criminal-thinking framework, this study analyzed and categorized individual behaviors of drug court participants. The primary goal was to illustrate the nuances of noncompliant behavior in an effort to better understand participant behavior.

Drug court setting. The DeKalb County Superior Court Drug Court (DCDC) adheres closely to the key components of drug courts and evidence-based practices. One of the principles of effective treatment is that it attends to the multiple needs of the individual and targets more than just drug or substance abuse (NIDA, 2009). This drug court program utilizes a variety of treatments and services rather than one treatment modality. By incorporating Relapse Prevention, 12-step meetings, CBT, *Thinking for a Change* curriculum and *Moral Reconation Therapy* (MRT) alongside graduated sanctions, this multifaceted approach addresses the various needs of the participants. The DCDC uses a menu of services that are rooted in evidence-based practices in the following areas: (1) screening and assessment (e.g. Level of Service Inventory-Revised (LSI-R), Texas Christian University Drug Screen II (TCUDS) and bio-psycho-social interview); (2) individual treatment plans; (3) cognitive behavioral curriculum (e.g. “Thinking for a Change”); (4) repeated participant measures intended to identify changes in criminal thinking and addictive behavior patterns and (5) using the court as a therapeutic tool (Guastaferro, 2011). The LSI-R is 54-question risk/needs assessment that evaluates criminogenic needs and captures static factors such as criminal history as

well as dynamic features such as substance abuse and antisocial attitudes (Andrews & Bonta, 1998). It is a self-report survey that is administered by the clinical director or lead counselor and spans 10 domains, including criminal history, employment/education, finance, accommodations, leisure, family/marital, companions, alcohol/drugs, emotional/personal, and attitudes/orientation (Guastaferro, 2011). The program software generates a total composite LSI-R risk score and participants are identified as high-, moderate-high-, low-moderate-, or low-risk. The TCUDS, a 15-item screening instrument administered by the clinical director or lead counselor, measures the severity of the individual's drug use and addresses whether the individual has previously been in a drug treatment program, how serious they view their drug problem, and how important it is to get drug treatment now. The total score ranges from 0 to 9; a score of three or higher indicates "a relatively severe drug-related problem and corresponds approximately to DSM drug dependence diagnosis" (Texas Christian University Institute of Behavioral Research, 2008). Combined, these tools ensure that the DCDC is capturing high-risk individuals with substance abuse problems. The multifaceted approach relies heavily on evidenced-based practices, optimizing drug court's effectiveness.

The design of the DCDC addresses several of the criticisms against drug courts. A major criticisms of drug courts is that they target a population who is without serious, enduring drug problems. Critics, including the Drug Policy Alliance and the Justice Policy Institute, argue that participants do well in drug court because they are not seriously addicted individuals (Dooley-Sammuli & Walsh, 2011). Although this criticism is leveled at drug courts, it is not relevant to the DCDC because they use the LSI-R, a theoretically-based actuarial instrument, to evaluate the participant's risk of

recidivism and service needs. The DCDC also employs the TCUDS to capture the severity of participants' drug use problems, the type of drugs used, and how often they use these drugs (Texas Christian University Institute of Behavioral Research, 2008). In addition to screening and assessment, drug courts are criticized for discriminating against racial and ethnic minorities. The majority of the subjects of this study are African American and their most problematic drug is crack cocaine. Research suggests that cocaine users fare worse in drug court in regards to program graduation (Miller & Shutt, 2001; Saum, Scarpitti, & Robbins, 2001) yet Shaffer, Hartman, Listwan, Howell, and Latessa's (2011) findings suggest that drug of choice fails to influence outcomes.

The DCDC is located within the greater metropolitan Atlanta area. DeKalb, Georgia's most densely populated county, is an urban-suburban community with approximately 731,200 residents and a high percentage of non-white residents (69%) (Atlanta Regional Commission, 2009). The DCDC began in July 2002 and serves non-violent, felony level offenders. There are two levels of treatment and supervision based on participants' risk of recidivism and service needs. Track 1 is composed of high-risk participants and Track 2 (not studied nor discussed here) serves lower risk individuals.

Legal eligibility for Track 1 requires individuals have no convictions or pending charges involving guns, violence, drug sales, or residential burglary. In addition, they are not allowed to have an outstanding warrant in another jurisdiction and they must have 2 years or more left on probation. Track 1 is a 24-month program with five phases and at least six months of aftercare.

The Track 1 program begins with intensive outpatient treatment where participants live in a structured recovery residence, attend 24 hours per week of

treatment, attend 90 narcotics anonymous/alcoholic anonymous meetings in the first 90 days, receive random drug screening 3 to 4 times per week, begin the cognitive behavioral therapy *Thinking for a Change*, create an individualized treatment plan with their counselor, attend court weekly, meet weekly with the case manager, and attend one family counseling session a month (Guastaferro, 2011). The services are intensive, nearly reaching an inpatient level of care. As participants move through the program phases, their levels of responsibility and independence increase as their obligations and requirements change. For example, they are required to obtain employment, have fewer hours in treatment and attend court less frequently as they advance through the phases.

Sample. This study examined noncompliant behavior among all Track 1 drug court participants (n=66) who were in the program over a two year period (April 1, 2008 to March 31, 2010) and received one or more sanctions (n=355). Participants in Track 1 are considered to be higher risk and have less protective factors than those in Track 2. They are assessed to be moderate to very-high risk for recidivism by the LSI-R and have significant risk factors such as homelessness, lack of education and more extensive criminal histories. The majority of participants in the sample were male (73%), nonwhite (91%), and not married (97%). The average age was 43 years old and less than half were high school educated (45%). In addition, the average TCUDS score was 7 and 64% of participants reported the most problematic drug was crack. There were a total 355 sanctions meted out and the average per person was 5.4 sanctions. In regards to LSI-R scores, 59% of the sample scored in the moderate-high risk range (24-33) with another26% scoring in the high-risk range (see Table 1).

Table 1. Descriptive data across all participants of the DeKalb County Drug Court

Characteristic	Track 1 participants with at least one sanction (n=66 participants)	All Track 1 participants (n=115)	All Track 2 participants (n=68)
	% (n)	% (n)	% (n)
Marital status (1=yes)	3 (64)	8 (9)	28 (19)
Sex (1=male)	73 (48)	74 (85)	75 (51)
Race (1=black)	91 (60)	85 (98)	67 (46)
Average age	43	41	38
High school graduate (1=yes)	45 (30)	50 (57)	74 (50)
Texas Christian University Drug Screen II average score (0-9)	7	6.3	5.6
Crack most problematic	64 (42)	71 (82)	31 (21)
Level of Service Inventory-Revised (LSI-R) Score – Low Risk (0-13)	0 (0)	3 (3)	24 (16)
LSI-R Score - Low-moderate risk (14-23)	14 (9)	10 (11)	53 (36)
LSI-R Score - Moderate-high Risk (24-33)	59 (39)	62 (71)	24 (16)
LSI-R Score – High Risk (34-40)	26 (17)	24 (28)	0 (0)

The sample in this study represented a portion of individuals in the DCDC. However, this sample was not unusual in the DCDC. For example, when considering all Track 1 participants enrolled in the DCDC between October 2007 and October 2009 (n=115) the majority were male (74%), black (84.5%), and not married (92%). Two thirds of all Track 1 participants were over 40 years old and half were high school educated, as shown in Table 1. In addition, the average TCUDS score was 6.3 and 71.3% of participants reported their drug of choice was crack. In addition, 62% of participants were classified as moderate risk on the LSI-R and the mean score was 29.65. Further, while not discussed in this study, Track 2 participants enrolled in the drug court program between April 2008 and March 2010 were 38 years old on average. Most Track 2 participants were male (75%), black (67%), not married (72%), and high school educated (74%). The average TCUDS score was 5.6 and the most problematic drug was crack (31%). In addition, the mean LSI-R score was 19 and 53% of participants were classified as low-moderate risk (see Table 1). The Track 1 and Track 2 descriptive data provided in Table 1 help to situate the sample in the broader context and suggest that the sample is not unique in the DCDC. As such, it is a representative sample of individuals in the DCDC.

Graduated sanctions in the DCDC. The DCDC uses a sanction matrix that lists graduated responses to various infractions (see Appendix A). The matrix groups infractions by four types of noncompliant behavior: drug use, attendance, behavior and relationships. Drug use includes noncompliant behaviors such as, testing positive, missing a drug screen, and being late for a drug screen. Examples of noncompliant behaviors that fall under attendance include: missing court sessions, being late for

curfew, forging 12 Step attendance sign in forms, and missing 12 Step meetings. The behavior category includes noncompliance such as, physical violence on drug court property, poor/disrespectful attitude, admission of criminal activity, and unfulfilled job search form. The fourth type of infraction, relationships, includes behavior where there is proof of an inappropriate relationship between participants. (For a more exhaustive list of behaviors that fall under each of the four categories see Appendix A.)

The four types of infractions and associated behaviors described above are listed on the left side of the matrix. The subsequent graduated response to each infraction follows to the right. There are four levels and types of sanctions that the DCDC uses in response to infractions. The first is a treatment sanction (level 1). Treatment sanctions can include a presentation to the group about a particular issue or additional counseling sessions. The second level is a community service sanction that includes a requirement of completing a certain number of community service hours in 8-hour blocks. A level 3 sanction is jail time and this requires participants to spend a specific number of days in custody. Lastly, a level 4 sanction is a 30 day step-up. Participants are given 30 days to meet an agreed upon goal or face termination. In accordance with a graduated sanction scheme, each time the same infraction is repeated, a more severe sanction should be delivered. The matrix lists the graduated response for the first three times the infraction is repeated. For example, as stated in the matrix, when a participant is sanctioned for an attendance infraction such as missing a court session, they receive eight hours of community service the first time, three days in custody the second time the offense is repeated, and ten days in custody the third time the infraction is repeated.

Analytic Plan. Prior to beginning the analysis, all drug court participants agreed their data could be used and the Institutional Review Board (IRB) at Georgia State University approved this research. Once the IRB approval was secured, access to the DCDC Track 1 data were granted by the Principle Investigator. The sanction data were made available through a private, password-protected file. Two files were utilized, an excel spreadsheet and an SPSS file. The excel spreadsheet included a non-identifying participant number, the participant's enrollment date and discharge date if applicable, the date the sanction was received, a brief note regarding the behavior being sanctioned (e.g. late to court, failure to turn in assignments, positive drug test), and the type of sanction meted out (e.g. treatment sanction, community service sanction, jail sanction, and 30 day step up). For participants that received more than one sanction, the information regarding the subsequent sanction was listed in sequential order in the row below. The SPSS file included various descriptive variables but for the purpose of this current study, the variables used included: sex, race, marital status, whether the individual was a high school graduate, and the LSI-R score.

The frontend of the analysis focused on creating the criminal-thinking categories and used the data strictly from the excel spreadsheet. It should be noted that no descriptive data was examined until the categories were completed. This limited the opportunity for bias when creating the categories. The first step in the analysis was to organize the data for evaluation. The sanction data was arranged by hand and individual paper files were created for each participant included in the study (n=66). Each paper file listed the participant's non-identifying number and enrollment information at the top. On the left side of the file, the additional components of the data from the excel file were

organized in sequential order of when the sanction was received. The right side of the paper file was left blank to provide space necessary for the coding effort.

After the paper files were organized with sanction data from the excel spreadsheet, a thematic content analysis (Berg, 2004) was used to analyze the data. Content analysis is "any technique for making inferences by systematically and objectively identifying special characteristics of messages" (Berg, 2004, p. 267). Content analysis can be applied to any data that can be made into text. Thematic content analysis uses theme as a level of analysis and this allows researchers to categorize data based on patterns that emerge. This approach was appropriate given that the goals of the study were to identify and organize noncompliant behavior into categories. First, general thematic categories within the sanction data were identified. Codes were handwritten in the margins to mark the behavior that represented the given thematic category. The thematic categories were formed by identifying behavior patterns amongst the participants.

Research suggests that attendance, adherence to program rules, and active participation reflect a participant's engagement in substance abuse treatment (Sung, Belenko, & Feng, 2001). In addition, noncompliant offenders have been found to use intimidation, manipulation, and lying to cope with treatment (De Leon, 2000). Further, individuals with addiction do not have the self-control to appropriately respond when they are confronted with strong urges (Beck et al., 1993). As such, noncompliance in the form of relapse is expected among addicted individuals such as drug court participants. Using the aforementioned research as a foundation, three categories were developed from this initial coding effort. The first thematic category was non-compliant resister.

Individuals in this category had problems following program rules and cooperating. They displayed behavior such as, being disrespectful, getting involved in fights with other participants, visiting individuals without permission, being late for curfew, and being disruptive. The second category was treatment engagement resister. This category captured individuals who were non-responsive to treatment and the behavior they exhibited included missing appointments with counselors, not turning in assignments, being behind in treatment phase, and receiving 30 day step ups. The third category was drug resister[2]. Individuals in this category continued to use drugs and test positive for substances. All of these behaviors were placed into one of the three thematic categories and the coded data was analyzed. The majority of participants were coded as non-compliant resister followed by treatment engagement resister. There were a small number of individuals coded as drug resister. Although the three categories organized the sanctionable behavior, it was difficult to distinguish nuances between the behaviors because the categories were too broad and nonspecific. It became evident that these three categories were not capturing the subtle differences in the behaviors and a second level coding pass through the data (Berg, 2004) was necessary to more precisely define categories. Coding is a cyclical act and seldom is the first coding pass "right" (Saldana, 2009). Analyzing qualitative data requires meticulous attention and recoding can lead to more refined categories (Saldana, 2009). As such, the three aforementioned categories established the initial coding effort and merited a second coding pass to further hone in on the different features of the noncompliant behavior.

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[2] Individuals that showed resistant behavior through the continual usage of drugs post program enrollment were initially coded as drug resister. It was realized after the coding effort finished that this label could be misleading. Drug resister could be mistaken as an individual that is in fact resisting using drugs and other substances. However, when this label was initially assigned to the individual's behavior, it was for the purpose of classifying drug use as the type of resistant behavior.

In order to identify the nuances of the behavior being sanctioned, a criminal thinking patterns framework was applied to the subsequent coding pass. The rationale for this approach was to illuminate criminal thinking patterns behind the participant's addiction. Criminal thinking patterns are significant risks for reoffending (Garner, Knight, Flynn, Morey, & Simpson, 2007). In order to prevent recidivism, criminal thinking must be interrupted. Utilizing a criminal thinking framework allowed for differences between the behaviors to be identified. Criminal and corrective thinking research was employed to assemble thematic categories. Research has identified common criminal thinking patterns among offenders to include behaviors where individuals convey a sense of privilege, minimize seriousness of antisocial acts, display aggressive behavior to gain power, and/or are unwilling to take responsibility for criminal actions (Knight et al., 2006; Taxman et al., 2011; Walters, 1995). In addition, Truthought, a corrective thinking curriculum, was also used to assemble the behavior categories. Truthought is a cognitive restructuring program that was developed by Rogie Spon (1999) to teach offenders how to recognize their "barriers in thinking" (i.e. criminal thinking patterns) and take responsibilities for their choices (Hubbard, & Latessa, 2004). Truthought curriculum includes a matrix that identifies nine thinking barriers and patterns that the program aims to change in the individual (see Appendix B). Truthought's matrix was used as a component in the development of the framework for the second level coding effort.

The criminal thinking patterns used in this study were chosen because they were more behavioral based as opposed to other options such as Hazelden's Criminal and Addictive Thinking Patterns (Hazelden Foundation, 2002). The criminal thinking

patterns identified by Hazelden were more complex and cognitive based, requiring more information about the individual offender and their reasoning behind their noncompliance. For example, Hazelden's criminal thinking pattern "victim stance" states that an individual justifies their behavior by blaming others for situations and making excuses (Hazelden Foundation, 2002). Another pattern, "good person stance," is when an individual considers themselves to be a good person regardless of any harm they cause (Hazeldon Foundation, 2002). Although these could certainly apply to drug court participants, they would require more analysis of individual offender data to know the thought process and the context surrounding the noncompliance. This study did not examine the motivation or cognitive reasoning behind a particular behavior. It would have been difficult to apply Hazeldon's criminal thinking patterns to the noncompliant behavior because they are more cognitive-behavioral based and would require a more complex approach to understanding behavior. This was a methodological decision based on the data this study analyzed.

Using the criminal thinking patterns framework, the coding process was repeated. More detailed categories were formed in an effort to further distinguish features of the noncompliant behavior. For example, noncompliant resister (i.e. individuals who were sanctioned for being disrespectful, getting involved in fights with other participants, visiting individuals without permission, being late for curfew, and being disruptive) was a general theme that was identified in the initial coding pass. In the subsequent coding pass, the category noncompliant resister was further refined through a criminal thinking lens and codes were affixed to describe the different behaviors that were being displayed by the noncompliant resister. For example, individuals sanctioned for being late for

curfew in the first coding pass were assigned to the noncompliant category. Yet, on the second level coding pass these individuals were coded as ignores obligations. The ignores obligations category consisted of behavior that illustrated a lack of accountability or responsibility on the part of the individual, such as, being late for court or curfew, missing appointments, and not submitting assignments. This node was similar to treatment engagement resister in that both included behaviors such as being late and not turning in assignments. However, these two nodes differed in that treatment engagement resister also included behavior that illustrated non-responsiveness to treatment, such as being behind in phase and receiving 30 day step ups. This same process was applied for the treatment engagement resister. For example, individuals sanctioned for missing counseling appointments were coded as treatment engagement resister in the first coding pass. In the second level coding pass this behavior was coded as ignores obligations. Each of the behaviors coded as noncompliant resister, treatment engagement resister, or drug resister were assigned to one of six new criminal thinking categories. (e.g. ignores obligations, resistance, closed thinking, impulsivity, criminal behavior, fear of losing face). As the content coding progressed, the development and definitions of the categories changed. By applying the criminal thinking framework discussed above, fine distinctions between the sanctioned behaviors were identified. As such, the three original codes were split up and the behaviors were separated into new categories. The second level coding pass was conducted until all data were coded and a comprehensive categorization of all sanction data was generated.

Measures. Six categories were assembled to enhance the collective understanding of drug court participants' sanctionable noncompliant behavior. As a caveat on the

explanatory value of these categories, it should be noted that these six categories are meant to represent "ideal types." As such, they should be viewed as measuring rods (rather than absolutes) "to ascertain similarities as well as deviations in concrete cases" (Coser, 1977, p. 223-224) so that some basis for comparison between sanctionable participant behaviors could be established. The identified categories are as follows: ignores obligations, resistance, closed thinking, impulsivity, criminal behavior, and fear of losing face. The specific behaviors used to operationalize each criminal thinking category are detailed below.

Ignores obligations. An obligation is understood as a commitment drug court participants have toward a particular course of action. It can also be viewed as a condition that participants are bound to and therefore a form of responsibility, as there are various obligations that drug court participants are expected to meet. When individuals displayed behaviors that seemed to show a disregard for what was expected as a member of drug court, they were coded as ignores obligations. For example, one requirement of drug court is for participants to seek gainful employment (after a period of stabilization) or they receive a sanction. However, individuals in this category failed to meet this requirement and were sanctioned for being unemployed. In addition, when it appeared that individuals were choosing to do something that was more self-gratifying than the responsibilities they had to the drug court, they were coded as ignores obligations. For example, tardiness and absenteeism were common behaviors coded in this category. The reasoning behind this label was that individuals have a commitment to be present and be on time to their various drug screens, mandatory meetings, and court appearances. Arriving on time and being present are basic forms of accountability and when

participants fail to arrive on time or miss a screen, that behavior is reflective of ignoring their obligations. On a caveat, it should be noted that often participants might miss screens or are late to screens because they have been using drugs. However, because the motivation behind why the participant was late or missed a screen was not examined in this study, the behavior was coded as ignores obligations because it was viewed simply as an act of being tardy or absent.

Further, ignoring obligations was also operationalized through other behaviors such as being sanctioned for using a cell phone. This behavior was so coded because participants are required to seek permission and authorization for using a cell phone. When participants overlooked this duty, they were coded as ignoring obligations. Participants in this category were also sanctioned for not turning assignments in on time. Learning how to manage time and prioritize such things as completing an assignment shows responsibility. The specific sanctioned behaviors that were coded in ignores obligations were: late for court, missing screens, late to screens, not completing assignments on time, missing appointments with counselors, sleeping in court, using cell phone without permission, child support arrearages, not submitting 12 step meeting slips, not obtaining stable employment, missing a socialization, not accountable for whereabouts, late for curfew, not submitting assignments, not submitting job search forms, behind on fees, unemployment and leaving recovery residence dirty.

Resistance. The notion of resistance implies that behavior is organized and directed toward a clearly stated objective. Resistance typically involves an attempt to make a statement or reject the values and authority of those in the dominant or mainstream society. In the context of drug court, individuals who displayed resistant

behavior were typically noncompliant with rules and did not follow directions. For example, individuals in this category were sanctioned for refusing to follow the rules at the recovery residence. This illustrates a refusal to accept the authority and value of those at the recovery residence. Further, participants in this category struggled with honesty and were defiant toward drug court authorities. For instance, individuals coded as resistant were sanctioned for lying to the court and staff. The act of lying represents the intention to deceive the recipient and it shows an individual is rejecting the authority of those in charge. Other behavior classified as resistance was that in which individuals were disruptive. This form of resistance was viewed as an individual trying to make a statement directed toward drug court in general. The specific behaviors that were coded in resistance were as follows: noncompliant with treatment objectives and case management objectives, disruptive in group or treatment, not following rules per deputies' instructions, smoking out of the assigned area, smoking in room at recovery residence, not screening after being directed by case manager, dishonest about having a cell phone, dishonest about employment, staff splitting, lied to judge, not following rules at recovery residence and discharged, not consistent in meeting treatment objectives and needs to address behavioral issues, left courtroom while court was in session, abandoned fellow participant while on buddy-assignment, resistant behavior toward staff and authority, lied about being terminated from job, and honesty issues with work.

Closed thinking. Closed thinking is the idea that individuals are not engaged or committed to treatment. Individuals in this category seemed to be content to stay where they were in phase and did not show interest in advancing through the program. Overall, they were unreceptive to responsible alternatives. Individuals who were generally not

making progress were coded as closed thinking. For example, each phase is expected to last 90 days. However, participants who were sanctioned for being over in phase, sometimes upwards of 40 days over in phase, were coded as closed thinking. Another form of noncompliant behavior that was used to operationalize closed thinking was when an individual received a sanction for going AWOL. The act of going AWOL represents unreceptiveness to treatment. The specific sanctioned behaviors that were coded as closed thinking included: violating 30 day step up, behind in phase, over in phase, low scores on monthly rating, placed on 30 day step up due to time in phase, and AWOL.

Impulsivity. The concept of impulsivity implies acting without forethought. Individuals addicted to drugs often do not carefully consider or plan for the future and they tend to make decisions based on instant gratification. For example, individuals sanctioned for testing positive were coded as impulsive. The act of using drugs was viewed as a decision individuals made because they sought instant gratification. Although this study did not look at the motivation behind the noncompliant behavior, it is known that individuals use drugs for the direct effect on their physiological state. Drug use could also be viewed as a means to an end. For example, individuals who tested positive might have stolen something such as a computer, to pay for heroin. In the latter case, this behavior would be more criminal in nature. However, this study did not look at the details of the behavior and it was assumed that individual in this study used drugs for the effect it had on their physiological state. Although it is still a criminal behavior, it seemed more likely that it was driven more by impulsivity than criminality. Another way participants tried to obtain immediate satisfaction and pleasure was by having prohibited relations with another participant. The specific noncompliant behaviors that were coded

as impulsivity consisted of: meeting with spouse/fiancé/family/friend, kissing another participant, daily contact with a friend, testing positive, and involved in a relationship with another participant.

Criminal behavior. The criminal behavior category was reserved for noncompliant behavior that was viewed as criminal or could be considered illegal in the context of drug court. For instance, the act of forging a document is a criminal offense. Participants coded as criminal behavior forged documents such as required community service hours. Forging community service hours is a serious offense in the context of drug court because although these individuals are not serving their sentence in prison, they are still under criminal justice supervision. Therefore, by forging required community service hours, they are falsifying something they were required to do under the law. Individuals in this category also partook in activities such as meeting with criminal acquaintances or engaging in other criminal behaviors such as stealing. The list of sanctioned behaviors that were coded as criminal behavior were as follows: selling merchandise without a license, arrested at the treatment center for possession of marijuana with intent, meeting with drug dealer at recovery residence, taking things from residence and roommates without permission, alleged theft, tinkering with keypad at treatment center, buying and allowing a significant other to use drugs in their apartment, forging meeting slips, falsifying socialization document, falsifying medical discharge document, and forging community service hours.

Fear of losing face. Fear of losing face originates from insecurity and a desire to maintain a certain image (Truthought, 2012). Individuals who engaged in defensive behavior such as physical fighting or verbal altercations, in what appeared to be an

attempt to "save face" and intimidate others, were coded as fear of losing face. As alluded to previously, this study did not examine the motivation or extensive details regarding each noncompliant incident. It could be that an individual received a sanction for fighting but they themselves did not initiate the fight. Additionally, physical fighting could be viewed as an impulsive behavior because it could be argued that an individual engaging in a physical fight is not considering the future consequences and impact it will have on their standing in drug court. Further, physical fighting could be viewed as criminal behavior because assault is a crime. Yet, because criminal's behavior is often connected to fear (Truthought, 2012), physical fighting was viewed as a defensive behavior and a form of intimidation, thus it was coded as fear of losing face rather than impulsive or criminal behavior. Another dimension to fear of losing face is behavior where individuals have a fear of personal insults and embarrassment. To operationalize this dimension, noncompliant behaviors where individuals refused to participate in "embarrassing" assignments, such as customary skits for the group, were coded as fear of losing face. The specific behaviors assigned to this category are: involved in a fight, involved in a verbal altercation with a peer, incident with another participant, failed to perform skit regarding an incident, and physical altercation with roommate.

Conclusion. This study used a thematic content analysis to categorize noncompliant sanctioned behavior. The purpose of a thematic content analysis was to identify themes and build categories based on related behaviors. The first coding pass organized the noncompliant behavior into three main categories but did not produce meaningful or significant results. Subsequently, a second level coding analysis was applied to the data. The results of the first coding analysis served as a foundation for the

second level-coding pass. It was appropriate to use the results from the initial analysis because the three separate categories were not incorrect, but rather, could be further refined and expanded or split to form more distinction across the behaviors. The original analysis was modified through the application of the criminal-thinking framework. Using a criminal-thinking framework helped identify differences in the noncompliant behavior and presented a new method to analyzing behavior of drug court participants.

It should be noted that each individual behavior that was sanctioned (n=355) corresponded to only one category, for example, receiving a sanction for being late to court was only coded as ignores obligations. Participants typically had more than one sanction and a single participant could have multiple infractions that corresponded to the same behavior category. One participant in particular was sanctioned multiple times for being late to court. Each of these individual acts or behaviors were coded as ignores obligations in the margins of the paper. In addition, it was common for participants to exhibit a spectrum of behaviors that were sanctioned. For example, one participant was sanctioned on one occasion for being late to court and another occasion for being behind in phase. The behavior in the first sanction was coded as ignores obligations, and in the second sanction, the behavior was coded as closed thinking. During data analysis, when the codes were totaled the participant was assigned to two categories, i.e. ignores obligations and closed thinking. In summary, each individual behavior received a single code and a participant could be assigned to more than one category.

CHAPTER IV

RESULTS

The findings of this research derive from a thematic content analysis of sanctioned noncompliant behavior among high risk, Track 1 participants in the DeKalb County Drug Court. This study drew upon a criminal thinking framework to construct classification categories of noncompliant behavior. Results confirm the justifiability of this approach for the current analysis; the data adequately fit the framework and extend our understanding of the mechanics of sanctioning in drug court effectiveness. As drug court participants exhibit criminal thinking patterns, their noncompliant behaviors could be classified into to specific criminal thinking categories developed for in this analysis. Classification of noncompliant behavior of drug court participants operationalized criminal thinking patterns, in effect. This study expected to find a relationship between noncompliant behavior and criminal thinking patterns in addition to differences across criminal thinking categories in associated with particular demographic factors. As will be explored in this chapter, the relationship between demographic factors and categories did not materialize as expected.

As discussed in the review of literature, previous research examined the extent to which participants are sanctioned, looking at individual-level factors such as treatment characteristics and criminal history that could increase the likelihood of receiving a sanction (Guastaferro & Daigle, 2012). The quantitative approach by Guastaferro and Daigle (2012) did not fully explain why participants received sanctions and a different approach was needed to question and explore if other factors were driving the receipt of sanctions. This study used a qualitative approach to examine specific characteristics of

noncompliant behavior that result in sanctions from the court. The findings presented here extend the research of Guastaferro and Daigle (2012) and offer an in-depth look at the behaviors behind the sanction. This chapter will first review the six categories of noncompliant behavior and use specific examples from the data to illustrate each category. Next, the demographic factors will be examined across categories as will the number of sanctions meted out in each category. Finally, the level of sanction will also be explored.

Six categories of noncompliant behavior. The six measures used in this analysis should be thought of as ideal types to help give the DCDC and others a way forward in analyzing the success and failures of drug court. These categories served as a tool to help make comparisons across noncompliant behavior. The six categories were ignores obligations, resistance, closed thinking, impulsivity, criminal behavior, and fear of losing face. In the following paragraph, there will be a brief iteration of the behavior used to operationalize each category (for a full operationalization see Chapter III).

The first category ignores obligations, focused on noncompliant behavior where the individual displayed a disregard for responsibilities and was generally not accountable. For example, Participant A was coded as ignoring obligations when they received a level 2 community service sanction for being late to court. The second category, resistance, was composed of behavior that implied an attempt to make a statement or reject some form of authority. For instance, Participant B was coded as resistance when they received a level 3 jail sanction for lying to the court and staff. The third category was closed thinking. This category consisted of behavior where the individual was sanctioned for not making progress in treatment. In particular, Participant

C was coded as closed thinking when they received a level 3 jail sanction for going AWOL. Impulsivity was the fourth category and was comprised of behavior that revolved around instant gratification. For example, Participant D was coded as impulsivity when they received a level 3 sanction for testing positive for cocaine. A fifth category, criminal behavior, was used to group noncompliant behavior that was illegal. For instance, Participant E received a level 3 jail sanction for meeting with a drug dealer at the recovery residence. The sixth and final category was fear of losing face. This category consisted of defensive behavior. For example, Participant F received a level 2 community service sanction for getting involved in a fight. These six categories served as measuring rods for the data analysis with the results presented below.

Individuals had on average 5.4 sanctions and the spectrum of an individual's sanctioned behaviors often required assignment to more than one category (see Table 2).

Table 2. Participant assignment across number of criminal thinking categories

Number of Criminal Thinking Categories (n=6 categories)	Number of participants (n=66 participants)
	% (n)
1	18 (12)
2	36 (24)
3	24 (16)
4	20 (13)
5	2 (1)
6	0 (0)

The column on the left lists the possible number of categories an individual could be coded in. The column on the right lists the number of participants coded in the specific number of categories. It should be noted that participants in this table fall into one and only one of the categories listed on the left. For example, of the overall sample, 36% were coded in exactly two categories. In addition, 24% of the sample was coded in only three categories. Table 2 also suggests that 82% of the sample was coded in at least two or more categories, indicating the complexity of participant behavior. This table shows that it was rare to be coded in five categories (2%) and further, no participants displayed behavior that was coded in all six of the categories.

As can be seen in Table 3 (see below), an overwhelming majority (82%) of the sample had at least one behavior that was coded as ignores obligations. This category was followed by resistance with 56% of the sample having at least one behavior coded as resistance. Participants were less commonly coded as criminal behavior (18%) and fear of losing face (14%).

Table 3 also shows there are relatively few differences in regards to demographic factors across the six categories. As is seen in Table 3, the overall sample percentages for each demographic factor appear fairly consistent across each of the categories. Looking at marital status, the majority of the criminal thinking categories had no married participants. There were two categories, ignores obligations and impulsivity that had married participants. The small representation of married participants is not surprising given that the overall sample only had two participants that were married. Table 3 also shows that high school graduates were stable across the six categories, representing between 42%-50% in each category. This appears to be fairly consistent with the overall

Table 3. Descriptive statistics of sample and for criminal thinking categories

		Criminal Thinking Category					
Characteristic	Total Sample (n=66)	Ignores Obligations 82% (n=54)	Resistance 56% (n=37)	Closed Thinking 44% (n=29)	Impulsivity 36% (n=24)	Criminal Behavior 18% (n=12)	Fear of Losing Face 14% (n=9)
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Marital Status (1=yes)	3 (2)	2 (1)	0 (0)	0 (0)	8 (2)	0 (0)	0 (0)
High School Graduate (1=yes)	45 (30)	46 (25)	49 (13)	49 (13)	50 (12)	42 (5)	44 (4)
Race (1=black)	91 (60)	91 (49)	89 (33)	83 (24)	92 (22)	92 (11)	100 (9)
Gender (1=male)	73 (48)	76 (41)	73 (27)	69 (20)	71 (17)	83 (10)	56 (5)
LSI-R Low-Moderate Risk (14-13)	14 (9)	15 (8)	14 (5)	21 (6)	13 (3)	33 (4)	0 (0)
LSI-R Moderate-High Risk (24-33)	59 (39)	62 (33)	64 (23)	64 (18)	52 (12)	50 (6)	78 (7)
LSI-R High-Risk (34-40)	26 (17)	23 (12)	22 (8)	14 (4)	35 (8)	17 (2)	22 (2)

sample since 45% were high school graduates.

In regards to race, five of the categories had at least 89% black participants (see Table 3). Impulsivity had a smaller percentage of black participants at 83%. The data also show that gender was stable with roughly two-thirds or more males represented

across the majority of the categories. The exception in regards to gender was the fear of losing face category with 56% males. Females appear to be more represented in the fear of losing face category. Lastly, the LSI-R risk score across the six categories was examined and several findings are evident. In regards to the low-moderate risk score, criminal behavior had a higher percentage across groups at 33% while the fear of losing face category had 0%. This finding is surprising, given the type of behaviors classified in those two categories. For example, the criminal behavior category was composed of behaviors that were more illegal in nature and it would be expected that higher risk individuals would be represented in that category because they are assessed at a higher risk for recidivism. Additionally, the fear of losing face category included behaviors such as physical fighting and it is reasonable that low-moderate individuals were not represented in this category. The moderate-high risk score was relatively stable across categories ranging between 50%-64% across categories with the exception of fear of losing face category at 78%. Lastly, the closed thinking category had a lower percentage of high-risk participants (14%) while the impulsivity category had the highest representation of high-risk participants at 35%. There were a stable number of high-risk participants in the remaining categories ranging between 17%-23% across categories.

This study also examined the number of sanctions imposed by the court for each of the criminal thinking categories (see Table 4). There were a total of 355 sanctions dispensed over the course of the study period (2008-2010). A large portion of those sanctions (47%) was for behavior that was coded as ignores obligations. This could

Table 4. Total number of sanctions imposed by court by criminal-thinking category (2008-2010)

Criminal-Thinking Category	Number of sanctions n=355 sanctions % (n)
Ignores obligations	47 (167)
Resistance	19 (67)
Closed thinking	13 (45)
Impulsivity	12 (44)
Fear of losing face	6 (20)
Criminal behavior	3 (12)

indicate several things. One, the DCDC could view ignoring obligations as the most serious offense. Second, it is possible that ignores obligations is the easiest noncompliant behavior to detect. For example, if a participant does not show up for a meeting or arrives late, it seems likely that this is easily detected and could perhaps be contributing to the higher percentage of sanctions. A third possible reason is that ignoring obligations could be the most common form of noncompliant behavior participants in the DCDC struggle with. In regards to the other categories, resistance was the second most sanctioned behavior with 19% of overall sanctions. Closed thinking and impulsivity received a very similar percentage of sanctions, 13% and 12% respectively. The remaining two categories had a very small percentage of overall sanctions as fear of losing face had 6% and criminal behavior 3%.

The number of sanctions delivered at each of the four levels for each criminal-thinking categories can be seen in Table 5. With the exception of the resistance category,

Table 5. Level of sanction meted out by criminal thinking category

Sanction Level	Ignores Obligations (n=167 sanctions)	Resistance (n=67)	Closed Thinking (n=45)	Impulsivity (n=44)	Criminal Behavior (n=12)	Fear of Losing Face (n=20)
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Treatment Level 1	3 (5)	5 (3)	7 (3)	2 (1)	0 (0)	0 (0)
Community Service Level 2	65 (109)	28 (19)	0 (0)	18 (8)	17 (2)	60 (12)
Jail Level 3	24 (40)	43 (29)	24 (11)	66 (29)	83 (10)	15 (3)
30 Day Step-Up Level 4	8 (13)	24 (16)	69 (31)	14 (6)	0 (0)	25 (5)

there appears to be a majority level of sanction that the participants in each category received. For example, ignores obligations category had 65% of participants receiving a level 2 sanction and closed thinking category had 69% of participants receiving a level 4 sanction. As shown in Table 5, this theme holds true for impulsivity (66% level 3), criminal behavior (83% level 3), and fear of losing face (60% level 2). The resistance category lacked consistency in regards to punishment, as there was not a large majority sanction level that was delivered. Table 5 shows 43% of participants in the resistance category received a level 3 sanction, followed by 28% receiving a level 2 sanction, and 24% receiving a level 4 sanction. This could indicate one of two things. First, the court

may not be consistent in the way they punish behavior coded as resistant. Or, it could imply the behavior coded as resistance needs to be reevaluated. Perhaps the category needs to be reworked and further separated into additional codes. Yet, the results indicate that in five out of the six categories there was a consistent level of sanction being handed down by the court, contributing to the strength of the categories constructed. In other words, there is reliability in the way the court sanctions the behavior and the way it was coded, supporting the idea that these categories have merit. In the following chapter, there will be a discussion of relevant findings, the limitations of this study, and recommendations for future research.

CHAPTER V

DISCUSSION

In 1989, drug courts emerged as an alternative to traditional offender sentencing schemes. From their inception, these specialty courts were intended to address some of the unforeseen consequences of the U.S. anti-drug movement, specifically, the overwhelming number of apprehended offenders with substance abuse problems. Drug courts involve heightened levels of community supervision, and rely upon intensive treatment services coupled with frequent court appearances as a means to reduce substance abuse and criminal behavior. Research indicates that this special court docket has achieved some degree of success in reducing criminal behavior and, accordingly, these courts have been increasingly used as an alternative to incarceration for offenders with a substance abuse addiction (see Huddleson & Marlowe, 2011; Rossman et al., 2011; Wilson et al., 2006). Although drug courts have been shown to work, the key programmatic elements that lead to the successful modification of offender behavior have not been clearly identified. This has led to a growing need to get inside the black box of drug courts and discover what specific factors are contributing to positive behavior change.

The study presented here attempts to add to the body of literature on drug courts by examining one key programmatic element in particular, sanctions. Extending the research of Guastaferro & Daigle (2012), this study further explored sanctionable behavior in a drug court setting. Guastaferro & Daigle (2012) examined the extent to which participants were sanctioned and individual level characteristics that could increase the risk of receiving a sanction. They found that a majority of participants received a

sanction and of those who received a sanction, the majority remained in the program. The authors conclude "sanctions can be viewed as a normative aspect of drug courts that indicates functioning rather than failure" (Guastaferro & Daigle, 2012, p. 24). Under intensive supervision it is expected that participants' noncompliant behavior will be more readily recognized (Solomon, Draine, & Marcus, 2002). Although sanctions are to be expected, the factors that are driving noncompliant behavior warrant further research. In an effort to extend the work of Guastaferro and Daigle (2012), this study examined how noncompliant behavior could be sorted into criminal thinking categories in an order to better understand the offender actions being sanctioned. This study looked at the different levels of sanctions handed down by the court and how they differed across the criminal thinking categories. Additionally, demographic factors across the categories were evaluated. There were several findings from this study that may warrant further discussion.

One finding in particular is the lack of variation across categories in regards to demographic factors. This calls attention to the sample utilized in this study. The sample was rather homogeneous in regards to several of the demographic factors and additionally, the sample size was small at only 66 participants. Therefore, it is not entirely surprising that the demographic variables remain relatively stable across the categories. For example, if there are only two participants in the entire sample that are married, then it is reasonable that there will be little variation across the categories. A larger, more diverse sample could yield more differences across categories. One interesting demographic finding was the larger representation of females in the fear of losing face category. Females typically composed 30% or less in each of the criminal

thinking categories. The exception was the fear of losing face category that was 44% female. This suggests that males and females in this sample are being sanctioned for fear of losing face at a similar rate. It also indicates that males and females are engaging in behavior coded as fear of losing face at a similar rate.

In addition to gender, there were interesting findings in regards to LSI-R risk scores. Consistent with other factors, overall there was little variation across categories and there was no overrepresentation of risk in any one category. For example, there were not only high-risk individuals coded as impulsive but rather, high-risk individuals were coded in each of the six noncompliant categories. This suggests that problem behavior is varied and there is not one specific type of behavior that low-, moderate-, or high-risk individuals appear to be specializing in. One surprising finding was that there was not a higher percentage of individuals with high-risk LSI-R scores whose noncompliance was coded as criminal behavior. The behavior coded in this category was more criminal in nature compared with other noncompliance categories and it would be expected that those with high-risk scores would be more represented. According to Andrews and Bonta (1998), individuals who are assessed at a high-risk level have more criminogenic needs and a greater likelihood to recidivate than their lower risk counterparts. Therefore, it would seem likely that these individuals with high risk-needs would be more apt to engage in criminal behavior. Yet, only 17% of those coded as criminal behavior had a high-risk LSI-R score.

The findings surrounding the LSI-R risk score speak to the notion that the way drug court teams interpret the meaning of the score in terms of who will be compliant and who will not, should be cautiously conducted. The findings indicate that participants at

each risk level are engaging in noncompliant behavior and the LSI-R score does not necessarily predict who will be compliant. Most critically, if individuals who have a low risk score are fairing just as well as the individuals with a high-risk score, it is evidence that drug courts are cautioned against setting LSI-R cutoff scores for program eligibility. The findings also give support to the idea that higher risk individuals can do well in treatment and under supervision when the program matches the participants' needs to service.

Drug courts use sanctions as a form of behavior management and modification. Behavior modification is a complicated process and setbacks should be expected. Modifying behavior entails altering learned negative behaviors. A common behavior modification treatment, cognitive behavioral therapy (CBT), helps individuals to recognize their faulty thinking and encourages them to take responsibility for their actions. (Range & Mathies, 2012). Individuals are taught prosocial behaviors to take the place of their past inappropriate and negative behaviors that have led to poor outcomes. This treatment educates participants about why their past behavior is unacceptable. Modification is a step-by-step process and individuals are expected to make mistakes. Part of the process is to learn from those mistakes and not repeat the negative behavior, or at a very least, admit when a mistake is made again. The goal is to get participants to recognize their negative behavior and how it is impacting their life. Therefore, drug courts should be aware that noncompliant behaviors will happen and the key to modifying participants' behaviors is to treat these behaviors once they occur. This can be done through targeted treatment plans so that participants learn to recognize their noncompliant behaviors and take steps to prevent future similar negative behaviors. This

is an example of why theoretically conceived, thoughtful categorization of behavior is more valuable than simply "counting" types of rule violating behavior.

The shortcoming of simply counting sanctions is that it only reports the number of incidents that occur. The number of sanctions an individual receives can tell you how often they are engaging in noncompliant behavior or how frequently the drug court is delivering sanctions. Beyond that, there is limited use for simply counting rule-violating conduct and it becomes challenging to differentiate between the various forms of noncompliant behavior. Without identifying the behavior behind the sanction through such means as categorization, tailoring treatment to more effectively target problem areas becomes difficult. One benefit the categorization presented in this study is that it allows the DCDC to identify specific areas where participants are struggling and modify treatment to more appropriately address their needs. The practical application of this model is that it can help target treatment resources. For example, the DCDC can use the findings from this study to change services or practice in several ways. One way is to examine the level of sanction most often delivered in each category and evaluate if that is the most appropriate sanction and whether that is the sanction they intended for that particular behavior. This calls attention to the treatment and legal team decisions and whether there is consistency across the board with how they view behaviors. Secondly, the DCDC can use this model to evaluate the types of behaviors their participants are being sanctioned for most often. This can indicate the areas where additional services are needed. Thirdly, if the DCDC were to apply this model to their sanctioning practices, they could see how the patterns among participants change as new cohorts begin treatment. Additionally, if they applied this model and made changes in services, over

time they would be able to reevaluate the effect of the changes in services and whether they alleviated some of the problem areas for participants.

Overall, the findings show that there was one dominant category that participants fell into—ignores obligations. The majority of noncompliant participants had at least one behavior that was coded as ignores obligations (82%). This suggests that that noncompliant participants in the DCDC are overwhelmingly struggling with basic responsibilities. This finding is not surprising given that drug court is an intensive program that requires a high level of commitment on behalf of their participants in order to move through treatment phases. Drug court tries to instill accountability in participants and for many, this is the first time they have been faced with responsibility in the context of public accountability. It is expected that participants will struggle to meet basic obligations. In addition, 47% of sanctions (n=167) were delivered for behavior that was coded as ignores obligations. This highlights that the DCDC is targeting behavior that stems from irresponsibility. Not only do the majority of participants struggle with ignoring obligations, but also, the DCDC is focusing their attention on sanctioning this type of behavior. This is both reflective of the individual engaging in the behavior and the decisions made by the legal and treatment team.

In addition to ignores obligations, there were several other categories that captured a large number of participants in the DCDC. The first category, resistance, represented 56% of the sample. Although 56% of the sample was coded as resistance, that category only represented 19% (n=67) of the sanctions meted out. This suggests that a majority of individuals are engaging in resistant behavior but not necessarily struggling with resistance in the same way as ignores obligations. Individuals could be amending

their resistant behavior before multiple sanctions are needed or it is possible that the DCDC is not prioritizing this form of noncompliant behavior.

Another important category, closed thinking, consisted of 44% of the sample (n=29). Having a near majority of the sample struggling to engage in treatment is an important concern for the DCDC. Almost half of the sample was struggling to fully commit to treatment and progress as was evident by receiving sanctions for lack or advancement in phase. This finding calls attention to treatment coercion and whether those mandated to treatment fare worse than those who voluntarily attend treatment. Research suggests that those mandated to treatment have similar retention rates and are not significantly likely to have a better or worse outcome when compared to those who voluntarily attend treatment (McSweeney, Stevens, Hunt, & Turnbull, 2007). Further, Wild, Roberts, and Cooper (2002) conducted a meta-analysis and found that 6 out of 8 studies showed participants had no differences between compulsory and voluntary treatment in regards to drug and alcohol use. A closer look at the number of sanctions meted out for closed thinking reveal that 13% of all sanctions (n=45) were delivered for such behavior. It appears that this behavior is not being sanctioned as often, possibly indicating individuals eventually engaged in treatment or were discharged. Being that behavior modification is a process, some individuals may need more time to engage in treatment. More research is needed to determine what ultimately is happening with individuals who are not engaged in treatment, particularly because participant engagement is associated with positive treatment outcomes (Fiorentine & Anglin, 1996; Fiorentine & Anglin 1997). This finding also calls attention to the importance of CBT, in particular motivational interviewing that is used to encourage individuals to commit to

treatment (Miller & Rollnick, 1991). As 44% of the sample were assigned to closed thinking, motivational interviewing seems an effective mode of treatment for the participants in this sample and the DCDC population.

Further, given the population, these findings are not surprising. Individuals who are high-risk, according to the LSI-R created by Andrews and Bonta, have more risk and needs factors that are directly linked to criminal behavior (Andrews & Bonta, 1998). Andrews and Bonta (1998) discuss seven criminogenic risk and needs factors which can interfere and effect the treatment of drug court participants. These factors are antisocial personality patterns, procriminal attitudes, social supports for crime, substance abuse, family/marital relationships, school/work, and prosocial recreational activities. As displayed in the previous chapter, the majority of the sample were not married and less than half were high school graduates, indicating some criminogenic risk and needs factors of this sample. Further, several of the noncompliant behaviors discussed in this study are linked directly with the criminogenic needs and risks discussed by Andrews and Bonta (1998). Some examples of this sample's noncompliant behaviors that are directly related to the risk and need factors include physical fighting, stealing, meeting with drug dealers, and testing positive. Individuals placed in drug court who are moderate to high risk should be expected to display certain noncompliant behaviors consistent with their acknowledged criminogenic needs. Due to their criminogenic risk and needs, sanctions and noncompliance should also be anticipated regardless of participation in an intensive drug treatment program.

That 82% of study participants were assigned to more than one category illustrates that drug court participant noncompliant behavior is complex. There is not one

type of noncompliant behavior that participants struggle with, but rather, there are several aspects of engaging in prosocial behavior that appear difficult for participants. This suggests that drug courts need to pay attention to substance abuse and criminal thinking. Without engaging in close supervision, drug courts could be missing key components of participants' problems that could eventually lead to involvement with the law. These findings also show that a criminal-thinking framework can be used to categorize and identify the subtle differences across types of noncompliant behavior among drug court participants. In addition, the findings display that the DCDC is sanctioning behavior that is in accordance with criminal thinking patterns.

Drug court participants continue to struggle to engage in prosocial behavior. It is important to note that the majority of the noncompliant behaviors that participants are sanctioned for are not crimes but rather program violations. On the surface, many of these violations of rules may seem rather rigid, however, the rules are all part of a greater behavior modification process geared toward helping the individual see how changing their behavior can lead to success in multiple areas of their lives. For example, participants struggled to seek gainful employment after a period of stabilization. Employment is a way for participants to become conforming members of society and begin to lead conventional lifestyles.

Another area where participants had difficulty was realizing the importance of caring about something external. For example, participants represent the drug court when they are out in the community. When an individual leaves the recovery residence unkempt, they receive a sanction. The DCDC is trying to instill the idea that these

individuals have an investment in something other than themselves and they should care about how they are representing the drug court.

Further, participants also had difficulty resisting the impulse make unplanned visits with loved ones. Although individuals may want to see their family member or friend, drug court rules stipulate they are not allowed to do so without proper authorization. Relationships can cause the participant to lose focus on their issues and become invested with someone else (Cooper, 2006). Participants need to concentrate on treatment and not allow distractions, such as relationships, to hinder their ability to fully commit to treatment.

Another common noncompliant behavior was missing a socialization event—a required social activity that does not involve alcohol or drugs. These scheduled events teach individuals how to interact socially with others and not be dependent on alcohol or drugs. Engaging in social activities that promote prosocial behavior is part of the modification process. Ultimately, treatment presents individuals with an opportunity to change and lead more productive lives. By incorporating elements of CBT, participants are provided with the tools they need to navigate through scenarios that could lead to poor decision-making. As a complement to CBT, sanctions instill accountability in participants when they make poor decisions.

This study further specified missteps amongst participants and contributed to our understanding of noncompliant behavior. The results of this study present a framework for sanctionable behavior that should be expected in the DCDC. The noncompliant behaviors organized in this study are not unusual in the context of the DCDC population. This study organized the behavior into categories and helped to identify areas of behavior

modification that the DCDC participants appeared to have the most trouble. For example, the majority of participants ignored their obligations; this finding can help inform the drug court about specified treatment to target the behaviors that were coded as ignores obligations. Essentially, these findings show that most participants are sanctioned for noncriminal behaviors or violations. The findings suggest that participants are continually being sanctioned for not being punctual to or missing counseling sessions, court, or other required meetings. There could be other factors that are influencing this behavior and the DCDC should further explore this problem area. Perhaps these participants need more support services to be successful. The DCDC might consider how they can establish programming that might encourage participants to meet obligations.

Limitations and future research. There are several limitations in this study. The sample of noncompliant participants is drawn from one drug court program, and the sample size is small. Therefore, findings may not be generalizable to other drug court programs. Further, the sanction data had limited context. Specifically, the dataset that was used to code the noncompliant behavior only listed the specific behavior that received a sanction, the date, and the level of sanction in response. The circumstances prior to the noncompliant behavior were not examined nor was the context of the deliberation process of the DCDC. For example, it is possible that a participant may have been late to court because they had to pick up their child from school. Although the behavior would ultimately still receive a sanction, the added context of why the individual was late may affect the code that is assigned to the behavior. Coding decisions were based on limited context and did not consider the extenuating circumstances of the participants, which could have an impact on the coding. As this study did not examine

the motivations of the participants, it is difficult to determine if they ultimately failed to meet obligations because they have criminal thinking or because of other factors. Individuals could hold conventional attitudes but other factors could have contributed to their noncompliant behaviors.

Another limitation of this study was consistency. Only one individual was responsible for coding the noncompliant behavior. Without a test of interrater reliability, consistency is a possible issue that may impact the results. An additional limitation of this study involves the coding effort. During the coding process, only one code was assigned to each behavior. Although it is plausible that more than one code could have been applied to a single behavior, this study aimed to identify the nuances between the behaviors and so assignment of each behavior to one discrete category was necessary.

Based on the findings and limitations of this current study, there are several suggestions for future research. First, capturing more context regarding the participant's motivation and extenuating circumstances is instrumental if this study is to be extended. Interviews with participants regarding noncompliant behavior could help create a more comprehensive picture of why they are engaging in noncompliant behavior. This information could help provide more definitive support for a criminal-thinking model. In addition to interviewing participants, having a stronger understanding of how the legal and treatment team's subjectivity and discretion influence the sanction outcome is an important component to understanding why individuals are ultimately receiving a sanction. Research on the decision making process emphasizes the role of the judge in determining the sanction (Cooper, 1995; Burns and Peyrot, 2003), while other research indicates it is an integrated, team approach (Lindquist, Krebs, and Lattimore, 2006).

Sanctions reflect the legal and treatment team's decisions; incorporating this information into future studies could increase the overall understanding of how noncompliant behavior is viewed and the usefulness of sanctions in drug court. An analysis of the stakeholder's decisions and influence over sanctioning practices would help to operationalize sanctions and get further insight into the black box. Understanding why the treatment team is delivering sanctions can lend support to why certain behaviors are being sanctioned. It is possible that there are certain types of behaviors that the treatment teams are especially focusing upon sanctioning; it is important to consider the motivation behind those involved in the decision to sanction. One way to collect data regarding the treatment team's decision process would be to interview the team to examine their motivation for sanctioning participants. Additionally, courtroom observations could lend insight into the process of sanctioning, the influence of the treatment team and ultimately, the participant's behavior.

Another consideration for future research focuses on alternate ways of coding data. Rather than code each behavior as an individual incident, an alternative approach would be to look at each participant in a holistic manner and code their most serious offense to ensure that they do not fit in more than one category. If this method was applied, each participant would only be coded in one category and it could potentially lead to more variability across categories.

Future research should also compare multiple drug courts from various locations to measure how noncompliant behavior differs in, for instance, a rural area versus an urban area. The findings might differ in other drug court populations because the individuals in other courts might have different degrees of drug addiction, they may have

different severity of drug addiction, or different risk and need factors. All these factors can impact the noncompliant behavior. The participants in the current study struggled heavily with meeting their obligations. It would be interesting to see if other drug court participants struggle with the same noncompliant behavior or if there are other dominant categories across drug courts. Additionally, quantitatively analyzing the data to explore variance among categories could help to further get inside the "black box." For example, research could examine variables such as criminal history, treatment characteristics, severity of substance use, and drug of choice to see if any of those variables influence placement in a certain category. Finally, it would be beneficial to include outcome measures such as graduation and six month follow up, to see if placement in a category influences program completion and recidivism rates.

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Appendix A. Drug Court Sanctions Matrix

Infraction	Sanction, 1st offense	Sanction, 2nd offense	Sanction, 3rd offense
Alcohol or Drug Use	*Each AOD sanction also includes return to previous phase for minimum 30 days		
Missed drug screen negative, received outside drug screen in reasonable time	8 hours, Community Service	3 days in custody	10 days in custody
Missed drug screen negative, did not receive outside drug screen in reasonable time	3 days in custody	10 days in custody	2 weeks in custody, possible discharge
Positive drug screen with denial of use	3 days in custody	10 days in custody	2 weeks in custody, possible discharge
Positive drug screen without denial of use	2 days in custody	4 days in custody	2 weeks in custody, possible discharge
Submitting tainted/diluted or substituted drug screen	3 days in custody	10 days in custody	2 weeks in custody, possible discharge
Admission of relapse without positive screen	3 days in custody	10 days in custody	2 weeks in custody, possible discharge
Attendance			
Missed court session	8 hours, Community Service	3 days in custody	10 days in custody
Late return home from proposal (e.g. to visit family)	8 hours, Community Service	16 hours, Community Service	3 days in custody
Late for treatment session	Treatment sanction	Treatment sanction	8 hours community service
Missed 1:1 session w. counselor	8 hours, Community Service & $100 fine	20 hours, Community Service & $100 fine	3 days in custody & $100 fine
Missed treatment session	8 hours, Community Service	20 hours, Community Service	3 days in custody
Excused from treatment sessions	Treatment sanction	Treatment sanction	8 hours community service
Late for curfew	8 hours, Community Service	16 hours, Community Service	3 days in custody
Missed 12 Step meeting	8 hours, Community Service & attend extra 12 step mtng.	16 hours, Community Service & attend extra 12 step mtng.	20 hours, Community Service & attend extra 12 step mtng.
Failure to submit 12 Step attendance sign in forms on time	Treatment sanction	8 hours, Community Service	16 hours, Community Service
Forging 12 Step attendance sign in forms	8 hours, Community Service	16 hours, Community Service	1 day in custody

Appendix A. Drug Court Sanctions Matrix, continued

Infraction	Sanction, 1st offense	Sanction, 2nd offense	Sanction, 3rd offense
Missed Community Outreach Activity	Phase change restriction	Phase change restriction	Phase change restriction
Missed meeting with case manager	8 hours, Community Service & $50 fine	16 hours, Community Service & $50 fine	20 hours, Community Service & $50 fine
Behavior			
Assignments not turned in on time	Treatment sanction	Treatment sanction	Treatment Sanction
Physical violence on drug court property	Discharge	Discharge	Discharge
Driving without permission	8 hours, Community Service	16 hours, Community Service	20 hours, Community Service
Terminated from recovery residence	3 days in custody	10 days in custody	2 weeks in custody, possible discharge
Admission of criminal activity	8 hours, Community Service	3 days in custody	10 days in custody
Conviction of criminal activity	Termination from program	Termination from program	Termination from program
Late participant fee	Phase change restriction	Phase change restriction	Phase change restriction
Poor/disrespectful attitude	Treatment/Court sanction	Treatment/Court sanction	Treatment/Court sanction
Unfilled employment requirement	8 hours, Community Service	8 hours, Community Service	8 hours Community Service
Unfulfilled job search requirement	20 hours, Community Service	20 hours, Community Service	20 hours, Community Service
Relationships			
Proof of relationship between participants	Court sanction and/or discharge from program	Court sanction and/or discharge from program	Termination from program
Proof of inappropriate relationship between participants	Court sanction and/or discharge from program	Court sanction and/or discharge from program	Termination from program

Sanctions given for following behaviors (not listed above): **Alcohol/Drug**: Late for screen, Did not call to confirm Sat. screen. **Attendance:** Missed job club. **Behavior:** Texting/talking during group, Moved back to apartment without permission, Violation of drug court beh. contract, No guest at family night, Needs to address issues with behavior & attitude, Sleeping in court, Not meeting treatment objectives, No collared shirt to court, Kicked out of group counseling mtng, Not following case manager's directives, Not completing community service or other sanction, Forged community service sheet, No NA/AA sponsor/not engaged in NA/AA, Behind in program phase, Not compliant w. 30-day step up requirements.

Appendix B Truthought Barriers in Thinking Matrix

Barriers in Thinking

1. *Closed Thinking*
   - Lies by Omission
   - Not self-critical
   - Unreceptive to responsible alternatives

2. *Victim Role*
   - Full of self-pity
   - Blames others: family, childhood, social conditions
   - Sees self as the victim, not the victimizer

3. *Superior Self-Image*
   - Focuses only on personal good deeds
   - Refuses to acknowledge harm to others
   - Fails to admit own destructive behavior

4. *Reckless Attitude*
   - Says, "I can't," when means "I won't"
   - No concept of obligation to others
   - Unwilling to do anything disagreeable
   - Considers responsible living to be "dull and unsatisfying"
   - Complies only when immediate benefits can be gained

5. *Instant Gratification - "I want it now"*
   - Does not learn from the past
   - Expects an immediate response
   - Makes decisions on feelings only

6. *Fear of "Losing Face"*
   - Has profound fear of personal insults, "put-downs"
   - Experiences the "zero-state" (feelings of worthlessness)
   - Has irrational fears but refuses to admit them (super-optimistic)

7. *Power Control*
   - A compulsive desire to control every situation
   - Manipulates and deceives to gain power and control over others
   - Refuses to cooperate (unless someone can be taken advantage of)

8. *Possessive Attitude - "It's Mine"*
   - Thinks others opinions are worthless
   - No respect for rights and property of others
   - Views all people, places and things as theirs to possess
   - Uses sex and sexual innuendoes for power and control, not intimacy

9. *Uniqueness*
   - Quits at first sign of failure
   - Demands more of others than self
   - Views self as unique and better than others

thinking errors

Deterrent Thinking Patterns

1. *Pause - Think of the consequences first.*
   - Ask yourself, "what gets me in trouble?"
   - Remember doing this = prison
   - If anything can go wrong it will

2. *Who Gets Hurt? - Reasoning Process*
   - Consider the problems similar actions have caused others and yourself
   - Use bad feelings to change yourself
   - Think through the Ripple Effect of who gets hurt

3. *Plan in advance to make another choice*
   - When you recall the excitement of past actions consider it poison
   - Think ahead about with whom, where, and under what circumstances you might get into trouble
   - Avoid irresponsible/criminal people, make another choice

4. *Examine your conscience - Take a moral inventory as daily prevention*
   - Think - not about the action, but that it is wrong.
   - Remember the injury you have inflicted upon others
   - When you think about irresponsible/criminal actions examine your conscience immediately

5. *Do not dwell on irresponsible thoughts*
   - Dismiss irresponsible thoughts fast
   - Replace old thinking patterns with responsible patterns
   - Practice responsible thinking patterns in advance

When it is discovered that responsibility and reliability are rewarded worthwhile things will be achieved without deception or intimidation

"Time-Bomb" Tactics

to avoid accountability and responsibility

Shifts Blame or Focus

1. Attempts to confuse
2. Points out others' faults
3. Builds self up by putting others down
4. Makes a big scene over minor issues
5. Accuses others of misunderstanding
6. Uses anger as a weapon to control others
7. Argues over "words" to avoid the real issue
8. Introduces irrelevant material (racial/gender issues)
9. Puts others on the defense by degrading or embarrassing

Lies and Deceives

10. Deliberately vague
11. Avoids duties and obligations (by saying "I forgot")
12. Tells others what they want to hear, not the whole truth
13. Omits facts, distorts truth, and reveals only what pleases self
14. Agrees without commitment (says 'yes' without meaning it)

Ignores Obligations

15. Does not pay attention
16. Chooses only what is self-gratifying
17. Refuses to communicate or participate - silence
18. Minimizes behavior ("I just got into a little trouble")
19. Claims to be "changed" after doing the right thing only once

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