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MEASURING COERCION TO PARTICIPATE IN RESEARCH WITHIN A DOUBLY VULNERABLE POPULATION: INITIAL DEVELOPMENT OF THE COERCION ASSESSMENT SCALE

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Abstract

Despite many efforts aimed to ensure that research participation is autonomous and not coerced, there exists no reliable and valid measure of perceived coercion for the doubly vulnerable population of substance-abusing offenders. The current study describes the development and initial validation of an instrument measuring perceived coercion to participate in research among substance-abusing offenders. The results indicated that a substantial number of individuals report feeling coerced to participate in the study. In addition, the instrument has adequate levels of internal consistency, a one-dimensional factor structure, and evidence of discriminative validity. This study provides initial support for the instrument's validity and clinical utility.

Keywords

coercion; autonomy; voluntariness; drug court

Historically, autonomy has been one of the most often compromised ethical principles in research involving human subjects (see Berg et al., 2001 for a review), and disregard for the autonomy of research participants has been a large source of scientific misconduct. In fact, many of the great medical and behavioral advancements realized through the twentieth century, including vaccines for diseases such as smallpox and polio, have dark histories as they were made at the expense of marginal and highly vulnerable populations such as asylum inmates and prisoners, as well as noninstitutionalized minorities. Furthermore, many study participants were involved in clinical trials without ever being informed that they were participating in an experiment. Revelations about the horrors of World War II (e.g., Nazi medical experiments) and unethical investigations conducted in the U.S. (e.g., Tuskegee Syphilis Study, Human Radiation Experiments) heightened public awareness of the potential for this kind of research misconduct.

These ethical breaches and increased concerns about the autonomy of human research participants were a major impetus for the drafting and adoption of policies to establish and regulate human subjects protections, including the Nuremberg Code (International Military Tribunal, 1950), the Belmont Report (National Commission for the Protection of Human Subjects, 1947), and the Declaration of Helsinki (World Medical Association, 1964). Through such efforts, the philosophical and legal doctrine of informed consent has emerged

as a principal element of human subjects protections. A central tenet of informed consent is the requirement that participation must be voluntary and free from coercion.

Although these policies serve to protect all research participants, they may have particular importance for populations that have certain vulnerabilities due to either internal or situational factors. Currently, federal regulations (34 C.F.R. § 97, Protection of Human Subjects, 1991) identify several vulnerable populations that require special protections and safeguards. These populations include pregnant women, fetuses and neonates; prisoners; and children. The National Bioethics Advisory Commission (2001) has urged researchers to consider six types of vulnerability when determining if a population requires special consideration. These types of vulnerability are: (1) cognitive or communicative, (2) institutional (i.e., individuals are subject to the formal authority of others), (3) deferential (i.e., individuals are subject to the informal authority of others), (4) medical, (5) economic, and (6) social. Individuals may have one or more of these vulnerabilities. Two populations that have been identified as particularly vulnerable due to their personal characteristics and their environmental conditions are substance abusers and criminal justice populations.

Substance Abusers

Substance abusers may be considered a vulnerable population to the extent that their addictions are associated with economic hardship, comorbid psychiatric or cognitive disorders, social stigmatization, and legal involvement (Anderson & DuBois, 2007). Dependence on alcohol or drugs may, by itself, impair attention, cognition, or retention of important information (Munro, Saxton, & Butters, 2000; Saxton et al., 2000; Tapert & Brown, 2000; Victor, Adams, & Collins, 1989). Limited educational opportunities, chronic brain changes resulting from long-term drug or alcohol use, prior head trauma, poor nutrition, and comorbid health problems (e.g., AIDS-related dementia) are common in individuals who have substance abuse or dependence diagnoses and may also reduce concentration and limit understanding during the informed consent process (Festinger et al., 2007; McCrady & Bux, 1999). Factors that are unique to substance abuser's problems as well as the wide range of conditions that are comorbid to substance abuse define them as a vulnerable population.

Criminal Justice Clients

Criminal justice clients are considered vulnerable because they are regularly exposed to implicit and explicit threats of coercion, duress, deceit, and other kinds of overreaching harms that may compromise their autonomous decision-making (Festinger et al., 2007). In particular, there is a substantial risk that, as a result of their current situation, they may become convinced, rightly or wrongly, that their future depends on cooperating with authorities. This source of vulnerability is very different from knowingness or competence because even the most informed and capable individual may not be able to make a truly autonomous decision if he or she is exposed to a potentially coercive or compromising situation. Members of this population may experience real or perceived coercive pressures from various sources such as judges, police, and attorneys. In addition, due to their current situation (e.g., recent arrest, adjudication, and pending dispositions), these individuals may experience high levels of psychological stress that may further impair their ability to make informed voluntary decisions.

A Doubly Vulnerable Population: Substance Abusers within Criminal Justice Settings

Substance abusers are disproportionately present in criminal justice settings. Approximately 80% of prison and jail inmates (Belenko & Peugh, 2005), 80% of parolees (Bureau of Justice Statistics, 2001), 67% of probationers (Mumola, 1995), and up to 87% of arrestees (Office of National Drug Control Policy, 2009) were under the influence of drugs or alcohol

during the commission of their offense, committed their offense to support a drug habit, were charged with a drug- or alcohol-related crime, or are regular substance abusers.

Increasing Demand for Empirical Research with Drug-abusing Offenders

The increasing prevalence and intersection of drug dependence and crime, coupled with decreasing resources and prison overcrowding, have led to the development and use of a number of promising diversionary strategies including drug courts, DUI courts, and other judicially monitored clinical interventions (e.g., house arrest). In addition, the evolution of new medications to treat addiction may prove particularly useful to substance-abusing offenders because of the close relationship of substance abuse and crime. Notably, the FDA approval of an extended-release form of naltrexone for use in the treatment of alcohol and opioid dependence has facilitated a debate regarding its use in incarcerated populations and those under supervision by parole or probation (see O'Brien, 2006 for a review). To a large extent, the use of these medications with criminal justice populations hinges on our ability to determine whether offenders perceive these interventions to be coercive.

The development of these new behavioral and medical strategies has set the stage for an increasing number of controlled studies to be conducted with substance abusers in criminal justice settings. In turn, questions arise regarding the extent to which such research can be conducted with this doubly vulnerable population in an ethically responsible manner, bringing the issues of autonomy and coercion to the forefront. Currently, there is no empirically validated instrument to gauge the extent to which members of this doubly vulnerable population perceive that their research participation is coerced.

Measuring Coercion

To date, virtually all measures of perceived coercion have focused on participation in treatment rather than participation in research (e.g., Circumstances, Motivation, Readiness, and Suitability Scale: DeLeon et al., 1994; MacArthur Admission Experience Survey (MAES): Gardner et al., 1993; Perception of Legal Pressure Questionnaire: Young & Belenko, 2002; Survey of Treatment Entry Pressures: Marlowe et al., 1996, 2001; Perceived Coercion Questionnaire: Klag, Creed, & O'Callaghan, 2006). In our comprehensive search of the literature, we identified only one measure of coercion to participate in research, the Iowa Coercion Questionnaire (ICQ; Moser et al., 2004). Although the ICQ was designed to measure coercion to participate in research within a prison population, the instrument reflects a modification of the MAES that measures coercion to enter psychiatric treatment. As such, the instrument may not adequately capture aspects of coercion that are unique to the research setting. In addition, the psychometric properties of the instrument have not been established. Finally, this instrument was designed specifically for incarcerated individuals and therefore does not take into account specific vulnerabilities that may be experienced by criminally involved substance abusers. These individuals, who are faced with the threat of increased criminal justice entanglements and possibly incarceration, may have unique vulnerabilities.

There is a clear need for a reliable and valid measure of coercion to participate in research that has been developed specifically for use in the doubly vulnerable population of substance-abusing offenders. We have begun to develop such an instrument, the Coercion Assessment Scale (CAS). This paper describes the development of the instrument and provides preliminary findings on its psychometric properties.

Method

The evaluation of the CAS took place within the context of a larger randomized controlled study of misdemeanor drug court clients. Since their inception in 1989, drug courts have become among the most widely embraced strategies for addressing the increasing numbers of offenders incarcerated for drug-related offenses. Drug courts are specialty courts that allow eligible offenders to enroll in and complete substance abuse treatment programs in lieu of criminal sentencing or incarceration. Successful completion of drug court requirements typically results in the offender's charges being dropped and the opportunity for expungement of arrest records if they do not recidivate for some defined period following drug court graduation. Drug courts have been found to be one of the most effective approaches for reducing criminal recidivism and substance abuse (National Association of Drug Court Professionals, 2009).

The research study was approved and monitored by the Institutional Review Boards (IRBs) of the Treatment Research Institute and Delaware State Department of Health and Social Services. The host study was designed to identify the optimal schedule of court hearings for high- and low-risk drug court clients. In the experimental conditions, high-risk clients (i.e., those with a history of prior substance abuse treatment or who met diagnostic criteria for antisocial personality disorder) were scheduled to receive more frequent status hearings, and low-risk clients (i.e., those who did not meet either of the above criteria) were scheduled to receive less frequent status hearings. In the control conditions, both high- and low-risk clients were scheduled to receive status hearings as usual. Based on our prior research (Festinger et al., 2002), it was hypothesized that clients in the experimental conditions would achieve better outcomes (e.g., higher rates of drug abstinence and graduation from drug court) than their high- and low-risk counterparts in the control conditions. Clients could potentially receive a total of \$270 over a 12-month period for their participation in the study. (For more detail on the host study, see Marlowe et al. [2006].)

Within the context of this matching study, we appended an ethics study examining the effects of a research intermediary intervention on the informed consent process. Half of the research participants were provided with a research intermediary, an independent advocate for the client who was not employed by the research team, treatment program or court, while the other half received consent as usual. We expected the provision of the intermediary to reduce client's perceptions of coercion, improve their satisfaction with the research study, and enhance their understanding of the consent information relative to clients who do not receive a research intermediary. The CAS was administered within this context as a measure of coercion to participate in research.

Participants

A total of 84 offenders who were admitted to a misdemeanor drug court program in Wilmington, Delaware were recruited and consented to participate in the study between October 2004 and November 2005. Participants had to meet the following criteria to be eligible to participate in the study: (1) at least 18 years of age; (2) a resident of New Castle County Delaware; (3) be charged with a misdemeanor drug offense of possession of cannabis, possession of paraphernalia, or possession of hypodermic syringes; and (4) have no history of violent crime, drug dealing, or manufacturing. All offenders admitted to the drug court program receive court supervision and monitoring in lieu of incarceration. The program is designed to last approximately 14 weeks and includes a combination of psychosocial treatment, court hearings, case management, and weekly urine drug screens. Study participants were 24 years old on average ($SD = 7.0$), predominantly male (75%), and primarily Caucasian (63%) or African American (31%). Clients in the consent-as-usual and

research intermediary conditions did not differ on any baseline demographic or status variables.

Procedure

Within the context of the host-matching study, all participants completed the standardized TRI consent process. In this procedure, a research technician explained the consent process to the participant and read the consent form to the participant as the participant read along silently. The research technician informed the participant that he or she could interrupt as needed to clarify any questions that may exist. The technician paraphrased each section of the consent form using a standard script, and the participant was given an opportunity to ask questions after each section. The participant was then asked to paraphrase each section of the consent form. Errors were corrected as they occurred, and this process continued until the participant could correctly paraphrase each section of the consent form. At this point, the participant provided written informed consent. After consenting to participate, clients completed a baseline instrument battery that included the CAS. The CAS was administered to participants by the research technician and took less than five minutes to complete. The entire baseline battery took approximately 45 minutes to complete.

Item Development

A total of eight Likert-type items comprised the CAS. Items were developed by a panel of three experts in the areas of criminal justice, substance abuse, and ethics. The experts have considerable experience conducting research with substance-abusing criminal justice clients, and the item content was developed using information obtained through years of informal interviews of research participants regarding the specific types of coercive pressures they may have experienced related to their research participation. The items were intended to assess a wide range of potential coercive influences to participate in research, and they were designed to fall within one of three general types of coercive pressures. The three types included: (1) concerns about repercussions of participation or refusal (e.g., “I felt the judge would like it if I entered the study”), (2) pressures related to undue monetary influence (e.g., “I entered the study mainly for financial reasons”), and (3) generalized pressures (e.g., “It was entirely my choice to enter the study”). Clients rated each item on a scale of 1 (false) to 4 (true). The items that comprised the instrument are presented in Table 1. Importantly, the current instrument was developed for immediate use in the host study rather than as part of an instrument development project. Because this context required the instrument to be relatively brief, we were unable to begin with a large item pool as is typically done in an instrument development protocol.

Data Analysis

The first step in the evaluation was descriptive in nature. Item responses were examined for each item to determine the frequencies with which coercion was reported. Through this examination, we were able to determine whether participants reported feelings of coercion to participate, and to identify which types of coercion were most and least frequently reported with this population of misdemeanor drug court clients.

The next step in the evaluation was to examine the preliminary psychometric properties of the instrument. Given that this study represents the first formal evaluation of the CAS, we followed the recommendation of Nunnally (1978) and used less stringent criteria than is traditionally used in late-stage psychometric evaluations. We first examined the internal consistency of the items by calculating inter-item correlations, item-total correlations, and Cronbach’s coefficient alpha. The results from these analyses provided an understanding of the interrelationships among the items. On a good scale, inter-item correlations should be moderate, indicating that the items are related to one another but that the relationships

among items are not so high that the items are redundant. Item-total correlations measure the correlation of each item to the total scale score. A low item-total correlation may indicate that the item is not measuring the same construct as the other scale items. Cronbach's coefficient alpha (Cronbach, 1951) provides an index of the internal consistency of the items and is based on the number of items that comprise the scale and the inter-item correlations. Nunnally (1978) indicated that an alpha coefficient of .60 represented adequate internal consistency in the early stages of scale development. In addition, we conducted an exploratory factor analysis (EFA) to evaluate the factor structure of the resulting scale. As recommended by Hatcher (1994), multiple criteria were used to determine the number of factors to retain. These criteria include examination scree plots of the eigen values, the number of items loading on each factor, and the ease of interpretation of the rotated factor solutions.

The final step was to examine the discriminative validity of the CAS. Discriminative validity refers to a scale's ability to distinguish between two groups of individuals that should theoretically differ on the construct that is being measured. The design of the secondary ethics study provided an ideal setting in which to evaluate this type of validity. Provision of a research intermediary was designed to reduce clients' perceptions of coercion to participate in the study relative to the normal consent process. In fact, the primary hypothesis of the study was that participants in the research intermediary condition ($n = 40$) would have significantly lower perceptions of coercion than participants in the normal consent condition ($n = 44$). To evaluate the discriminative validity of the scale, a t -test was used to compare the CAS scores of the two groups of participants. CAS scores were calculated by summing item responses to the items that were retained following the internal consistency analyses.

Results

Item Endorsements

Item response rates are presented in Table 1. Overall, repercussion pressures were reported with the highest frequency in the sample. Over 50% of clients agreed (i.e., responded with a somewhat true or true) with "I felt the judge would like it if I entered the study" and "I felt that entering the study would help my court case." Ten percent of clients agreed with the statement, "I thought it would look bad to my case manager or counselor if I did not enter." Likewise, clients reported monetary pressure at a fairly high rate. A total of 33% of clients agreed with the statement "I entered the study mainly for financial reasons." In terms of the generalized pressures, 14% of clients agreed with the statement "I felt that I could not say no to entering the study." The remaining non-specified pressures were reported at much lower rates. Specifically, fewer than 5% of clients indicated agreement with three of the items ("I felt like I was talked into entering the study," "It was entirely my choice to enter the study" (reverse scored), and "I entered the study even though I did not want to.")

Internal Consistency and Factor Structure

One item ("I entered the study mainly for financial reasons") was negatively correlated with six other items and displayed a negative item-total correlation ($r = -.09$). This item was deleted from subsequent analyses. The inter-item correlations for the remaining seven items ranged from .04 to .43 (see Table 2). As seen in Table 1, coefficient alpha for the seven-item scale was .66 and item-total correlations ranged from .25 to .61.

While the EFA yielded three eigen values greater than one, examination of the scree plot indicated a single-factor solution. The first factor accounted for 35% of the variance. The remaining two factors accounted for substantially less variance (.18 and .15, respectively).

The three-factor solution resulted in a single item factor, and the two-factor solution had one item that loaded on both factors and not easily interpretable factor loadings. For these reasons, the single-factor solution was judged to be the most acceptable. Item loadings for the single-factor solution range from .40 to .71 and are presented in Table 1. Scores on the resulting seven-item scale ranged from 7 to 20 with a mean of 10.46 ($SD = 3.39$) and a median of 10.

Discriminative Validity

CAS scores of participants in the consent-as-usual condition were compared to those of participants in the research intermediary condition. While not statistically significant, there was a trend for clients in the research intermediary condition ($M = 10.02$, $SD = 3.20$) to have lower CAS scores than clients in the consent-as-usual condition ($M = 11.45$, $SD = 3.97$, $t(82) = 1.81$, $p = .07$, *Cohen's d* = .4).

Discussion

Because criminally involved substance abusers may be particularly vulnerable to coercive pressures to participate in research, there is a critical need for a method to reliably and accurately measure coercion to participate in research among this population. This study represents the first attempt to develop and psychometrically evaluate a measure of research coercion for use in this doubly vulnerable population. The results of the evaluation illustrate the clinical utility of the CAS and provide preliminary support for its psychometric properties.

The rates at which participants reported perceived coercive pressures are striking. Almost 15% of clients felt that they could not say no to participation in the study. Coercive pressures related to the repercussions of participation or refusal were the most frequently reported type of pressure that was reported. Over half of the participants felt some degree of pressure to enter the study to please the judge (57%) and to help their court case (56%). One-fifth of the participants felt to some degree that their refusal to participate would look bad to their counselor or case manager. As seen in the inter-item correlations, there were strong relationships between client perceptions that participation would help their court case and be viewed favorably by important stakeholders (the judge and the case manager). These results demonstrate that a majority of the clients are participating in the current research study to obtain rewards (or avoid punishment) that they will not, in fact, receive as a result of their participation. These findings suggest that, during the consent process, researchers should probe to ensure that participants fully understand the risks and benefits of participation.

The psychometric evaluation of the CAS yielded a seven-item instrument with adequate internal consistency and a single-factor structure. It allowed us to identify problematic items that need to be revised in future versions of the instrument. Specifically, almost 40% of participants reported being influenced by monetary incentives, but this item is not functioning in the same manner as the other items. The current wording for this item reflects perceptions of monetary incentives as a *reason* for participation rather than a *pressure* to participate, which may likely explain why it functions differently from the other scale items. Monetary incentives are clearly influencing participation, but the item will need to be revised so that it more clearly taps the extent to which the incentives are perceived as coercing behavior.

This study has several limitations. First, the sample that was used to evaluate the properties of the instrument was small and was fairly homogeneous given that participants were all misdemeanor drug court clients. Ideally, the instrument should be evaluated using a large

sample of participants who are representative of the larger population of substance-abusing offenders (i.e., drawn from a variety of diversionary programs). The current sample size limited the types of analyses that could be performed. However, given that this is the initial evaluation of the instrument, more sophisticated analyses may not be warranted at this early stage. In addition, the homogeneity of the sample may have restricted the range of coercive pressures that were reported. The inclusion of participants with a wider range of legal involvement may yield different patterns of reporting coercive pressures than were observed in this sample of misdemeanor drug court clients. In a similar vein, sampling a more diverse group of substance-abusing offenders in the future may allow us to identify other types and sources of coercive pressures that may be added to newer versions of the instrument. By increasing the diversity and size of the sample, we will be able to evaluate the instrument using more sophisticated analytical techniques than were used in the current study (e.g., confirmatory factor analysis, item response theory analysis). In addition, the parent study from which participants were drawn was a fairly low-risk study that provided no major risk to participants. As the instrument continues to be developed, it will be necessary to evaluate it in the context of studies that pose greater levels of risk to participants. Finally, the effects of the research intermediary on perceptions of coercion have not been robustly established in prior studies. For this reason, the lack of a significant difference in perceived coercion may be due to the weakness of the intervention rather than the lack of effectiveness of the instrument to discriminate.

The need to evaluate the efficacy and effectiveness of diversionary interventions for use with substance-abusing offenders has led to a rapid increase in the number of studies being conducted within this doubly vulnerable population. Researchers are obligated to conduct this research in an ethical manner and to ensure that each participant's consent is fully informed and did not result from any real or imagined coercive pressures. This necessitates a valid and reliable measure of coercion to participate in research that addresses the unique sources of coercion faced by substance-abusing offenders. This study represents the first step in the development of such a measure.

Best Practices

While the generalizability of the current study may be limited by the fact that it represents only a single study within a fairly homogenous sample of drug court clients, the results highlight the clinical utility of the CAS. Substance-abusing offenders have a unique set of vulnerabilities that may make them more susceptible to real or imagined coercive pressures related to research participation. This susceptibility is evidenced by the high rates of coercive pressures reported in this sample. Given the preliminary nature of this study and the absence of normative data, we are unable to provide specific cutoff scores indicating degrees of perceived coercion. Nevertheless, the current instrument does serve to identify specific sources of coercion perceived by potential research participants. Conceivably, perceiving even one or two coercive pressures may be unacceptable and call into question the autonomy of participants' decision to participate. Researchers, particularly those working with vulnerable populations, are obliged to ensure that participation is voluntary and free from coercion. By *measuring* the extent to which research participants perceive coercive pressures, researchers can help to ensure they are fulfilling this obligation. The current instrument could easily be added to the informed consent process to identify potential participants who are in need of enhanced consent procedures to clarify the voluntariness of their participation and to resolve any perceptions of coercion.

Research Agenda

This study represents only a first step in the evaluation of coercive pressures experienced by substance-abusing offenders. This study should be replicated in more than one drug court to establish the generalizability of our findings to other courts. In addition, the CAS should be developed into a more comprehensive measure of coercion to participate in research. As stated earlier, this expansion requires the development of a larger pool of items measuring coercive pressures that are relevant to a wider range of criminal justice populations including probationers and prisoners. Finally, research should identify when the scale should be administered. Specifically, researchers need to identify the extent to which perceived coercion is a static construct to be measured only once at consent or a construct that waxes and wanes, requiring assessment several times throughout the course of the study.

Educational Implications

Researchers and practitioners need to be aware of and understand the particular vulnerabilities of the populations with which they work and how these vulnerabilities may impede their ability to make autonomous decisions related to research participation.

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Biographies

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David S. Festinger is a senior scientist and Director of the Treatment Research Institute's Section on Law and Ethics Research, as well as a faculty member in the Department of Psychiatry at the University of Pennsylvania School of Medicine. Dr. Festinger is a licensed clinical psychologist. His research focuses on bringing experimental research methods to bear on major ethical questions involving human subjects in substance abuse research.

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TABLE 1

Response Rates and Preliminary Psychometric Properties of the CAS.

Item ^d	Response rates % (n)				Item-total correlation	Factor loading
	False	Somewhat false	Somewhat true	True		
1. I felt like I was talked into entering the study.	94% (79)	1% (1)	1% (1)	2% (3)	0.35	.62
2. It was entirely my choice to enter the study. ^b	96% (81)	1% (1)	1% (1)	1% (1)	0.25	.49
3. I entered the study even though I did not want to.	96% (81)	—	1% (1)	2% (2)	0.30	.51
4. I felt that I could not say no to entering the study.	82% (69)	4% (3)	5% (4)	9% (8)	0.25	.40
5. I thought it would look bad to my case manager/counselor if I did not enter.	88% (74)	2% (2)	5% (4)	5% (4)	0.44	.65
6. I felt the judge would like it if I entered the study.	43% (36)	6% (5)	19% (16)	32% (27)	0.50	.67
7. I felt that entering the study would help my court case.	44% (37)	5% (4)	20% (17)	31% (26)	0.61	.71
8. I entered the study mainly for financial reasons.	62% (52)	5% (4)	18% (15)	15% (13)	n/a ^c	n/a ^c
Cronbach's alpha for 7-item scale						.66

^a Items 1–4 represent generalized pressures; items 5–7 represent repercussion pressures; item 8 represents a monetary pressure.

^b Percentages reflect response rates for the reverse scored item.

^c Item was dropped from the scale and was therefore not included in the analysis.

TABLE 2

Inter-item Correlations.

	I felt like I was talked into entering the study.	It was entirely my choice to enter the study.	I thought it would look bad to my case manager/counselor if I did not enter.	I felt the judge would like it if I entered the study.	I entered the study even though I did not want to.	I entered the study mainly for financial reasons.	I felt that I could not say no to entering the study.	I felt that entering the study would help my court case.
I felt like I was talked into entering the study.	1.00	0.45***	0.28**	0.27*	0.31**	-0.14	0.04	0.19
It was entirely my choice to enter the study.		1.00	0.25*	0.06	0.20	-0.08	0.08	0.13
I thought it would look bad to my case manager/counselor if I did not enter.			1.00	0.36***	0.22*	0.02	0.19	0.29**
I felt the judge would like it if I entered the study.				1.00	0.12	-0.07	0.05	0.64***
I entered the study even though I did not want to.					1.00	-0.14	0.24*	0.18
I entered the study mainly for financial reasons.						1.00	-0.03	-0.02
I felt that I could not say no to entering the study.							1.00	0.33**
I felt that entering the study would help my court case.								1.00

* $p < .05$;

** $p < .01$;

*** $p < .001$.