

# VETERANS TREATMENT COURTS



Hon. Dave Certo  
Hon. Maria D. Granger

# WHY VETERANS COURT?





# MILITARY VS CIVILIAN LIFE



# BUILDING WARRIORS

- **War zone survival training begins on Day 1.**
  - Conflicting Messages: The “understood” service members’ code
  - Did I tell you to breathe private?
- **The unique conditions of the war zone require a set of skills and ways of thinking that are very different from those at home. *War zone skills* are learned during military training but become more firmly established by the intense environment of life and death experiences.**
- **Veterans need two sets of skills for life, one for the war zone and the possibility of redeployment, and one for home life.**





# A DAY IN THE LIFE OF A COMBAT SOLDIER

- Not a 9 to 5. Where does one day end and the next begin?
- No such thing as “a good nights’ sleep”
- Must be mission ready at a moment’s notice
- Six days of tedium and all of the sudden...CHAOS!
- Get in a mission ready mindset.....



# A DAY IN THE LIFE OF A COMBAT SOLDIER

- Will I have time to call, email, or Skype before we go outside the wire?
- Stand down. How do you unwind from something like that?
- Eight hour poker binge
- Communications lock down. Always bad news.
- Will I ever know what its like to be clean again? I really take plumbing for granted.



# ALWAYS REMAIN VIGILANT

- **Anger is your best friend**
  - Training experiences often generate anger and channel it into combat responses
- **When in a war zone, one of the things that make people most vulnerable is being predictable**
  - Take different albeit inconvenient routes
  - change direction or swerve to avoid being an easy target
- **Information that seems unimportant information can be used as intelligence by the enemy, so veterans may be very sensitive about giving out any information**



# ALWAYS REMAIN VIGILANT

- **Living in a war zone requires being on constant alert for survival**

- Consequences from accidents/incompetence
- “Allies” may plot against you
- No place is truly safe (Green zone attacks)

- **Don't put yourself in a vulnerable position**

- avoid crowds
- keep track of everyone's activity
- know where the exits are





# MILITARY/COMBAT TRAINING AND SOCIAL INTERACTIONS

- **Distrust and loss of faith in mankind**

- *helpful becomes manipulative*

- **skews the rules of life and death**

- **challenges learned perception of the value of human life**

- **If the enemy cannot be identified be suspicious of everyone.**

- **Numbing or turning off emotions can screen out distractions so that veterans can concentrate on survival**

- Those who can turn off emotions and get the job done are trusted and respected by others

- **Military culture encourages “moving on” oftentimes, veterans are not allowed to go back home and participate in the grieving process of a person who has died.**

## **Positive Aspects of Deployment**

- **Fosters maturity**

- **Encourages independence**

- **Strengthens family bonds**



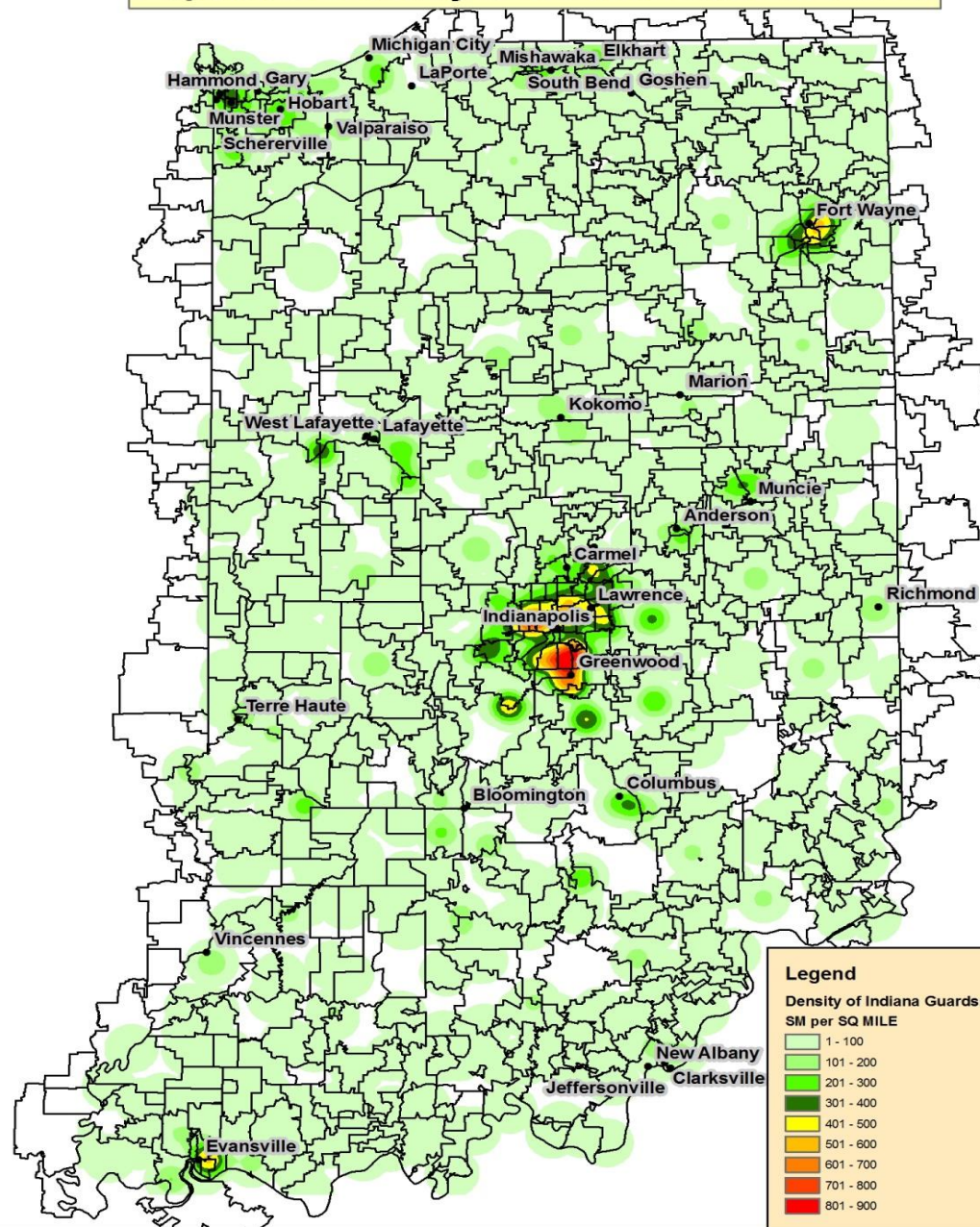
# RETURNING HOME:

SO WHAT IS GOING ON WITH SERVICE MEMBERS AND VETERANS WHEN RETURNING FROM COMBAT?





## Population Density of Indiana National Guard



# Readjustment/Reintegration

- A contributing factor to difficulty in readjustment is that there has been a higher proportion of service members being deployed, deployments have been longer, redeployment to combat has been common, and breaks have been few and far between.
- Survival rate is 87%, thus more service members are returning from combat than any other U.S. conflict – DoD, 2009
- 70% of veterans serve in guard & reserve
- Indiana has 4<sup>th</sup> largest Army Guard in nation



# Readjustment/Reintegration



- Pressure from others
- Transitioning from military to home life
- Love, relationships, family
- Health issues (injuries, disability)
- Employment issues upon return
- Changes in roles (employee, spouse, parent, community)
- Financial issues and socioeconomic status
- Setting boundaries

# Casualties of War

- In the eleven years since the Sept. 11, 2001, terrorist attacks, American troops have deployed almost 3.5 million times to Iraq and Afghanistan, according to Defense Department data.
- The numbers, as of December 2011, show that more than 2.3 million men and women have shouldered those deployments, over 800,000 of them deploying more than once. – rand.org, 2011
- *As of 1/2013, since 2001 there have been 6,600+ U.S. troop casualties from both Iraq and Afghanistan conflicts (Army Times, Jan 2013)*



# Casualties of War

## Common Traumas

- Multi-casualty incidents (suicide bombers, IEDs (improvised explosive devices), ambushes)
- Seeing the aftermath of battle
- Handling human remains
- Friendly fire
- Witnessed or were involved in situations of excessive violence
- Witnessing death/injury of close friend/favored leader
- Death/injury of women and children
- Feeling helpless to defend or counter-attack
- Being unable to protect/save another service member or leader
- Killing at close range
- Killing civilians and avoidable casualties or deaths

# Gender Implications

- According to Pereira (2002) female soldiers have the same experiences as male soldiers in combat: Rocket Propelled Grenades (RPG's), Improvised Explosive Devices (IED's), mortars, witnessing killing, receiving and returning gunfire, and seeing dead bodies.





# Common Themes During Readjustment

- Guilt, shame, anger (survivors)
- Feelings of isolation
- Nightmares, sleeplessness
- Lack of motivation
- Forgetfulness
- Feeling irritable, anxious, or “on edge”



# Common Themes During Readjustment

## Barriers to Treatment (Stigma Attached)

- Public misperceptions of individuals with mental illnesses
- Individuals' perceptions of themselves
- Institutional/employment policies or practices that unnecessarily restrict opportunities because of psychological health issues
  - *Not every psychological wound is PTSD, not only combat MOS exposed to trauma*



# Common Avoidances:

- large crowds or public places
- air shows or military related events
  - family and friends
  - Not leaving the house
- activities like hunting or fishing
  - driving
- downed vehicles or bridges
- tight places with no escape (e.g.) elevators

# Mental Health Issues Among OEF/OIF/OND Veterans

- Approximately half of OEF/OIF/OND Veterans have provisional mental health diagnoses. The most common of these are PTSD, affective disorders, neurotic disorders, and nondependent abuse of drugs or alcohol, and alcohol dependence.
- 38% of Soldiers and 31% of Marines report psychological symptoms.
- Among the National Guard, the figure rises to 49%.



Those returning from combat arenas are still operating on survival mode staying constantly aroused; *this was a necessary tactic to survive and now becomes a source of distress.*

- Examples:
  - Doing perimeter checks around the house
  - Sizing-up strangers when in public
  - Sitting in a position that one can see everything/everyone
  - Responding physically when caught off guard
  - In extreme cases, setting up surveillance cameras to monitor their home

# DEPRESSION





# THE RELATIONSHIP BETWEEN SUBSTANCE USE AND READJUSTMENT

- Strong link between experiencing a traumatic event and substance abuse
- Many trauma survivors turn to alcohol or drugs to relieve or distract themselves
- Substance abuse creates greater difficulties when dealing with stress/trauma
- Successful readjustment cannot occur when one is using substances to self-medicate

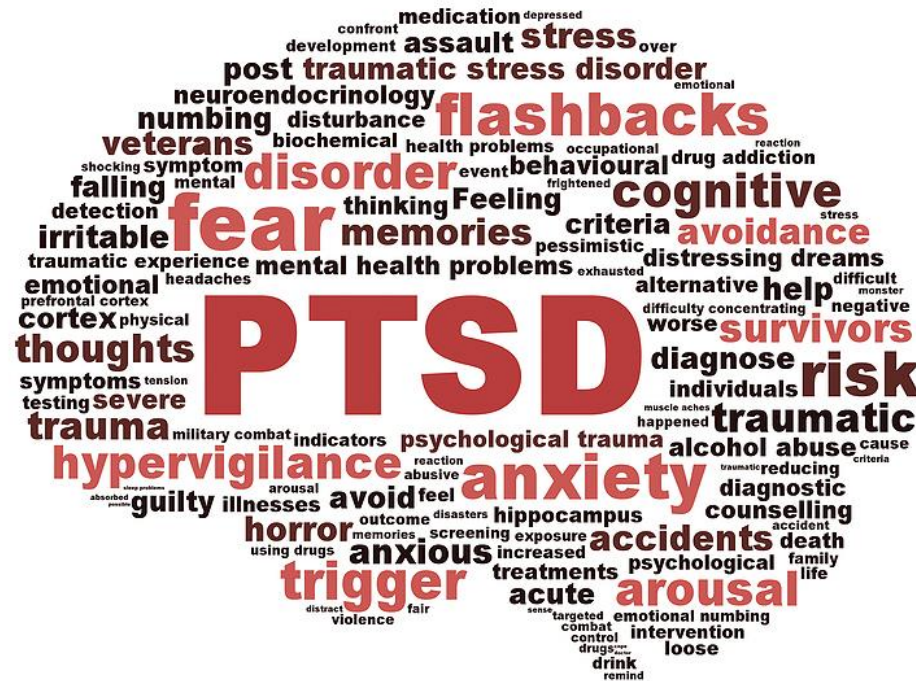


# Veterans and Substance Abuse

- Affects 500,000 Veterans who access VA healthcare systems annually
- Alcohol
- Marijuana
- Most have experienced combat exposure
- Veterans Advisory Council, 2009c from ELNEC For Veterans Curriculum, Hospice Education Network



# Post Traumatic Stress Disorder



# Traumatic Brain Injuries





# Military Sexual Trauma (MST)



# Reminders That May Be Triggers:

- Going to drills on weekends (if still in the National Guard or Reserves)
- Watching news, programs, or movies about war
- Hearing about deaths of military service members
- Seeing certain vehicles that remind of those driven by the enemy who attacked
- Seeing downed vehicles
- Seeing or hearing helicopters or other military affiliated vehicles
- Certain smells, sights, sounds
- Being scheduled for redeployment
- Seeing someone who resembles the enemy
- Anniversary dates



# WHAT IS VETERANS COURT?

- Court comprised entirely of veterans with unique, war-related illnesses
- Based on 10 Key Components
- Collaborative effort with VA and other professionals
- Peer support of veteran mentors
- Accountability for conduct & treatment

# MISSION

To support veterans involved in the court system to lead a productive and law-abiding civilian lifestyle.



# VET COURT GOALS

- Stop criminal activity
- Help veterans reintegrate into civilian life and manage their care
- Reinforce personal responsibility and accountability
- Save cost of incarceration and treatment

# VETERANS COURT HELPS

- Solve problems that led to court involvement
- Gain tools to lead a law-abiding and productive life
- Receive a reduced penalty while avoiding future crimes
- Provides readjustment assistance



# THE VETERANS COURT APPROACH?

- Non-adversarial
- Collaborative (Justice and treatment)
- Customized treatment plan
- Justice involved veterans identified
- Structure and supervision
- Link and teach veteran resources
- Peer mentor Support

# Veterans Court Team

- Prosecutor /Jail Commander
- Public Defender/Private Counsel
- Veterans Administration/VJO
- Probation/Community Corrections
- Veteran Resource Specialist/VSO
- Mentors
- Military culture expert
- Other community partners



# WHO IS A GREAT CANDIDATE?



# A GREAT CANDIDATE IS:

- Male or female
- Current or prior U.S. military service
- **Voluntarily** participates
- Any military discharge status
- Assessment indicates risk or need



# Typical Offenses

- Disorderly Conduct
- Public Intoxication
- Criminal Trespass
- Theft
- Resisting Law Enforcement
- Criminal Mischief

# Typical Offenses

- Possession of Drug
- Operating While Intoxicated
- Domestic Battery
- Intimidation
- Criminal Recklessness
- Residential Entry



# How is a Veterans Court Case Processed?

- Referral
- VA screens/enrolls veteran
- Assessment including IRAS
- Veteran is approved and offered a Vet Court plea
- Veteran pleads guilty and knows outcome whether he is or is not successful in program, waives confidentiality, agrees to continue treatment,
- Participation may be post-conviction or pre-conviction with judgment withheld pending participation or

# How is a Veterans Court Case Processed?

- Coordinator matches veteran with mentor
- 5-phase structure implemented through sanctions and incentive
- Case plan based on veteran's individual needs
- 12 (or more) months program for misdemeanor, 18 (or more) months for felony



# Phase Requirements

- **Phase 1: (60 days)** Clinical assessments, housing, case plan, weekly court/case management, home visits, engage treatment, medication and supervision compliance, engage with mentor, random drug tests 2x weekly min., change people places, and things
- **Phase 2: (90 days)** Court bi-weekly, weekly case management, home visits, case plan review, engage treatment medication and supervision compliance, engaged with mentor and VA, random drug tests 2x weekly min, begin peer recovery, address medial, housing financial, change people places and things
- **Phase 3: (90 days)** Court monthly, bi weekly case management, home visits, engage treatment, medication and supervision compliance, engaged with mentor and VA, random drug tests 2x weekly, pro social, peer support, criminal thinking, recovery network, relapse prevention, change people, places and things

# Phase Requirements

- **Phase 4: (90 days)** Court monthly, bi weekly case management, review case plan, home visits, engage treatment, medication and supervision compliance, engaged with mentor and VA, random drug tests 2x weekly, pro social activity, peer recovery support, begin employment or training, address family concerns, change people, places and things
- **Phase 5: (90 days)** Court monthly, bi weekly case management, review case plan, home visits, engage treatment, medication and supervision compliance, engaged with mentor and VA, random drug tests 2x weekly, pro social activity, peer recover support, maintain employment, address family concerns, change people, places and things

# SANCTIONS AND INCENTIVES

- Sanctions:

- Verbal reprimand, electronic monitoring, short jail stay, more frequent testing, delay in phase change, portable alcoholic monitoring, day reporting, essay writing

- Incentives:

- Applause, verbal recognition, phase advancement, bus passes, coupons/gift card, excused court appearance



# 20 VETERANS COURTS

- Allen, Bartholemew, Dearborn, Delaware, Floyd, Grant, Hamilton, Henry, Johnson/Greenwood City, LaPorte, Lake, LaPorte, Marion, Montgomery, Noble, Porter, St. Joseph, Tippecanoe, Vanderburgh, Vigo, Whitley
- <https://www.in.gov/udiciary/pscourts/files/pscourts-psc-directory.pdf>

# BENEFITS OF A VTC

- Improve public safety
- Decrease crime rate
- Reduce recidivism by offender
- Save costs of incarceration
- Preserve community treatment resources
- Pay a debt we owe as a nation

# QUESTIONS

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# 10 KEY COMPONENTS FOR VET COURT (ADAPTED FROM DRUG COURTS)

- Integrate alcohol and drug treatment with justice system case processing
- Use non-adversarial approach, which allows prosecution and defense counsel to promote public safety while protecting due process rights
- Identify eligible participants early and promptly placing them in the drug court program
- Allow drug courts to provide access to a continuum of alcohol-, drug-, and other related treatment and rehabilitation services
- Monitor abstinence by frequent alcohol and drug testing

# 10 KEY COMPONENTS (CONTINUED)

- Design a coordinated strategy that governs drug court responses to participants' compliance
- Allow essential ongoing judicial interaction with each drug court participant
- Monitor and evaluate program achievement to measure goals and to gauge effectiveness
- Continue interdisciplinary education to promote effective drug court planning, implementation, and operation
- Forge partnerships among drug courts, public agencies, and community-based organizations

# THE U.S. DEPARTMENT OF VETERANS AFFAIRS ESTIMATES THAT PTSD AFFLICTS:

- Almost 31 percent of Vietnam veterans
- As many as 10 percent of Gulf War (Desert Storm) veterans
- 11 percent of veterans of the war in Afghanistan
- 20 percent of Iraqi war veterans
- 7-8% - general population (50-60% - exposed to trauma)

*PTSD 101: For more comprehensive information*

URL Link:

[http://www.ptsd.va.gov/professional/ptsd101/flash-files/Military\\_Culture/player.html](http://www.ptsd.va.gov/professional/ptsd101/flash-files/Military_Culture/player.html)



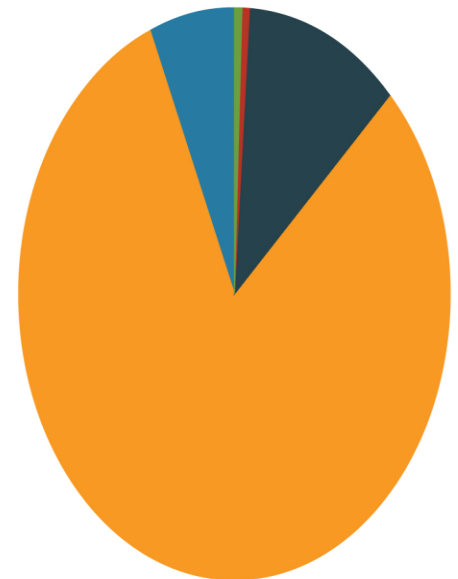
- Brain injuries can occur from either a penetrating injury or closed head injury. (Rand Survey 2008)
- Approximately 64% of soldiers wounded in action sustained blast injuries (Defense and Veterans Brain Injury Center)
- Many veterans have been through attacks from weapons which result in serious brain injuries: RPG's, IED's, mortars, rockets, and other explosive devices (Defense and Veterans Brain Injury Center)

Defense and Veterans  
Brain Injury Center  
statistics of TBI annual  
report 12/2010

### 2010Q3

Penetrating	173
Severe	124
Moderate	2,794
Mild	19,393
Not Classifiable	1,514

TOTAL - All Severity 23,998



# Veterans and Substance Abuse

- Affects 500,000 Veterans who access VA healthcare systems annually
- Alcohol
- Marijuana
- Most have experienced combat exposure
- Veterans Advisory Council, 2009c from ELNEC For Veterans Curriculum, Hospice Education Network

# Women in the Military

- Montrey (as cited in Dobie et al., 2004) stated that women comprise a quarter of the armed forces in the United States.
- Estimated 1.8 M in service in 2010 (cited in Hospice Education Network, 2010)
- 61.5% from post-Vietnam era (cited in Hospice Education Network, 2010)
- 240,000 sought care at VA facilities (2006)(cited in Hospice Education Network, 2010)
- In a sample of 270 female veterans from one Veterans Hospital, over 32% reported military sexual trauma (Suris et al., 2004).





# Gender Implications

- According to Pereira (2002) female soldiers have the same experiences as male soldiers in combat: Rocket Propelled Grenades (RPG's), Improvised Explosive Devices (IED's), mortars, witnessing killing, receiving and returning gunfire, and seeing dead bodies.



- Male veterans are diagnosed with PTSD more than female veterans even though male and female service members are exposed to the same types of military related traumas in combat (Pereira, 2002).
- Male and female veterans exhibit PTSD symptoms differently; females internalize and males externalize symptoms (Benda & House, 2003).
- Female service members are more likely to experience military sexual trauma while in combat than male service members (Dobie et al., 2004).

## ALL INFORMATION WAS COMPILED FROM THE FOLLOWING SOURCES:

- Afterdeployment.org
- Brain Injury Association of Kentucky
- Center for Deployment Psychology
- Center for Military Health Policy Research, RAND survey 2008
- Combat Stress and PTSD: Working With Veteran's and Their Families by Michael G. Rank, Ph.D. (2008)
- Courage After Fire by Armstrong, Best, & Domenici (2006)
- Defense and Veterans Brain Injury Center
- "Facts About the Department of Veterans Affairs," retrieved from <http://www.va.gov/opa/fact/>
- Marine Corps Times, [http://www.marinecorpstimes.com/news/2009/12/military\\_deployments\\_121809w/](http://www.marinecorpstimes.com/news/2009/12/military_deployments_121809w/)
- IAVA.org



## SOURCES CONTINUED:

- Department of Veteran Affairs, Patient Care Services
- Hospice Education Network (ELNEC for Veterans, 2010), <http://hen.homecareinformation.net>
- NEPEC (North Eastern Program Evaluation Center), Health Care for Homeless Vets FY2009 statistics
- NIDA (National Institute on Drug Abuse), [www.nida.nih.gov](http://www.nida.nih.gov)
- Psych Central, [www.psychcentral.com](http://www.psychcentral.com)
- Resilience 101, Pamela Woll, MA, CADP
- SAMHSA, <http://oas.samhsa.gov>
- University of Oregon Counseling and Testing Center
- VA Hospital Master Group List and Guide to Mental Health Services
- Washington Post, 11/2009, retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2009/11/03/AR2009110303615.html>
- Yellow Ribbon Reintegration Series by VA



# Additional Sources

- Adler, A. B., Huffman, A. H., Bliese, P. D., & Castro, C. A. (2005). The impact of deployment length and experience on the well-being of male and female veterans. *Journal of Occupational Health Psychology*, 10(2), 121-137.
- Bell, M. (2009). Most everything you ever wanted to know about military sexual trauma. MST Support Team, VA Office of Mental Health Services: Author.
- Benda, B. B., & House, H. A. (2003). Does PTSD differ according to gender among military veterans? *Journal of Family Social Work*, 7(1), 15-34.
- Dobie, D. J., Kivlahan, D. R., Maynard, C., Bush, K. R., Davis, T. M., & Bradley, K. A. (2004). Posttraumatic stress disorder in female veterans. *Archives of Internal Medicine*, 164(4), 394-400.
- Pereira, A. (2002). Combat trauma and the diagnosis of post-traumatic stress disorder in female and male veterans. *Military Medicine*, 167(1), 23-27.
- Schnurr, P. P., & Lunney, C. A. (2008). Exploration of gender differences in how quality of life relates to posttraumatic stress disorder in male and female veterans. *Journal of Rehabilitation Research & Development*, 45(3), 383-394.
- Suris, A., Lind, L., Kashner, T. M., Borman, P. D., & Petty, F. (2004). Sexual assault in women veterans: An examination of ptsd risk, health care utilization, and cost of care. *Psychosomatic Medicine*, 66, 749-756.

# Problem Solving Courts

- IC 33-23-16 "Problem solving court"- As used in this chapter, "problem solving court" means a court providing a process for immediate and highly structured judicial intervention for eligible individuals that incorporates the following problem solving concepts:
  - (1) Enhanced information to improve decision making.
  - (2) Engaging the community to assist with problem solving.
  - (3) Collaboration with social service providers and other stakeholders.
  - (4) Linking participants with community services based on risk and needs.
  - (5) Participant accountability.
  - (6) Evaluating the effectiveness of operations continuously.



# Services Available in Courts

- IC 33-23-16-20 Services provided by a problem solving court-
  - (a) A problem solving court may provide the following services to individuals participating in problem solving court programs: (1) Screening for eligibility and other appropriate services. (2) Assessment. (3) Education. (4) Referral. (5) Service coordination and case management. (6) Supervision. (7) Judicial involvement. (8) Program evaluation. (9) Rehabilitative services.
  - (b) A problem solving court may not provide direct treatment services unless: (1) the problem solving court is certified by the division of mental health and addiction under IC 12-23-1-6; (2) the problem solving court uses licensed medical professionals who provide mental health treatment to individuals with psychiatric disorders; and (3) the court that establishes the problem solving court determines that existing community resources are inadequate to respond satisfactorily to the demand for services from the court.



# Problem Solving Courts Funding

- IC 33-23-16-22 Funding of problem solving courts-
  - (a) The costs of a problem solving court may, at the discretion of the fiscal body of the unit, be supplemented out of the city general fund or the county general fund and may be further supplemented by payment from the user fee fund upon appropriation made under IC 33-37-8.
  - (b) A problem solving court may apply for and receive the following: (1) Gifts, bequests, and donations from private sources. (2) Grants and contract money from governmental sources. (3) Other forms of financial assistance approved by the court to supplement the problem solving court's budget.
- {Certified problem solving courts may also assess fees set by local rule of the court.}

# Deferred Prosecution

- IC 33-23-16-14 Deferred prosecution
  - (a) A court, without entering a judgment of conviction, may defer proceedings against an individual and place the individual in a problem solving court program under this section only if: (1) the individual meets the conditions for eligibility...(2) the individual pleads guilty and consents to the referral; and (3) the judge of the problem solving court, the prosecuting attorney, and the individual all agree upon certain conditions for the individual's participation...and on the duration of those conditions.
  - (b) When an individual's participation in a problem solving court program under this section has been terminated...the problem solving court shall: (1) enter a judgment of conviction against the individual; (2) refer the individual's case back to the court that referred the case to the problem solving court...or (3) otherwise dispose of the case.
  - (c) If an individual fulfills the conditions established by a problem solving court...the problem solving court shall: (1) dismiss the charges against the individual; (2) refer the individual's case back to the court that referred the case to the problem solving court...or (3) otherwise dispose of the case.

# Veterans Treatment Courts

- IC 33-23-16-10 "Veterans' court"- As used in this chapter, "veterans' court" means a problem solving court focused on addressing the needs of veterans in the court system by: (1) bringing together substance abuse rehabilitation professionals, mental health professionals, local social programs, and intensive judicial monitoring; and (2) linking eligible veterans to individually tailored programs or services.
- <http://www.in.gov/judiciary/pscourts/files/pscourts-psc-directory.pdf>



## Useful websites:

- After Deployment, [www.afterdeployment.org](http://www.afterdeployment.org)
- American Veterans With Brain Injuries, [www.avbi.org](http://www.avbi.org)
- Veterans for America, [www.veteransforamerica.org](http://www.veteransforamerica.org)
- Battlemind Training, [www.battlemind.org](http://www.battlemind.org)
- Brain Injury Association of USA, [www.biausa.org](http://www.biausa.org)
- Community of Veterans, <http://communityofveterans.org>
- The Coming Home Project, [www.cominghomeproject.net](http://www.cominghomeproject.net)
- Employer Support of the Guard and Reserve, [www.esgr.org](http://www.esgr.org)
- Fallen Patriot Fund, [www.fallenpatriotfund.org](http://www.fallenpatriotfund.org)
- Healing Combat Trauma, [www.healingcombattrauma.com](http://www.healingcombattrauma.com)
- Military Mental Health, [www.militarymentalhealth.org](http://www.militarymentalhealth.org)
- Military One Source, [www.militaryonesource.com](http://www.militaryonesource.com)
- National Center for PTSD, [www.ncptsd.va.gov](http://www.ncptsd.va.gov)
- One Freedom, [www.onefreedom.org](http://www.onefreedom.org)
- VA Veteran Recovery, [www.veteranrecovery.med.va.gov](http://www.veteranrecovery.med.va.gov)
- Vet Centers, [www.vetcenter.va.gov](http://www.vetcenter.va.gov)
- Veterans Legal Assistance, [www.nvlsp.org](http://www.nvlsp.org)
- Vets 4 Vets, [www.vets4vets.us](http://www.vets4vets.us)
- Dept. of Veterans Affairs, [www.MakeTheConnection.net/stories-of-connection](http://www.MakeTheConnection.net/stories-of-connection)
- Wounded Warrior Project, [www.woundedwarriorproject.org](http://www.woundedwarriorproject.org)
- Justice for Vets, [www.justiceforvets.org](http://www.justiceforvets.org)