Learning Objectives:

- Who are “justice-involved Veterans”?
  - Definition of a “justice-involved Veteran”
  - Social and demographic characteristics
  - Healthcare needs
  - Justice involvement
  - Veterans Courts
  - Brief overview of VA Homeless Veterans Programs
A mission....

- America has an obligation to provide treatment and rehabilitation for the invisible wounds of the brain, mind, and soul to decrease rates of “criminal” behaviors, arrests, and incarcerations.
A Justice-Involved Veteran is:

- A Veteran in contact with local law enforcement who can be appropriately diverted from arrest into mental health or substance abuse treatment;

- A Veteran in a local jail, either pre-trial or serving a sentence; or,

- A Veteran involved in adjudication or monitoring by a court (probation)
Veterans in Jail/Prisons

- On Any Given Day, Veterans Constitute:
  - 10.4% of the US Adult Population
  - 9.3% of Jail Inmates
  - 9.4% of State and Federal Prison Inmates (140,000)
JUSTICE-INVOLVED VETERANS

While incarcerated, Veterans can:

- Request his/her DD214
- Enroll at their local VA Medical Center
- Apply for the VA transitional and/or supportive housing programs
- Learn about VA and non-VA community resources for post-release needs
- Meet with a Veterans Justice Outreach Specialist
Social and Clinical Characteristics

Veterans in Jails: Clinical/Social Characteristics:

Clinical:
- Serious medical problem (ever): 61%
- Substance dependency: 65% (CAGE: 43%; TCU: 37%)
- Any 5 psychiatric diagnoses: 29% (PTSD: 10%) Dual dx: 28%
- Homeless year before arrest: 18%

Trauma:
- Experienced physical abuse (<age 19): 18%
- Experienced sexual abuse (<age 19): 7% Physical or sexual: 18%
- In combat ?: 20% Combat or abuse: 36%

Criminal Justice:
- Average # prior arrests: 5 2 or >prison incarcerations: 45%
- Age, first arrest: 24
- 70% for non-violent offense(s)
A returning soldier’s saga…

… His internal terror got so bad that, in 2005, he shot up his El Paso, Texas, apartment and held police at bay for three hours with a 9-mm handgun, believing Iraqis were trying to get in … The El Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later told his family, he swerved to avoid imagined roadside bombs; he once crashed over a curb after imagining that a stopped car contained Iraqi assassins. After a July 2007 motorcycle accident, his parents tried, unsuccessfully, to have him committed to a mental institution.

(Long Island Newsday – July 5, 2008)
NO ONE IS IMMUNE TO OPERATIONAL STRESS – “BATTLE MIND”

**Battlemind** is the Soldier’s inner strength to face fear and adversity in combat with courage.

- Normalize

- Life there vs. life here

- Readjust
“Battlemind skills helped you survive in combat but may cause problems when you get home…”

- **Buddies (cohesion)** vs. Withdrawal
- **Accountability** vs. Controlling
- **Targeted Aggression** vs. Inappropriate Aggression
- **Tactical Awareness** vs. Hypervigilance
- **Lethally Armed** vs. “Locked and Loaded” at Home
- **Emotional Control** vs. Anger/Detachment
- **Mission Operational Security** vs. Secretiveness
- **Individual Responsibility** vs. Guilt
- **Non-Defensive (combat) Driving** vs. Aggressive Driving
- **Discipline and Ordering** vs. Conflict
Battlemind:
Transitions – Risky Behaviors

- Risky behaviors to get the adrenaline rush
- Speeding/erratic driving/road rage (drive down middle of road/avoidance of objects on side of road, swerving under bridges, driving over curbs.)
- In traffic jam, may panic, feel “ambushed” if stuck in traffic.
- Alcohol abuse/Child abuse
- Addictions:
  - Work, Alcohol, Drugs, Sex, Food, Adrenaline
## Combat experiences reported by soldiers and marines after deployment to Iraq (2002-2003)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Army</th>
<th>Marines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being attacked or ambushed</td>
<td>89%</td>
<td>95%</td>
</tr>
<tr>
<td>Receiving incoming rocket or mortar fire</td>
<td>86%</td>
<td>92%</td>
</tr>
<tr>
<td>Being shot at or receiving small arms fire</td>
<td>93%</td>
<td>97%</td>
</tr>
<tr>
<td>Being responsible for the death of a noncombatant</td>
<td>14%</td>
<td>28%</td>
</tr>
<tr>
<td>Seeing dead bodies or human remains</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td>Handling or uncovering human remains</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>Seeing ill or injured women or children whom you were unable to help</td>
<td>69%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Source: Hoge et al. July 2004, NEJM
PTSD

• Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after you have experienced a traumatic event.

• PTSD symptoms usually start soon after the traumatic event, symptoms may not occur until months or years later. Symptoms may also come and go over many years.

• Symptoms of PTSD include reliving the event, avoiding places or things that remind you of the event, feeling numb, and feeling keyed up (also called hyperarousal).
## Signs and Symptoms of PTSD

<table>
<thead>
<tr>
<th>Hyperarousal</th>
<th>Insomnia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigilance</td>
<td>Nightmares</td>
</tr>
<tr>
<td>Agitation</td>
<td>Flashbacks</td>
</tr>
<tr>
<td>Anger Issues</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Violence</td>
<td>Numbing</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Suicide</td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
</tr>
</tbody>
</table>
There Are Effective Treatments for PTSD

- Many Veterans with PTSD are reluctant to seek help because:
  - They don’t think treatment will help
  - They see treatment-seeking as a sign of personal weakness
  - They are concerned about reactions of others

- There are effective treatments for PTSD that can:
  - Reduce PTSD symptoms
  - Improve mood
  - Improve family and work functioning

- In treatment, Vets…
  - Connect with other Veterans
  - Rethink negative beliefs about what happened (e.g., self-blame or guilt)
  - Learn to revisit their painful memories with less distress
  - Learn coping skills

- Most Veterans are very satisfied with VHA PTSD care
- It takes **courage and strength** to go for treatment
How You Can Help …

- **Avoid:**
  - Threatening - Advising
  - Intimidating - Judging
  - Drawing weapons - Ordering

- **Body language:**
  - Finger-pointing may seem accusing or threatening.
  - Shoulder shrugging may seem uncaring or unknowing.
  - Rigid walking may seem unyielding or challenging.
  - Jaw set with clenched teeth shows you are not open-minded to listening to his/her side of the story.
  - Use a natural smile. A fake smile can aggravate the situation.
  - Use slow and deliberate movements -- quick actions may surprise and alarm the other person.

- **Personal space:**
  - Invasion or encroachment of personal space (1.5 to 3 feet) tends to heighten anxiety.
  - If possible, do not touch a hostile person -- they might interpret that as an aggressive action.
  - Keep your hands visible at all times -- you do not want the other person to misinterpret your physical actions.
  - Recall military and law enforcement training does overlap
TBI: Traumatic Brain Injury

- A traumatic brain injury is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.
- The severity of such an injury may range from mild to severe.
- A TBI can result in short- or long-term problems with independent function.

Source: MIRECC Traumatic Brain Injury and Suicide: Information and resources for clinicians
Mechanism of TBI (Traditional)
“Start by envisioning a bowl of jello. Tap it on one side and watch how it wiggles all the way over to the other. This mundane image illustrates the force of a blast wave— from a bomb, an improvised explosive device (IED), a mine, grenade or mortar shell — traveling through brain matter, disrupting pathways and unleashing a chemical soup on its victim, according to Jonathan Fellus, MD, Director of Brain Injury Services at Kessler Institute of Rehabilitation.”
TBI- Common Symptoms

Cognition
- Motor/sensory disturbances
- Impairments in:
  - Language, communication
  - Attention, concentration, memory
  - Learning new information
  - Speed of information processing
  - Judgment, decision-making, problem-solving, insight

Mood
- Apathy/Depression
- Anxiety
- Irritability
- Emotional lability
- Insensitivity
- Egocentricity

Behavior
- Lack of initiation
- Disinhibition
- Impulsivity
- Restlessness
- Aggression
- Agitation
TBI- PTSD Overlapping Symptoms

- Headache
- Nausea & Vomiting
- Hearing Loss
- Ringing in Ears
- Dizziness
- Attention Problems
- Depression
- Irritability
- Sleep Problems
- Anxiety
- Poor Anger Control
- Isolates Self
- Easily Startled
- Flashbacks
- Nightmares
TBI in Veterans

- TBI represents ~ 22% of confirmed injuries in Iraq/Afghanistan War Veterans.
- Many Veterans have experienced multiple TBI’s due to chronic exposure to blasts.
- As many as 50% to 60% of Veterans with chronic blast exposure have significant hearing loss or tinnitus ("ringing" in the ears) (Lew, et al. 2007)
Helpful Hints when Interacting with Veterans with TBI

- **Hearing Impairments:**
  - Ask if the Veteran can hear you.
  - May need to use large gestures to get Veteran’s attention from a distance. Don’t depend on shouting.
  - Recognize that some people with new hearing problems are more prone to suspiciousness. (Imagine if everyone around you was whispering.)
  - Be more careful about speaking slowly and clearly.

- **Slowed Processing Speed:**
  - Patience w/Calm Attitude
  - Recognize that thinking more slowly does not equal lower intelligence
  - Allow more time for Veteran to respond

- **Emotions and/or Aggressiveness:**
  - Assess potential for suicide/assault.
  - Consider need for transfer to the VA.
  - Slow your own speech and project a sense of calmness.
  - Ask Veteran to identify what tactics have been helpful in the past, and encourage that tactic if it’s safe.

- **Difficulty Problem-Solving:**
  - Offer options rather than expect Veteran to generate solutions.
  - Walk Veteran through the problem and assist with breaking it down into smaller components.
  - Minimize Distractions in environment and allow time to think.

- **Impaired Attention**
  - Decrease environmental stimuli when possible. Take Veteran to quiet area to talk.
  - Consider asking Veteran to state back what you’ve said in his/her own words.
  - Allow breaks in longer conversations for Veteran to get up and stretch.
# Justice-Involved Veterans: National Estimates (Mumola, BJS, 2008)

<table>
<thead>
<tr>
<th>Estimated number of &quot;justice-involved&quot; military veterans in the U.S. resident population, 2007</th>
<th>Estimated number of military veterans, 2007</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lower-bound</td>
</tr>
<tr>
<td>Criminal justice involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probation supervision&lt;sup&gt;a&lt;/sup&gt;</td>
<td>399,300</td>
<td>279,100</td>
</tr>
<tr>
<td>Parole or supervised release&lt;sup&gt;a&lt;/sup&gt;</td>
<td>75,000</td>
<td>37,100</td>
</tr>
<tr>
<td>Local jail custody&lt;sup&gt;b&lt;/sup&gt;</td>
<td>72,600</td>
<td>63,200</td>
</tr>
<tr>
<td>State prison custody&lt;sup&gt;c&lt;/sup&gt;</td>
<td>136,800</td>
<td>125,000</td>
</tr>
<tr>
<td>Federal prison custody&lt;sup&gt;c&lt;/sup&gt;</td>
<td>19,300</td>
<td>16,200</td>
</tr>
<tr>
<td>Total, correctional supervision&lt;sup&gt;d&lt;/sup&gt;</td>
<td>703,000</td>
<td>520,600</td>
</tr>
<tr>
<td>Adults Arrested&lt;sup&gt;e&lt;/sup&gt;</td>
<td>1,159,500</td>
<td>724,700</td>
</tr>
</tbody>
</table>

Note: All counts are estimates, rounded to the nearest thousand.

- <sup>a</sup> Probation and parole population counts based on BJS Annual Probation and Parole Surveys, 2007; percentage of veterans based on SAMHSA's National Survey on Drug Use and Health, 2007.
- <sup>b</sup> Local jail population counts based on BJS' Annual Survey of Jails, 2007; percentage of veterans based on BJS' Survey of Inmates in Local Jails, 2002.
- <sup>d</sup> Because some offenders may have multiple statuses, this total is less than the combined populations.
- <sup>e</sup> Arrest count is taken from the FBI's Uniform Crime Reporting Program, 2007; percentage of veterans based on SAMHSA's National Survey on Drug Use and Health, 2007.
Veterans Treatment Courts: A Growing Movement

Currently approximately 120 Veterans Treatment Courts in Operation throughout the USA - more being planned

Veterans Treatment Courts - hybrid Drug and Mental Health Courts Models to serve veterans struggling with addiction, serious mental illness and/or co-occurring disorders.
Why a Separate Court?

Findings

Charges vary from DUI, petty theft, battery, domestic violence, VOP, possession/sales/delivery, and homeless related charges, such as, panhandling, open container, and trespassing.

Most Veterans encountered thus far by the Justice Outreach Program received a **honorable discharge/general discharge**

Common underlying issues with justice-involved Veterans have been substance abuse issues and homelessness.
How VTCs can help

- Expedite “access to care” for Veterans
- Ease the burden on valuable community resources
- Allow Veterans to go through the court process with those who are similarly situated and have past experiences
- Provide volunteer Veteran Mentors
- Promote Veteran accountability
- Promote sobriety, recovery and stability through a coordinated response including treatment in conjunction with judicial monitoring
VA Authorization: Title 38 CFR 17.38

VHA can provide

- Outreach, assessment, and referral to services
- Treatment for justice-involved Veterans who are not incarcerated

Does not allow VHA to provide:

- Hospital or outpatient care for a Veteran who is
  - A patient or an inmate in an institution of another government agency
  - If that agency has a duty to give that care or service
Veteran’s Justice Outreach (VJO) Specialists

- Outreach to Veterans in contact with law enforcement, jails, and courts (established in 2009 VA wide)
- Goal is to provide timely access to VA services for eligible justice-involved Veterans to avoid unnecessary criminalization and incarceration of Veterans with mental illness, substance abuse disorders and/or traumatic brain injury (TBI).

- In communities where justice programs relevant for Veterans exist, the VA will take the initiative in building working relationships to see that eligible justice-involved Veterans get needed care
- In communities where no such programs exist, VA will reach out to potential justice system partners to connect eligible justice-involved Veterans with VA services

- Fayetteville VJO Specialist: Curtis W. Morrow, MSW, LCSW
  910-488-2120 ext 7225
Why VJO requires licensed mental health professionals as VJO Specialists….

- Knowledge and experience in mental health diagnosing
- Knowledge and expertise in clinical indications, appropriate treatment(s), appropriateness of program, and navigating the program assessment and admission processes
- Knowledge of a wide range of appropriate and available VA and community services
- VA programs often require consults by licensed clinicians
- Expertise in management of clinician-client boundaries, release of information, transference/counter transference, and strong and productive client relationships
- Maintenance of personal boundaries re: over-working, over-extending - balancing with passion for the work
- Clear sense of professional limits: Assessment/liaison vs. advocate/forensic evaluator
- Courts respect/need this type of mental health expertise
What the VJO Specialist is not authorized to do:

VJO Program:

- No forensic evaluation
- Outreach not treatment
- No custody provided
- Not an independent ‘forensic’ program
Justice-involved veterans: Needs/services

<table>
<thead>
<tr>
<th>Need domains:</th>
<th>Service domains – VA and non-VA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Service access</td>
<td>• OEF/OIF coordination</td>
</tr>
<tr>
<td>• Alcohol and drug abuse -and/or – Psychiatric problems*</td>
<td>• Minority Veterans Affairs</td>
</tr>
<tr>
<td>• Medical problems</td>
<td>• “Access to VA services for reentry and justice-involved veterans” (DUSHOM, July 20, 2009)</td>
</tr>
<tr>
<td>• Housing*</td>
<td>• Substance abuse services (outpatient, residential)</td>
</tr>
<tr>
<td>• Employment</td>
<td>• Mental health services (outpatient, residential, inpatient)</td>
</tr>
<tr>
<td>• Benefits</td>
<td>• Evidenced-based treatments (MI, SS, MRT)</td>
</tr>
<tr>
<td>• Family</td>
<td>• Recovery focus</td>
</tr>
<tr>
<td>• Legal/Financial</td>
<td>• Suicide prevention</td>
</tr>
<tr>
<td>• Combat/trauma</td>
<td>• Peer support</td>
</tr>
<tr>
<td>• Sexual trauma*</td>
<td>• Violence prevention (Disruptive Behavior Committee)</td>
</tr>
</tbody>
</table>

*See: Uniform Mental Health Services in VA Medical Centers and Clinics (http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762)
VA Services

- Fayetteville VA Medical Center
  - 2300 Ramsey St. Fayetteville, NC 28301
    910-488-2120
- VA Health Benefits
  - Ext. 7016
- Emergency Department Front Desk
  - Ext 7903
- Suicide Prevention Coordinator
  - Ext. 5683
- Healthcare for Homeless Veterans Program
  - Ext. 7744
- OEF/OIF/OND Program Services
  - Ext. 5835
Questions?