



U.S. Department of Veterans Affairs

Veterans Issues and the Criminal Justice System

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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

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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

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JUSTICE-INVOLVED VETERANS



- 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)

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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)

Sources: Bureau of Justice Statistics, 2002 & 2004

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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

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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)

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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)

8 [Murphy-CIT]

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

9 [Shea-CIT]

“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

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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

11 [Basher-CIT]

Combat experiences reported by soldiers and marines after deployment to Iraq (2002-2003)



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

Source: Hoge et al. July 2004, NEJM

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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).

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[www.mentalhealth.va.gov/ptsd]

Signs and Symptoms of PTSD



Hyperarousal	Insomnia
Vigilance	Nightmares
Agitation	Flashbacks
Anger Issues	Avoidance
Violence	Numbing
Anxiety	Suicide
Isolation	

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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

15 [Ruzek-CIT]

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

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TBI: Traumatic Brain Injury

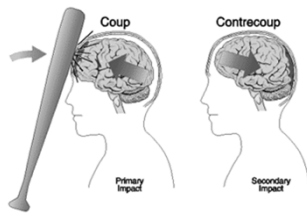


- A traumatic brain injury is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.
- The severity of such an injury may range from mild to severe.
- A TBI can result in short- or long-term problems with independent function.

Source: MIRECC Traumatic Brain Injury and Suicide: Information and resources for clinicians

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Mechanism of TBI (Traditional)



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Blast Waves & the Brain



"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."

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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

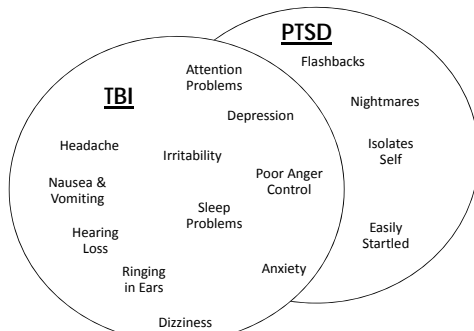
- Apathy/Depression
- Anxiety
- Irritability
- Emotional lability
- Insensitivity
- Egocentricity

Behavior

- Lack of initiation
- Disinhibition
- Impulsivity
- Restlessness
- Aggression
- Agitation

20 [Pickren-CIT]

TBI- PTSD Overlapping Symptoms



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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)

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Helpful Hints when Interacting with Veterans with TBI

- **Hearing Impairments:**
 - Ask if 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.

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Justice-Involved Veterans: National Estimates (Mumola, BJS, 2008)



Estimated number of "justice-involved" military veterans in the U.S. resident population, 2007			
	Estimated number of military veterans, 2007	95% Confidence Interval	
		Lower-bound estimate	Upper-bound estimate
Criminal justice involvement			
Probation supervision ^a	390,300	279,100	519,500
Parole or supervised release ^a	75,000	37,100	112,900
Local jail custody ^b	72,600	63,200	82,000
State prison custody ^c	136,800	125,000	148,600
Federal prison custody ^d	19,300	16,200	22,500
Total, correctional supervision ^e	703,000	620,600	885,500
Adults Arrested ^f	1,159,500	724,700	1,694,300

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

^a Probation and parole population counts based on BJS Annual Probation and Parole Surveys, 2007.

^b Percentage of veterans based on SAMHSA's National Survey on Drug Use and Health, 2007.

^c 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.

^d State and federal prison population counts based on BJS National Prisoners Statistics program, 2007; percentage of veterans based on BJS Survey of Inmates in State and Federal Correctional Facilities, 2004.

^e Because some offenders may have multiple statuses, this total is less than the combined populations.

^f 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.

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Veterans Treatment Courts: A Growing Movement



Currently 80+ 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.

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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

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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

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**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

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**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

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**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

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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



Need domain	Service domain - VA and non-VA
• Service access	<ul style="list-style-type: none"> • OEF/OIF coordination • Minority Veterans Affairs • "Access to VA services for reentry and justice-involved veterans" (DUSHOM, July 30, 2009)
• Alcohol and drug abuse and/or - Psychiatric problems*	<ul style="list-style-type: none"> • Substance abuse services (outpatient, residential) • Mental health services (outpatient, residential, inpatient) • Evidence-based treatments (MI, SE, MBT) • Recovery focus • Suicide prevention • Peer support • Violence prevention (Disruptive Behavior Committee)
• Medical problems	<ul style="list-style-type: none"> • Medical services (outpatient, inpatient - medical, surgical, rehabilitation)
• Housing*	<ul style="list-style-type: none"> • Homelessness prevention • Homeless (outreach, residential - HCHV, GAPD, DCHV, HUDVASH)
• Employment*	<ul style="list-style-type: none"> • Therapeutic (JVT, IT, SE) • Competitive (SIC One-Stop, DVOPs, JVEPs)
• Benefits	<ul style="list-style-type: none"> • Comp & Pen (VA, State DVA, County VSOs, VSOs) • Other benefits (same as above)
• Family	<ul style="list-style-type: none"> • Readjustment (Vet Centers: VA Mental Health) • Domestic violence (Vet Centers, community)
• Legal/Financial	<ul style="list-style-type: none"> • Debt counseling/Landlord-tenant issues • Bench warrant resolution • Divorce/Family Court/Child custody • Child support debt modification • Child and family counseling/family reunification • VA ODC/Regional Counsel, ABA, OCSE, HCHV/CWT
• Sexual trauma*	<ul style="list-style-type: none"> • Military Sexual Trauma (MST)
• Combat trauma	<ul style="list-style-type: none"> • VA PTSD services* • Federal Recovery Coordinators (severely disabled combat Veterans) • Vet Centers • VA Physical Medicine & Rehabilitation (PM&R) (TB) • VA Polytrauma Rehabilitation Centers

*See: Uniform Mental Health Services in VA Medical Centers and Clinics (http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762) 32

VJO Specialist in NC



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Questions?

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