


Post-Traumatic Stress Disorder in the Courtroom

A Discussion of Developing Judicial Options in Criminal Cases related to Combat-Induced PTSD


George P. Corvin, M.D.



What is Post-Traumatic Stress Disorder (PTSD)?



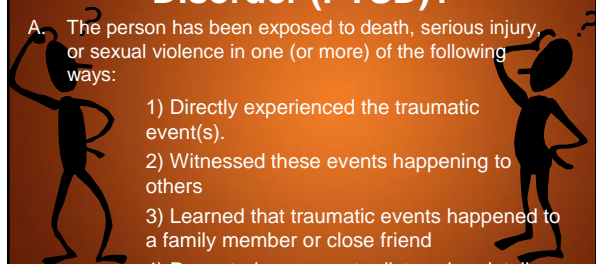
5.2% of veterans screen positive for "past month" PTSD, and lifetime prevalence among US veterans is 12% (Journal of Clinical Psychiatry - May 2015)



What is Post-Traumatic Stress Disorder (PTSD)?

A. The person has been exposed to death, serious injury, or sexual violence in one (or more) of the following ways:

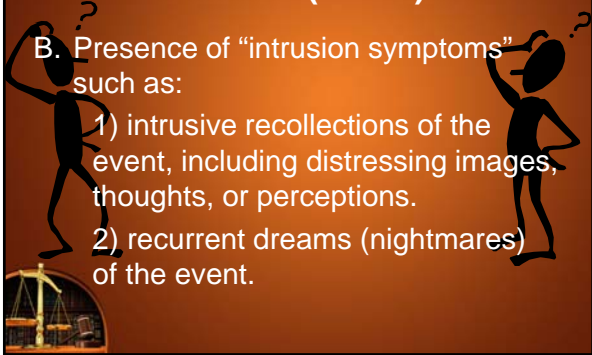
- 1) Directly experienced the traumatic event(s).
- 2) Witnessed these events happening to others
- 3) Learned that traumatic events happened to a family member or close friend
- 4) Repeated exposure to distressing details of traumatic events (for example, first responders collecting human remains)




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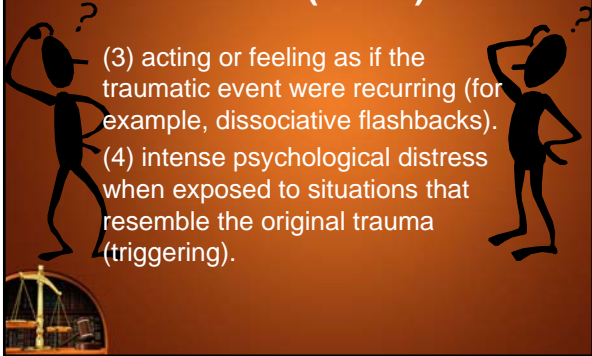
B. Presence of "intrusion symptoms" such as:

- 1) intrusive recollections of the event, including distressing images, thoughts, or perceptions.
- 2) recurrent dreams (nightmares) of the event.



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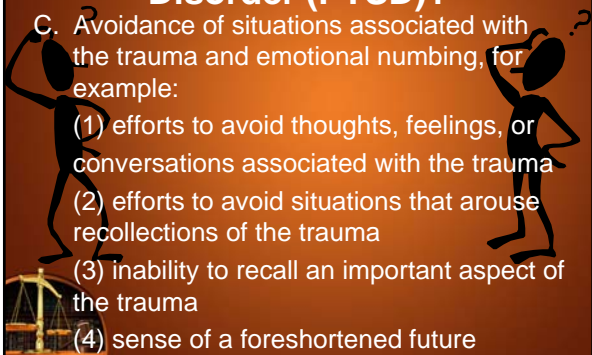
- (3) acting or feeling as if the traumatic event were recurring (for example, dissociative flashbacks).
- (4) intense psychological distress when exposed to situations that resemble the original trauma (triggering).



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C. Avoidance of situations associated with the trauma and emotional numbing, for example:

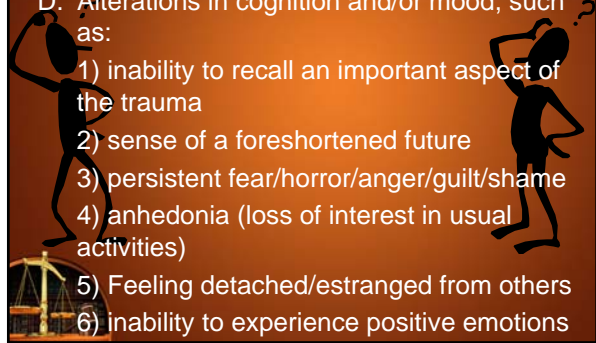
- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid situations that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) sense of a foreshortened future



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D. Alterations in cognition and/or mood, such as:

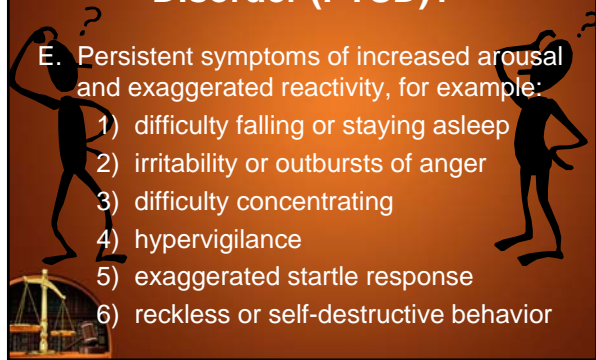
- 1) inability to recall an important aspect of the trauma
- 2) sense of a foreshortened future
- 3) persistent fear/horror/anger/guilt/shame
- 4) anhedonia (loss of interest in usual activities)
- 5) Feeling detached/estranged from others
- 6) inability to experience positive emotions



What is Post-Traumatic Stress Disorder (PTSD)?

E. Persistent symptoms of increased arousal and exaggerated reactivity, for example:

- 1) difficulty falling or staying asleep
- 2) irritability or outbursts of anger
- 3) difficulty concentrating
- 4) hypervigilance
- 5) exaggerated startle response
- 6) reckless or self-destructive behavior



Areas of Potential Forensic Concern

- Irritability/poorly controlled anger
- Impulsivity/reduced frustration tolerance
- Dissociation (i.e. flashbacks)
- Hypervigilance/paranoia
- Misinterpretation of environment
- Depression/Sense of hopelessness
- Co-morbid substance abuse



Additional Problems

- Stigma (exacerbated by “warrior mentality”)
- Significantly limited access to specialized care (including, but not limited to, VAMC)
- Inability to maintain employment leading to downward psychosocial spiral (and increasing trajectory of criminal conduct)
- Failed relationships and social isolation (also contributing to occurrence of criminal acts)



This is a very vulnerable and “at risk” population to start with

- Generally young men and women
- For many, first time away from home
- Often return from tour of duty with limited psychosocial support
- Limited financial resources
- Limited ability to recognize their need for treatment, much less ability to navigate “system” to access available services



In far too many cases, the presence of a combat veteran suffering from PTSD in a courtroom is a stark reminder of our mental health system’s failure to address the needs of these returning soldiers.



Judicial Objectives

- Prevent recidivism
- Protect defendant and others from dangerous conduct
- Accountability for criminal acts
- Facilitate rehabilitation (treatment) of mentally ill offender



Forensic Mental Health Evaluations

- Assessment of competence to stand trial and/or criminal responsibility are not the whole story
- Should seek analysis of defendants' propensity to re-offend as result of their illness (i.e. risk assessment)
- Should offer recommended steps to minimize any illness-related risk for dangerous behaviors



Options for Judicial Intervention include:

- Specialized Mental Health Courts
- Court mandated (and monitored) psychiatric treatment
- Develop ongoing liaison with VAMC execs (and other treatment providers) in your area
- Court officers (probation) with specialized mental health training
- CIT (Crisis Intervention Team) training should be a standard tool for all first responders



The Silent Siren Program What is it?

- Silent Siren consists of 3 core elements:
 - Establishment of a community PTSD Registry
 - PTSD training for emergency services personnel and military families
 - Implementation of a family/caregiver support system



Silent Siren Program (Cumberland County)

- Developed in recognition of large numbers of at-risk combat vets returning to Ft. Bragg area from Iraq & Afghanistan in recent years
- Involves partnerships between law enforcement and community agencies
- Develops mechanisms for directing offenders into treatment in lieu of incarceration
- Education for stakeholders (including first responders) to reduce stigma and improve support for returning vets



CIT(Crisis Intervention Team)

- These programs are local initiatives designed to improve the way law enforcement responds to people experiencing mental health crises.
- They rely on strong partnerships between law enforcement, mental health agencies, and families affected by mental illness.
- Have had considerable success in improving the outcomes of police interactions with people living with mental illness.



<http://www.citinternational.org/>
