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## Article 7

# **Back on Track: Life Skills Training for Veterans in the Criminal Justice System**

Paper based on a program to be presented at the 2012 American Counseling Association National Conference, March 2012, San Francisco, CA.

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## **Introduction**

Combat veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) have had different experiences than combat veterans from previous military operations, having endured more deployment cycles and longer time in actual combat than their counterparts in previous conflicts. Veterans of OIF/OEF describe their war as being 365/360, meaning they are in combat 365 days a year and the enemy is 360

degrees around them. Survival in this type of combat environment requires one to suppress feelings, exercise hyper-vigilance in order to react automatically to a perceived threat, carry weapons at all times, and hone survival skills that are often based on aggressive behaviors. Ironically, these attributes, though an asset in combat, become detrimental to dealing with daily life upon a military member's return home.

The negative impact of combat on veterans physically, psychologically, and socially lasts well beyond deployment and often changes their lives forever. Recent research identifies many common issues reported by returning veterans, which include traumatic brain injuries (TBI), posttraumatic stress disorder (PTSD) diagnosis or symptoms, increased rates of substance abuse and dependence, increased levels of stress, difficulties in managing anger, and interpersonal relationship challenges. Other studies indicate that positive screens for PTSD have increased by 42% for active duty Army and 92% for Army National Guard and Army Reserve members (Milliken, Auchterlonie, & Hoge, 2007). Furthermore, of those service members returning from combat, between 5 and 15% will suffer from PTSD, 2 to 10% will battle depression, and the number with traumatic brain injury (TBI) is unknown (Karney, Ramchad, Osilla, Caldarone, & Burns, 2008).

Sparr, Reaves, and Atkinson (1987) studied the multifactorial elements associated with military combat, posttraumatic stress disorder, and criminal behavior, which included both conscious and unconscious parameters of psychological functioning of Vietnam veterans. The researchers determined that criminal behavior may directly stem from wartime experiences and may be related to many psychodynamic conditions including

retaliation for being victimized, the omnipotent need to prove that crime may be committed without punishment, an attempt to be punished to overcome feelings of guilt, the result of substance abuse, the result of the pursuit of risky or dangerous behavior (sensation-seeking), and as a result of a prior history of criminal behavior (lowered armed services entrance standards). (Sparr, Reaves, & Atkinson, 1987)

In addition, Sigafos (1994) examined a PTSD treatment program for Vietnam-era combat veterans in the prison system where the concepts of "survivor mode" and "combat mode" were the main components: "The prison setting presents a 'survivor mode' environment in which incarcerated veterans may reexperience the PTSD symptoms" (p. 117). The "combat mode" is demonstrated when veterans make an effort to function in this situation where the effects are similar to that of combat (Sigafos, 1994).

The Sigafos (1994) PTSD treatment program focused on areas such as the second tour (re-experiencing life in a survival setting), stress management, veterans, PTSD and crime, conflict resolution, handling symptoms of PTSD, and the effects of PTSD on the family. Results denoted that, like the prison environment, the conditions of combat created a disturbance in the normal psychological functioning of these veterans, which may have been adaptive to combat, but is dysfunctional in normal society. For example, the Bureau of Justice statistics reported that 9.4%, or 223,000 inmates in the country's prisons and jails are veterans (Noonan & Mumola, 2007). Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services' (CMHS) National GAINS Center indicate that nine of every

100 inmates in United States jails and prisons are veterans and that "... the unmet mental health services needs of justice involved veterans are of growing concern as more veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) return home with combat stress exposure resulting in high rates of posttraumatic stress disorder (PTSD) and depression" (CMHS National GAINS Center, 2008, p. 1). As Sigafos (1994) suggested, incarcerating combat veterans further establishes the need for veterans to live in a survivor mode and may perpetuate the use of cognitive distortions in daily life.

### **Development of Jail Diversion and Trauma Recovery Programs for Veterans**

In response to the growing concern over trauma-related disorders' impact on justice-involved veterans, SAMHSA launched the *Jail Diversion and Trauma Recovery: Priority to Veterans Initiative* in 2008. This plan was designed, in part, to support the implementation of trauma-integrated jail diversion programs for justice-involved veterans through pilot, community-based jail diversion programs (CMHS National GAINS Center, 2011). Special court dockets, referred to as Veteran Trauma Courts (VTC) or simply Veterans' Courts, are modeled after successful drug and mental health courts (Florida Senate, 2010). The overall goal of VTCs is to afford veterans appropriate tools to handle their mental health, cognitive functioning, and substance use issues in order to lead lives devoid of criminal behavior (Florida Senate, 2010).

Justice systems nationwide are equally affected. Currently, there are 421,300 veterans living in Colorado, of which, 316,500 of these are wartime veterans (U.S. Department of Veterans Affairs, 2009). Colorado Springs is home to five military installations and many veterans choose to remain in the area because of the lifestyle and support they receive. Due to this extensive military presence in Colorado Springs, the El Paso County VTC (Fourth Judicial District) was founded in June 2008 with support from District Judge Ronald Crowder, a retired Army National Guard Major General himself, and officials from the Veterans Administration in Denver (C. Bailey, personal communication, May 15, 2011).

Researchers have found that combat veterans coming into contact with the criminal justice system have a number of unmet service, mental health, and social needs (CMHS National GAINS Center, 2008). Veterans' issues may include any combination of current psychiatric symptoms, co-occurring pathological diagnoses, homelessness, unemployment, relationship issues, and difficulties reintegrating after deployments (Saxon, et al., 2001). According to Kurt Runge, Probation Supervisor and a member of El Paso County's VTC, many of the VTC participants receive mental health treatment in group settings for issues such as domestic violence and substance abuse and all participants receive individual counseling to address unmet needs (personal communication, May 15, 2011).

Furthermore, Officer Runge identified that a life-skills training group is a missing piece of the overall support system that would be beneficial in assisting current VTC participants in managing their lives and issues while working their way through the two year VTC program (personal communication May 15, 2011). Consequently, he contacted the Regis University Department of Counseling with a request to develop such a program in a group format utilizing a combination of cognitive-behavioral and psychoeducational

approaches for teaching these adaptive skills to improve the successful completion rate of participants in the VTC program overall.

To meet this request, the program *Back on Track* was developed to provide a comprehensive group therapy program that incorporates skills training in the areas of unaddressed needs. The objective of the *Back on Track* group therapy program is to address a broad range of risk and protective factors by teaching general personal and social skills in combination with resistance skills and normative education.

Supporting the therapeutic treatment model of *Back on Track*, Golden (2002) evaluated the effectiveness of cognitive based group therapy for probationers in Dallas County, Texas. This research indicated that programs containing a cognitive component and stemming from a cognitive behavioral framework yield optimal results in terms of decreasing pro-criminal attitudes and behaviors and improving the deficient problem-solving and social skills that are linked with criminal activity. Cognitive behavioral therapies represent a broad category of clinical interventions that target an individual's thinking, as such therapies are informed by the assumption that thoughts govern mood and behavior, with altering cognitions leading to changes in behavior, feelings, and the underlying beliefs upon which they are based (Golden, 2002).

The PTSD treatment program, an example of a clinical intervention in the previously mentioned Sigafos (1994) study, was designed to provide instructions, therapy, and support for veterans during their incarceration. The program utilized the "squad" orientation of combat veterans in a group therapy setting. Similar to military training and war experiences, "...the squad became the soldier's sole defense against the enemy. The soldier lived with his squad 24 hours a day, sharing the same experiences, the same bunker, the same food, the same misery, and the same success" (Sigafos, 1994, p. 119). As incarcerated combat veterans learned the coping mechanisms to handle the stress of incarceration, they were exposed to a more in-depth understanding of the etiology of PTSD, the role it played in combat experiences and later in criminal behavior, and finally, how it came to dominate the mode of functioning in daily life (Sigafos, 1994).

Likewise, the VTC program is set up in a comparable fashion to mimic the squad orientation. Participants progress through structured phases with the many of the same members, in a cohort model. They are required to attend court together at regularly scheduled intervals as well as other mandated therapy and support programs. As Sigafos (1994) puts it, "...the group becomes the veteran's new squad" (p. 120). By utilizing the group setting, *Back on Track* will maintain the familiar camaraderie to which veterans respond.

Further supporting life skills training in a group setting, a quantitative study by Powell, Illovsky, O'Leary, and Gazda (1988) examined the effectiveness of a comprehensive group-skills approach for treatment in an inpatient setting. The results of this research indicated that patients receiving direct skills training obtained statistically different covariant adjusted scores on measures of interpersonal communication skills, vocational development skills, and career maturity than did those patients who did not receive direct skills training. The results also indicated that those patients who received direct skills training had fewer post-treatment hospitalizations, a lowered tendency to receive mental health treatment after discharge, higher rates of employment, improved communication with others, and improved relationships with others (Powell et al., 1988).

Another study supporting cognitive behavioral programs as an effective mode of treatment for offender rehabilitation is Golden's (2002) examination of the effectiveness of a cognitive-based group therapy treatment for probationers called *Thinking for a Change*. The results of this investigation maintained that there were positive changes in interpersonal and problem solving skills among probationers who completed *Thinking for a Change* compared to those who did not complete the program. Also, there were reduced rates in new criminal offenses for those who completed the course compared to those who did not. However, the results for recidivism were mixed in terms of technical violations of probation conditions post-*Thinking for a Change*. Participants in the group therapy program differed from untreated probationers with approximately a 33% reduction in new offense charges (Golden, 2002).

Research regarding the treatment of recent combat veterans, particularly those involved in OIF/OEF, is limited specific pathological diagnoses (e.g., PTSD) or on specific treatment modalities (e.g., exposure therapies) with sparse information of treatment or treatment effectiveness for those veterans involved in the criminal justice system. Previous research does not fully address the complex issues and pathologies associated with OIF/OEF combat veterans and does not speak to the added difficulty of veterans when they are involved in the criminal justice system.

*Back on Track* was established at the request of the Colorado Springs VTC to be used as a resource for veteran offenders diagnosed with PTSD, TBI, substance use, and other mental health-related issues that place the veteran at "high-risk and high-need" for support to navigate through life's barriers to success in the overall diversion program. The primary approaches utilized in this group therapy program are based on the previously mentioned research and integrates aspects of cognitive behavioral, cognitive processing, rational emotive behavioral, and choice theories. This group therapy model uses a combination of psychoeducation and psychotherapy techniques to increase social and coping skills of veterans participating in the VTC. The goal is to create a comprehensive and innovative approach for supporting, treating, and healing the many veterans affected by various wartime experiences and ultimately to reduce their risk of recidivism.

### **Veteran Trauma Court Overview**

The Fourth Judicial District VTC Participant Guide (2011) states that the VTC was fashioned as a "structured, phase progressive program." Participants enter the program in Phase 1, which seeks to stabilize and alleviate criminal behaviors. Clients are then required to meet specific learning and therapeutic goals in order to advance through the subsequent phases. The structured system is comprised of four phases with minimum completion times, which are based on individual plea agreements and treatment progress. The framework is as follows: Phase 1: Stabilization (60 days), Phase 2: Engagement (90 days), Phase 3: Action (90 days), and Phase 4: Maintenance (120 days). During the course of the diversion program, incentives and sanctions can be implemented to either reward compliant behaviors or discourage non-cooperation. Along with sanctions, non-compliance may result in re-instatement to a previous phase or dismissal from the program, and loss of deferred sentencing status. For advancement to occur, participants are required to write a "Phase Advancement" or "Program Completion Request Letter" as

a way to articulate and consider their achievement and success (Fourth Judicial District, 2011).

Participants of the VTC are referred to *Back on Track* during either Phase 2 or Phase 3 of the program. At this point in the course, members should be beginning to make connections regarding their crime, behavior, and diagnosis and initiating actions to overcome their situation (Fourth Judicial District, 2011). *Back on Track* works to further enhance and build upon these newly acquired insights and initiatives by adding important life skills education and training that encompass the broad needs of this population.

### ***Back on Track* Group Therapy Model**

The *Back on Track* group therapy program was developed specifically for the Fourth Judicial District, El Paso County, Colorado VTC. The program consists of twenty 90-minute group sessions provided over the course of 10 weeks. Each group of 10-12 participants is facilitated by graduate students in the Masters of Arts in Counseling or the Master's of Arts in Marriage and Family Therapy programs at Regis University. Students are directly supervised by a licensed mental health provider holding either a PhD or PsyD degree in the counseling field.

Facilitators are required to follow the *Back on Track: Life Skills Training for Veterans in the Criminal Justice System Facilitator Handbook*, (Conaty & Bellflower, 2011) in which the content and objectives of each session are detailed. Each week's sessions cover a specific topic split between a psycho-education session and a psychotherapy session. Participants are assigned an activity based on topics presented in the group session to complete either during the group session or as homework in order to practice coping skills taught in the meeting.

Ten weekly topics are covered in the program as follows: (1) pre-group training and PTSD overview; (2) stress management; (3) self-care, medication, and substance abuse; (4) risk factors and triggers; (5) anger management and communication skills; (6) relationships; (7) decision making and problem solving; (8) leisure time; (9) goal-setting and future planning; and (10) recidivism and review.

### **Therapeutic Approach and Techniques**

This therapy program has been designed to integrate psychoeducation and psychotherapy in a group setting. Maintaining the Sigafos (1994) idea of a squad mentality, participants in *Back on Track* learn about issues common in the veteran population while members struggling with some, or all, of these issues gain understanding and insight about factors that may have contributed to their involvement in criminal activity.

### **Legal and Ethical Considerations**

There are many ethical considerations when working with this population. Potential risks of participation include the loss of confidentiality, loss of anonymity, emotional discomfort due to exploring feelings, and coercion, among others. Group facilitators take measures required by legal and ethical standards to reduce the risks to all participants.

## **Facilitator Qualifications**

Group leaders must have a good understanding and training in the assessment and treatment of mental disorders, specifically mood disorders. Previous coursework and training in psychology, psychiatry, psychiatric social work, nursing, or counseling is essential. In addition, group leaders have training in the general principles of cognitive-behavioral therapy. Group leaders that are not licensed mental health professionals must have advanced training (at least at the Master's level) in assessment and psychotherapy and be under the supervision of a licensed mental health professional.

## **Group Structure**

*Back on Track* is a closed group where new members will not be admitted after the first session. Each week the group addresses a different topic building upon previous weeks' work. The first session of the week focuses on psychoeducation about the topic. The second session of the week is geared toward gaining understanding and insight into some of the factors related to how the topic affects the member. Every session begins with each participant stating why they are there and how they feel that day. Participants are encouraged to use feelings related words outside of the norm or reductionistic (i.e., happy, glad, mad, sad, or angry). Participants receive a list of relevant feeling words to advance their knowledge of how to better express their feelings.

Facilitators are required to follow the *Back on Track: Life Skills Training for Veterans in the Criminal Justice System: Facilitator's Handbook*, which explicitly states the content and objectives of each session complete with facilitator notes, the psychoeducation information sheets, and the activity sheet for each week.

**Week One: Pre-group training and PTSD overview.** The majority of this week is spent completing all necessary forms and establishing relationships between facilitators and group members. This week's objective is to build rapport, provide general information about PTSD, and explain how PTSD and stress reactions may impact various areas of their lives; most importantly, how they affect their criminal behavior and the topics outlined in *Back on Track*.

**Week Two: Stress management.** Managing everyday stress is difficult enough without the added symptoms of PTSD. This week, members learn what stress is, what it looks like, and the difference between positive and negative stress (i.e., distress and eustress), as well as their own physical and psychological symptoms and reactions. They are also introduced to relaxation exercises.

**Week Three: Self-care/ medication/ substance abuse.** Dealing with the overwhelming symptoms of PTSD can lead to the formation of unhealthy self-care patterns and behaviors. The objective of this section is to teach members about substance abuse issues, the importance of taking their medications as instructed by their physician, daily hygiene, sleep, exercise, etc., and how these contribute to the management of their symptoms.

**Week Four: Risk factors and triggers.** A trigger is a piece of an event that intrudes into the present and reminds an individual of a traumatic happening in his or her past. When an individual reacts to this type of trigger, the adrenal glands become aroused and memories of the traumatic event are activated, as are emotions associated with the event. Traumatic triggers are often unpleasant or frightening and may lead to a flashback or feelings of anxiety, panic, fear, anger, rage, confusion, shakiness, or numbness.

Traumatic triggers may also lead to a sense of spacing out or dissociation (Williams & Poijula, 2002). This week's goal is to help group members recognize their personal triggers and risk factors and develop a plan to cope with them.

**Week Five: Anger management and communication skills.** Anger management is a major concern for many veterans. An overview of anger and anger management techniques is presented this week. So often, anger arises as a result of poor communication. Proper communication patterns can become skewed and distorted due to the chaos of military deployments and combat. The objective of this section is for members to learn effective communication of their own feelings, wants, needs, and desires while distinguishing between aggressive and assertive communication/behaviors and understanding the importance and use of body language.

**Week Six: Relationships.** Relationships are often strained by experiences related to the stress of deployment, combat, PTSD, and reintegration. The objective is for group members to have an understanding that only they can control their own thoughts, feelings, and behaviors and not that of their partner. Participants also learn ways to enhance their interpersonal relationships.

**Week Seven: Decision making and problem solving.** Decision making and problem solving skills are an important part of taking personal responsibility and control of one's life. Developing these skills allows an individual to realize that he or she has a choice in how he or she thinks, feels, and behaves. The objective of this group is to teach members these skills and how take control of their life.

**Week Eight: Leisure time.** Veterans often find they have difficulty planning healthy leisure activities. Veterans may find themselves replacing the adrenaline rush of combat with unsafe or illegal activities. Criminal activity, reckless driving, domestic violence and substance abuse are just a few examples of what can happen without a healthy plan for leisure time. This week's group is designed to help veterans develop a list of activities that could replace the adrenaline rush and decrease negative consequences of misspent time. During this session, a guest speaker from Colorado American Legion Adventures (CALA) or Ft. Carson's Morale, Welfare, and Recreation (MWR) may come to discuss their respective adventure programs and extreme sports options for experiencing an adrenaline rush in a safe and legal way.

**Week Nine: Goal-setting and future planning.** One important aspect of goal-setting and future planning is to ensure that group members have an idea of their next step following group therapy. Group leaders may need to help members identify this next step during week nine. Facilitators may also assist members in determining whether they can use skills learned on their own, whether they need to see a professional for medication evaluation or referral, whether they may need to find another support group or therapy group for a different problem, or whether they need individual therapy.

**Week Ten: Recidivism and review.** Week ten is the last week for this group. Facilitators review skills learned throughout the group sessions, recidivism prevention techniques, and allow group members time to say goodbye. Group leaders seek feedback from the participants regarding the most helpful aspects of the group and areas of improvement. It is important that the facilitators take time to focus on the changes made by each member and to acknowledge their strengths.

## **Conclusion**

Long after the physical involvement of war has ceased, veterans "...still watch for threats and stand poised for danger. Their hearts respond to everyday situations as though they were vicious attacks and to ordinary relationships as though they were with long-gone comrades and enemies" (Tick, 2005, p. 1). Tick (2005) further described the lasting effects of war as a soul wound and a loss of one's true identity. Sometimes the soul is wounded and other times it is lost and exists outside the body, which alters and skews one's identity. Nevertheless, it is feasible to heal the soul through support, education, and therapy; to create a new identity that accepts the experiences of war, and integrate these into a new, compassionate, and positive whole person. "When the survivor can accomplish this work, post-traumatic stress disorder as a soul wound evaporates" (Tick, 2005, p. 7).

Even when veterans do not meet all of the criteria for a diagnosis of PTSD, many still struggle with associated symptoms including intense flashbacks, numbing of emotions, hyper arousal (feeling keyed up), adjustment disorder, depression, avoidance of certain situations and/or people, and sleep disturbances (*Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> ed. text rev., American Psychiatric Association, 2000, p. 467). These symptoms can be debilitating and cause great stress and turmoil to the trauma victim as well as family members (Alloy, Riskind, & Manos, 2005, p. 157). Most important though, is the increase in criminal activity by combat veterans that often changes their life trajectory unexpectedly.

According to Sparr et al. (1987), PTSD became common terminology within the psychological field in 1980 and has since been used in legal arguments in defense of criminal behavior. With the growing number of OIF/OEF veterans in our society, such legal defenses are becoming more frequent and more profound. Our judicial system is becoming overwhelmed with cases involving veterans who had high moral standards and who would not normally have committed crimes prior to their experiencing the stress-producing events of war. As a result, special court dockets referred to as Veteran Trauma Courts (VTC) have been developed in response to the growing numbers of veterans with PTSD in the criminal justice system.

*Back on Track* integrates the components of education, support, comradarie, and group therapy to treat a broad range of ailments associated with war experiences, whereas other programs have narrowly focused their treatment modalities. Although the previous programs have some proven effectiveness, it is the authors' belief that the combination of interventions creates an innovative comprehensive program that enhances the effectiveness of the El Paso County VTC by reducing recidivism.

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