Identification of and Response To The Treatment Needs of Justice-Involved Veterans

Joel Rosenthal, PhD
Andrea Finlay, PhD
Eric Elbogen, PhD
Shoba Sreenivasan, PhD

October 9, 2012
Overview and Structured Evidence Reviews

Joel Rosenthal, PhD
National Training Director
VA Veterans Justice Programs
Intent and Range

Veterans Justice Programs (VJP) Goal Statement (1 of 5 VJP Goals):
Matching of justice-involved Veterans with the medical, mental health/psychiatric, vocational, and social services that would improve health and optimize successful community integration and safety for these Veterans.

- Operational, Evidence Analysis, Program Evaluation
- Partnered Data Mining, Outcomes Analysis, Research

Content-Specific Emphases
- Recidivism reduction
- Trauma related issues
- Violence and domestic violence
- Resilience and re-integration
History of the Work

Long-Standing Outreach and Advocacy Efforts
  Incarcerated Veterans
  Vet Centers
  Reintegration
VA Addiction Treatment, Domiciliary & Homeless Care, Employment Related Programs
VA Trauma-related Care
VA Veterans Justice Programs/National Work Group with RRTP

Identification of treatment need
Further identification of related treatment
Early efforts with CBT evidence-based treatments for recidivism risk reduction
Enhancing re-integration, treatment engagement, and outcomes
Cognitive Processing Therapy training and case consultation to Corrections providers
Today’s Presentations

Structured Review of the Treatment and Employment Needs, and Related Treatments/Interventions Relevant to Justice Involved Veterans
Joel Rosenthal

Assessing Risk Factors for Criminal Justice Involvement and Perceived Barriers to Care in Veterans
Eric Elbogen

Justice-Involved Veterans: Mental Health and Substance Use Disorder Diagnoses and Treatment
Andrea Finlay

Coming Home from Prison: Adapting Resilience Training to Enhance Successful Community Re-integration for Incarcerated Veterans
Shoba Sreenivasan
Efficacious and Responsive Treatment:
Structured Evidence Review

• Partnership: Center for Health Care Evaluation and VJP
• Survey of Literature, Interview of Key Providers
• Identification of Unique /Additional Treatment Needs
• Detailing of Current Treatment and Gaps
• Promising Treatments
• Results, 5 Key Questions, Future Research Directions
“A Structured Evidence Review to Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions”

Investigators:
Janet C. Blodgett, MSc
Ingrid Fuh, BS
Natalya C. Maisel, PhD
Amanda M. Midboe, PhD
Results

Demographic Characteristics and Offense Profile

Demographic Characteristics
Service-Specific Characteristics

Offense and Sentence Characteristics

Subgroup Characteristics
Women Veterans
Older Veterans
Operation Enduring Freedom/
Operation Iraqi Freedom/
Operation New Dawn Veterans
Five Key Questions

What are the treatment needs of justice-involved Veterans?

What are the main assessment tools to identify the mental health treatment needs and recidivism risk level in justice-involved Veterans?

What are the evidence-based or promising psychosocial treatments for justice-involved Veterans?

What are the evidence-based or promising psychosocial treatments for justice-involved Veterans at a high risk for recidivism?

What are the factors that impact access to and engagement in treatment for justice-involved Veterans?
Key Question 1: “What are the treatment needs of justice-involved Veterans?”

• Greater than 50% with > 1 mental health issue
• 87% incarcerated in jails reporting past trauma
• 39% incarcerated in jails screened positive for Posttraumatic Stress Disorder (PTSD)
• Combination of combat trauma and PTSD may link to antisocial behavior
• Substance use disorders a concern for nearly two-thirds
• 75% with co-occurring disorders
• Prevalence of Traumatic Brain Injury
• Need for medical treatment (25% with chronic pain issues)
• Particular and additional treatment needs of elderly
• Factors loading towards increased risk of homelessness
• Factors loading towards increased risk of recidivism
Key Question 2: “What are the main assessment tools to identify the mental health treatment needs and recidivism risk level in justice-involved Veterans?”

Assessment tools for information supplemental to clinical interview

Clinical judgement in prioritization and integration of assessment tools

Initial screening of co-occurring disorders

More detailed assessment (MH and SUD)

Trauma

Risk of recidivism
Key Question 3: “What are the evidence-based or promising psychosocial treatments for justice-involved Veterans?”

Promising options

- Assertive Community Treatment
- Cognitive Behavioral Therapy
- Motivational Interviewing

Trauma Informed

- Trauma Recovery and Empowerment Model (female data)

PTSD

- Cognitive Processing Therapy
- Prolonged Exposure
Key Question 4: “What are the evidence-based or promising psychosocial treatments for justice-involved Veterans at a high risk for recidivism?”

- Risk-Need-Responsivity Model
- Most promising treatments aimed at change in antisocial thinking
  - Moral Reconciliation Therapy (MRT)
  - Thinking 4 a Change (T4C)
  - Reasoning and Rehabilitation (R&R)
- Potential Additional Specific Utility
  - Sex Offense
  - Intimate Partner Violence
  - Driving While Intoxicated
- Potential Additional Promising Treatments for Justice Involved Veterans
  - Forensic Assertive Community Treatment
  - Modified Therapeutic Communities
Key Question 5: “What are the factors that impact access to and engagement in treatment for justice-involved Veterans?”

Motivation and readiness for treatment

Motivational assessment and enhancement – outset and throughout treatment

Assessment tools (MORM and CMRS)

Strategies and programs
  - Motivational Interviewing
  - Critical Time Intervention

Additional approaches
  - Veterans Treatment Courts
  - Peer Support
Recommendations for Future Research

- Efficacious treatments to reduce recidivism similarly reduce with Veterans?
- Will adaptations augment the effectiveness with Veterans?
- Identifiable subgroups/typologies of Veterans (e.g. combat typology & IPV)?
- What treatment adaptations needed for demographic groups (women, new Vet)?
- How would treatments for recidivism interact & integrate with other VA benefits?
- What would be the costs of implementing these different additional treatments?
- How can VJP interface with outside treatment providers to ensure access to tailored treatments?
- Should community-based treatment groups be Veteran specific?
- Impact of training community providers to be more Veteran/VA informed?
- Who are justice-involved Veterans at high risk of recidivism?
- Are there elements of current VJP assessment that correlate with high risk?
- Proportion justice-involved Veterans service connected, & relation to crimes?
Evolving Treatment Related Projects

Offense-Specific Interventions

- Intimate Partner Violence
- Reckless, Impaired Driving

CPT Training – Prison Mental Health Staff

Integrated Treatments Targeting Recidivism
To view the (Tx) Structured Evidence Review

http://www.endveteranhomelessness.org/content/structured-evidence-review-identify-treatment-needs-justice-involved-veterans-and-associated
“Justice-Involved Veterans and Employment: A Systematic Review of Barriers and Promising Strategies and Interventions”

Investigators:
Janet C. Blodgett, MSc
Dan Blonigen, PhD
Danica McDonough, PhD
Amanda M. Midboe, PhD
Review Emphasis

To synthesize research relevant to

(1) the employment needs and barriers for justice-involved Veterans

(2) assessment tools that can identify employment-related needs and job-readiness

(3) effective or promising interventions or strategies for addressing employment barriers.

Will serve to inform those developing and striving to improve programs for justice-involved Veterans seeking to secure employment.
Three Key Questions

Key Question #1: What are the employment needs and barriers for justice-involved Veterans?

Key Question #2: What assessment tools for identifying employment-related needs and job-readiness are available for justice involved Veterans?

Key Question #3: What are the effective or promising employment-focused strategies and interventions for justice-involved Veterans?
General Findings

Key Elements
- Barriers
- Competing needs
- Legal restrictions
- Tailored interventions
- Promising practices

Recommendations for Future Research
- Barrier, subgroup need clarification
- Access to and efficacy of programs
- Relation to improvement in homelessness and recidivism
For additional information

Joel Rosenthal, PhD  
National Training Director  
VA Veterans Justice Programs  
joel.rosenthal@va.gov
Justice-Involved Veterans: Mental Health and Substance Use Disorder Diagnoses and Treatment Use

Andrea Finlay, PhD
Research Health Science Specialist
Center for Innovation to Implementation (Ci2i)
VA Palo Alto Health Care System
Acknowledgements

Research Partners
Susan Frayne (Ci2i)
Alex Sox-Harris (Ci2i/SUD QUERI)
Christine Timko (Ci2i)
David Smelson (CHOIR)
Steve Asch (Ci2i)
Ingrid Binswanger (U. Colorado)
Tom Bowe (Ci2i)
James Van Campen (Ci2i)

Operational Partners
Joel Rosenthal (VJP)
Jessica Blue-Howells (VJP)
Sean Clark (VJP)
Patricia Hayes (WHS)
Jodie Trafton (PERC)
Jeff Smith (MHQ)

And thank you to all VJO & HCRV Specialists, VHA treatment providers, justice system partners, and community treatment providers who serve Veterans!

Funding Sources:
CDA 13-279 (PI: Finlay)
SUDQ-LIP1404 (PI: Finlay)
RCS 00-001 (PI: Timko)
RCS 14-132 (PI: Harris)

Role of the funding source: The views expressed in this presentation are those of the authors and do not necessarily reflect the position nor policy of the Department of Veterans Affairs (VA) or the United States government. The VA had no role in the study design; in the collection, analysis and interpretation of data; or in the writing of the presentation.

Contact: Andrea.Finlay@va.gov
Justice-Involved Veterans (JIV)

- 10% of the incarcerated population are Veterans
- ~146,000 released from jails/prisons each year
- 10-12% of Iraq and Afghanistan Veterans have interacted with the justice system since returning from deployment

(Elbogen et al., 2012; Greenberg & Rosenheck, 2008; Noonan & Mumola, 2007; Rieckhoff et al., 2012)
Less Connection to VA services Among JIV

- Jailed Veterans vs. Homeless Veterans
  - Higher rates of alcohol and drug problems
  - Half as likely to use VA outpatient services

<table>
<thead>
<tr>
<th>Services</th>
<th>Jailed Veterans</th>
<th>Homeless Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any VA services</td>
<td>38%</td>
<td>84%</td>
</tr>
<tr>
<td>Mental health outpatient</td>
<td>30%</td>
<td>73%</td>
</tr>
<tr>
<td>Residential care</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>Medical and surgical outpatient</td>
<td>29%</td>
<td>60%</td>
</tr>
</tbody>
</table>

(McGuire et al., 2003)
Study 1: Examining Mental Health and Substance Use Disorder Diagnoses and Treatment Use Among JIV

- What are the mental health and substance use disorder treatment needs of Veterans involved in the criminal justice system who are served by VJO?

- Are Veterans in VJO with mental health or substance use disorders connecting to VHA mental health or substance use disorder treatment?

(Finlay et al., 2014; 2015)
Study 1: Sample

- Retrospective cohort study of Veterans in the VJO program from FY10-FY14
- National VHA clinical/administrative records with 592 stop code (VJO program)
  - **Note**: Veterans without a 592 stop code in the electronic health record are not included.
- Examined one year period after VJO outreach visit
  - **Note**: We could not exclude Veterans still incarcerated after one year.

**Total = 77,523 Veterans**
Study 1: Variables

- **Patient characteristics:** gender, age, race, ethnicity, marital status, residence, homeless, Iraq/Afghanistan veterans status, service-connected disability rating

- **Diagnosis:** mental health disorders, substance use disorders
  - 1+ instance of a mental health or substance use disorder ICD-9 diagnosis code in one year period after VJO outreach visit

- **Treatment use:** mental health or substance use disorder outpatient, inpatient, or residential treatment; pharmacotherapy for alcohol or opioid use disorders
  - **Entry:** Any use of treatment in one year period after VJO outreach visit
  - **Engagement:** 6+ outpatient visits or 1+ residential days in one year period after VJO outreach visit
Women are Small Minority of JIV

- Women: 5%
- Men: 95%
Most JIV are Age 45 or Older

- < 25: 4%
- 25-34: 22%
- 35-44: 15%
- 45-54: 27%
- 55+: 32%
Most JIV are Black/African American or White

<table>
<thead>
<tr>
<th>Race</th>
<th>VJO Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>30%</td>
</tr>
<tr>
<td>White</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>7%</td>
</tr>
</tbody>
</table>
Few JIV are Married

- Single: 29%
- Married: 21%
- Divorced/Separated: 47%
- Widowed: 3%

VJO Veterans
> 20% of JIV Live in Rural Areas

- Rural: 24%
- Urban: 76%
Half of JIV are Homeless

- 53% Not Homeless
- 47% Homeless
25% served in Iraq or Afghanistan

- 25% Iraq or Afghanistan veterans
- 75% Other service era veterans
Half of JIV have a Service-Connected Disability Rating

- None: 46%
- < 50 SC: 20%
- ≥ 50 SC: 34%
**Majority of JIV have a Mental Health or Substance Use Disorder**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>VJO</th>
</tr>
</thead>
<tbody>
<tr>
<td>No mental health or substance use disorders</td>
<td>11%</td>
</tr>
<tr>
<td>Mental health disorder</td>
<td>78%</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>66%</td>
</tr>
<tr>
<td>Dual (mental health + substance use disorders)</td>
<td>55%</td>
</tr>
</tbody>
</table>

VJO: N= 69,474 (90% of the initial sample)
Mental health disorders: Depressive disorders, PTSD, anxiety, bipolar, schizophrenia, personality disorders.
Substance use disorders: Alcohol, opioid, cocaine, amphetamine, cannabis, sedative, and other drug use disorders.
Mental Health Disorders are Common

- Depression: 57%
- PTSD: 40%
- Anxiety: 27%
- Bipolar: 14%
- Schizophrenia: 7%
- Personality dis.: 11%
Substance Use Disorders are Common

- **Alcohol**: 52%
- **Opioid**: 12%
- **Cocaine**: 19%
- **Amphetamine**: 6%
- **Cannabis**: 19%
- **Other drugs**: 34%
### Most JIV Entered Mental Health Treatment and Majority Entered Substance Use Disorder Treatment

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>VJO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental health treatment among VJO Veterans with mental health disorders</strong></td>
<td></td>
</tr>
<tr>
<td>Entry</td>
<td>99%</td>
</tr>
<tr>
<td>Engagement</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Substance use disorder treatment among VJO Veterans with substance use disorders</strong></td>
<td></td>
</tr>
<tr>
<td>Entry</td>
<td>69%</td>
</tr>
<tr>
<td>Engagement</td>
<td>52%</td>
</tr>
<tr>
<td>Pharmacotherapy for alcohol use disorder</td>
<td>12%</td>
</tr>
<tr>
<td>Pharmacotherapy for opioid use disorder</td>
<td>27%</td>
</tr>
</tbody>
</table>
Study 1: Summary

• Mental health and substance use disorder treatment needs are substantial

• VJO program links a majority of Veterans with mental health and substance use disorder treatment

• Entry and engagement in substance use disorder treatment may represent a window of opportunity for program enhancements
Study 2: Gender Differences in Mental Health and Substance Use Disorder Diagnoses and Treatment Use Among VJO Veterans

- Do the mental health and substance use disorder treatment needs of Veterans in contact with the VJO program differ by gender?
- Same cohort as Study 1

Women = 4,218 (5%)
Men = 73,305 (95%)
Women are Younger than Men

- Under 45:
  - VJO Women: 55%
  - VJO Men: 40%

- 45 and older:
  - VJO Women: 45%
  - VJO Men: 60%
Half of Women and Men are Homeless

- 48% VJO Women
- 47% VJO Men

Half of Women and Men are Homeless
Higher % of Women have a Service-Connected Disability Rating

- **< 50 SC**
  - VJO Women: 20%
  - VJO Men: 20%

- **≥ 50 SC**
  - VJO Women: 47%
  - VJO Men: 34%
### Mental Health and Substance Use Disorders are Common

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>VJO Women</th>
<th>VJO Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Mental health or Substance use disorders</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Mental health disorders</td>
<td>89%</td>
<td>77%</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>54%</td>
<td>67%</td>
</tr>
<tr>
<td>Dual (Mental health + Substance use disorder)</td>
<td>51%</td>
<td>56%</td>
</tr>
</tbody>
</table>

VJO: N = 4,005 women (95% of initial sample); 65,469 men (90% of initial sample).
Mental health disorders: Depressive disorders, PTSD, anxiety, bipolar, schizophrenia, personality disorders.
Substance use disorders: Alcohol, opioid, cocaine, cannabis, and other drug use disorders.
Higher Prevalence of Mental Health Disorders Among Women

- Depression: 69% (VJO Women), 56% (VJO Men)
- PTSD: 52% (VJO Women), 39% (VJO Men)
- Anxiety: 40% (VJO Women), 27% (VJO Men)
- Bipolar: 23% (VJO Women), 13% (VJO Men)
- Schizophrenia: 7% (VJO Women), 7% (VJO Men)
- Personality: 20% (VJO Women), 10% (VJO Men)
Lower Prevalence of Substance Use Disorders Among Women

- Alcohol: 38% VJO Women, 53% VJO Men
- Opioid: 12% VJO Women, 12% VJO Men
- Cocaine: 15% VJO Women, 20% VJO Men
- Cannabis: 16% VJO Women, 19% VJO Men
- Other drug: 29% VJO Women, 34% VJO Men
## More Women Enter and Engage in Treatment

<table>
<thead>
<tr>
<th></th>
<th>VJO Women</th>
<th>VJO Men</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JIVs with mental health disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry - mental health</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Engagement – mental health</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>JIVs with substance use disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry – substance use disorders</td>
<td>70%</td>
<td>68%</td>
</tr>
<tr>
<td>Engagement – substance use disorders</td>
<td>51%</td>
<td>50%</td>
</tr>
<tr>
<td>Pharmacotherapy for alcohol use disorder</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>Pharmacotherapy for opioid use disorder</td>
<td>28%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Study 2: Summary

• Women have a higher prevalence of mental health disorders.

• Women have a lower prevalence of substance use disorders.

• Women enter and engage in mental health and substance use disorder treatment at higher rates than men.

• Entry and engagement in substance use disorder treatment may represent a window of opportunity for program enhancements for both women and men.
Andrea Finlay
Andrea.Finlay@va.gov
650-493-5000 x 23426

Centers of Innovation (COINs)
• Center for Innovation to Implementation (Ci2i):
  http://www.hsrd.research.va.gov/centers/ci2i.cfm
• All COINs: http://www.hsrd.research.va.gov/centers/default.cfm

Veterans Justice Programs
• Veterans Justice Outreach: http://www.va.gov/HOMELESS/VJO.asp
• Health Care for Reentry Veterans: http://www.va.gov/HOMELESS/Reentry.asp
References Cited


Risk Factors for Criminal Justice Involvement and Perceived Barriers to Care in Veterans

Eric B. Elbogen, Ph.D., ABPP (Forensic)
UNC-Chapel Hill School of Medicine
VISN 6 MIRECC, Durham VA Medical Center
Background

- Risk of incarceration is ranked as one of the most significant problems for Iraq and Afghanistan War Veterans according to recent expert panel reports.
- Many Iraq and Afghanistan War Veterans return home diagnosed with posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), or substance abuse, each of which may increase risk of incarceration.
- Clinicians who treat veterans are increasingly being required to address criminal justice involvement.
Background

• Mental health professionals treating Veterans with PTSD or other mental health conditions may encounter veterans with prior criminal records or who might be at risk of future criminal justice involvement.

• According to recent estimates, there are over 200,000 Veterans in U.S. jails and prisons, and more than half have been incarcerated for violent offenses (Institute of Medicine, 2010).
Background

– This amounts to about 10% of the inmate population (United States Bureau of Justice Statistics, 2007), and may be an underestimate because information on the veteran status of those processed in the criminal justice system is not always collected.

– Veteran offenders are less likely to recidivate than civilian offenders (Pratt, 2010).
Background

- Although male veterans have lower incarceration rates than non-veteran males in the United States population, they are more likely to serve time for violent offenses (United States Bureau of Justice Statistics, 2007).

- Little data is currently available regarding the criminal behavior of those returning from Iraq and Afghanistan (National Association of Drug Court Professionals, 2011).

- Statistics compiled by the United States Department of Justice in 2004 indicated that Iraq and Afghanistan War era Veterans comprised about 4% of incarcerated Veterans (United States Bureau of Justice Statistics, 2007).
Background

- Statistics compiled by the United States Department of Justice in 2004 indicated that Iraq and Afghanistan War era Veterans comprised about 4% of incarcerated Veterans (United States Bureau of Justice Statistics, 2007).

- An expert panel report from the Institute of Medicine (2010) ranks criminal justice involvement as one of the most significant problems for Iraq and Afghanistan War Veterans.
Background

• News media are increasingly reporting on criminal acts committed by Iraq and Afghanistan War Veterans
  – especially those with PTSD or TBI who have not received treatment.

• There is some indication that criminal justice systems, judges, and legislatures have begun to interpret such reports to suggest that if Veterans received adequate treatment, they would be less likely to be arrested (Russell, 2009).
Background

• If Veterans were diverted from the criminal justice system to effective mental health care within the Veterans Health Administration or the community

  – Resulting in that they would receive the care they need and the burden on the criminal justice system, particularly in regard to recidivism, would be lessened.
Empirical Data

- Data from a national sample of Iraq and Afghanistan War Veterans to:
  - (1) identify factors related to post-deployment criminal justice involvement
  - (2) determine the extent to which PTSD, TBI, and substance use link to arrests in veterans
  - (3) examine perceived barriers to mental health care among veterans involved in CJ systems
The National Post-Deployment Adjustment Survey (NPDAS) involves a random selection of over one million veterans who served in the U.S. military on or after September 11, 2001, and were separated from active duty in the Armed Forces or served as a member of the National Guard or Reserves.
N=1388 completed the survey, yielding a 56% corrected-response rate. This rate is among the highest achieved in national surveys of U.S. Veterans.

No gender ratio or geographic regional differences between responders and non-responders were detected.
1. Potential participants were sent an introductory letter about the upcoming survey.

2. Four days later, a invitation with $4.40 in commemorative postage stamps was sent containing a password and instructions on to complete a 35-minute web-based survey.

3. Twelve days afterward, postcards were sent thanking Veterans for completion or reminding others to do so.

4. Two weeks later, those who still had not taken the survey received a paper version of the survey.

5. Two months later a final letter alerting Veterans that the survey would close the following week.
• Respondent demographics corresponded to known military demographics (52% Army, 18% Air Force, 16% Navy, 13% Marines, and 1% Coast Guard; 30% non-white; 48% National Guard/Reserves) (Center, 2010).

• The final sample represented 50 states, D.C., and 4 territories in approximately the same proportion as the actual military.
Measures

- **Demographics**: education, age, gender, race, income, living stability, employment
- **Historical**: witnessing family violence, history of criminal arrests (veteran/family)
- **Military**: rank, NDHS combat experiences, length and number of deployments, active duty/reserves.
- **Clinical**: PTSD (Davidson Trauma Scale), alcohol misuse (AUDIT), Drug misuse (DAST), TBI
- **Arrest**: “Have you been in jail or prison since deployment?”, Incarceration length, violent vs. nonviolent crime
• We oversampled women veterans (33%) & weighted analyses according to actual military figures (16%).
• Median age - 33 years.
• 70% were Caucasian.
• 78% reported some current employment.
5% reported at least one day of being homeless in the past year.

61% were married

Average annual income was $50,000
Historical / Military Data

- 7% reported witnessing parental violence.
- 9% reported a history of arrest before deployment.
- 16% ranked officer or higher.
- 27% reported spending more than a year in Iraq/Afghanistan.
- 27% reported more than one deployment.
- Average time since deployment 4.5 years.
• 20% met criteria for PTSD on the Davidson Trauma Scale.
• 15% reported Mild Traumatic Brain Injury.
• 2% reported moderate to severe TBI.
• 27% met criteria for alcohol misuse.
Post-Deployment Arrests

- **9%** reported arrest since last deployment
- **1%** reported incarceration beyond two weeks.
- **2%** reported arrests for violent crimes

- **Bivariate analyses** show arrest linked to:
  - Younger Age
  - Male Gender
  - Combat Exposure
  - Homelessness
  - Substance Misuse
  - PTSD
  - Arrest History
  - Active Duty
A = TBI
B = PTSD
C = Substance Misuse
PTSD, TBI, & Criminal Justice Involvement In Veterans

Elbogen et al., 2012b
# Predictors of Criminal Arrests in Veterans

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>Lower 95% CI</th>
<th>Upper 95% CI</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.22</td>
<td>1.23</td>
<td>8.42</td>
<td>.0173</td>
</tr>
<tr>
<td>Age</td>
<td>0.93</td>
<td>0.90</td>
<td>0.96</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Witnessed Parents Fighting</td>
<td>4.06</td>
<td>2.12</td>
<td>7.78</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>History of Previous Arrests</td>
<td>2.31</td>
<td>1.36</td>
<td>3.91</td>
<td>.0019</td>
</tr>
<tr>
<td>High Combat Exposure</td>
<td>1.24</td>
<td>0.72</td>
<td>2.11</td>
<td>.4372</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>3.37</td>
<td>2.06</td>
<td>5.49</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Probable TBI low Irritability</td>
<td>0.72</td>
<td>0.36</td>
<td>1.43</td>
<td>.3437</td>
</tr>
<tr>
<td>Probable TBI high Irritability</td>
<td>1.70</td>
<td>0.87</td>
<td>3.33</td>
<td>.1207</td>
</tr>
<tr>
<td>Probable PTSD low Irritability</td>
<td>1.30</td>
<td>0.62</td>
<td>2.72</td>
<td>.4947</td>
</tr>
<tr>
<td>Probable PTSD High Irritability</td>
<td>2.13</td>
<td>1.15</td>
<td>3.95</td>
<td>.0167</td>
</tr>
</tbody>
</table>

R²=.27, AUC=.86, χ²=149.71, df=10, p<.0001
<table>
<thead>
<tr>
<th>Barriers to Care and Treatment</th>
<th>Arrested N=112</th>
<th>Not Arrested N=971</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am concerned about the cost of treatment</td>
<td>58 (51.61)</td>
<td>397 (40.99)</td>
<td>*</td>
</tr>
<tr>
<td>I just don't have the time</td>
<td>58 (51.83)</td>
<td>360 (37.15)</td>
<td>*</td>
</tr>
<tr>
<td>It's hard getting time off work for treatment</td>
<td>57 (50.72)</td>
<td>326 (33.73)</td>
<td>***</td>
</tr>
<tr>
<td>I don't know where to go for help</td>
<td>43 (38.15)</td>
<td>241 (24.73)</td>
<td>*</td>
</tr>
<tr>
<td>It is difficult getting childcare</td>
<td>29 (26.04)</td>
<td>178 (18.62)</td>
<td>*</td>
</tr>
<tr>
<td>I don't have adequate transportation</td>
<td>27 (23.92)</td>
<td>73 (7.46)</td>
<td>***</td>
</tr>
</tbody>
</table>

Note: * p<.05 ; ** p<.01; *** p<.001
<table>
<thead>
<tr>
<th>Perceived Need for Treatment and Criminal Arrest in Veterans</th>
<th>Arrested N=112</th>
<th>Not Arrested N=971</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don't want to be prescribed medications</td>
<td>72 (64.40)</td>
<td>606 (62.31)</td>
<td>n.s.</td>
</tr>
<tr>
<td>It's up to me to work out my own problems</td>
<td>82 (73.62)</td>
<td>555 (57.47)</td>
<td>**</td>
</tr>
<tr>
<td>I don't want to talk about my war experience</td>
<td>72 (63.74)</td>
<td>399 (41.13)</td>
<td>***</td>
</tr>
<tr>
<td>I don't think treatment will help me</td>
<td>57 (50.73)</td>
<td>368 (38.08)</td>
<td>*</td>
</tr>
<tr>
<td>Treatment would make me feel down on myself</td>
<td>58 (51.96)</td>
<td>321 (33.18)</td>
<td>***</td>
</tr>
<tr>
<td>I don't trust mental health professionals</td>
<td>44 (39.73)</td>
<td>264 (27.21)</td>
<td>**</td>
</tr>
<tr>
<td>Visits would not remain confidential</td>
<td>38 (33.70)</td>
<td>301 (31.06)</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Note: * p< .05; ** p< .01; *** p< .001
<table>
<thead>
<tr>
<th>Perceived Stigma and Criminal Arrest in Veterans</th>
<th>Arrested</th>
<th>Not Arrested</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=112</td>
<td>N=971</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>It might harm my career</td>
<td>59 (53.2)</td>
<td>436 (44.94)</td>
<td>n.s.</td>
</tr>
<tr>
<td>My employer might treat me differently</td>
<td>59 (52.28)</td>
<td>447 (46.05)</td>
<td>n.s.</td>
</tr>
<tr>
<td>I would be seen as weak by others</td>
<td>59 (52.84)</td>
<td>441 (45.37)</td>
<td>n.s.</td>
</tr>
<tr>
<td>My co-workers might have less confidence in me</td>
<td>56 (50.17)</td>
<td>429 (44.18)</td>
<td></td>
</tr>
</tbody>
</table>

Note.  * p<.05 ; ** p<.01; *** p<.001
Discussion

• The current analyses showed that age, gender, family dysfunction, and past criminal history predicted post-deployment criminal arrest, corresponding to civilian research demonstrating these categories of variables have robust associations with juvenile delinquency (Schubert, Mulvey, & Glasheen, 2011) as well as with adult criminal behavior (Skeem, Manchak, & Peterson, 2011) and violence (Elbogen & Johnson, 2009).
Discussion

• Substance misuse also significantly related to elevated risk of post-deployment arrests among Veterans.
• TBI and PTSD related to post-deployment arrests in bivariate analyses only when accompanied by anger and irritability.
• In final multivariate analysis, TBI had no association with arrests whereas PTSD did have a modest association when combined with higher levels of anger and irritability.
Discussion

• Veterans who were arrested after returning home were more likely to perceive hurdles
  – difficulties taking time off work
  – a lack of transportation to a mental health clinic, which they report prevented them from obtaining treatment for mental health problems.
Discussion

• The current research helps clarify the barriers that are (and are not) more common among veterans with criminal justice involvement.
  – For example, the stigma and embarrassment of receiving mental health treatment that was found in previous research with Iraq and Afghanistan Veterans (Hoge, et al., 2004) was not endorsed more frequently by veterans in the current study who had been arrested than by those who had not been arrested.
Discussion

• Veterans with criminal justice involvement were more likely to endorse items such as, "It's up to me to work out my own problems."
  – This pattern of responding is consistent with the results of research on civilians with mental health problems, which showed that the risk of criminal arrest was elevated for those individuals who perceived that treatment did not have benefit or was not needed (Elbogen, Mustillo, Van Dorn, Swanson, & Swartz, 2007).
Discussion

• Logistical concerns about getting time off work for counseling and being able to schedule appointments at convenient times were also expressed by participants in the current study.

• Recognition of these treatment barriers will be critical as VA policymakers undertake efforts to improve access to mental health care for Veterans, especially for those at higher risk of criminal justice involvement.
Discussion

- As a result, the current study indicates that factors other than mental health conditions should be examined as predictors of criminal outcomes in veterans. In other words, a number of veterans may be at risk of arrest regardless of whether they have PTSD or any other mental health problem.
Discussion

• Veterans may come from troubled family backgrounds, possess antisocial characteristics, or have demographics that match those of individuals at highest risk of breaking the law (e.g., those who are young and male).
Discussion

• Other veterans may be at increased risk of criminal behavior because they have difficulty maintaining stable living arrangements, financial well-being, or steady employment.

• Thus, the data suggest that issues beyond mental illness need to be addressed in order to significantly reduce post-deployment criminal arrests.
Conclusions

• The data highlight challenges clinicians face in treating at-risk veterans and provide some empirical support for diverting veterans from jails to mental health services, particularly for those with substance abuse disorders.

• Because veteran arrests are also linked to broader general population factors, addressing issues such as living stability and criminality may be equally important for reducing arrest recidivism among Iraq and Afghanistan Veterans.
Coming Home From Prison: Adapting Resilience Training to Enhance Successful Re-Integration For Incarcerated Veterans

Shoba Sreenivasan, Ph.D.
Staff Psychologist, GLA-VA-Forensic Outreach
Clinical Professor of Psychiatry, Keck School of Medicine of USC
• Routines are structured by someone else.
• Choices are made by others. Offenders lose the ability to make decisions.
• Basic needs are met without any effort.
• One has to constantly prove and protect oneself.
• Respect and safety is generated by inflicting fear in others.
• Any appearance of weakness or fear invites aggression from others.
• One’s goal is simple – TO SURVIVE ON THE INSIDE!

*Jonathan M. Hartiens, Ph.D. and Michael D. McCarty, Ph.D: Keep their engines running: tools to manage addictive thinking on the road to re-entry
• Person needs structure, cannot provide it for oneself
• Making choices are terrifying and often overwhelming
• Cannot ask for help, to do so is a sign of weakness
• Does not know how to meet one’s own basic needs
• Compulsion to prove oneself, obsesses over how one is perceived
• Uses fear and intimidation to solve problems

*Jonathan M. Hartiens, Ph.D. and Michael D. McCarty, Ph.D: Keep their engines running: tools to manage addictive thinking on the road to re-entry
Examples of adaptive strategies in prison that are maladaptive in community

*Pity-party:* needy, poor-me posture

*Volcano:* anger to intimidate others

*Chip on shoulder:* entitled, demanding

*Isolating/withdrawing:* hopelessness, victim mentality

*Gangster/convict moves:* manipulation/lies, superficial charm
What are the building blocks of resilience?

Belief that one can control one’s environment and outcome of events

— Hardiness and Self-enhancement (positive self-concept/confidence that can overcome obstacles)

— Ability to manage strong impulses and emotions

— Ability to make realistic plans and follow through


Building Block: Veteran Identity as Self-enhancement

- Code of Conduct
- Pride in Service
- Core Values: Integrity, Respect, Honor
- Ability to execute missions (plans)
- Ability to identify what is needed to be successful on a mission
Adapting to Resilience Training to Re-entry to Community from Prison

- Change of mindset while incarcerated: from inmate to Veteran
- Positive Tour of Duty
- Engagement in self-growth
- Demonstration of service to others

*Veterans in Prison Core Values: Through fellowship we strengthen ourselves and one another. Through the eyes of a Veteran we know what it means to serve with Integrity, Spirituality and Commitment*
Resilience: ability to bounce back, to adapt well when confronted with sources of stress

Basic concepts

• Homecoming can be stressful
• Homecoming includes uncertainty
• Homecoming requires skills of resilience

*APA, 2008
Re-entry as Homecoming

• Can be stressful
  – New demands, family changes, no housing/money, parole/probation rules
  – Idealization of freedom:
• Uncertain
  – Living situation, finances
  – Ability to secure a job/need for training
  – Stress of structuring self
• Need new skills of resilience
  – Coping with rejection by family/employment
  – Dealing with supervision mandates
  – Understanding impulse to “escape from freedom” when faced with obstacles
APA: 10 tips*

• 1. Identify those people who can help early on
• 2. Dismantle big problems into small manageable parts
• 3. Be an active player, not a passive victim
• 4. Don’t put off solving problems
• 5. Don’t seek solace in drugs and/or alcohol

*APA, 2008
• 6. Re-adjustment family problems are normal
• 7. Keep things in perspective
• 8. Recall how past challenges were met
• 9. Recognize that stress of homecoming can magnify other daily stresses
• 10. Accept setbacks as inevitable
Case Example

- 48 year old Veteran with long history of incarceration and parole violations for drug and violent offenses
- Prior GPD placements with multiple failures: AWOL threatening others in program, dirty UAs
- Current incarceration: 5 years now pending release in 3 months; completed prison substance abuse and anger management programs, works as a clerk in prison, attends VIP
- Release situation: No money, no housing
- Prior pitfalls: drugs, women, easy money through dealing
Questions and Dialogue
More than 77,000 Veterans were served by the Veterans Health Administration (VHA) Veterans Justice Outreach (VJO) program between fiscal years 2010 to 2013.

### Population Served By VJO Nationally

- 5% were women.
- 24% resided in a rural area.
- 7% were Hispanic.
- 54% had a service-connected disability rating.
- 59% were age 45 or older.
- 51% were homeless.
- 1% were American Indian/Alaskan Native, 1% Asian, 30% were Black/African American, and 60% were White.

### Connection to VHA Treatment

- 90% of Veterans who had a VJO outreach visit connected to VHA face-to-face treatment within one year (e.g., primary care, mental health care, substance use disorder, vocational training, homeless programs).

### Mental Health Disorders and Treatment Entry

- 78% of VJO Veterans who entered VHA face-to-face treatment were diagnosed with at least one mental health disorder.
- 99% of VJO Veterans diagnosed with a mental health disorder entered VHA mental health treatment within one year of their VJO outreach visit.

### Prevalence of Mental Health Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive disorders</td>
<td>57%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>40%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>27%</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>14%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7%</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>11%</td>
</tr>
</tbody>
</table>
Substance Use Disorders and Treatment Entry

- 66% of VJO Veterans who entered VHA face-to-face treatment were diagnosed with at least one substance use disorder.

- 69% of VJO Veterans diagnosed with a substance use disorder entered VHA substance use disorder treatment within one year of their VJO outreach visit.

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use disorder</td>
<td>52%</td>
</tr>
<tr>
<td>Opioid use disorder</td>
<td>12%</td>
</tr>
<tr>
<td>Cocaine use disorder</td>
<td>19%</td>
</tr>
<tr>
<td>Amphetamine use disorder</td>
<td>6%</td>
</tr>
<tr>
<td>Cannabis use disorder</td>
<td>19%</td>
</tr>
<tr>
<td>Other drug use disorders</td>
<td>34%</td>
</tr>
</tbody>
</table>

Summary

- Mental health and substance use disorder treatment needs are substantial

- VJO program links a majority of Veterans with mental health and substance use disorder treatment

- Entry and engagement in substance use disorder treatment may represent a window of opportunity for program enhancements

Contact Information

Andrea Finlay, PhD  
Research Health Science Specialist  
Center for Innovation to Implementation (Ci2i)  
VA Palo Alto Health Care System  
Andrea.Finlay@va.gov  
650-493-5000 x23426
4,218 female and 73,305 male Veterans were served by the Veterans Health Administration (VHA) Veterans Justice Outreach (VJO) program between fiscal years 2010 to 2013.

### Population Served By VJO Nationally

#### Women
- 55% were under age 45.
- 25% resided in a rural area.
- 50% were homeless.
- 7% were Hispanic.
- 2% were American Indian/Alaskan Native, 2% Asian, 32% were Black/African American, and 57% were White.
- 70% had a service-connected disability rating.

#### Men
- 39% were under age 45.
- 25% resided in a rural area.
- 51% were homeless.
- 7% were Hispanic.
- 1% were American Indian/Alaskan Native, 1% Asian, 30% were Black/African American, and 60% were White.
- 56% had a service-connected disability rating.

### Connection to VHA Treatment
- 95% of women and 90% of men who had a VJO outreach visit connected to VHA face-to-face treatment within one year.

### Mental Health Disorders and Treatment Entry
- 89% of women and 77% of men in VJO who entered VHA face-to-face treatment were diagnosed with at least one mental health disorder.
- 99% of women and 99% of men in VJO diagnosed with a mental health disorder entered VHA mental health treatment within one year of their VJO outreach visit.

### Prevalence of Mental Health Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive disorders</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>39%</td>
<td>52%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>27%</td>
<td>40%</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>
- 54% of women and 67% of men in VJO Veterans who entered VHA face-to-face treatment were diagnosed with at least one substance use disorder.
- 70% of women and 68% of men in VJO diagnosed with a substance use disorder entered VHA substance use disorder treatment within one year of their VJO outreach visit.

### Prevalence of Substance Use Disorders

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use disorder</td>
<td>38%</td>
<td>53%</td>
</tr>
<tr>
<td>Opioid use disorder</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Cocaine use disorder</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Cannabis use disorder</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Other drug use disorders</td>
<td>29%</td>
<td>34%</td>
</tr>
</tbody>
</table>

### Summary

- Women have a higher prevalence of mental health disorders and a lower prevalence of substance use disorders.
- Women enter and engage in mental health and substance use disorder treatment at higher rates than men.
- Entry and engagement in substance use disorder treatment may represent a window of opportunity for program enhancements for both women and men.

### Contact Information

Andrea Finlay, PhD  
Research Health Science Specialist  
Center for Innovation to Implementation (Ci2i)  
Andrea.Finlay@va.gov  
650-493-5000 x23426