

Veterans Treatment Court Impact on Veteran Mental Health and Life Satisfaction

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Abstract

After discharge from the military, veterans may experience significant readjustment stress, including involvement with the criminal justice system. For veterans who find themselves in the criminal justice system, the Veterans Treatment Court (VTC) offers a pre-trial diversion program rather than incarceration. In 2016, the 285th District Court in Midland Texas began accepting veterans in their new VTC. Participation involved mental health and/or substance use treatment, attending mentoring groups, and employment. Over 18 months, 29 Veterans were invited to participate in the VTC; 26 entered the program, and of these, 16 successfully completed the program (graduated); 3 were discharged due to continued arrests, substance use, or failure to show for services. A battery of mental health and life satisfaction questionnaires were administered upon entry, 6 months, and 1 year. For Veterans who graduated, the PCL-5 and DASS-21 showed reduced PTSD symptoms, depression, anxiety, and stress. Furthermore, the number of Veterans scoring in the normal range of symptoms on the PCL-5 and DASS-21 increased after 6 months. Graduates exhibited greater life satisfaction, social support, and psychological well-being, and had no interaction with law enforcement. It was suggested that peer restoration components of VTC programs are vital for success.

Keywords: Military, treatment outcome, social support, veterans, peer support groups

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After discharge from the military, Veterans may experience significant readjustment stress when returning to civilian life (Wegner, 2011). Issues related to military service, such as combat experiences and physical disability may contribute to mental health issues, homelessness, social isolation, relationship discord, unemployment, and a higher risk of involvement with the criminal justice system (Hartwell et al., 2014).

For Veterans who find themselves in the criminal justice system, the Veterans Treatment Court (VTC) offers a pre-trial diversion program with coordinated treatment care rather than incarceration (Holbrook & Anderson, 2011). In February 2016, the 385th District Court in Midland Texas began accepting Veterans to their newly created VTC. Veteran acceptance in the VTC requires active participation in multiple treatment components, including mental health and/or substance use treatment, substance use monitoring, attending Veteran mentoring groups and establishing a mentoring relationship, obtaining housing and employment, and regular attendance in Court, along with the other participating Veterans. The two primary goals of the VTC are to increase the likelihood of positive life-style changes and reduce the likelihood of incarceration.

As part of the VTC program evaluation, Veterans were asked to complete self-report questionnaires assessing current symptoms that may be related to Post Traumatic Stress Disorder and other mental health issues, as well as other measures related to life satisfaction and psychological well-being.

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Information about child and adult abuse was also requested. Questionnaires were completed at three points in time: upon program admission (initial); after 6 months; and after 1 year. The purpose of this study was to assess the effects of VTC participation on mental health and criminal behavior.

Method

Participants

Since February 2016, 29 Veterans have been invited to participate in the newly created VTC; 26 entered the program, and of these, 16 have successfully completed the program (graduated); 3 others were discharged due to continued arrests, substance use, or failure to show for services. Seven are still active in the program; their data are incomplete and not included here. Three of the 16 graduates declined to participate in the VTC program evaluation. Thus, data presented in Table 1 are from the 13 graduates who completed all questionnaires and the 3 who were discharged. Of the 13 graduates, 12 (92.3%) were male and 1 (7.7%) was female. Five (38.5%) were Caucasian, 3 (23.1%) were African American, and 5 (38.5%) were Hispanic/Latino. Their ages ranged from 28 to 66 years ($M = 41.15$, $SD = 12.69$). Seven (53.8%) reported being married, 3 (23.1%) divorced, 2 (15.4%) single, and 1 (7.6%) widowed. Eleven (84.6%) reported being full-time employees; 2 (15.4%) were unemployed. Their branch of military service was: 6 (46.1%) Army; 1 Marines (7.7%); 4 (30.8%) Navy; and 1 (7.7%) Air Force. In terms of discharge status, 11 (84.6%) were Honorable, 1 (7.7%) was General under Honorable; and 3 (23.1%) were service connected. Five (38.5%) reported serving in combat. When asked about legal charges for entering the VTC, 5 (39%) reported a misdemeanor and 7 (53.8%) reported a felony. Life-time arrests ranged from 0 to 6 ($M = 3.08$, $SD = 1.93$), with 3 (23.1%) reporting having been arrested as juveniles. In terms of victimization as children, 1 (7.7%) reported neglect, 3 (23.1%) emotional abuse, 2 (15.4%) physical abuse, and 2 (15.4%) sexual abuse. Four (30.8%) reported adult relationship abuse. Of the 3 Veterans who were discharged, all were Caucasian males with ages ranging from 30 to 57 years ($M = 46.00$, $SD = 14.18$). One was married and 2 were single; none were employed. All had served in the Army. Two were Honorably discharged and the third received General under Honorable; 2 reported serving in combat and none were service connected. At program admission, 1 reported a misdemeanor, and 2 reported felonies. Life-time arrests ranged from 4 to 9 ($M = 6.00$, $SD = 2.65$); there were no arrests as juveniles. In terms of child abuse victimization, 1 reported neglect, no one reported emotional or physical abuse, and 1 reported sexual abuse. One reported adult relationship abuse.

Measures

The questionnaires administered upon admission to the VTC (initial questionnaires) included: the PTSD Checklist for the DSM-5 (PLC-5); DASS-21 (Depression, Anxiety, and Stress Scales); Alcohol Use Disorders Identification Test (AUDIT); Combat Exposure Scale (CES); Temporal Satisfaction with Life Scale; Hope Adult Scale; Life Orientation Test-Revised (LOT-R); Multidimensional Scale of Perceived Social Support (MSPSS); Ryff Scales of Psychological Well-Being; Cantril Self-Anchoring Striving Scale; Brief Resilience Scale (BRS); and Adverse Childhood Experiences Questionnaire (ACE). Demographic information and open-ended questions related to personal goals during and after completing the program were also included. The 6-month and 1-year follow-up measures included all of the measures that were administered initially except demographic information, the CES, and ACE.

Procedure

Following informed consent, the Veterans completed the questionnaires listed below in private rooms in the courthouse before their scheduled court meetings for the VTC program at three time periods: initially, upon admission to the VTC; 6 months; and 1 year post admission. Occasionally, a packet was mailed to the Veteran to be returned at the Court. The procedures using human participants reported here received prior approval from the Institutional Review Board of The University of Texas of the Permian Basin.

Results

Means and frequency data were computed using IBM SPSS version 22, as well as subsequent paired sample *t*-tests and Pearson correlation coefficients. Missing data were scored as missing and were not included in computing means nor in subsequent inferential statistics.

For Veterans who graduated, the PCL-5 and DASS21 showed reduction of symptoms related to PTSD, depression, anxiety, and stress (see Table 1). However, only the reduction in anxiety was significant beyond the .05 level ($p < .05$). In addition, the number of graduating Veterans scoring in the normal range of symptoms on the PCL-5 and DASS-21 also increased after 6 months. In contrast, discharged Veterans demonstrated an increase in symptoms during the time period they were participating in the VTC as measured by the PCL-5 and DASS-21 (see Table 1); these increases were not tested for significance, however, due to the small sample size ($n = 3$). When comparing graduates and discharges, there was a noticeable difference on the AUDIT, with discharged Veterans scoring significantly higher ($t(14) = 2.20, p = .045$; graduates, $M = 8.00, SD = 7.81$; discharged, $M = 18.50, SD = 4.77$). All three of the discharged Veterans scored greater than 8 on the AUDIT, indicating a strong likelihood of hazardous or harmful alcohol consumption. In addition to alcohol use, life-time arrests were also significantly higher for the discharged Veterans ($t(14) = 2.23, p = .043$; graduates, $M = 3.08, SD = 1.93$; discharged, $M = 6.00, SD = 2.65$).

Pertaining to personal growth while in the VTC, Veteran responses for the Temporal Satisfaction with Life Scale, Multidimensional Scale of Perceived Social Support, and Ryff Scales of Psychological Well-Being were trending in a positive direction for all Veterans ($n = 16$) after 6 months participation in the VTC. These trends were not statistically significant, however.

Table 1 Means and Paired Sample t-Tests Results for the PCL-5 and DASS-21 Measures at Three Points in Time (Standard Deviations are in Parentheses)

Measure	Success	Initial		6 Months		1 Year		Paired Sample <i>t</i> -test Initial vs. 6 months for Graduates
		<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	
PCL-5	Graduated	29.38 (21.41)	13	24.08 (14.44)	13	13.25 (9.00)	4	$t(12) = 1.12, p = .284$
	Discharged	26.67 (34.78)	3	27.00 (8.49)	2	39.00 (12.73)	2	
DASS-21 Depression	Graduated	5.31 (5.27)	13	2.77 (2.77)	13	2.75 (3.20)	4	$t(12) = 1.84, p = .091$
	Discharged	2.00 (3.46)	3	5.50 (2.12)	2	10.00 (2.82)	2	
DASS-21 Anxiety	Graduated	5.08 (4.72)	13	3.77 (4.78)	13	0.75 (1.5)	4	$t(12) = 2.25, p = .044$
	Discharged	4.00 (6.93)	3	5.00 (4.24)	2	6.50 (0.71)	2	
DASS-21 Stress	Graduated	7.15 (5.16)	13	4.61 (3.57)	13	3.00 (2.16)	4	$t(12) = 2.04, p = .064$
	Discharged	5.00 (5.00)	3	10.50 (4.95)	2	10.50 (3.54)	2	

An examination of the mean social support subscales upon admission versus 6 months revealed that the most positive increase was for friends, followed by significant others. However, these differences were not significant, and relationships with family members showed no difference. Additional correlational analysis of the social support subscales for all Veterans ($n = 16$) revealed that the support of friends was significantly negatively correlated with symptoms related to PTSD as measured with the PLC-5 ($r = -.59, p = .021$) and depression as measured with the DASS-21 ($r = -.55, p = .035$). The quality of relations with others scale on Ryff Scales of Psychological Well-Being was also negatively correlated with PTSD scores as measured with the PLC-5 ($r = -.54, p = .037$).

Veterans were also asked several open ended questions about personal goals. Their responses included: to continue to be a better person and to control myself within different environments; to become a productive citizen and better parent; and to continue working on and improving not only myself, but my marriage, and family life as well.

Finally, for those Veterans graduating, no further arrests have been documented. On the other hand, at least 2 of the 3 discharged Veterans have recently interacted with law enforcement agencies.

Discussion

Overall, Veterans who graduated from the VTC clearly demonstrated fewer symptoms related to mental health after 6 months, and exhibited greater life satisfaction, social support, and psychological well-being. They also did not report any interaction with law enforcement. The graduating Veterans perceived the VTC as positive and a life changing experience. Unfortunately, however, for the Veterans who were discharged, their mental health symptoms increased while in the VCT, there was little change in substance use, and they had greater interaction with law enforcement. Johnson, Stolar, Wu, Coonan, and Graham (2015) similarly found in an analysis of 100 Veterans in a VTC in Houston Texas that those who were not successful in completing the program were more likely to be arrested after discharge. The combination of substance use, unemployment, life-time arrests, and restoration of peers and relationship building may warrant a further review in order to provide similar Veterans a successful treatment experience.

Sripada et al. (2015) similarly found that general social support was correlated with reduced mental health symptoms. Slattery, Dugger, Lamb, and Williams (2013) suggest that one reason for VTC success is the restoration of peers—both in treatment and in the community, particularly peer mentors. Of course, the conclusions of the present study are limited since we lack a control group and our sample size was small. Nevertheless, our results, like others, support the promise of VTC programs, and suggest the role of peers is a very important factor in veterans' mental health along with reduced risk of interacting with law enforcement (as in Johnson et al., 2015).

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