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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

A PHENOMENOLOGICAL STUDY OF JUSTICE-INVOLVED VETERAN
EXPERIENCES OF VETERANS COURT

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Education and Behavioral Sciences
School of Applied Psychology and Counselor Education
Counseling Psychology

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This Dissertation by: Tanya M. Watson

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has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Education and Behavioral Sciences in School of Applied Psychology and Counselor Education, Program of Counseling Psychology

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ABSTRACT

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As of 2015, over 300 veterans treatment courts have opened across the nation in the United States, providing an alternative to incarceration to eligible justice-involved veterans. Despite the proliferation of veterans courts around the country, research on veteran experiences in veterans court is minimal at best. This study sought to examine veteran experiences in veterans treatment court through interpretive phenomenological analysis. Eight veterans from five western U.S. veterans treatment courts were interviewed regarding the circumstances of their referral to court, the treatment they received, their interactions with their treatment team, and how veteran identity impacted their receipt of treatment. Four themes emerged from the data analysis: 1) Veterans Treatment Court team as non-adversarial; 2) veteran support through identity and camaraderie; 3) challenges with required travel and scheduling; 4) perception of effort and personal responsibility. The findings of this study have implications that span problem-solving court research as well as mental health treatment of justice-involved veterans.

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CHAPTER I

INTRODUCTION TO THE RESEARCH PROBLEM

Introduction

Using a phenomenological methodology, I examined the unique experiences of “justice-involved veterans” who were diverted to Veterans Treatment Court. I intended to supplement existing literature on problem solving courts with a qualitative examination of veterans’ perceptions of veterans court treatment and their interactions with their treatment team. Research questions elicited the essence of veterans’ experiences in veterans court and how veteran identity influenced that experience. As of February 7, 2013, over 7,700 veterans have been admitted to veterans’ courts across the country (McGuire, Clark, Blue-Howells, & Coe, 2013); however, data on veterans court operations, outcomes, or efficacy is minimal. With qualitative methodology we can begin to identify variability in how problems are defined by individuals who experience this phenomenon, suggest points of intervention in social programs, and expose the limits of statistical analysis for a given topic (Denzin, 2001).

Background and Context

The Health Care for Reentry Veterans program (HCRV) was established in 2006 to address the needs of veterans transitioning from prison to the community (Blue-Howells, Clark, van den Berk-Clark, & McGuire, 2013). Pre-release outreach, assessment services, and short-term post-release case management services are offered to eligible veterans in order to prevent homelessness, aid in their transition from prison to the

community, and reduce the chances of recidivism (McGuire & Blue-Howells, 2011). The HCRV offers state-specific resource guides for incarcerated veterans and their support systems, which explicate in layman's terms veteran risk for homelessness and contact information for local VA representatives. Both the HCRV and the Veterans Justice Outreach (VJO) utilize diversion and reentry interventions for veterans that target homelessness prevention, provision of mental health, medical, and substance abuse treatment services based on the Sequential Intercept Model (Blue-Howells et al., 2013; McGuire & Blue-Howells, 2011; Munetz & Griffin, 2006). Field-based specialists of HCRV and VJO are typically social workers, psychologists, and addiction specialists with overlapping experience in veterans' issues and correctional systems (Blue-Howells et al., 2013). In 2008, the first veterans court opened in Buffalo, New York as an alternative to the incarceration of veterans with mental health issues and psychosocial needs, using drug courts and mental health courts as treatment models (Russell, 2009).

Justice-involved veterans. United States military veterans comprise a comparatively small subgroup of federal and state prison inmates but their unique mental health needs warrant a specialized focus. Veterans in state prison are more likely than nonveterans to report the receipt of mental health services, including overnight hospital stays and the receipt of pharmacological treatment (Noonan & Mumola, 2004). In a sample of 30,348 incarcerated veterans, 30% had a history of homelessness; additionally, veterans who reported a history of homelessness were more likely to report substance abuse or other severe mental health disorders (Tsai, Rosenheck, Kaspro, & McGuire, 2013a). Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans reported shorter sentences than Vietnam War, Persian Gulf

War, or other war era veterans but were more likely to have a drug or alcohol dependence, mood disorders, or other mental health issue (Tsai, Rosenheck, Kaspro, & McGuire, 2013b). Furthermore, veterans returning from deployments with hyperarousal symptoms secondary to posttraumatic stress disorder (PTSD) were found to be at increased risk for criminal behavior and arrest (Elbogen et al., 2012). Though OEF/OIF/OND veterans were found to be at lower risk for incarceration, VA researchers have found higher rates of combat exposure, PTSD, and underemployment (Tsai et al., 2013b). Vietnam Era veterans, who tend to report serving longer sentences, are more likely to be homeless and are at greater risk for incarceration, which often require case management services to aid in their transitions upon release. In an editorial piece about the needs of incarcerated veterans, Beeler (2007) said, “Any successful reentry plan must have a prison-based component, community-based transition, and community long-term support” (2007, p. 63).

In the Department of Defense’s Suicide Event Report, dispositional, historical, contextual, and clinical health factor data are collected for Active Duty, Active Guard, and Activated Guard and Reserve service members who have attempted or completed suicide (Luxton et al., 2012). In 2011, 915 service members attempted suicide while 301 successfully completed suicide and in over 60% of attempts drug or alcohol use was involved. Twenty-four percent had a known history of substance abuse, approximately 20% were reported to have a mood disorder, and 16% were known to have an anxiety disorder, most commonly PTSD. Of note, nearly 37% of those who attempted or completed suicide had legal problems, including Article 15 proceedings, or non-judicial

military punishment, and civil actions (Article 15. Commanding Officer's non-judicial punishment, 2014).

The incarceration rate for veterans as compared to nonveterans has decreased since 1985 (368 to 630 per 100,000 for veterans and 646 to 1390 per 100,000 for nonveterans), which is largely attributed to demographic differences among the veterans who encounter the criminal justice system (Noonan & Mumola, 2004). By 2010, approximately 23 million Americans reported to be U.S. military veterans with service beginning in August of 1990 or later (U.S. Census Bureau, 2010); of that number, almost 21 million were male. Ninety-nine percent of veterans incarcerated in state and federal prison were male, 65% were at least age 55, compared to 17% of nonveterans, and were predominately white (non-Hispanic) (Noonan & Mumola, 2004). Ninety-one percent of veterans claimed to have a high school diploma or GED in state prison and 1 in 3 veterans endorsed college attendance, compared to 1 in 10 nonveterans. In addition to stark demographic differences, veterans and nonveterans were dissimilar in types of offenses, lengths of sentences, and receipt of mental health services. Noonan and Mumola (2004) found that 57% of veterans were incarcerated for violent crimes, including murder and rape compared to 47% of nonveterans. Veterans tended to have shorter criminal records than nonveterans, were generally first-time offenders, and on average, reported longer maximum sentences than nonveterans.

Problem solving courts. Problem solving courts were developed to supplant our adversarial system of criminal justice by investigating and ameliorating underlying problems for criminal behavior (Henry, Souweine, & Johnson, 2005). Such courts are established by the judiciary to be a potential solution to criminal recidivism resulting

from inadequately treated mental health issues, family difficulties, or substance abuse (Wiener & Brank, 2013). Subtypes of problem solving courts include (a) mental health courts that appropriate cases relating to mental disability laws, civil commitments, and special needs populations; (b) drug/DWI courts that address drug-related crimes and the resulting overburdening of criminal caseloads; (c) fathering courts, which provide alternatives to incarceration in custodial cases relating to nonpayment of child support; and (d) community courts, which address issues of public safety. Veterans courts, which serve as the focus of this study, are a type of problem solving court that seeks to address criminal behavior committed by individuals who can claim active or prior military service (Smith, 2014).

An unintended consequence of the deinstitutionalization of the mentally ill was the criminalization of the very behaviors it proposed to address (Schneider, Bloom, & Heerema, 2007). In the 1990's mental health courts were developed to readdress the "warehousing" of individuals with mental health issues and to thwart what has become a revolving door for mentally ill, criminal recidivists. Beyond its reactive response, mental health courts are designed to offer an alternative to incarceration to those with mental illnesses, to provide assessment of fitness to stand trial, to enable treatment of the mental disorder(s) in question, and promote a safer public (Schneider et al., 2007; Wiener & Brank, 2013). Such objectives are meant to be accomplished through its team-based approach, judicial supervision, and general philosophy. Ethical factors must also be considered when dealing with open forums like a courtroom, namely the participant's ability to consent to treatment and his or her right to confidentiality as afforded by HIPAA and relevant psychotherapy codes. Mental health courts across the country differ

according to treatment options and eligibility criteria (Henry et al., 2005). Severity of crimes accepted to mental health courts, along with whether a direct relationship between the crime and the identified mental illness exists, are typically considered as part of the general referral process. As such, treatment options and eligibility criteria differ in mental health courts according to state needs and guidelines. Because of the miscellany in services provided by mental health courts and the differences in mental health laws from state to state, methods for protection of client information are aspirational at best.

When addressing issues of confidentiality in the implementation of a mental health court, the most salient issue is that criminal court proceedings are typically open to the public (Wiener & Brank, 2013). The Health Insurance Portability and Accountability Act of 1996, which provides guidelines on the protection of health information, delineates what organizations are required to follow its laws (Department of Health & Human Services, 2012). While most health care providers, like physicians, psychologists, and pharmacists, are required to protect health information under HIPAA guidelines, most law enforcement agencies, municipal offices, and state agencies are not required to do so. Because of the mental health court's team-based approach, personal health information will inevitably be shared between mental health workers and those employed to make legal decisions regarding the client's case (i.e., the judge, district attorney, defense attorney). To promote the conservative distribution of such information, releases of information or consents to share private information can be enforced (Wiener & Brank, 2013) and a general practice that references to personal health information in open court are avoided unless absolutely necessary (Schneider et al., 2007). However, opponents of mental health courts identify medical privacy as a potential concern and

question the true voluntariness of the consent process, especially as it relates to the referred individual's ability to withdraw from treatment (Seltzer, 2005). A vocal opponent of veterans courts, and Denver presiding judge, asserted that the problem solving court movement is driven by the individual ambitions of the supporting judges and that judges are tempted to use "the coercive power of the judicial branch to try to help people" (Hoffman, 2011, p. 132).

A principal aim of diversion programs is the reduction of the impact of incarceration but research is minimal on what factors contribute to successful outcomes (Canada & Gunn, 2013) or the experiences related to the process. Redlich and colleagues (2006) suggest that mental health courts continue to proliferate in the absence of direct knowledge of their efficacy and that research data has not stayed current with the rate of that growth (Wiener & Brank, 2013). Narag, Maxwell, and Lee (2012) suggest the same for DUI/DWI courts and sought to address this issue by qualitatively examining the experiences of participants involved in a DUI/DWI court. Given the dearth of comprehensive data on the development and efficacy of veterans courts it is arguable that this is a common phenomenon in certain problem solving courts.

Veterans treatment courts. Veterans Treatment Courts provide veteran-specific services based on mental health court and drug court models (Clark, McGuire, & Blue-Howells, 2010). Generally speaking, the treatment team is comprised of a judge, who oversees cases, a prosecuting attorney, a defense attorney, a case manager, probation officer, and a VA representative. Veterans courts differ in eligibility criteria from county to county in that some veterans are referred according to mental health diagnosis or eligibility for services through the VHA (Clark et al., 2010). Severity of charges reviewed

by veterans courts range from misdemeanors to violent felonies and defendants can be admitted before or after entering into a plea agreement (Clark et al., 2010). Depending on available services, which also vary by region, family members may gain access to counseling services provided the treatment is directly related to the treatment needs of the veteran (Clark et al., 2010). In any case, veteran status alone does not guarantee eligibility for veterans treatment court. Fleming, Simpson, and Presecan (2013) affirm the necessity of veterans courts in addition to available Veterans Health Administration (VHA) or Veterans Benefit Administration (VBA) services because a veterans court judge, “better understands the issues that a veteran may be struggling with, such as substance addiction, Posttraumatic Stress Disorder, Traumatic Brain Injury, and military sexual trauma” (2013, p. 38).

Holbrook and Anderson (2011) assessed practices and procedures of a number of veterans courts, and even though the collected data proved informative, it is demonstrative of a possible cause for the shortage of outcome data. Information surveyed fit into three categories: (a) court process, eligibility, and enrollment; (b) court methodology/model; and (c) community interests. Of the 53 courts polled to complete surveys regarding policy data, 14 responded with either an online or paper survey; of the 14 respondents, 7 courts provided sample documents like contracts and mentor guidelines. At the time of Holbrook and Anderson’s (2011) study, there were nearly 60 veterans courts across the country. That number has more than quadrupled in the last four years (Johnson et al., 2016).

Statement of the Problem

In mental health courts, the relationships with judges and other court personnel appear to be an important variable in the individual success of a participant, namely, as it relates to coordination of services and consistency of the client's experience (Sarteschi, Vaughn, & Kim, 2011). Data are available regarding veteran participation in veterans court, specifically, statistics related to VA involvement (McGuire et al., 2013). To date, there has not been a published study examining justice-involved veterans' experiences in this process. In discussing their qualitative study of DUI/DWI courts, Narag (2012) and colleagues emphasize that current research focuses on recidivism rates but neglects participant perceptions of programs. Further, the researchers claim that the "intrusive and paternalistic nature of rehabilitation programs" (Narag et al., 2012, p. 232) may facilitate unintended consequences that negatively impact participant success, which is an area for future researchers. In knowing this, we must endeavor to understand the essence of the experiences of veterans involved in court systems specifically designed for them (i.e., veterans' court). Such information may help identify important variables related to successful outcomes with veterans involved in the court system or provide a basis to highlight changes that need to take place.

Historically, veterans underutilize VA services irrespective of involvement in the criminal justice system. Cully and colleagues (2008) found that 78% veterans who were recently diagnosed with depression, anxiety, or PTSD did not receive psychotherapy in the year following their diagnosis and 95% received fewer than eight sessions. This is disconcerting given existing data on how much psychotherapy is needed to produce significant benefit. Kopta, Howard, Lowry, and Beutler (1994) found that 50% of patients

in treatment recovered by the end of 11 sessions and that 75% had recovered after 58 sessions. Researchers hypothesize a number of factors that contribute to treatment underutilization, including age, male gender, proximity to a VA, and veterans' attitudes about mental health services.

Purpose of the Study

The purpose of this phenomenological study was to examine the experiences of justice-involved veterans who have consented to treatment through veterans court in lieu of criminal sanctions. Participants of problem solving courts are in receipt of services that can improve the quality of their lives and promote security in society as a whole (Wiener & Brank, 2013); however, these improvements are greatly speculated as problem solving courts, to include veterans courts, proliferate with minimal research support (Redlich et al., 2006). In the cases of individuals who do not wish to recidivate, their perceptions of the services they receive may provide a much needed perspective to mental health case management and the judiciary, be it related to usefulness of services, overall quality, or interactions with primary and collateral staff. Further, veterans' experiences with veterans court are comprised of interactions that may be influenced by how the participant views being a veteran, societal attitudes toward veterans, societal attitudes toward criminal offenders, and the act of seeking mental health treatment. Therefore, the current study may provide counseling psychologists a more complete understanding of veterans' involvement with veteran's court, which may assist in designing appropriate psychotherapeutic interventions.

When considering the needs of veterans, it is not uncommon for members of the mental health community to assume that their treatment is a specialization that is strictly

under the auspices of Department of Veterans Affairs (VA) psychologists and social workers. However, without a qualifying disability, National Guard members and Reservists who were active duty for training purposes only, as well as veterans with other than honorable discharges, are not eligible for VA benefits (Health Benefits, 2014), but are able to go through veterans court. Veterans who suffered a trauma but were deemed ineligible for compensation and pension for a service-connected disability may find themselves without adequate treatment and veterans court may provide this. Correctional mental health providers, community mental health facilities, college counseling centers, and the counseling psychology community as a whole must not underestimate the need for informed treatment of this unique population.

The field of counseling psychology addresses issues that negatively impact individual and systemic functioning, issues of social justice, vocational development, and individual strengths and deficits in a wide range of settings and populations (Fouad, Carter, & Subich, 2012). In 2005, 56% of inmates in state prison and 45% of inmates in federal prison had a recent history of mental health problems or symptoms of mental health disorders (James & Glaze, 2006), making this issue especially relevant to the goals and values of counseling psychology. Recently, the field of counseling psychology recognized the needs of individuals involved in the criminal justice system in support of their efforts to reenter society, obtain vocational skills (Varghese & Cummings, 2012) and not recidivate (Fouad et al., 2012). The criminal justice community's goal to reduce criminal recidivism in veterans through mental health treatment is laudable but we must not ignore the points of view of the individuals who are in receipt of this treatment, and

the present study sought to understand these individual experiences. Furthermore, the findings from this study can potentially provide guidance to members of the judiciary and funding agencies who wish to implement veterans treatment courts in the future and further support veteran betterment.

Primary Research Questions

- Q1 What is the essence of the experience of justice-involved veterans who are actively participating in veterans court?
- Q2 How does veteran identity impact the experience of receiving mental health treatment through the criminal justice system?

Research Approach

Following study approval by my doctoral dissertation committee and the University of Northern Colorado's Institutional Review Board, I conducted a phenomenological examination of the essence of justice-involved veterans' experiences of veterans court. Participants in this study were recruited from courts within the continental United States and had established, active involvement with veterans courts. Wertz (2005) and Dukes (1984) posit that in phenomenological methodology, data from a single participant can achieve data saturation depending on the knowledge and expertise of the participant. However, to avoid the exacerbation of researcher bias, Dukes (1984) suggests a minimum of between 3 and 10 participants with an upper limit set by research procedures, which are guided by the research question. The number of veterans courts is increasing steadily and because of the variability in misdemeanors and felonies committed, along with diagnoses and other demographic factors, this allowed for diversity in experiences and multiple sources for participant recruitment. As such, the final participant number was determined by data saturation.

Veteran participants were at least 18 years of age and enrolled in veterans court at the time of the interview (i.e., they had not already terminated participation or graduated from the program). There were no exclusions for severity of crime committed or mental health diagnosis. However, veterans were excluded from participation if they were currently an Active Duty service member or in the event that cognitive deficits or mental health symptomatology (e.g., active psychosis) impaired his or her ability to consent to research participation. I gathered demographic information prior to the commencement of the interviews (see Appendix D), which collected data about the participants' age, ethnicity, gender, branch of service, combat experience, and characterization of discharge. Following a verbal explanation of the informed consent document (see Appendix B), veteran participants were administered a semi-structured interview directed by an interview guide (see Appendix E). Consistent with IRB procedures, veteran participants were permitted to pause or end the interview at any time. Interviews were audio recorded and transcribed verbatim for analysis. The individuals interviewed were compensated with \$25 Target gift cards for their voluntary participation. Veteran participants were treated in accordance with the ethical guidelines of the American Psychological Association (APA) and the University of Northern Colorado Institutional Review Board (IRB).

Interpretive phenomenological analysis, a hermeneutic approach, was utilized for data collection and analysis. One of the many uses of this particular method is the qualitative examination of how individuals understand their personal world (Smith & Osborn, 2008). Denzin (2001) suggests the use of an interpretive approach when researchers wish to “examine the relationships between personal troubles (such as wife

battering or alcoholism) and the public policies and public institutions that have been created to address those troubles” (2001, p. 2).

During the data collection and data analysis processes, I engaged in a bracketing exercise (Moustakas, 1994) in order to identify and address any biases I may have had toward the subject matter that would potentially interfere with my interpretation of the phenomenon as the participant experiences it. Chan, Fung, and Chien (2013) offer bracketing strategies to minimize bias throughout the study, not just during collection and analysis. These strategies include mental preparation through a reflexive journal, which allows the researcher to bring thoughts, feelings, and perceptions into awareness; limiting the scope of the literature review to avoid formulating questions that lead to predetermined themes; formulation of questions that are topic focused but do not lead the participant; and finally, reflection on the ultimate aim of the study by choosing between a transcendental or hermeneutic approach to data analysis. Along with the bracketing exercise, I clarified my researcher stance by explicating my theoretical perspective, worldview and assumptions, and any existing biases that could have skewed the description of my findings.

To begin the process of immersion in the research data, I read and reread interview transcripts (Smith, Flowers, & Larkin, 2009). Exploratory comments were added in the margins, which preliminarily identified content, participant patterns of speech, and any questions I had during review. I reduced and reorganized the transcript data and commentary into themes using various methods for connecting data within individual transcripts and across transcripts. Additionally, I engaged in member checks as appropriate in order to verify tentative interpretations with participants.

Epistemology and Theoretical Perspective

Epistemology is the understanding of how we acquire knowledge (Crotty, 1998). It provides a philosophical foundation for what kinds of knowledge are within the scope of qualitative inquiry and underpins the theoretical perspective. In constructivism, the epistemology employed in this study, meaning is pieced together with available information, or constructed, through the interactions between and individual and the world (Crotty, 1998).

The theoretical perspective, critical inquiry in this case, is the philosophical stance that informs the methodology and provides context and a means to understand and explain society and the human experience (Crotty, 1998). Critical inquiry calls for the investigator to challenge commonly held social structures, ideologies, and convictions in the name of social justice (Crotty, 1998). Some basic assumptions of critical inquiry that informed this study's methodology were (a) all thoughts are mediated by a historically constituted power structure; (b) facts cannot be isolated from ideology; (c) in any society there are privileged groups, which are more powerful when subordinate groups accept their status as normal or inevitable; and (d) that mainstream research practices are often unwittingly complicit in the support of class, race, and gender oppressive systems. Qualitative investigation is an interactive process between the investigator and the object of investigation making findings value mediated (Guba & Lincoln, 1994).

Rationale and Significance

Why Phenomenology?

Though quantitative data can yield valuable information on the success of a given program on a large scale, qualitative data can provide idiosyncratic information and a

human element not captured in a structured survey (Patton, 2002). Kennedy (2012) conducted a qualitative analysis of participant perceptions of the Weber County, Utah mental health court; eligible participants were charged with nonviolent offenses (e.g., misdemeanor or felony charges) and diagnosed with severe and persistent mental illness. Findings reflected that participants were engaged in treatment, had fewer missed appointments, and utilized emergency and inpatient services less often. Individual participants remarked on their desire to succeed due to positive interactions with judges and therapists. This study reflects the importance of understanding the essence of individual experiences not likely captured in typically measured problem solving court outcome studies.

Regarding interpretive phenomenological analysis, Miner-Romanoff (2012) stated, “Although many qualitative research methods provide rich and detailed personal accounts of particular problems and societal issues, phenomenological studies are particularly appropriate for addressing specific knowledge and participants’ detailed subjective experiences” (2012, p. 7). Historically, interpretive phenomenological analysis is rooted in health psychology but has recently shown a significant increase in use in clinical, counseling, social, and educational psychology (Smith et al., 2009). It is my contention that interpretive phenomenological analysis is particularly suited for qualitative study of the intersection between mental health care and criminology.

Implications

Current veterans court research is more often supplied through law journals rather than counseling, clinical psychology, or even military journals. Though the legal community has a vested interest in the success or failure of diversion court initiatives, the

mental health community should not overlook its role in the impact of such programs. Intuitively, individualized or targeted treatments that seek to address underlying causes for maladaptive behavior can appear to be a superior option to incarceration where mental health treatment or substance abuse rehabilitation may be inconsistent, ineffective, or unavailable; the propagation of problem-solving courts despite empirical data supports this inference. However, this assumption fails to address the complexities of how such initiatives are perceived from the points of view of its participants much less what contributes to its success. While our system of justice and public opinions of criminal offenders are generally punitive (Hirschfield & Piquero, 2010), mental health practitioners have an ethical obligation to give the recipients of psychosocial treatment a voice in the treatment they receive. By investigating the experiences of veterans who are enrolled in veterans court, I hope to offer data that may facilitate a deeper understanding of the needs of a unique mental health population, bring awareness to benefits and unintended negative consequences of enrollment in veterans court, broadly inform treatment practices for future courts and the mental health professionals employed to aid them, or lay groundwork for future quantitative research and generalizable results. According to Judge Robert Russell, the founder of the first Veterans Treatment Court, “Service members have many shared experiences. Many of these experiences are not common among their non-military peers. Members of the military and veterans are a unique population, which calls for tailored care” (Russell, 2009, p. 363).

CHAPTER II

LITERATURE REVIEW

Overview

The purpose of this chapter is to provide an overview of problem solving courts and veteran involvement in the criminal justice system. This section includes precipitating factors that led to the advent of problem solving courts and the implementation of mental health and drug courts. Later sections discuss commonly found mental health issues in the veteran population and their attitudes about seeking treatment. This is intended to provide some foundation for veterans who become involved in the criminal justice system, demographic information and criminal behavior of “justice-involved veterans” and the introduction of Veterans Treatment Court.

The Deinstitutionalization Movement

Between 1955 and 1980, the deinstitutionalization movement, launched by the Joint Commission on Mental Health, reduced the number of state mental hospital residents from 559,000 to 154,000 and brought with it the hope of more humane care of the mentally ill (Koyanagi & Bazelon, 2007). The goal was to shift mental health care to community mental health centers (CMHC), where inpatient, outpatient, emergency, partial hospitalization, and consultative services would be provided. In the short-term, resident admissions in hospitals were significantly decreased; however, their lack of empirical support stunted CMHC proliferation and funding eventually suffered due to

inflation and political administrations (Koyanagi & Bazelon, 2007). By the 1990's, support for CMHCs resumed but not in time to avoid dire unintended consequences of deinstitutionalization.

Underfunded mental health care entities and wait-lists for care left the underinsured and individuals in a low-socioeconomic status (SES) in the crosshairs of the criminal justice system due to criminalization of behaviors that are often characteristic of mental illness (Koyanagi & Bazelon, 2007). Behaviors that are considered aggressive enough for the intervention of the authorities but do not meet the threshold for civil commitment are, in many cases, put under the auspices of law enforcement (Durham, 1989). Further, it has been demonstrated that the handling of mentally ill individuals who are causing disruption is at the discretion of the intervening police officer (Teplin & Pruett, 1992) who may or may not have the requisite training to distinguish symptoms of mental illness from deliberately disorderly activity. Teplin (1984) found that individuals who display signs of mental disorder, defined for her study as confusion/disorientation, unresponsivity, paranoia, bizarre speech/behavior, or self-destructive behaviors, are 20% more likely to be arrested than those who do not show signs of mental illness. It has also been suggested that the visibility of the mentally ill in the community and stereotypes of their dangerousness lead to increased interactions with law enforcement (Teplin, 1985). Alcohol abuse and noncompliance with psychiatric treatment were also found to be associated with arrest history in chronically mentally ill individuals (McFarland, Faulkner, Bloom, Hallaux, & Bray, 1989). The criminal justice system, already overburdened, was not designed for long-term provision of mental health care for mental

health symptomatology that under apposite circumstances may not have otherwise occurred (Schneider et al., 2007).

Mental Health in the Criminal Justice System

In a study conducted by the Bureau of Justice Statistics, 64% of jail inmates, 45% of federal prison inmates, and 56% of state prison inmates reported the presence of a mental health problem (James & Glaze, 2006). Forty-three percent of state prison inmates and fifty-four percent of jail inmates reported symptoms of mania and fifteen percent of state prison inmates reported symptoms of psychosis. Seventy-four percent of state prison inmates with a mental health problem endorsed substance dependence or abuse, compared to fifty-six percent of inmates without a mental health problem. Rates of recidivism are especially salient within this population. Twenty-five percent of state prison inmates reported three or more incarcerations compared to nineteen percent of inmates without a reported mental health problem (James & Glaze, 2006). While we cannot extrapolate a direct causal factor between behaviors associated with mental illness and criminal justice involvement, the trends for incarceration and recidivism when comparing individuals with and without mental illness cannot be understated. James and Glaze (2006) note that jail inmates, followed by state then federal prison inmates, showed the highest rate of symptoms, which is likely reflective of the role of local jails in holding offenders pending trial, sentencing, or transfer to permanent facilities.

Mental Health in United States Military Veterans

The mental health needs of United States military veterans are extensive and diverse. The National Vietnam Veterans Readjustment Study (NVVRS), one of the most comprehensive studies conducted on the Vietnam veteran population, found that over

30% of male Vietnam veterans and 26.9% of female Vietnam veterans had PTSD; at the time of the survey half of the males and one-third of the females reportedly still dealt with symptoms of the disorder (Kulka et al., 1988). Laufer, Gallops, and Frey-Wouters (1984) found that in the Vietnam veteran population combat experience, witnessing abusive violence, and participating in abusive violence were related to PTSD symptomatology as it was defined at that time. The NVVRS study found that PTSD prevalence rates were higher among those who experienced combat exposure but was especially so among ethnic minorities. In Coleman's (2006) chapter *Why Was Vietnam Different?* she discusses the draft system and its public practice of offering service deferments to college students. The drafted working class and those recruited through "Project 100,000", a plan developed by then-Defense Secretary Robert McNamara that pooled individuals who were previously ineligible for military service due to low test scores, were primarily comprised of African Americans, Mexican Americans, Puerto Ricans, and Guamanians. Coleman (2006) goes on to posit that racial bias appeared in the draft as well in military assignments where ethnic minorities were disproportionately assigned to the most dangerous combat areas.

The disproportion of African Americans in infantry units, the dearth of them in command positions as well as lingering racial tensions following the Civil Rights movement instigated dissent amidst the ranks and discouraged unit cohesion (Coleman, 2006). Laufer and colleagues (1984) found that African-Americans reported more symptoms of stress than Caucasian veterans and were twice as likely to report that their symptoms began during military service. Arguably, such discrimination could have negatively impacted the mental well-being of people of color in Vietnam. In their study

of incarcerated veterans, Tsai et al. (2013a) found chronic homelessness more often in African American and Hispanic Vietnam era veterans. It has been suggested that racial discrimination is not only distressful but is also traumatic to those who experience it (Neville, Tynes, & Utsey, 2009) and that by being a minority in the United States the perception of discrimination may foster a psychological distress not found in the experiences of Caucasians in America (Hall, Bansal, & Lopez, 1999).

Other demographic variables have been found to affect service members' experiences in combat. Brooks, Laditka, and Laditka (2008) found that the age of the veteran during his or her time in service influenced his or her experiences and mental health concerns. Nearly 4,000 Vietnam veterans and over 3,800 veterans who served in other locations were interviewed about combat experiences and administered measures on emotional well-being. Vietnam veterans who were younger than 60-years-old were 3 times more likely to have been treated for PTSD and generally had poorer mental health than Vietnam veterans over 60 years of age (Brooks et al., 2008).

Despite the deployments and redeployments that are characteristic of the conflicts in Iraq and Afghanistan, casualty rates are lower than in prior conflicts (Tanielian et al., 2008). The volunteer nature of the U.S. military has resulted in a smaller proportion of the American populace serving in current conflicts when compared to Vietnam and World War II, leaving already burdened soldiers with longer, more frequent deployments and less time to recuperate; moreover, the overutilization of Reserve and National Guard units have resulted in service members that are older than those deployed from active duty (Sayer, Carlson, & Frazier, 2014). Advances in body armor have been linked to an increase in Traumatic Brain Injury (TBI) due to blast waves from improvised explosive

devices (IED) (Tanielian et al., 2008). Since 2000, the total number of diagnosed TBIs is approximately 300,000 (Defense and Veterans Brain Injury Center, 2014).

Drug and alcohol abuse is a pervasive mental health issue in the veteran community. In 2003, an estimated 7.5 percent of veterans reported drinking heavily (The NSDUH Report, 2005). Almost 3 percent of veterans were dependent on alcohol within a year of the survey and almost 1 percent were dependent on illegal drugs. Among male Vietnam veterans, 44.9% reported a history of substance or drug abuse disorders and 13% endorsed having the disorders within 6 months of the survey (Kulka et al., 1988). Jacobson et al. (2008) examined data taken from the Millennium Cohort Study, an ongoing longitudinal study of military health data conducted by the Department of Defense, and found that alcohol abuse was highest in active duty personnel with combat exposure. Women were more often found to engage in heavy weekend drinking while men reported more incidents of binge drinking. A sample of female Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans was found to engage in high-risk drinking behaviors; those drinking behaviors were significantly associated with positive screenings for PTSD.

Mental health needs of combat veterans have been found to be idiosyncratic to the conflicts in which they served (Hoge et al., 2004). Of the nearly 1700 soldiers and Marines surveyed, well over two-thirds of those who deployed to Iraq reported involvement in direct combat as compared to one-third of those who deployed to Afghanistan. It followed that those combat veterans who served in Iraq reported significant mental health problems and higher rates of PTSD, depression, and alcohol abuse. Nevertheless, both groups, whether deployed to Iraq or Afghanistan, showed rates

of PTSD that were significantly associated with being injured in combat. Women are serving in combat positions at rates not seen in prior wars; in tandem with traumas characteristic of military battle, female service members are at greater risk for military sexual trauma than their male counterparts (Sayer et al., 2014), which compounds their chances of developing PTSD.

Barriers to adequate care loom over veterans of current and past conflicts. During the Vietnam conflict, there were two VA hospitals designated to deal with psychiatric issues in the country and those hospitals were reportedly ill-equipped and understaffed (Coleman, 2006). Today, logistical access to treatment is less of a hindrance to care than the seeking of aid itself. As of 2009, the Department of Veterans Affairs operates over 150 medical centers, over 900 ambulatory care and outpatient clinics, 47 residential rehabilitation treatment programs, and over 200 Vet Centers, which provide counseling services to any veteran who served in combat or who was sexually assaulted or harassed while serving (Department of Veterans Affairs, 2009). Service members and veterans often refuse to seek mental health treatment for fear of stigmatization and the possibility of harm that a psychiatric diagnosis can inflict on their careers (Tanielian et al., 2008). Moreover, a significant number of veterans reported that the risk of unpleasant side effects from psychotropic medication outweighed the benefits to seeking treatment. Dickstein and colleagues (2010) referenced Corrigan and Watson's (2002) conceptualization of stigma to hypothesize the reasons underlying veteran reluctance to seek treatment. Self-stigma is defined as the internalization of negative beliefs while public stigma is characterized by invalidating beliefs and prejudices about others. Strength, self-reliance, and dependability are ideals that are fostered in military culture;

unfortunately in some veterans, these characteristics have been deemed as antithetical to what it means to have a mental illness (Dickstein, Vogt, Handa, & Litz, 2010).

Justice-Involved Veterans

Involvement in the criminal justice system is an unfortunate outcome for veterans who have difficulty transitioning from the military to civilian life. The National Vietnam Veterans Readjustment Study (NVVRS) study examined readjustment difficulties in Vietnam veterans and along with increased rates of divorce, occupational instability, and homelessness, researchers found that 36.8% had committed six or more acts of violence within the past year (Kulka et al., 1988). In 2008, the Health Care for Reentry Veterans program (HCRV) was established to connect incarcerated veterans to Veterans Health Administration (VHA) services to reduce the risks of criminal recidivism and homelessness (Tsai et al., 2013b). The HCRV program gathered demographic data from nearly 31,000 incarcerated veterans and found that 27.9% had served during the Vietnam War while almost half (47.8%) had served post-Vietnam era. When compared to other veterans, OEF/OIF/OND were younger, more likely to be married, more likely to have used alcohol at the time of the offense, and less likely to have a history of homelessness (Tsai et al., 2013b). OEF/OIF/OND veterans were more likely to have a mental health issues unrelated to drug use, such as mood disorders, adjustment disorder, and combat-related stress disorders. Surveyed veterans, regardless of war, were most often incarcerated for violent crimes and were most often diagnosed with alcohol abuse or dependence. Drug abuse has been found to strongly predict criminal behavior in homeless veterans (Benda, Rodell, & Rodell, 2003). The VHA and related organizations offer invaluable services to struggling veterans, however, those who are dishonorably

discharged and some Reserve and National Guard members are not eligible for VA benefits (Health benefits, 2014).

Veteran and Offender Identity

For the purposes of this study, veteran identity is defined as “veterans' self-concept that derives from his/her military experience within a sociohistorical context” (Harada et al., 2002, p. 117). Harada and colleagues (2002) also posit that veteran identity can be shaped by ethnicity due to the sociohistorical context of race. A narrative study of marginalized, African-American veterans illuminates how public attitudes toward Vietnam veterans and African-Americans can profoundly affect individual access to available resources for veterans, even when PTSD symptomatology is relatively obvious (Fleury-Steiner, Smith, Whittle, & Burtis, 2013). A qualitative study of OEF/OIF veteran views of their identity following deployment to Iraq and Afghanistan found that some veterans feel marginalized in their communities (Smith & True, 2014). Some veterans in the study felt as if their accomplishments in the military were not meaningful in their civilian lives because of the schism that exists between the military and what civilians know about military service. Moreover, veterans explained the transition from being an individual to being part of collective as one that distorts one's sense of ownership of his or her own body. Such attitudes, if present in justice-involved veterans, could shape how they consent to treatment and their interactions with treatment staff.

Public opinions about veterans have varied across wars and time. In Bordieri and Drehmer's (1984) study of hiring practices with Vietnam veterans, they found a negative bias towards résumés that identified the applicant as a Vietnam veteran. However, a more recent study found that veterans were perceived as less criminally responsible than

nonveterans (Wilson, Brodsky, Neal, & Cramer, 2011); specifically, veterans with PTSD were found less criminally responsible than veterans without PTSD, nonveterans, and nonveterans with PTSD. Prosecutors in the study were better able to empathize with veterans with PTSD than with those without the disorder. The complexities in the identities of justice-involved veterans and their perceptions of attitudes toward them could potentially offer a more robust insight for treatment and diversion initiatives. Public attitudes regarding offenders tend to lean towards the punitive, rather than rehabilitative (Cole & Smith, 2008). Conservative political orientation and trust in the judgment of courts has been found to predict negative attitudes toward ex-offenders while urban residence and being of African American or Hispanic ethnicity strongly predicts more lenient attitudes (Hirschfield & Piquero, 2010) but exposure to ex-offenders has been found to lessen negative attitudes toward them.

Problem Solving Courts

The goals of our criminal justice system are the control and prevention of crime, and the achievement of justice (Cole & Smith, 2008). In the pursuit of justice, criminal offenders must be held accountable for their actions while protecting their rights and the rights of their fellow citizens. Despite the apparent magnanimity in our search for fairness and order, our system of criminal justice is an adversarial one (Cole & Smith, 2008). Problem solving courts attempt to take the enmity out of the judicial process by way of therapeutic jurisprudence (Henry et al., 2005; Wiener & Brank, 2013). These courts were developed to address criminal behavior resulting from psychosocial issues, thereby reducing recidivism by dealing with causes for unlawful behavior at the source. In the following sections I explain the structure of drug courts and mental health courts, which

are used as models for Veterans Treatment Court, due to observed trends in substance abuse, PTSD, and TBI in justice-involved veterans (Russell, 2009).

Mental Health Courts

Mental health courts were developed to provide mental health and substance abuse treatment for mentally ill individuals charged with a crime, to promote public safety, and to facilitate more efficient use of criminal justice and mental health resources (Thompson, Osher, & Tomasini-Joshi, 2007). Generally, the mental health court team consists of the judge, the defense attorney, court staff, mental health practitioners, and collateral service providers. In the team-based approach of problem solving courts, the judge is the de facto team leader. As is characteristic of problem-solving courts, the wide variability in laws from state to state lead to differences in mental health court policies. Participant eligibility for mental health court can vary in whether the court accepts felony or misdemeanor charges or both. In some mental health courts, a plea agreement is required as a condition of treatment with periods of “supervision” lasting up the three years following treatment (Canada & Gunn, 2013). What they all appear to have in common is the presence of a problem solving approach for defendants with mental illness, team-based treatment, regular monitoring by court and treatment staff, incentives and/or sanctions, a defined criteria for completion of the program, and judicial supervision (Thompson et al., 2007). The judge’s roles in this process are adjudication, negotiation, and administration. Judges must uphold the law in an impartial manner, referee when necessary (McKee, 2007), and as part of administrative duties, stay cognizant of problems within their jurisdiction by taking on the role of “problem-solver” (Cole & Smith, 2008, p. 207).

To further systematize mental health court practices, the Bureau of Justice Assistance delineated *Ten Essential Elements* of effective mental health courts similar to the NADCP (1997) *Key Components* of drug courts (Thompson et al., 2007):

1. A group with members representing the criminal justice system, mental health, substance abuse treatment, and related systems guide the planning and administration of the program.
2. Eligibility criteria integrate the needs of the public while accounting for the nature of the defendant's crime and his or her mental illness.
3. Participants are identified and referred for mental health court, then referred to community-based services in a timely fashion.
4. Terms for participation are made clear to the defendant and seek to foster engagement in treatment.
5. Defendants participate with their informed consent and are provided with legal representation to advise them regarding their decision to participate, continue, or terminate treatment.
6. Mental health court treatment is comprehensive and individualized.
7. Health information and legal information are safeguarded to protect the privacy of the participant.
8. All involved staff receive specialized, ongoing training to promote participant goals, including review and revision of court processes.
9. Criminal justice and mental health treatment providers collaborate to monitor participant progress and adherence to guidelines.

10. Data are regularly collected and analyzed to stay abreast of mental health court impact on its participants and the community at large.

In one study examining participant perspectives and key factors in a mental health court, researchers found that the overwhelming majority of participants (83.8%) reported a comorbid substance abuse disorder (Canada & Gunn, 2013). Participants averaged nearly three prior arrests to mental health court participation and most arrests (43.8%) were for theft or burglary. Complex, interacting factors contribute to successful outcomes in mental health court treatment (i.e., structure as it relates to participant accountability, support services housing and employment, treatment stability) (Canada & Gunn, 2013). Interactions between participants and judges have been found to improve outcomes in both mental health (Frailing, 2010; Wales, Hiday, & Ray, 2010) and drug courts; current research reflects that more time spent with the judge can reduce recidivism rates by over 150% (Carey, Mackin, & Finigan, 2012).

Drug Courts

In response to the glut of drug-related crimes yielded by the “War on Drugs”, our adversarial system of criminal justice gave way to the concept of therapeutic jurisprudence (Miller & Johnson, 2009). The mid-twentieth century saw a backlash against drug counterculture resulting in harsh sentencing in first-time and repeat drug offenders (Lessenger & Roper, 2007). Following Fidel Castro’s release of prisoners to the United States in 1980, drug use and criminal activity boomed. This led to the implementation of the nation’s first drug court in Miami, Florida in 1989 (Lessenger & Roper, 2007).

The National Drug Court Institute (NDCI) publishes an annual report delineating best practices in drug courts across the country. In the most recent Drug Court Review issue, Marlowe (2012) wrote that research on drug courts is in its second generation – the first generation of research examines the effectiveness of a program while the second generation parses out effective practices from ineffective ones. In order to operationalize the practice of drug courts, the National Association of Drug Court Professionals (1997) outlined the *Key Components* for effective drug court practice:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Existing outcome data for the effectiveness of drug courts in reducing recidivism is generally positive. Significant associations have been found between amount of time spent in drug court and arrest rates in that arrest rates were lower for those who graduated from the program (Peters, Haas, & Hunt, 2001). Engagement of all team members, availability of relevant support services, staff training, and regular participant drug testing have been found to contribute to higher rates of graduation, reduced recidivism, and cost effectiveness (Carey et al., 2012). When law enforcement was incorporated into the treatment team, researchers found an 87% reduction in recidivism. However, use of lengthy jail sentences as sanctions show less favorable recidivism outcomes and were less cost effective. The perception of deterrence, the belief that one will be detected for wrongdoing or recognized for appropriate behavior, is also an important component of drug court success. Poor outcomes were found to be associated with participants whose perception of deterrence abated over time; demographic variables predicted perception of deterrence in that older participants and female participants had higher perceptions of deterrence while younger, male participants and participants with prior drug treatment had lower perceptions of deterrence (Marlowe, Festinger, Foltz, Lee, & Patapis, 2005).

Veterans Treatment Court

Judge Robert Russell implemented the nation's first Veterans Treatment Court in Buffalo, New York in 2008 (Russell, 2009). Judge Russell sought to address commonly found psychosocial issues that contribute to criminal justice involvement in veterans,

including substance abuse, homelessness, unemployment, difficulties in relationships, and mental health issues relating to PTSD and Traumatic Brain Injury (TBI). He observed and found empirical support for differences in the impact of mental health issues on members of the National Guard and military Reserve units, as well as the specific needs of female veterans. Compared to prior wars and conflicts, Reserve units and National Guard members have been recalled to duty more often for service in Iraq and Afghanistan and female veterans have been found to be at higher risk for PTSD due to the additional risk of military sexual assault (Russell, 2009).

Veterans Justice Outreach (VJO) Specialists work as an initial point of contact and intermediary between the VA and local justice systems regarding treatment (Department of Veterans Affairs, 2014). One of the most essential components of veterans court is the provision of referrals to veteran-specific service providers (Clark et al., 2010); VJO specialists determine veteran eligibility for VA care and provide advocacy to circumvent barriers to treatment access. The Substance Abuse and Mental Health Services Administration (SAMHSA) is a sub-agency of the US Department of Health and Human Services that seeks to ameliorate the detrimental effects of substance abuse and mental illness in the nation. In 2008, SAMHSA provided funding to the VJO to aid them in acquiring mental health and substance abuse services (SAMHSA News, 2013).

Veterans Court Model

Local criminal justice agencies are responsible for the implementation of veterans courts; however, the Veterans Health Administration (VHA) collaborates with these agencies regarding treatment planning and provision (Clark et al., 2010). Veterans courts provide mental health services and collateral services that support the physical health or

psychosocial needs of the participant. Veterans are identified through basic screening processes (e.g., defendants are directly asked if they have prior military service) and referred to VA representatives who determine eligibility for VA services. The judiciary and legal community determines what a “court-eligible veteran” (Clark et al., 2010, p. 183) is and in some cases, veterans courts accept veterans who are not otherwise eligible for VA care (e.g., ineligible characterization of discharge, active duty status). Veterans courts, much like drug and mental health courts, vary in the severity of criminal charges accepted to treatment.

The original Veterans Treatment Court in Buffalo modified the ten Key Components of the NADCP (1997) and the Ten Essential Elements of mental health courts (Thompson et al., 2007) to develop ten *Key Components* of Veterans Treatment Court (Russell, 2009).

1. Veterans Treatment Court integrates alcohol, drug treatment, and mental health services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
3. Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.
4. The Veterans Treatment Court provides access to a continuum of alcohol, drug, mental health, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Veterans Treatment Court responses to participants’ compliance.

7. Ongoing judicial interaction with each veteran is essential.
8. Monitoring and evaluation measures the achievement of program goals and gauges effectiveness.
9. Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operation.
10. Forging partnerships among the Veterans Treatment Court, the VA, public agencies, and community-based organizations generates local support and enhances the Veterans Treatment Court's effectiveness.

Veterans justice programs utilize the Sequential Intercept Model (SIM) to underpin the provision of services to justice-involved veterans (Blue-Howells et al., 2013). The goal of SIM is to identify opportunities to intercept or divert individuals away from the criminal justice system (Munetz & Griffin, 2006). Those individuals with mental illnesses who commit crimes unrelated to their symptomatology should be accountable for their actions, according to SIM; however, those who commit crimes or recidivate due to inadequate mental health care or a lack of access to care should not be subject to incarceration or criminalization (Munetz & Griffin, 2006). The concept of interception in SIM describes how a justice-involved individual can be prevented from being introduced to or more deeply entangled in the justice system. These points include: (a) prevention of initial involvement; (b) reducing admission to jail; (c) timely diversion to treatment; (d) reduction of time spent in the criminal justice process; (e) referral to community treatment resources upon release from incarceration; and (f) reduction in recidivism.

According to Munetz and Griffin (2006, p. 545), individuals who encounter the criminal justice and mental health system enter it at five intercept points:

1. Law enforcement and emergency services
2. Initial detention and initial hearings
3. Jail, courts, forensic evaluations and forensic commitments
4. Reentry from jails, state prisons, and forensic hospitalization
5. Community corrections and community support services

Pre-arrest diversion programs are considered to be the first inception point based on the idea that the chronically mentally ill, regardless of available resources, often come in contact with law enforcement. The Memphis Crisis Intervention Team (CIT) is a pre-arrest diversion program that has become the national model for calm, sensitive intervention in mental health emergency situations (Vickers, 2000). Police officers are provided with additional training designed to reduce the chance of injury to the mentally ill individual and those around him or her, as well as training in finding appropriate care for the person. Post-arrest diversion programs fall under the second intercept point and include courts employing mental health staff to provide assessment and treatment services. Intercept point three includes problem-solving courts, like Veterans Treatment Court, and seek to provide treatment to circumvent further involvement in the criminal justice system. The fourth intercept point facilitates continuity of care for incarcerated people who are reentering the community while the fifth intercept point deals with those who have been released, which includes care provided by parole and probation officers. The Health Care for Reentry Veterans program (HCRV) is designed to provide transitional and post-release services for eligible veterans. Veterans Justice Programs

hold regular trainings for Department of Veterans Affairs staff and engage in consultation with local and national correctional administrators to promote collaborative partnerships and best treatment practices (Blue-Howells et al., 2013). Examples of practices for two of the target veterans courts to be sampled for this study are expanded below.

Adams County Court for Veterans. To be eligible for Adams County Court for Veterans (ACCV), the veteran must be eligible for probation and have committed either a Class One Misdemeanor or Class Three, Four, Five, or Six Felony (Adams County Court for Veterans Client Handbook, n.d.). Class One Misdemeanors classify a range of crimes including fraud, theft, third degree assault, and some traffic violations; felonies are classified by decreasing severity (i.e. Class One Felonies include murder and kidnapping while Class Six Felonies include identity theft, occupational practicing without a license, and property crimes) (Crime Classification Guide, 2014). The above examples are meant to provide a point of reference for the severity of the crimes eligible for ACCV and are not meant to be an exhaustive list.

Eligibility for VA benefits is not a requirement, meaning veterans with dishonorable military discharges and those who were members of a Reserve or National Guard component may still be eligible for ACCV. The treatment team is comprised of the judge, a VA representative, ACCV coordinator, two probation officers, a law enforcement representative, a substance abuse treatment provider, a deputy district attorney, and a deputy state public defender. ACCV treatment is divided into four phases, which have a total estimated completion time of 12-18 months. Treatment includes but is not limited to substance abuse counseling, mental health counseling, random drug tests, educational/vocational counseling, submitting to searches of the participant's person,

residence, and vehicle, regular meetings with the probation officer, and regular court appearances. The number of required court hearings decreases as the participant successfully completes each phase. Participants are given incentives or sanctions based on performance. Incentives for successful participation include gift cards, or fewer mandatory meetings and drug tests. Sanctions can include jail time, community service or house arrest. To graduate from ACCV, participants must have completed a variety of tasks relating to numerous psychosocial factors, including having a stable residence, an employment plan, a support system, a relapse plan, and write “a graduation paper” that must be read aloud to the court (Adams County Court for Veterans Client Handbook, n.d, p. 8).

Fourth Judicial District Veteran Trauma Court. The 4th Judicial District Veteran Trauma Court is designed to provide access to treatment and peer support to justice-involved veterans while “holding them accountable for their actions” (Fourth Judicial District Veteran Trauma Court Participant Guide, 2014, p. 2). Active duty military as well as veterans discharged from the National Guard are eligible for Veteran Trauma Court. Potential participants must be charged with a lower level felony and be diagnosed with a trauma spectrum disorder. Veterans must waive their right to a speedy trial, plead guilty to the crimes they are charged with, and authorize the release of treatment information to the trauma court team. Violent offenders, sexual offenders, and those charged with felonies involving a child are not eligible for 4th Judicial District veterans court. Referrals may be provided by the defendants themselves, court or law enforcement staff, mental health professionals, or family members; however, the final decision for entry into veterans court rests with the District Attorney’s office. Veterans

are assured that their mental health information will remain unavailable to the public and will not be used against them if they decline participation. Active participation through regular, punctual attendance to court appearances is required; criminal activity can result in sanctions or termination from the program. Veteran Trauma Court is comprised of four phases of participation, which take a minimum of one year to complete. Veterans are recognized for successful completion of veterans court through a recognition ceremony.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this phenomenological study was to explore the essence of the experiences of veterans who are diverted to Veterans Treatment Court. The primary research questions addressed were:

- Q1 What is the essence of the experience of justice-involved veterans who are actively participating in veterans court?

- Q2 How does veteran identity impact the experience of receiving mental health treatment through the criminal justice system?

In this chapter, I present my theoretical perspective, epistemology, and qualitative methodology. Issues of qualitative research in psychology, rigor, and ethics are also presented. The proposed study methods are explicated along with study procedures for data collection and analysis. Table 1 shows a truncated list of the possible epistemologies, perspectives, and methods one may utilize when conducting a qualitative inquiry; Figure 1 illustrates the four-part research path utilized in this study.

Table 1

<i>Elements of Qualitative Research</i>			
Epistemology	Theoretical Perspective	Methodology	Methods
Objectivism	Positivism	Experimental research	Questionnaire
Constructivism	Interpretivism	Survey research	Observation
Subjectivism	Critical inquiry	Ethnography	Interview
	Feminism	Phenomenology	Focus group
		Grounded theory	Case study
		Discourse analysis	Narrative

Note. Adapted from Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Thousand Oaks, CA: Sage.

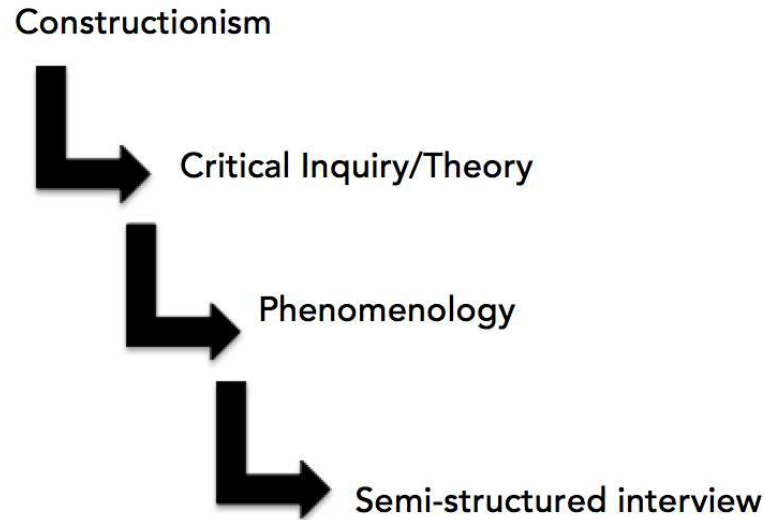


Figure 1. Four Elements of Qualitative Research (Adapted from Crotty, 1998)

Researcher Stance

The roots of my interest in criminal justice and veterans began with the career paths of my family members. My late father was an Air Force veteran before joining the police department and retiring as a detective. My mother, aunt, and uncle are practicing social workers, one of whom is currently employed by the Department of Veterans Affairs, formerly as a reentry specialist who aided incarcerated veterans in their return to the community. Mental health care and law enforcement have shaped my views of human behavior since my childhood.

I was honorably discharged from the United States Air Force in 2005 before returning to college to study psychology. The most significant people in my life currently are still active duty or employed as government contractors having successfully completed their military terms of service; meaning, my personal life is still strongly tethered to military culture. After receiving my master's degree in counseling

psychology, I worked as a research coordinator for the Department of Veterans Affairs, assisting with studies on PTSD, integrated primary care, and couples therapy. My interest in qualitative research began at the VA, where I was provided the opportunity to observe firsthand the richness of information that can be gained through skillful qualitative interviewing. I enrolled in the counseling psychology doctoral program at the University of Northern Colorado with the hope that I could combine my interests in criminal justice with my personal and professional interests in veterans issues in order to be an instrument of change as a researcher or practitioner. Through this program, I have participated in phenomenological studies of in-theater bereavement in military veterans and forensic social workers' experiences with incarcerated veterans.

Research Design

Epistemology and Theoretical Perspective

Constructionist inquiry aims to understand how knowledge is formed through human interactions with each other and the world (Crotty, 1998). Meaning is assembled through mental models to facilitate understanding of the environment; therefore, there is no objective, or even subjective truth as each experience is filtered through a social dimension. That social dimension can be further understood through social constructionism, which posits that culture shapes the way we see the world and how we feel about it. Culture, as described by constructivism, is a set of preexisting symbols that an individual inherits from his or her social group. A person's understanding of his or her surroundings is not built from a blank slate, one event at a time (Crotty, 1998). Military culture has been conceptualized in the literature as being apart from American society (Goldich, 2011). Though the phrase "military culture" is colloquially used, the

constructivist epistemology employed in this study would consider military culture to be a meaningful reality constructed by those who are members of that group. U.S. military services have unique rituals, customs, clothing, music, manner of interpersonal conduct, and are all governed by a specialized set of laws. These factors are likely to underpin how justice-involved veterans view themselves, society as a whole, their transition from military to civilian life, and the receipt of mental health treatment.

The Navy, attached to the shorelines of North America or at sea, has had comparatively little cultural interaction with the general population on a sustained basis. The Marine Corps is small and did not establish its current image among Americans until, at the earliest, after World War I. The Corps's image is vivid, but its culture has, arguably, changed little if at all since the turn of the twentieth century. The Air Force is new, and its culture blends that of the Army from which it sprang in 1947 and the technological circumstances that lead to comparatively few Air Force personnel training and preparing for, or engaging in, direct combat. (Goldlich, 2011, p. 59)

Critical research is an instrument of social justice that challenges and, when applicable, takes action against standing ideologies (Crotty, 1998). According to Tyson (2006), when we begin to conduct critical inquiry through a feminist, Marxist, African-American or similar lens, we may find the promotion of sexist, classist, racist etc. ideologies and values. Assumptions of critical inquiry posit that (a) all thought is mediated by social and historically constituted power dynamics; (b) what is significant is fluid and mediated by capitalist consumption; (c) society is comprised of privileged and oppressed groups, and such oppression is at its most powerful when the oppressed group tacitly accepts its social status; (d) focus on a single type of oppression disregards the overarching connection of all forms of oppression; and finally, (e) mainstream research practices can unintentionally support the oppression of classes, races, and gender groups (Crotty, 1998). In examining the experiences of justice-involved veterans, we observe an

overlap between individuals who are integrated in governmental systems – the Department of Defense, the Department of Veterans Affairs, and the Department of Corrections – designed to protect the American populace, albeit in different ways. Critical inquiry can facilitate interpretations that support its purposeful or unintentional maintenance of classism and/or racism, thereby facilitating the neglect of members of the American populace. Scott (2014) argues that when conducting research in prisons it is common to take sides and to be confronted with moral and ethical dilemmas. In this context, the goals of critical inquiry are not to justify criminal justice practices or normalize exploitation nor are they to legitimize oppressive beliefs held by members of oppressed groups. The aim of critical inquiry must therefore be, “an honest attempt to provide an accurate reflection of reality, and a commitment to expose inhumanity and acknowledge the suffering of the powerless” (Scott, 2014, p. 31).

Methodology

Interpretive phenomenological analysis was utilized for this study. Where descriptive phenomenology implies the existence of a “universal commonality” in the experience of a given phenomenon, interpretive phenomenology seeks to elicit a greater depth in responses from participants through research questions that are informed by thoughtful use of prior theory and researcher expertise (Miner-Romanoff, 2012, p. 8). Further, interpretations are thought to be a collaboration between the researcher and the participant in order to bring out underlying conditions and hidden objectives of the phenomenon to the forefront (Moustakas, 1994). Interpretive phenomenological analysis is thought to be a double hermeneutic phenomenology because of the researcher’s aim to make sense of how the participant makes sense of the phenomenon in question (Smith et

al., 2009). Denzin's (2001, p. 70) critical interpretivism is based on the works of Heidegger, Husserl, Marx, and others. His six steps for interpretive process are employed here:

1. Framing the research question
2. Deconstructing prior conceptions of the phenomenon through the examination of existing literature
3. Capturing multiple instances of the phenomenon and situating it in the "natural world"
4. Reduction of the phenomenon to its essential elements and separating it from the "natural world"
5. Reconstruction of the phenomenon in terms of its essential parts and structures
6. Contextualization of the phenomenon in the social world

The basic components of interpretive phenomenological analysis are: *interviewing methods, researchers' prior experiences, sensitivity to participant values and norms, bias and bracketing, researcher fluidity, and building trust with marginalized participants* (Miner-Romanoff, 2012). For the purposes of this study, these components incorporated methods to enhance trustworthiness, specifically for a criminal justice population, and were integrated with Denzin's (2001) six steps for the interpretive process. This interpretive process allows the researcher to observe phenomena from a perspective not readily available to the persons who experience it. The interpretive steps enable informed research questions, allows for the study of the phenomenon as it was presented with

biases sufficiently bracketed, and facilitates interpretations that are understandable to study participants (Denzin, 2001).

Miner-Romanoff (2012) proposed that qualitative methodologies are underused in criminology and that such research could offer invaluable information about the mental processes and motives of criminal offenders not otherwise captured through quantitative methods. Quantitative data falls short in eliciting contexts, feelings, and motives of offenders making deterrence and prevention efforts somewhat lacking in profundity (Miner-Romanoff, 2012). In illustrating her model, she brings attention to two under addressed but critical issues in need of study: The first issue is in regards to offender awareness of the severity of punishment for offenses and the second issue asks to what extent to offenders' subjective perceptions affect behavioral outcomes. The second issue is especially relevant to the present study's research question that concerns how veterans' perceptions of being a veteran influenced their experiences.

Research Methods

Procedures

Participant recruitment. Participant recruitment and data collection commenced following study proposal approval and UNC Institutional Review Board (IRB) approval. Justice for Vets, a division of the National Association of Drug Court Professionals, has an interactive map that provides locations of existing veterans courts with contact information for veterans court coordinators. Additionally, some local courts host webpages indicating the existence of a veterans court, along with contact information for coordinating personnel. Eighteen veterans court coordinators in thirteen states were emailed to solicit their aid in reaching out to potential participants. With the permission

of organization staff, requests for research participation with my contact information (see Appendix A) were directly provided to veterans and posted in publicly accessed common areas in courthouses.

Once contacted, I administered a preliminary screening to determine the veteran's eligibility for the study (see Appendix C) and set up interviews with the veterans directly. Eight participants from five states completed the interview process. All participants were over 18 years of age, currently enrolled in veterans court, and met eligibility criteria regarding the termination of active duty military service obligations, and the ability to give informed consent to research. Four interviews took place in-person, in private, mutually agreed upon locations. The remaining four veterans were located outside of my local area and agreed to be interviewed by phone.

Informed consent. Capability to give informed consent was screened informally based on the potential participant's ability to affirm his understanding of the document and his ability to respond to interview questions in a linear and cogent manner. I explained the informed consent document with the participant prior to the commencement of audio recording (see Appendix B). The document delineated the participant's right to pause or withdraw from the study, what measures I had taken to protect confidentiality, the storage and treatment of interview data, risks and benefits of participation, and my research advisor's contact information. The participant's signature was required to begin the interview and he was provided with a copy of the document to retain. In the cases of interviews that took place by phone, participants had the option to email signed copies of the informed consent or give consent verbally by way of his commencement of the interview. The interview began with a demographic questionnaire

(see Appendix D) where the participant was given the option to select a pseudonym to be used for the duration of the interview, in the interview transcript, and final report. Seven participants declined to select a pseudonym and were assigned one for the purposes of this study; the remaining participant selected his own pseudonym. The demographic questionnaire solicited information regarding the participant's military service and the nature of the crime that prompted his diversion to veterans court. Local area participants were provided with mental health resource information in the event that the participant experienced emotional distress as a result of the interview (see Appendix F for the referral list). At the termination of the interview, participants were compensated with \$25 Target gift cards. For participants who were interviewed via phone, the gift cards were mailed via U.S. Postal Service to an address of their choosing.

Data collection. Phenomenological research is yielded from first-person accounts of experience with a given phenomenon (Moustakas, 1994). An interview schedule of 6-10 open-ended questions is recommended for an interview length of approximately 45-90 minutes (Smith et al., 2009) (see Appendix E). The semi-structured interview schedule utilized for this study was comprised of 10 open-ended questions. Each participant was asked the questions as listed on the schedule but follow-up and clarifying questions varied according to the experiences of the veteran. The first four questions on the schedule fulfilled a dual purpose: to allow for an opportunity to build rapport through ostensibly benign questions and to provide a context for the circumstances that facilitated their entry into veterans court, through military service and criminal activity.

- Tell me about your military career.
- What was life like for you post-discharge?

- In what ways do you identify with being a veteran?
- What events led up to your involvement in the criminal-justice system?

The next three questions elicited the participant's view of the logistics of the program, including their referral to the court and what services have been provided for them.

- How did you come to be involved with the veterans court?
- What services have been provided for you?
- What has been most challenging for you since you began the program?

The remaining questions addressed their views of key components of the court, specifically their interactions with the judge and treatment staff.

- How would you describe your interactions with your judge?
- Were you to withdraw from treatment, how do you imagine your life would be affected?
- What would you change about your experience in veterans court?

The sequence of questions were modified as needed depending on how the participants structured their responses.

Interviews were audio recorded, transcribed verbatim, listened to an additional time with a tandem review of the transcriptions for accuracy, then the audio files were deleted. Digital copies of transcripts and consent forms were stored on a password-protected, external storage device; any hard copies of research product were stored in a locked, secure location at the University of Northern Colorado campus. Consent forms will be retained for three years following the completion of the study and then destroyed.

Qualitative research enlists myriad techniques to enhance trustworthiness by augmenting study credibility and confirmability. Reflexive journals are tools designed to

track and address biases that may arise during the commission of a study (Morrow, 2005). Audit trails also enhance qualitative research trustworthiness by providing a chronological report of research activities, memos, and events that influence data collection and interpretation (Morrow, 2005). To enhance the trustworthiness of this study, a reflexive journal and audit trail were maintained and stored in a password-protected document on a password-protected, external storage device. Member checks were conducted as needed to ensure accuracy of individual transcripts and plausibility of overarching themes and interpretations.

Saturation is reached when research findings become redundant and no new information emerges from interview data (Wertz, 2005). Morrow (2005, p. 255) refers to “the magic number 12” in postulating qualitative sample size but acknowledges that this number is wholly arbitrary. Further, predetermined sample numbers are rooted in a need to conform to the expectations of institutional review boards or journal review boards and research standards set by quantitative methodology. Complete data saturation cannot be fully achieved because of the unique contributions of individual participants (Morrow, 2007); however, a practical saturation, or redundancy can be attained through the use of multiple data sources and in-depth, quality interview. The ultimate goal of saturation is the collection of data through an adequately sampled number of participants, which is guided by the phenomenon studied and the expertise of the participants who have experienced that phenomena. For this study, saturation was reached after the completion of 8 interviews.

Data Analysis

Bracketing. Phenomenological research begins with the process of Epoché, which involves the researcher's attempt to identify and separate existing biases about the phenomena being investigated (Moustakas, 1994). The Epoché aids the researcher in observing what is being investigated without constriction of intrusive prior knowledge. The Epoché process does not imply that previous experience or knowledge has no purpose in phenomenology or that biases can be completely eliminated; however, the process itself allows for the acknowledgement of prejudgments so that they are not imposed on interpretation. The identification of biases, or *bracketing*, is an important step in interpretive phenomenological analysis but is done so with the understanding that prior knowledge may still be employed to inform interview questions, follow-up questions during semi-structured interviews, and interpretation (Miner-Romanoff, 2012; Smith et al., 2009).

By engaging in bracketing, I hoped to show sensitivity to the participant's values and norms by identifying any biases I may have had that aligned with mainstream norms not held by the participant (Miner-Romanoff, 2012). These norms are often held by privileged groups and by explaining my interest in the topic, my status as a military veteran, and creating an environment where the participant felt heard and respected, I could build trust with an arguably marginalized group. It has been suggested that when participants feel a sense of trust towards the researcher, they are more likely to redirect irrelevant topics or correct erroneous reflections during the interview (Miner-Romanoff, 2012). When dealing with criminal offenders, trust may bridge the gap inherent in the implied authority of the researcher role and minimize the chances that the participant

feels as though the researcher is unable to relate to his or her current circumstances. As a military veteran who has been cared for and employed by the Department of Veterans Affairs, I am in a position to be biased in a manner that overly identifies with the struggles of veterans and their reintegration into civilian life. However, much of my clinical practice as a counseling psychology graduate student has been with the Department of Corrections and in many ways I have views about criminogenic behavior that align with privileged groups. These issues were addressed in my reflexive journal and discussed with a peer mentor in qualitative methodology.

For effective interpretive phenomenological analysis, the researcher must immerse him or herself in the original data (Smith et al., 2009). The participant's experiences are extracted through key phrases, or significant statements, found in the transcript, reduced through horizontalization (Moustakas, 1994), then tentatively interpreted with researcher biases sufficiently bracketed (Denzin, 2001). By using horizontalization, each statement in the transcript was given equal value and its fundamental nature was deconstructed. Moustakas (1994) compares the perpetual cycle of experience to a horizon in that our perceptions of experience are impermanent; "a new horizon arises each time that one recedes" (1994, p, 95). Perceptions of experience are never exhausted; we simply reach a stopping point in seeking to understand them (Moustakas, 1994).

Significant statements were clustered into themes, followed by a structural description, in which I described "how" the phenomenon was experienced, and a textural description, in which I delineated the meaning of "what" was experienced (Moustakas, 1994). Structural description provides context and conditions for how the phenomenon is

experienced (Creswell, Hanson, Clark, & Morales, 2007) and serves to give an idea of how all participants came to experience the phenomenon (Hein & Austin, 2001). The overall context of the nature of veterans court was supported with public documents when available (e.g., online guides supplied by state or federal government websites, pamphlets provided by veterans court employees) that explained its organizational structure (e.g., admissions criteria, treatment guidelines, participant requirements). Immersion in the data enabled textural description and interpretation, which was accomplished with a re-reading of the interview transcripts alongside an additional listening to the audio recording. Textural descriptions can be both individual and composite and explicate what a participant or sample of participants experiences. The textural and structural descriptions are integrated to create a composite description, which reveals the essence of the experiences of the participants as a collective (Moustakas, 1994).

Thoughts and recollections of the actual interviews were recorded in a reflexive journal in support of the ongoing process of bracketing. Entries were made in the reflexive journal following interviews with participants. Exploratory commenting is the process of adding descriptive, linguistic, or conceptual comments in the margins of the original transcript during rereading. An examination of the transcripts through exploratory commenting provided an in-depth immersion of interview data. Descriptive comments focus on the content of what the participant said, linguistic commenting focuses on the language used by the participant, and conceptual comments posit questions that may be answered once analysis yields a more in-depth understanding of the data (Smith et al., 2009). This newly fleshed out commentary was reduced in detail

while retaining its interpretive complexity. These steps serve to thwart superficial interpretation and analysis resulting from a less than exhaustive examination of interview transcripts.

Following immersion in the original data, I identified emergent themes by reconstructing the deconstructed data into a coherent whole. The interview transcript was deconstructed into “discrete chunks” or clusters of meaning (Smith et al., 2009, p. 91), effectively reorganizing the data. Multiple methods can be used to search for emergent themes; for the purposes of this study, abstraction and polarization were used to search for emergent themes. *Abstraction* is similar to the quantitative method of principal component analysis, where closely related statements are put together under an umbrella, comprehensive descriptor, or *super-ordinate* theme. Conversely, *polarization* (Smith et al., 2009) is the process of taking contrasting stories to further understand themes, which were used as part of the contextualizing process (Denzin, 2001). Searching and reporting emergent themes using abstraction and polarization were repeated for each transcript and overarching themes that are consistent across transcripts were identified.

Trustworthiness

Trustworthiness supports qualitative research findings through methodological rigor (Morrow, 2005). The present study is an integration of postpositivist and constructivist paradigms, which have distinct criteria for the enhancement of trustworthiness. However, the postpositivist parallel criteria procedures for *dependability*, *transferability*, *credibility*, and *confirmability*, have more substantial research support and are utilized here. Each component of parallel criteria has a counterpart to quantitative research methods for the enhancement of rigor. The term counterpart is used loosely, as

the ultimate aims for quantitative methodology (e.g. generalizability of findings) are not the aims of qualitative research.

Dependability

Dependability is most closely related to reliability in that the both seek to improve how a study is conducted and replicated (Morrow, 2005). In a study with adequate dependability, the results are consistent with the data collected. Because of the intensity of the interpersonal processes involved in qualitative research, dependability is compromised by researcher boredom or exhaustion (Guba & Lincoln, 1989). Methodological changes are considered to be a component of the emergent nature of qualitative research but should be accurately documented nonetheless. For the enhancement of dependability in this study, I maintained an *audit trail*, a detailed account of the methods, procedures, and decision points in completing the study.

Transferability

Transferability is similar to external validity and its focus on the generalizability of research findings (Morrow, 2005). Generalizability in a qualitative study is the extent to which the researcher presents results in a way that the reader can apply them to other situations. Transferability can be achieved through *thick description*, or the provision of enough description to facilitate imagery of a context that allows the reader to determine how well findings can be applied to other settings and situations. Nevertheless, the onus of transferability is on the reader: “the burden of proof for claimed generalizability is on the inquirer, while the burden of proof for claimed transferability is on the receiver” (Guba & Lincoln, 1989, p. 241).

Credibility

Credibility addresses how the researcher communicates his or her manner of achieving methodological rigor, similar to internal validity (Morrow, 2005). Thick descriptions are imperative to promote credibility as well as member checks, peer review, and progressive subjectivity (Guba & Lincoln, 1989). Member checks, following up with research participants regarding the plausibility of an interpretation, were employed where possible. Phenomenological research is an evolving process that is molded and shaped by each interaction with the phenomenon in question. Given my status as a military veteran and my interest in the criminal justice system, it was necessary to evaluate and reevaluate my worldview and any biases that may have impeded effective interpretation of results. This was accomplished and tracked by maintaining a reflexive journal.

Confirmability

Much like objectivity in quantitative research, confirmability is the acknowledgment that findings should not reflect the theories and biases of the researcher (Morrow, 2005) and “are not simply figments of the evaluator’s imagination” (Guba & Lincoln, 1989, p. 243). Research data should be traceable to a source and available for outside review. The audit trail is instrumental in the promotion of confirmability by facilitating accountability in each methodological step. Consultation with a peer reviewer regarding the relative objectivity of preliminary interpretations of my findings and the regular maintenance of a reflexive journal supported the transparency in my procedures and interpretations.

Ethical Considerations

The ethical considerations of the present study were numerous and began with the potential participant's involvement in veterans court. A salient ethical issue in problem-solving courts is the treatment of confidential health information in public forums and its dissemination among treatment team members (Thompson et al., 2007). Best practices involve the use of release forms, informed consent, and the avoidance of clinical information being discussed in open court. Respect for participant autonomy and privacy are key to ethical conduct in qualitative research (Angelo, 2008). Further, critical inquiry dictates that this research should provide a means for critical reflection and new interpretations for subjugated groups by uncovering the truth of their experiences (Scott, 2014).

The participants for this study were not incarcerated, therefore, they were not subject to the same protections as prison inmates would be under Institutional Review Board guidelines. However, these individuals were arguably still subject to the perception of unequal power dynamics inherent in the criminal justice system and may have been susceptible to coercion by research incentives or compensation. In their examination of incentives in human subjects research, Grant and Sugarman (2004) offer this relevant suggestion: "Where participants are hard to recruit and there is the greatest need for incentives, one ought to be most reluctant to offer them. The need for large incentives can be a rough indicator that there may be an ethical concern that requires attention" (p. 734). It was imperative that I communicate to the study participants their rights to confidentiality, their ability to withdraw from the study, and that I was independent from

and not an agent of the county court system or any other organization that served as administrator to the veterans court.

CHAPTER IV

FINDINGS

The purpose of this study was to explore the experiences of United States military veterans enrolled in Veterans Treatment Court. I attempted to elucidate that experience with the research questions: (a) what was the essence of veterans' experiences from participating in veterans court and (b) how does veteran identity influence their experiences of veterans' court? The intent of the results was to uncover events in veterans court that may enhance or hinder treatment but may not be captured by structured collection methods typically employed by diversion courts. Through interpretive phenomenological analysis, I sought to make meaning of how veterans make meaning of their participation in veterans court, and therefore, reveal commonalities between veterans court participants despite differences in their criminal charges and respective veterans court structure. From that analysis, four themes emerged, which are displayed in Table 2.

I was given the opportunity to observe the Veterans Treatment Court docket in my local area. In this gathering, each veteran's court member stands in front of the judge in open court to discuss his or her progress so far. After the veteran spoke about his experiences and challenges, the judge would ask the district attorney or public defender if he had anything to add about the veteran's progress, or lack thereof, and sanctions or rewards were given where appropriate.

I observed the judge to be affable and friendly, speaking in a light-hearted, conversational tone of voice. Even in cases where a veteran would receive a sanction, the judge's tone was never scolding. Each veteran left the podium to applause from the courtroom. When the docket ended, the veterans met privately with their peer mentors - veterans who volunteer their time to provide support, advocacy, and role modeling to treatment court participants - in a nearby conference room. It should be noted that a local area coordinator suggested that I become a peer mentor because of my status as a military veteran. I declined the opportunity as I felt it would be inappropriate under the circumstances and counter to the trustworthiness aims of the study.

Table 2

Themes and Notable Quotes

Themes	Quote
Veterans Court Team as Non-adversarial	They're there to help us succeed; they don't want to see us fail. They want to help us get back on the right path so . . . as long as you're willing to do whatever it takes, they're willing to help you.
Veteran Support through Veteran Status and Camaraderie	I'm enjoying things I didn't enjoy before and I have vet court to thank for that . . . had I gone through civilian side I know I would've gone to treatment and I would've checked out the minute I walked in.
Challenges with Required Travel and Scheduling	I don't drive so it takes me two and a half hours to get to court and then two and a half hours to get back. And then court lasts only like 5 or 6 minutes.
Perception of Effort and Personal Responsibility	If you can't get yourself together after being here, you know, and kick that drug habit it's because you didn't want to do it.

Overall, the veterans I observed and interviewed for this study mirrored commonly found demographic and psychosocial trends among justice-involved veterans. I noted substance abuse across all eras and periods of homelessness among Vietnam-era veterans. In gathering this data, it became salient to me that all of the participants of color

were Vietnam-era veterans and they comprised three of the four Vietnam-era veterans interviewed. On the docket, I observed a wide age range among the individuals who approached the podium but no female veterans. Further, I interviewed no female veterans and was not contacted by any female for possible participation. Many reasons can account for the lack of response from female veterans but it is likely reflective of their comparatively small number in the criminal justice system and in the armed forces (Noonan & Mumola, 2004).

Demographic Data

Eight veterans treatment court participants were interviewed for this study. Participants were all males between the ages of 26 and 66 and were current members of Veterans Treatment Courts in five western states. Four of the eight participants were Vietnam Era veterans; the other four participants identified as OEF/OIF Era veterans. One participant was a current member of the Army Reserves. Six veterans reported United States Army service - active, guard, and reserve - while the remaining participants served in the U.S. Navy and U.S. Marines. Of the eight participants, four stated that they were combat veterans. Length of time served in veterans court ranged from 3 months to one year; four of the five participants reported meeting with their assigned judge biweekly, while one stated he met with his assigned judge monthly. Six participants reported that they were referred to Veterans Treatment Court by their public defenders, following charges of driving under the influence of alcohol (DUI); the remaining two veterans stated that they were referred due to assault charges, however, their treatments also focused on substance abuse issues. Four participants reported that they were charged with felonies, while the remaining participants were charged with misdemeanors. Two

veterans stated that prior to their charges they had no other involvement with the legal system. Four veterans stated that they had not received mental health treatment of any sort prior to their referral to veterans court. Table 3 displays demographic data as well as pseudonyms selected by the participant or by the primary investigator, which are used for the remainder of this report.

Explication of Themes

Theme One: Veterans Court Team as Non-adversarial

A fundamental principle of the problem-solving court is that the assigned judge, attorneys, service providers, and administrative staff work together in a manner that is collaborative (Wiener & Brank, 2012; Lessenger & Roper, 2007). The veterans interviewed for this study, regardless of their feelings about veterans court overall, endorsed that their respective teams made them feel supported and that they were working toward a mutual goal. Many pointed to their relationships with their judges as unlike one they had encountered in prior or imagined court experiences. Some participants explicitly noted that their judge or district attorney volunteered for veterans court duty and seemed reassured by the voluntariness of their participation.

James is a 66-year-old, African-American, Vietnam-era veteran referred to veterans court for driving under the influence of a substance (DUI). He explained proudly that although he had difficulties with cocaine and alcohol use, he was able to curtail his alcohol use cold turkey and does not battle cravings and negative consequences in the same manner that he does with other substances; he added that he hopes to gain the same relationship with cocaine and that veterans court treatment will hopefully enable him to

do so. James explained that he had periods of incarceration for his use of illegal substances, and much like other veterans interviewed, periods of homelessness.

Throughout the interview, he spoke of his improved quality of life through discussion of housing resources available to him in his inpatient substance abuse treatment facility and the autonomy afforded to him because of his treatment compliance. When speaking of his team he stated, “The people here they really seem genuine. They seem like they have your best interests and I think it’s a great place.”

Of his veterans court judge he said, “I think [the judge] is a fair and honest man and he’s really sincere about veterans. Although I understand he wasn’t a vet, he’s . . . a caring man.” Multiple participants revealed a tacit awareness that their relationships with their veterans court treatment team are atypical to the criminal justice experience. When discussing his appreciation for the judge and his team, James laughed and added, “I think once you complete that program, I think he got great things for you [sic] . . . and everything lies in his hands, which is kind of dangerous when you think [about it], having your life in someone’s hands.”

Steve is a 56-year-old, African-American Navy veteran referred to veterans court for a gruesome physical altercation that reportedly left him with head injuries and difficulty maintaining a stable residence. He explained that he was charged with assault and facing 20 years in prison when his public defender referred him for veterans court. Steve expressed his reluctance to speak ardently about his dissatisfaction with the veterans court and repeatedly, nonverbally prompted me to assure him that what he would tell me would not be linked to him. He initially spoke of his judge as unduly harsh on him but upon further recollection followed this claim with an anecdote about a

sanction he received for missing some required classes. For his sanction, his veterans court judge ordered him to sit in his courtroom for the day to observe criminal trials.

Table 3

Participant Demographic Data

	Steve	James	Anthony	Sam	Nick	Joe	Hank	Scott
Age	56	66	65	59	26	33	38	38
Sex	M	M	M	M	M	M	M	M
Marital Status	Single	Divorced	Divorced	Widowed	Single	Single	Married	Married
Ethnicity/Race	African-American	African-American	Caucasian	Latino	Caucasian	Caucasian	Caucasian	Caucasian
Education Level	HS Diploma	HS Diploma	Associate's Degree	GED	Some College	Bachelor of Arts	Associate's Degree	Some College
Branch of Service	Navy	Army	Army	Army	Army (Reserves)	Army (Guard)	Marines	Army (Guard)
Length of Service	2 years	19 years 6 months	3 years 2 months	3 years	9 years	10 years	8 years	12 years
Combat Experience	No	No	Yes (Vietnam)	Yes (Vietnam)	No	Yes (Iraq)	No	Yes (Kuwait, Iraq)
Type of Discharge	General	Honorable	Honorable	Honorable	N/A	Other than Honorable Conditions	Honorable	Honorable
Time in VTC	8 months	1-3 months	3 months	6 months	1 year	9 months	3 months	7 months
Classification of Crime	Felony	Felony	Misdemeanor	Misdemeanor	Misdemeanor	Felony, Misdemeanor	Misdemeanor	Felony
Contact with Judge	Biweekly	Biweekly	Biweekly	Biweekly	Monthly	Monthly	Weekly	Biweekly
Prior Treatment	No	Yes	Yes	No	No	No	Yes	Yes

Note. Locations of courts were not listed to maintain confidentiality.

Steve said of that experience, “When I did sit in court with him all day, he was very lenient, you know. Because possible sentences, minimum of this, maximum of this, he never gave anyone the maximum.” Despite his overall displeasure with the veterans court, he spoke of the judge in a manner similar to other participants: “I do think he’s fair but I just don’t think it’s fair that I’m in there.”

Anthony is a 65-year-old, Caucasian, Vietnam-era veteran referred to veterans court for DUI charges. Because he had college credits, he was sent to Vietnam with the rank of sergeant. Because of the “horror stories” he heard of the treatment of returning Vietnam veterans in the states, he opted to return to Vietnam for an additional tour, spending nearly two years of his military career there. In hindsight, Anthony lamented separating from the military in his early twenties, stating that he would have been retired for nearly 12 years by this time. Nevertheless, he is of the few veterans interviewed who denied post-discharge struggles and was able to maintain a stable life that according to Anthony was “good for a while until I let the silly alcohol take over”. Anthony described his experience with the veterans court as wholly positive and said of his judge and probation officer, “. . . they’re on my side versus being against me . . . and it’s my understanding that he does this veterans court strictly on a volunteer basis. And I think that says more about him as far as where his heart’s at.”

Scott, a 38-year-old Caucasian, OEF/OIF era veteran, spent over 10 years in the Army National Guard before he was forced to separate due to the severity of the posttraumatic stress disorder resulting from multiple tours to Iraq as a combat infantryman. He explained that he was a social drinker prior to his military service but found himself drinking heavily to cope with intrusive thoughts and nightmares

subsequent to his trauma. After multiple DUIs and a brief stay in an inpatient substance abuse treatment facility, he was referred to veterans court. Though he still battles symptoms of PTSD, he said that veterans court provides him with personalized treatment that he did not receive elsewhere. Regarding his veterans court team he said, “They take each case to heart to where it’s more personal. Where with RTP there they jabber about some stuff then you’re done for the day. Where here you have to go to court every so often and just show up and you get to listen to each person’s issues and stuff. And hear how they’re progressing.”

Theme Two: Veteran Support through Veteran Status and Camaraderie

Group cohesion has been found to significantly predict positive treatment outcomes in inpatient treatment of PTSD in combat veterans (Ellis, Peterson, Bufford, & Benson, 2014). Lyons and Swearingen (2007) examined characteristics of war era-specific veteran groups and blended era groups and observed that in blended era groups the more senior members were able to provide feedback that would have been poorly received from a nonveteran as well as help the newer members navigate challenges with obtaining VA services. In turn, senior group members, namely Vietnam era veterans, benefitted from mentoring younger veterans by feeling positively and restructuring previously held negative beliefs about their service. Though the veterans court does not function as treatment group, per se, there was a universality in the experiences of the members that is capitalized on deliberately through the peer mentor program and informally among veterans court participants. Some veterans used treatment court as an opportunity to mentor newer or younger veterans and described a connectedness through group therapy and meetings.

Nick is a 26-year-old, 10-year military reservist who holds a civilian job. He explained that he is “at odds” with the idea of considering himself a veteran, though he is identified as one by the Department of Veterans Affairs and his veterans court. He personally considers himself to be a “weekend warrior” and that service members who served in combat are the titular veteran. Nevertheless, he credits the veterans court with helping him understand the depth of his alcoholism and discussed the feeling of being new to veterans court as an emotionally daunting one; this feeling of unease is the reason that he routinely reaches out to new members: “Almost every forum it’s a wave of people coming in and a wave going out and when you first walk in it’s, you’re a little scared and timid but you always have those battle buddies that just go, ‘Why don’t you come over here and we’ll talk.’”

Sam, a 59-year-old Latino Vietnam-era veteran depicted his relationships with other veterans as one of tact and candor, explaining that he does not ask them to go into detail about their combat experiences: “We’re all service connected and a lot of them just don’t know how to handle it if they saw combat. I don’t ask them that. I just let them keep it to themselves.” He said of his identity, “It’s an honor to be a veteran, believe me; without that I don’t think I’d have the things I’m doing. Even to be able to participate and help a lot of these youngsters . . . that really need a lot of help. Hearing from my past experiences with alcohol and drugs, they could actually gain something out of it from me.” Steve also described his interaction with other veterans as an important component to his own treatment. When asked about what he found helpful in veterans court, he flatly said, “Nothing,” but immediately retracted that statement saying, “Well, I can’t say that

because in the MRT class, listening to those other guys and seeing that I'm not the only one that has problems."

Hank, a 38-year-old Caucasian OEF/OIF-era veteran, joined the Marine Corps after the events of September 11th 2001 and described himself as "aimless" when he separated after 8 years of service. Though he felt close to his wife and child, Hank said that he missed the camaraderie of The Corps and has become very active in veteran organizations since his honorable discharge. That camaraderie and connectedness is reflected in his veterans court participation: "I'm very fortunate that I'm in this court; the way it's set up . . . I feel like it's a family. Yeah, and I don't know if all courts are set up like this but I know this one here in [city redacted], I mean the participants in it know each other well, the staff knows everyone well, it's, I don't know, almost like a family and I think a lot of that on my part is actually working the program as designed." Hank lamented that he felt lost after his discharge from the military and often emphasized the importance of connectedness to the Marine Corps and other veterans. The veterans court helped him find a purpose and new way to regain what he lost following his discharge: "I'm involved with getting the Marine Corps League restarted here, veterans court, pretty much all my friends are veterans. I'm actually working at a vet center so I identify with being a veteran and I'm surrounded by veterans. And that's kind of where I regained my camaraderie." Scott plans to open his home to veterans court participants who are homeless but not yet eligible for VA housing. He said, "Even after I get done with the program, I'm still going to go to the courts from time to time as support for the other veterans." When asked what he found most rewarding, Scott said, "Seeing people who

graduate from it, watching people move up, and seeing people change from the time they first came in and . . . seeing that, watch that change in people.”

Theme Three: Challenges with Required Travel and Scheduling

Each of the veterans interviewed were required to attend program-sanctioned activities and check in with their assigned judges and probation officers. The frequency of these visits largely depended on what phase of treatment they were in; specifically, success in treatment is necessary to move forward to the next phase and the number of required meetings with court staff is reduced as an incentive. Additionally, because they each had substance abuse counseling as part of treatment planning, all of the veterans interviewed were required to call a hotline daily to find out if they were required to report to a facility for urinalysis. Specified facilities were designated for testing and, in most cases, were not conveniently located.

Steve, a self-employed computer technician, lamented his inability to make a living in the manner he was accustomed to due to the rigors of scheduling: “I cannot hold a job, even a minimum wage job, because I have to go to court twice a month, I have to go see my probation officer twice a month, MRT class once a week, and then this lady [his new individual therapist] once a week . . . I don’t drive so it takes me two and a half hours to get to court and then two and a half hours to get back. Court lasts only like five or six minutes.” In emphasizing the importance of his livelihood he added, “Court doesn’t care about you having a job. The court cares about me being there when they say.” Joe, a 33-year-old Caucasian veteran, found the scheduling of veterans court somewhat overwhelming and later in the interview suggested that the participants should be eased into the program.

In the beginning, there's a lot expected of you and if you're working and just trying to manage all of the commitments you've got to do - you're going to court, in phase one you're going every week. So you've got to get at least four hours off, or five hours, because court's at ten o'clock. It's just a lot of time with the other appointments when you haven't done [sic] seen a counselor or done any treatment and having to start to do that and a lot of that time you got to schedule here in the week so when you have a full time job that's hard to do. You got to have an employer that's really willing to work with you.

The participants spoke positively of their relationships with their probation officers even though their points-of-reference for interactions with law enforcement were neutral or negative. James was one of a few participants who had been incarcerated multiple times for drug-related crimes and explained that he generally avoided unnecessary interactions with correctional staff or even VA staff who sought to provide him transitional services. James acknowledged his difficulties with his schedule but his demeanor in discussing them indicated acceptance, "Your whole day is shot so that leaves you no time for programming and to go as far as we're going, then I have to go see my PO . . . so that takes about 3 hours each way and I see him for about 15 minutes." While it may seem tedious to travel for hours to meet for such a short time, some participants explained that short meetings with their probation officers, or meetings that segued into small talk, indicated that there were no real concerns regarding the participant's progress and implied success on the part of the veteran. Anthony's attitude toward traveling and scheduling challenges suggested that he is certainly aware of them but not bothered by them. "I spend two and a half hours on a bus, twice a month to see my PO up in [city redacted] and I spend ten minutes with him . . . I do take UAs once a week, which is no big deal. I go to an alcohol class once a week, which is no big deal . . . I got really lucky because I can do my UAs like a block from where I live."

Nick demonstrated the spirit of advocacy by speaking of the challenges other veterans have expressed with appearing as required to appointments, “I know that there are some in the vet court that do not have a means of transportation and if you want to have them mandatory presence [sic] in the court, other than putting them in jail, I think that a van pool, a car ride system, something should happen so that way everybody can get there and it’s not causing a financial hardship on anybody.” At the time that Nick was referred to veterans court, he was not enrolled with the Department of Veterans Affairs to receive services. Though he had the option to receive care locally, enrollment with the VA was a more cost effective alternative: “Because it’s about an hour away from where I live now and to get the time off of work to get over there and they tell me I missed a form that I didn’t fill out that I have to go back home and bring it back was just a real hassle. So it took me almost 3 months to get all the paperwork that they needed from me just to be enrolled.”

Sam is a Vietnam-era veteran who was offered the option to enlist in the military as an Army infantryman at age 17 to avoid being sent to juvenile detention. He shared that he drank in excess to cope with experiences in Vietnam and that he and other military service members used alcohol and drugs while deployed there. Post-discharge life was a struggle for Sam with involvement in domestic disputes and periods of homelessness over the years. He described encounters with law enforcement for drinking and driving in the small, Midwestern town where he grew up and explained that he had avoided arrest and prosecution because it simply was not done until recently. Instead of arrest, the local police would have Sam park his car and drive him home if they found him too impaired to drive. His enrollment in the veterans court in his small town also

meant that his assigned judges had known him since his troubled youth. “The judge isn’t just a judge, she’s also your friend. And they’re only there to help you.” Sam discussed the inconvenience of his obligations in reference to what would be required of him had he not agreed to attend veterans court: “And I just couldn’t believe it but that was better than anywhere from \$15,000 to \$20,000 for all the things you have to do. You have classes, you have urine tests, you got probation, you got court costs, everything that’s over the years would be a lot of money.” According to Sam, veterans court has been a life changing event for him and, along with responsibilities to his family, he feels a sense of duty to succeed in the program.

Although James resides in an inpatient drug treatment facility operated by the Department of Veterans Affairs, he is not permitted to take his veterans court-required urinalysis at that facility. Additionally, he is required to take urinalysis as a condition of his treatment at the VA facility, meaning on some occasions his urine is tested for substances multiple times per day. “So you test here and on that same day my number might show up and I’ll have to go to [city redacted] even though I just tested here and that right there is kind of disturbing.” Despite this oversight, James attempted to bring levity to his arduous schedule adding, “I hate the long trip but I don’t want them too close.”

Theme Four: Perception of Effort and Personal Responsibility

When individuals who are struggling with addiction come together, as in Alcoholics Anonymous or Narcotics Anonymous, an exchange of stories and experiences occurs along with the interpreting and reinterpreting of those experiences, or a hermeneutic process (Kerns-Zucco, 1998). Through this hermeneutic, the addicted person

is effectively convinced that he or she has an addiction, which is imperative to the recovery process. According to Kerns-Zucco (1998), resistance to recovery can be observed through feelings of anger, or discomfort along with lying and other avoidant behaviors, creating a role for other members to effectively challenge these behaviors.

There was an apparent recognition among the interviewees of veterans court as an imperfect system with a laudable goal. Criticisms of the court were vehemently qualified and supplanted with the acknowledgement that they would not be in a position to experience these inconveniences were it not for their own crimes. Of the eight veterans, only one drew a direct link, quite begrudgingly, between the trauma he experienced while deployed and the increase in his substance use. Nearly all of the participants held themselves personally accountable for the actions that led them to veterans court while simultaneously empathizing with each other in their darkest moments. In that support, was a supposition that veterans who struggle with substance abuse are especially challenged in veterans court and may not be successful until they are personally motivated, despite the abundance of support and resources offered to them.

Joe is an OEF/OIF veteran who spent 10 years in the Army National Guard, which included three tours to Iraq. He was reluctant to discuss the circumstances of his discharge, tersely stating that he made some “bad decisions” that got him “kicked out pretty much”. Life following his other than honorable discharge was challenging, and according to Joe, he found himself drinking and using substances to cope with his difficulty returning to civilian life. He admitted that he likely would not have agreed to veterans court treatment if not for his felony assault charge and the opportunity to have his charges reduced. Nevertheless, he said that veterans court has helped him regain the

structure in his life that he lost when he separated from the Army. Through a member check, I sought to confirm my interpretation with Joe that the veteran participants make sense of their difficulties with veterans court through personal responsibility; moreover, I was interested to know if that message was conveyed by treatment court staff or organically from the veterans themselves. He said, “It comes from the veterans themselves. I mean, you do the crime, you gotta do the time, right? Pay for our actions.”

James spoke openly about his decades long struggle with substance abuse, specifically cocaine, and his understanding that honesty with your treatment providers is imperative to improvement. “That’s one thing I’d never do is lie about my substance abuse problem, because for what? That’s my problem and I created it and that’s the monkey on my back so I don’t feel like I have to lie about. I’m in this program, I’m in the drug court, and I’ll tell you what - drug court means I do drugs so they know I do drugs so why lie and say no, I don’t do drugs but I’m in this court.” James was pleased with the resources provided to him and spoke of getting a new start after intermittent periods of homelessness, “If you can’t get yourself together after being here and kick that drug habit, it’s because you didn’t want to do it.”

Anthony was much more explicit about his feelings regarding veterans who struggle with veterans court.

What I see wrong with these guys at the veterans court, they’ve missed this, they’ve missed that and I’m thinking, ‘you’ve been given a second chance from veterans court.’ No jail, no this, I never even got a fine or court costs for anything . . . and these guys are blowing a second opportunity when the requirements of compliance are so minimal even a third grader could do them with ease. And yet these are grown men who aren’t doing this, aren’t doing that and it’s like why don’t you just hold your hands up and say cuff me and take me away now? There’s guys that’ve shown up there drunk and I’m going ‘you’re showing up for veterans court drunk?’ I just don’t understand.

Scott's view of urinalysis may reflect a generational dissimilarity between Vietnam-era veterans and those who have served more recently. Drug testing in the military came as byproduct of the Nixon administration and the alleged drug use of military service members while in Vietnam (Office of the Under Secretary for Personnel and Readiness, n.d.). The Vietnam combat veterans of this study affirmed that there was drug use in-theater citing their own observation and participation in it. Scott emphasized his relative indifference to urinalysis by referring to his additional duty administering urine tests in the National Guard. "It's not a big deal, because like I said, if you're being honest with yourself then why worry about doing a UA? You know, I mean if you're being honest with yourself, doing what you're supposed to do then it shouldn't be a big deal to go do a UA. In the military we done it a lot too so it shouldn't be no difference."

Sam thought that for those who struggle, this could be a time for veterans to truly pull together in their camaraderie and reflect on the purpose of veterans court, "I just want to show them that it does, the treatment does work for those that want to use it. And I really mean to help themselves, not just take advantage of the situation just to get out of one." In a similar sentiment Nick said, "The only people who struggle in veterans court are the ones who are not trying. I've been in a year and I've seen the people who have struggled and as soon as they put their foot forward and quit fighting everything they got exactly what they needed out of the program . . . it's just a matter of doing the work." Steve's depiction of veterans court mirrored the experiences of the other participants but came with a palpable resentment to needing its use. If we assume that he shared his negative feelings toward the court with other veterans implicitly or explicitly, his experience may reflect how the aforementioned attitude towards those deemed "not

willing or ready to change” plays out in treatment. He explained, “You’ve got to make it through the first step, then the second step, and I [was] just recently voted not to pass my third step because they thought I wasn’t being honest.”

Veteran Identity

In exploring the experiences of veterans enrolled in Veterans Court, I also sought out to understand how veterans’ identity influences their experiences of veterans’ court. However, it was not the aim of this study to quantify the extent to which justice-involved veterans identified with their status as a veteran; as part of the double hermeneutic, I sought to make sense of how they made sense of it and connect it to their veterans court experience. I attempted this by directly asking how much they identified with being a veteran. More than one participant needed further clarification on what I intended by the question. I clarified their misunderstanding by asking how their military service impacted the way they viewed themselves and how much they currently engaged in veteran-related activities. A participant who initially misunderstood my question gave a response that unintentionally spoke to the military as a culture: “I don’t know how we do it but for some reason we tend to have this ability to identify each other on who’s a veteran or not.”

The veterans of this study, predictably, identified with being a veteran to varying degrees. Four of the veterans’ responses were in some way related to the receipt, or initial refusal, of VA benefits, which evokes the image of a veteran in relation to the Department of Veterans Affairs and the provision of health care services. Steve was one of the veterans who denied using benefits prior to veterans court, “I didn’t feel like I needed them. I didn’t want to go to college and I didn’t need any help.” Three of the eight participants referenced combat when asked about identity. Nick responded to the question

of identity with a directness and clarity I did not observe in the other participants, “I’ll say I served but I really wouldn’t say I was a veteran, at least in my own in my own definition of it. I consider it a combat veteran a real veteran [sic]; I was more like a weekend warrior, if you will.”

Two veterans lamented the circumstances of their discharges when asked about identity. James, most notably, explained that he was administratively discharged for drug use. His manner in relaying this story became much more somber as he went on to say that he keeps this secret from his family and that as far as they know, he retired with full benefits: “It makes you feel good to be a veteran and you hear all that about thank you for your service . . . and then I wonder what kind of service did I really do, getting put out with a dishonorable, with 6 months prior to 20 years.” Joe also described his identity with some complexity, “I was upset the way I got out because I got involved in things, looking back I wish I hadn’t. But I’m proud of my service. I just wish I’d made better decisions . . . I don’t go out, ‘Hey, I’m this vet.’ My family and close friends know I am. Otherwise I don’t parade around.”

Three veterans responded to the question of their identity by referencing service to others and camaraderie with other veterans but it is of note that six of the eight veterans interviewed referred to their connection with other veterans as significant to their experiences in court. Sam welcomed the opportunity to mentor new, struggling veterans and said, “It’s an honor to be a veteran, believe me, without that I don’t think I’d have the things I’m doing. Even to be able to participate and help a lot of these youngsters that are younger than I am that really need a lot of help, seeing from hearing from my past experience with alcohol or drugs; they could actually gain something out of

it from me.” Hank noted his use of services but compared to the other participants, he elaborated heavily on his connection to other veterans: “Pretty much all my friends are veterans. I’m actually working at a vet center so I identify with being a veteran and I’m surrounded by veterans. And that’s kind of where I regained my camaraderie.”

CHAPTER V

DISCUSSION

The goal of qualitative research is not generalizability of concepts within a population but the close examination of phenomena where variables cannot be preemptively identified, understanding participant's perceptions of their role in an organization, or the development of working hypotheses for further study (Merriam, 1995). Thus, it was not the goal of this study to make broad suppositions about the effectiveness or suitability of veterans treatment court as a diversion program or draw conclusions about the veracity of its intended goals. The goal of this study was to glean the essence of veterans' experiences in Veterans Treatment Court through the epistemology and theoretical perspectives of constructivism and critical inquiry. Using constructivism as a foundation, I hoped to facilitate a methodology that would account for the robust culture of military veterans. I chose critical inquiry as a theoretical perspective because it would enable close examination of how the inherent power dynamics involved in our systems of mental health care and criminal corrections might play out in this diversion program, despite its well-meaning intentions. The research questions posed were (a) What is the essence of the experience of justice-involved veterans who are actively participating in veterans court? and (b) How does veteran identity impact the experience of receiving mental health treatment through the criminal justice system? In addressing these questions four themes emerged:

- Veterans Treatment Court team as non-adversarial
- Veteran support through veteran status and camaraderie
- Challenges with required travel and scheduling
- Perception of effort and personal responsibility

Qualitative interpretation can be useful in formulating an understanding of a social, political, or cultural context to a given message, an insight into concepts of human existence, or a basis for individual motivations that are beyond the awareness of the parties involved (Flick, 2014). In the double hermeneutic process of interpretive phenomenological analysis the researcher makes sense of how the subject makes sense of a phenomenon. From this study, I deduced that the essence of the veteran participants' experiences can be understood as *opportunity*. I drew this conclusion in two ways: The first method is in reference to a hermeneutic interpretive process where the context of a statement is removed (Flick, 2014). Throughout the interviews veterans spoke of opportunities for treatment, connection with other veterans, support from peers and figures of authority, and structure in a manner reminiscent of their military service. Each participant affirmed that veterans court provided an alternative to hefty fines or jail time but in many cases they were provided with an opportunity to address addictions they had no insight into previously or negative behavioral patterns that had not effectively been addressed. Those who had been successful in the program welcomed the opportunity to mentor newer members and connect in ways that transcended their legal difficulties. Irrespective to the context of their membership in this court, the participants spoke of being able to engage in activities previously unavailable to them.

The second way deals with the literal meaning of the text, which was captured by my immersion in the transcripts and linguistic commenting. A number of veterans used the word “opportunity” to describe their veterans court experiences. Anthony uses the word opportunity to illuminate his experience three times during the interview. He used it to describe other veterans who have difficulty with the program, which was quoted in the findings, and then later when discussing logistics and challenges of the program:

“Veterans court? I just don’t look at it as a challenge. I look at it as an opportunity. No challenges. Riding on the bus out to [county redacted] - that’s kind of a pain in the butt.” He finally used the word to speak globally of his decision to join, “Just the whole opportunity to do the right thing for a change instead of doing the wrong thing. I don’t know if everything that led to this was a bad decision and now I’ve got a chance to make good decisions.” Nick used the word when referencing his feelings about the services, “It is amazing. I can’t believe that I was offered the opportunity to do that and the vet court is great because it’s just like being at my unit and brothers helping brothers, sisters helping sisters. Just amazing and I just love it.” Joe used the word opportunity a total of three times when speaking of his participation. The theme-relevant quotes can be reviewed in the findings but he also used the word to discuss veterans court impact on his quality of life, “Well, we’re all good individuals, just made some not so smart decisions and now we’ve got the opportunity to get life back on the right track.”

Themes

The treatment team and support. Support and camaraderie were frequently noted by the participants and seemed to play an essential role related to their experiences with veterans court. This is not entirely surprising, given that the impact of intimate

relationships on transitioning military veterans has been heavily documented in literature in the U.S. (Monson, Taft, & Fredman, 2009) and Canada (Westwood, McLean, Cave, Borgen, & Slakov, 2010). In their qualitative study of 20 military Reservists and Guard members' post-deployment reintegration, Hinojosa and Hinojosa (2011) found military friendships to be a recurrent theme. Most notably, "the men talked about the connection to other military members as a "brotherhood" or "camaraderie"" (Hinojosa & Hinojosa, 2011, p. 1153). Literature on OEF/OIF service members reflects the significance of interpersonal relationships on transitioning veterans and how veterans can be negatively impacted in the absence of that support (Ahern, Worthen, Masters, Lippman, Ozer, & Moos, 2015).

The foundation of an effective problem-solving court is the treatment team (Wiener & Brank, 2013). Cooperative communication between team members, often in the face of divergent goals, is an inherent challenge in the process. The team must be willing to act in the best interest of the client and listen and share opinions without engaging in power struggles (Lessenger & Roper, 2007). Communication is so integral to an effective drug court experience that researchers attempted to tailor Consensus Training to drug court teams in order to facilitate open communication between team members (Melnick, Wexler, & Zehner, 2014). Consensus Training replaces ego-centered, zero-sum, downward communication with communication that focuses on interpersonal interactions and what is best for the client. It is unclear if the treatment teams of the sampled veterans courts engaged in formalized communication training.

The *ethic of care* lays a theoretical foundation for how individuals create social networks and how individuals care for members of that network (Banks, 2013). Carol

Gilligan's work in moral psychology expanded Kohlberg's Theory of Moral Development, which Gilligan found to be insufficient in accounting for how women may conceptualize morality and justice (Banks, 2013). Specifically, Gilligan's philosophy posits that women are more likely to make moral decisions in a manner that preserves relationships whereas men may be more apt to evaluate if guidelines were followed and applied appropriately. Proponents of the ethic of care and its place in the criminal justice system suggest that the judiciary should practice in a manner that is mindful of justice in its technical application but should also wield its power as part of a "caregiving" initiative (Banks, 2013, p. 327). In Lutze's (2006) commentary on boot camp prisons, she endorses a need for an ethic of care to counter the entrenched systems of militarism, sexism, and racism embedded in correctional policy. Though her position is not as overtly gendered as the debates between Gilligan and Kohlberg, Lutze (2006) does indict the "ultra-masculinity" (p. 393) and the impact of militarism as underlying problems in boot camp and traditional prisons. She states, "Our prison programs of the past, and our boot camp prisons of today, fail, not because our conscience is in the wrong place, but because we do not care enough to assure offenders access to institutions or treatment programs with integrity" (Lutze, 2006, p. 395).

Participation logistical challenges. In the drug court model, drug testing is an integral component to the measurement of treatment adherence and treatment success. Protocols for the administration of testing as well as minimization of specimen adulteration and false positives increase accountability for court administrators and participants (Lessenger & Roper, 2007). Drug testing can occur periodically or randomly, however, periodic testing is not conducive to deterrence due to the tendency for users to

clear drugs from their systems prior to testing (Lessenger & Roper, 2007). For drug courts specifically, the drug testing process should not only foster accountability but it should not cause undue hardship financially or logistically. This is essential to the process as it is generally required that problem-solving court participants pay for certain services and find their own transportation to testing locations. Redundancy in drug testing requirements, as observed in James' case, could cause an undue burden on the participant's time, the allocation of funds for services, and negatively impact participant treatment attitude.

The ability to obtain gainful employment is important to general quality of life of ex-offenders and foundational in reducing criminal recidivism (Nally, Lockwood, Ho, & Knutson, 2014). A qualitative examination of 55 Pennsylvania drug court exit interviews found that participants' second biggest complaint was that program requirements interfered with their ability to keep a full-time job (Wolfer, 2006). Moreover, maintaining employment was an explicit goal of the program and the expectation that employers navigate demands of the drug court program was thought to be an unrealistic expectation, according to the current study's interviewees. Additionally, the participants of the Pennsylvania drug court responded that meetings frequently started late and ran longer than expected (Wolfer, 2006). Though this is not exactly similar to the challenges faced by the veterans of this study regarding travel time to out-of-area courts, there is stark similarity in what messages are sent to participants regarding the value of their time. While it is at the discretion of an employer to hire an ex-offender and retain that person in the face of extraneous scheduling demands, the challenges in a participant's ability to treat a mental health issue could suggest systemic hindrances toward drug treatment.

Personal responsibility. For those who are referred, participation in problem-solving court is intended to be a voluntary choice that harnesses the “coercive powers of the court” (Lessenger & Roper, 2007, p. ix). Paradoxically, the choice to participate, in itself, is meant to be empowering, introducing a level of agency in the person’s recovery. It is of note that the participants of this study often claimed that they enrolled in treatment court to avoid harsher sanctions. That they were able to improve their lives and face addictions that they had not otherwise been able to effectively treat, can be argued as coercive and paternalistic as well as benevolent, given social attitudes toward the War on Drugs and control strategies (Timberlake, Lock, & Rasinski, 2003).

The criminalization of drug abuse and attitudes toward those who use may be at play when considering how these participants took an almost self-flagellating standpoint regarding their participation in the court, or what critical inquiry would frame as tacit acceptance of their oppression. The fourth theme, *perception of effort and personal responsibility*, evokes the tenets of critical inquiry, which serves as the theoretical perspective of the present study. Specifically, that in any society there are privileged groups, which are more powerful when subordinate groups accept their status as normal or inevitable (Crotty, 1998).

Veterans’ identity. In the present study, veteran identity impacted the participants’ treatment logistically, by reestablishing a connection to their experience through the receipt of services and interpersonally, by facilitating positive engagement in the treatment milieu. Studies of the impact of veteran identity are minimal but, in some cases, align with the findings presented here. Hammond’s (2016) qualitative study of student veterans found that their self-perceptions were greatly influenced by their statuses

as combat veterans. Moreover, the study found that the participants viewed their combat deployments as influential in the hermeneutic of their daily lives. The Hammond (2016) study also found that participant identity was impacted by their feelings of connection to other veterans as well as a level of discomfort experienced around nonveterans. In the context of veterans court, this connection could further signify a justification for a veteran-specific court rather than referral of veterans to drug courts or mental health courts.

Limitations

This study has a number of strengths and limitations that must be addressed. The information gleaned here contributes to a growing body of literature in veterans treatment courts. Moreover, it fills a need expressed by Miner-Romanoff (2012) regarding the lack of qualitative research in criminology. Though trends cannot be generalized through interpretative phenomenological analysis many aspects of the findings were echoed in other qualitative studies, which fortifies a foundation for both qualitative and quantitative research study.

The nature of problem-solving courts is that governing bodies who implement them have great discretion in what charges and clientele are eligible for referral (Lessenger & Roper, 2007; Thompson et al., 2007; Wiener & Brank, 2012). As such, a variety of charges may yield myriad treatment tracks and different experiences. This provides a richness in the descriptions of those experiences, which supports transferability and credibility. The veterans court participants reported challenges that appeared unique to their particular court's organizational systems and true saturation may not have been feasible with a sample size of eight participants. Unbeknownst to me at the

time of recruitment, I contacted the treatment court coordinator for the largest veterans court in the country. The court structure and interactions of those recruited participants were likely vastly different from Sam's experience, for example, in that he was born and raised in the small town where his treatment court judge presided and referred to her as a "friend". Anthony explained that because of the way his state's counties are annexed, he lives within two miles of three different cities; he was charged for his crime in a county that was in close proximity to his home but referred to the court of that county, which was a two and a half hour bus ride away. By the time he was able to get a referral to his nearest veterans court, he was "embedded" in his own court and declined the move. The number of participants in a court, the size of the team, the size of the city and that city's infrastructure are all factors that can impact how a potential participant communicates with service providers and travels to appointments. Qualitative and quantitative researchers should be mindful of the impact of these factors when exploring veterans court phenomena on a national level.

The participants of this study each had a criminal charge related to alcohol or substance use which resulted in the incorporation of daily check-ins and random urinalysis into their treatment. This commonality in charges provided a basis for data saturation; however, it could be the case that those with the added responsibility of drug testing may have a different experience than those whose charges are violent or those receiving treatment for trauma-related disorders. It is possible that individuals referred for treatment and crimes that do not have a substance abuse component are in contact with their court team less often. If those veterans were only in contact with the judge, probation officer, and members of their care providers, they could lack the same

logistical challenges with scheduling appointments for urinalysis; moreover, their experience would not be shaped by the requirement to call the notification line daily in anticipation of being randomly chosen for urinalysis and any schemas or stigma related to the receipt of drug treatment. This study can be expanded by focusing on veterans without a random urinalysis requirement or mandated substance abuse treatment.

Socioeconomic status may have been a factor in the decision to participate in this study. During recruitment, I communicated with a veteran who stated that he did not have computer access to be interviewed by Skype and could not afford to spare the cellular minutes to complete an hour-long phone interview. Though I am grateful to the veterans who were willing to converse with me by phone, phone interviewing was intended to be a communication method of last resort. Trust and rapport are essential when discussing such sensitive material and that lack of face-to-face interaction, at least arguably, could have negatively impacted my ability to connect with the participants. This could have inhibited their willingness to divulge discomforting aspects of their treatment or details of their crimes. Given the apparent candidness in participant responses and the richness of the data collected, phone interviewing did not diminish the credibility of the results presented here. However, the interactive nature inherent in qualitative research suggests the possibility that the participants themselves were impacted by sharing this information with a person they would never meet in person. It could be also said that my socioeconomic status and resources as a graduate student researcher limited my ability to travel as extensively as I would have preferred. In either case, qualitative researchers should take care in ensuring that their data collection methods are sensitive to topic content.

Female service members experience a number of unique challenges that impact their ability to transition into civilian life post-discharge. Military sexual trauma and harassment occur at higher rates in female service members than their male counterparts (Street & Stafford, 2004). Very often, female veterans enter the military with a prior trauma history and go on to experience physical injury and substance abuse, which further complicates mental health treatment (Schaffer, 2014). With this in mind, researchers are beginning to explore trends related to justice-involved female veterans. Veterans Justice Outreach and veterans courts provide outreach to justice-involved female veterans but, unfortunately, I was not contacted by a single female veteran for participation in this study. Because this study was limited to male veterans, the themes identified may not be part of the experience of female veterans court participants, which further suggests that new themes may have emerged with the addition of female participants. The perspective of female veterans has broad implications for the fields of counseling psychology and other mental health care providers. Future researchers of veterans treatment court may wish to be more deliberate in their recruitment efforts of female veterans.

Practice Implications

The results of this study have implications that touch on issues pertinent to counseling psychology and therapeutic jurisprudence. Veterans treatment courts amalgamate psychotherapeutic services, social services, and peer support to provide a collaborative form of treatment for its participants. In the Knudsen and Wingenfeld (2015) study of an Ohio veterans court, researchers found that these services result in positive treatment outcomes and improved quality of life for its members. Knudsen

(2015) also demonstrated that positive peer role models are especially important for veterans with combat exposure who have challenges transitioning into society, similar to the themes related to camaraderie in the present study. For practitioners, an understanding of the importance of a collaborative team-based approach as well as encouragement for the veteran to seek peer support can facilitate a subjective improvement their individual experiences and can impact quantitative factors such as symptom reduction over time and decreased rates of recidivism.

The Key Components to Veterans Treatment Court delineate guidelines for implementation of a Veterans Treatment Court (Russell, 2009). Though it is mandated that teams enlist a mental health professional as well as an evaluator/researcher, there are no specifications as to what professional specialty fulfills those tasks. The field of counseling psychology would integrate well into the mission of veterans court since it seeks to facilitate the improvement of people's lives through research and intervention practices that promote strengths based counseling, career development, and social justice (Gelso & Fassinger, 1990). These factors are incredibly relevant in the lives of individuals seeking employment following involvement with the criminal justice system and for veterans. Currently, vocational psychologists are employed through the Department of Veterans Affairs to aid (non-justice-involved) veterans in their transitions to civilian life. It is unclear if those services are available to justice-involved veterans and if those services take into consideration the challenges involved in obtaining employment with a criminal record. Smee (2013) and colleagues further support the idea that forensic psychologists lack a meaningful presence in veterans treatment court and that this is most notable in regards to rural veteran care. This suggests a gap in much needed treatment to

returning OEF/OIF/OND combat veterans who have difficulty transitioning to civilian life and engage in high-risk behavior. Specific to this study, veterans court participants noted that the scheduling requirements of treatment court challenged their ability to maintain gainful employment.

Psychology and public policy literature points to a need for more rehabilitative and less punitive measures when dealing with offenders (Andrews & Bonta, 2010). Therapeutic jurisprudence is a way in which the law can be wielded as a therapeutic agent (Campbell, 2010) and that “the law itself can function as a therapist” (Wexler, 1993, p. 280). Within the last few years, the field of counseling psychology has delved into the specific needs of criminal offenders and relevant issues of criminal justice counseling (McWhirter 2013; Morgan, 2013). Despite the implications of its moniker, therapeutic jurisprudence is still a missing concept in current counseling psychology literature. Redlich and Han (2013) examined whether mental health court outcomes are predicted by three principles of therapeutic jurisprudence - *perceived voluntariness to enroll in the court*, *perceived procedural justice*, and *knowledge of mental health care* - which were used as independent variables along with criminal justice outcomes and mental health outcomes. The results indicated that mental health court participants were more likely to succeed in court when they had higher perceptions of procedural justice and voluntariness to enroll (Redlich & Han, 2013).

By viewing veterans treatment court as a social justice issue, counseling psychologists can begin to empower consumers of court services through direct care and by training those who provide care. Counseling psychologists can aid veterans court team members and peer mentors in effecting change through service learning training in social

justice and cross-cultural competency (Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006). Such training can increase awareness of issues that impact marginalized groups who are often negatively impacted by the criminal justice system while simultaneously allowing for more informed client care.

Current literature suggests that counseling military veterans with issues of diversity in mind lessens the risk of over-pathologizing and stigmatizing them (Carrola & Corbin-Burdick, 2015). This can be accomplished by the inclusion of family members in treatment, gaining knowledge in VA and Department of Defense best practices regarding trauma treatment, and expanding their treatment beyond issues related to service-connected trauma (Carrola & Corbin-Burdick, 2015). Counseling psychologists, using the concepts of social cognitive career theory (SCCT) for example, can provide any number services to veterans court participants, including reevaluation of skills, acceptance of challenges and limitations to finding employment, or target risk factors for recidivism relating to employment (Varghese & Cummings, 2012).

The cost effectiveness of problem-solving courts is a significant factor when evaluating its efficacy and societal impact. A broader goal of diversion programs is that they provide a less costly alternative to what would result from incarceration, prison overcrowding, and threats to public safety (Cummings, 2010). That a problem-solving court is cost effective is essential to its successful promotion to stakeholders and those with the authority to implement them and to its execution. Usage of treatment groups, group attendance to dockets, and peer mentoring are all examples of ways that problem-solving courts utilize resources efficiently. Rewards and sanctions are heavily monitored in drug courts to ensure that they are used appropriately but also cost effectively in high

and low-risk offenders (Lessenger & Roper, 2007). The redundancy in administering urinalysis to a single individual by multiple agencies may not be borne by one department but is nevertheless worth evaluation for its larger implications regarding the allocation of tax dollars. Some examination into overlapping services, like urinalysis, may be warranted in order to avoid unnecessary costs to the Department of Veterans and county courts and could relieve some of the burden borne by participants regarding travel to appointments and other logistics.

Research Implications

With the aforementioned limitations in mind, a phenomenological examination of veterans treatment court could be replicated with a larger and more diverse sample size than what was achieved for this study. Larger samples could ensure diversity in the demographic variables of prospective participants and yield a broader scope in the charges for which the veterans are referred. Such variability can provide room to explore consistencies and inconsistencies across veteran experiences. Additionally, other qualitative methodologies would heartily contribute to the growing body of research by capturing themes that would be too idiosyncratic for quantitative examination or by facilitating data collection methods, which would not be employed in a phenomenological study. Narrative study of participant experiences would allow the participant to unfold information in a manner that highlights what aspects of veterans court are important to him or her. A case study of a participant's journey from referral to graduation could provide a nuts and bolts view of court participation as the member perceives it; this could illuminate turning points in the participant's treatment that would otherwise be interpreted as biases by the researcher. Specifically, when sampling veterans

court participants the members who would choose to volunteer may do so because their opinions were extremely positive or extremely negative. Data collection on their lives prior to treatment, factors impacting their decision to consent to treatment, and interviews about their experiences as they progress through the program would yield a rich, robust chronicle.

The assumption of Veterans Treatment Court is that it is intended to aid veterans whose criminogenic behavior is peripherally related to trauma or substance abuse borne of military service (Russell, 2009). However, there is no indication that a direct causal link between military service or combat trauma and criminal behavior is part of the screening process. Of the eight participants of this study, only one veteran endorsed a causal connection between his military service and the alcoholism that precipitated his veterans court referral; two of the veterans overtly denied that their combat experience was in any way related to their drug and alcohol abuse. Nevertheless, this perceived link was not apparently requisite for them to receive or benefit from treatment. A quantitative study using longitudinal methods may be able to shed light on treatment completion or recidivism in participants who endorse a direct link between their military service and criminal activity. Qualitative research can delve into how endorsement of that link impacts treatment experiences.

Researchers are beginning to conceptualize the complexities of veteran identity in tandem with less positively associated identities. Feinstein's (2015) qualitative study that consisted of 45 staff members and veterans in a work-therapy program suggests that veteran identity can serve as a positive counterpart to more stigmatizing identities related to mental disorder or drug addiction. However, this positive identity is not without its

own complexity; Feinstein (2015) points to the tendency of the general public to believe that military service is inextricably linked to combat heroism, creating an idealized image for what it means to be a veteran. For veterans with mental health needs who have not seen combat, this can serve to deter them from seeking treatment. It is not uncommon for veterans to decline or avoid VA services following military discharge (Dickstein et al., 2010) and, in some cases, the receipt of VA services is essential for veterans court treatment (McGuire et al., 2013).

Future research should examine contributory interpersonal factors to veteran success in veterans court. When considering the impact of identity, it is worth evaluating the role of stigma and stereotyping. It is possible that stereotype boost is contributory in treatment success when the veteran lacks the connection between his or her military service and the crime committed. Stereotype threat is the fear that one's behavior will be associated with negative stereotypes related his or her group in the presence of group nonmembers (Steele, 1997). Stereotype boost has been shown to cause the opposite effect where identification with one's group enhances performance (Armenta, 2010). Instead of appearing to be a punitive entity, veterans court could emotionally activate positive feelings regarding veteran status as opposed to the identities that might be activated in a drug or mental health court.

It has been expressed in relevant literature that problem-solving courts proliferate without substantial empirical support (Redlich et al., 2006). Kaiser and Holtfreter (2016) note that little evidence exists to support that the drug court model, which spawned the mental health court and veterans court models, can be adapted to other offender populations. Comparing outcome variables of successful veterans court participants to

veterans who are referred to other problem-solving courts, may provide a foundation to discern exactly what factors contribute significantly to participant success. Before a comparison can be made, more research is needed to discern what factors impact successful outcomes in veterans court; current research is in its very early stages and typically does not span more than one program (Johnson, Stolar, Wu, Coonan, & Graham, 2015).

There was substantial discussion concerning the veterans court team as non-adversarial and supportive of member goals but team member views of treatment court operations were beyond the scope of this study. However, the impact of treatment team interactions and communication on patient outcome variables is worthy of study. During recruitment, veterans court coordinators were my primary points of contact and by way of the recruitment process and I was given the opportunity to observe a treatment team meeting. At that meeting, I was approached by an individual of significant status who requested that I interview him. I respectfully declined the interview for the sake of my own objectivity but I could not deny my curiosity in what perspectives would be held by those who are privy to the day-to-day, inner workings of navigating this initiative.

The results of this study may have larger implications for issues of therapeutic jurisprudence. The veterans in the study cited internal motivations and readiness for change as the impetus for success in veteran's court but future research can tell us how much this readiness is fostered by feeling an alliance with adversarial representations of authority like the trial judge and criminal prosecutor. Interactions with the presiding judge and the non-adversarial approach of the mental health court treatment team has been linked to reduced recidivism and other positive treatment outcomes in participants

(Frailing, 2010; Wales et al., 2010). In examining factors that contribute to participant to success, it would be worth evaluating whether frequent, positive interactions with the treatment court team are linked to positive treatment outcomes in the veteran population.

Conclusion

In keeping with the tenets of qualitative inquiry, this study served as a snapshot into the lives of Veterans Treatment Court members. Nonetheless, the information gleaned here concurs in some ways with existing qualitative problem solving court literature and illuminated areas for further investigation. The mission to support returning servicemembers who have difficulty transitioning into civilian life is a laudable one; however, the stigma that exists regarding the rehabilitation of criminal offenders, especially as it relates to substance abuse, cannot be underestimated in its impact on diversion court treatment. It is heartening to observe that veterans court participants of this study feel that their treatment team members fully support their success but larger systemic issues and their own internalized attitudes about criminality and drug use may still heavily impact their experiences. Continuous evaluation of treatment court factors can elevate the discussion of participation beyond what is facilely accepted as ostensibly better than jail for military veterans.

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APPENDIX A
RECRUITMENT FLYER



Volunteers Needed for Research Study

**Participants needed for a research study to better understand
"Justice-involved Veteran Experiences of Veterans Court"**

Description of Project: We are researching Veterans' experiences in Veterans Treatment Court. You will be asked to complete a confidential interview. Participation will take approximately 60-90 minutes.

To participate: You must be a military Veteran currently receiving treatment through a Veterans Treatment Court or Veterans Trauma Court.

Participants will receive a \$25 Target gift card.

Tell us your story! Your perspective can offer invaluable information about the Veterans Treatment Court process that may improve services and care for other Veterans.

To learn more, contact student-veteran and principle investigator of the study, **Tanya Watson**, at 970-351-2828 or tanya.watson@unco.edu.

This research has been reviewed and approved by the University of Northern Colorado Institutional Review Board.

Thank you for your service!

APPENDIX B

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

UNIVERSITY of
NORTHERN COLORADO



Project Title: *A Phenomenological Study of Justice-Involved Veteran Experiences of Veterans Court*

Researcher: Tanya Watson, M.S., Department of Applied Psychology and Counselor Education
(970) 351-2828 tanya.watson@unco.edu

Research Advisor: Stephen Wright, Ph.D., Department of Applied Psychology and Counselor Education
(970) 351-1838 stephen.wright@unco.edu

I am researching the experiences of military veterans who have been diverted for treatment through Veterans Treatment Court. If you agree to participate in this study, I will interview you in a private, mutually agreed upon public location (e.g., library meeting room, UNCO building). The interview will take approximately 60-90 minutes and will inquire into your experiences as a military veteran, your involvement in the criminal justice system, and your experiences with Veterans Treatment Court. With your permission, I will contact you after the interview to provide you with an opportunity to review the information of your interview to ensure that your responses have been recorded accurately and that my interpretations fit your experiences.

The purpose of this research study is to examine the experiences of military veterans enrolled in Veterans Treatment Court. I am investigating how veterans make sense of their experiences with the criminal justice system and how their prior military service influences this experience. The findings will be reported as part of my doctoral dissertation and possibly as a manuscript journal publication and/or presentation at a professional conference.

The information you share with me will be kept confidential. Your signed informed consent (this document) will be stored in a locked filing cabinet and destroyed after three years once the study has been completed. The audio-recorded interview will be stored on a password-protected device, then deleted after it is transcribed. For the duration of the interview, you will be referred to only by your pseudonym and your pseudonym will likely appear in the final report. Only myself and my research advisor, Dr. Stephen Wright, will have access to research information. Any information revealed during the interview that could possibly identify you will be redacted from the transcript. Demographic information (e.g., age, gender, military service) may be linked to your quotes but only in instances where it is unlikely that it will be traced to you by others.

In accordance with Colorado law, I am required to break confidentiality for the following reasons:

- Court order or subpoena
- Suspected or reported child abuse
- Suspected or reported elder abuse
- Suspected harm to self or others
- Suspected threat to national security

I will do my best to inform you if I need to break confidentiality for any of the above listed reasons.

Risks of participation in this study are minimal but possible. Foreseeable risks may include discomfort in discussing personal experiences with receiving Veterans court treatment or with prior military service, in the event that those experiences were negative. There may also be some discomfort in discussing the nature of your involvement with the criminal justice system with someone who is not a part of your treatment team. If at any time during the interview you experience distress or discomfort, you may end the interview. All participants will be provided with a referral list of mental health providers.

There are possible benefits to participation in this study. Interview questions may allow you the opportunity to reflect on your treatment and military experiences and understand it in a way that you had not before. Additionally, the interview may provide you with an opportunity to share information that you may not have otherwise shared in an anonymous manner. This study may benefit veterans court treatment planners and providers by helping them to understand how veterans make sense of their treatment.

Your participation is voluntary and may be withdrawn at any time. Your decision to discontinue the interview will be respected and will not result in the loss of benefits to which you are otherwise entitled. Having read the above and given the opportunity to ask questions, please sign below if you agree to participate in this research study. You will be provided with a copy of this form to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

If you have any questions or concerns, please feel free to contact me by phone or email. Thank you for participating.

Participant's Printed Name

Date

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX C
TELEPHONE/E-MAIL SCREENING

1. Are you currently receiving treatment from Veterans Treatment Court or Veterans Trauma Court?
2. How long have you been enrolled?
3. Were you provided with documentation verifying your participation in veterans court?
4. Are you currently an Active Duty member of the Armed Forces?

APPENDIX D
PARTICIPANT DEMOGRAPHIC INFORMATION SHEET

1. Pseudonym:

2. Age: _____

3. Gender:

- a. Female
- b. Male

4. Marital Status:

- a. Single
- b. Married
- c. Separated
- d. Divorced
- e. Widowed

5. Highest level of education completed:

- a. High school diploma or GED
- b. Some college (Please specify _____)
- c. Bachelor's degree
- d. Master's degree
- e. Doctorate degree
- f. Professional degree

6. Ethnicity/Race:

- a. African American
- b. Asian/Pacific Islander
- c. Caucasian
- d. Latino
- e. Multiracial
- f. Other (Please specify _____)

7. Branch of Service:

- a. Air Force
- b. Army
- c. Navy
- d. Marines
- e. Coast Guard
- f. National Guard or Reserve (Please specify _____)

8. Length of Service (_____)

9. Combat experience?
- Yes (Length of Deployment _____)
 - (Combat zone/region _____)
 - No
10. Type of Discharge:
- Honorable
 - General
 - Other than Honorable Conditions
 - Bad Conduct
 - Dishonorable
 - Officer Discharge
11. How long have you been enrolled in veterans court? _____
12. What was the nature of the crime for which you were referred to veterans court?
- Misdemeanor
 - Felony
 - Class (Please specify _____)
13. How often are you in contact with your assigned judge?
- Weekly
 - Biweekly
 - Monthly
 - Other (Please specify _____)
14. Have you been in treatment prior to your current treatment?
- Yes
 - If yes, what type of treatment (e.g., inpatient, outpatient, individual therapy)? _____
 - No
15. May I contact you after the interview to gather more information or verify research findings?
- Yes
 - No
 - If yes, please fill in. Phone _____
Email _____

APPENDIX E
INTERVIEW GUIDE

1. Tell me about your military career.
2. What was life like for you post-discharge?
3. In what ways do you identify with being a veteran?
4. What events led up to your involvement in the criminal-justice system?
5. How did you come to be involved with the veterans court?
6. What services have been provided for you?
 - a. What services have not been provided for you?
 - b. How is your status as a veteran incorporated into your treatment?
7. What has been most challenging for you since you began the program?
 - a. What has been most rewarding for you since you began the program?
8. How would you describe your interactions with your judge?
 - a. With mental health staff (and any other collateral staff)?
 - b. With VA staff?
9. Were you to withdraw from treatment, how do you imagine your life would be affected?
10. What would you change about your experience in veterans court?

APPENDIX F
MENTAL HEALTH SERVICES RESOURCE LIST

Community Mental Health Center	Contact Information	Counties Served
Arapahoe/Douglas Mental Health Network	155 Inverness Drive West Suite 200 Englewood, CO 80112 (303)730-8858	Arapahoe, Douglas
AspenPointe	525 North Cascade Road Suite 100 Colorado Springs, CO 80935 (719)572-6330	City of Aurora, parts of Arapahoe
Cedar Springs Behavioral Health Systems	2135 Southgate Rd. Colorado Springs, CO 80906 (719)633-4114	El Paso
Colorado Springs Veterans Center	602 S. Nevada Ave. Colorado Springs, CO 80903 (719)471-9992	
Community Reach Center	8931 N. Huron Street Thornton, CO 80260 (303)853-3500	Adams
Depression and Bipolar Support Alliance	825 E. Pikes Peak Ave. #301 Colorado Springs, CO 80903 (719)477-1515	El Paso
Mental Health America of Colorado	1385 S. Colorado Boulevard Denver, CO 80222	
Mental Health Center of Denver	4141 E. Dickenson Place Denver, CO 80222 (303)504-1250	Denver
Mental Health Partners	1333 Iris Avenue Boulder, CO 80304 (303)413-6263	Boulder, Broomfield
North Range Behavioral Health	1300 N. 17 th Avenue Greeley, CO 80631 (970)347-2120	Weld
Salud Family Health Centers	203 S. Rollie Avenue Fort Lupton, CO 80621	
Spanish Peaks Mental Health Center	1304 Chinook Lane Pueblo, CO 81001 (719) 545-2746	Huerfano, Las Animas, Pueblo
Suicide Prevention Partnership Hotline	(303)596-5433	

APPENDIX G
DEFINITIONS

- *Article 15*: a Commanding Officer's non-judicial punishment as prescribed by the Uniform Code of Military Justice, the federal laws enacted by Congress to establish rules and procedures in governance of the United States military (Uniform Code of Military Justice, 2014).
- *Justice-involved Veteran*: a veteran in a local county jail or correctional facility awaiting adjudication for a criminal charge; a veteran in contact with local law enforcement who can be potentially diverted from arrest into mental health/substance abuse treatment; a veteran monitored in some form by a court (Basher, Schillaci, & Slade, 2012).
- *Perception of Deterrence Theory*: the concept that individuals engage in a cost/benefit analysis when deciding to engage in an illegal activity that considers the chances of being caught, the chances of being penalized, and the anticipated magnitude of the penalty (Marlowe, Festinger, Foltz, Lee, & Patapis, 2005)
- *Problem Solving Court*: a court system designed to address underlying causes or contributors to crime within a specified segment of the population (Schneider, Bloom, & Heerema, 2007).
- *Sequential Intercept Model* – a model of care that operates as an interface between the criminal justice system and mental health care systems and identifies opportunities to divert individuals away from making or increasing contact with the criminal justice system (Munetz & Griffin, 2006).

APPENDIX H
MANUSCRIPT

A Phenomenological Study of Justice-Involved Veteran Experiences of Veterans Court

Tanya M. Watson, M.S.

University of Northern Colorado

Abstract

As of 2015, over 300 veterans treatment courts have opened across the nation in the United States, providing an alternative to incarceration to eligible justice-involved veterans. Despite the proliferation of veterans courts around the country, research on veteran experiences in veterans court is minimal at best. This study sought to examine veteran experiences in veterans treatment court through interpretive phenomenological analysis. Eight veterans from five western U.S. veterans treatment courts were interviewed regarding the circumstances of their referral to court, the treatment they received, their interactions with their treatment team, and how veteran identity impacted their receipt of treatment. Four themes emerged from the data analysis: 1) Veterans Treatment Court team as non-adversarial; 2) veteran support through identity and camaraderie; 3) challenges with required travel and scheduling; 4) perception of effort and personal responsibility. The findings of this study have implications that span problem-solving court research as well as mental health treatment of justice-involved veterans.

Keywords: veterans treatment court, phenomenology, counseling psychology

A Phenomenological Study of Justice-Involved Veteran Experiences of Veterans Court

Participants of problem solving courts are in receipt of services that can improve the quality of their lives and promote security in society as a whole (Wiener & Brank, 2013). These improvements are greatly speculated since problem solving courts proliferate with minimal research support (Redlich, Steadman, Monahan, Robbins, & Petrila 2006). In 2008, the first veterans court opened in Buffalo, New York as an alternative to the incarceration of veterans with mental health issues and psychosocial needs, using drug courts and mental health courts as treatment models (Russell, 2009). As of February 7, 2013, over 7,700 veterans have been admitted to veterans courts across the country (McGuire, Clark, Blue-Howells, & Coe, 2013). Much like the problem solving courts that precede it, data on veterans court operations, outcomes, or efficacy are in its very early stages.

Using a phenomenological methodology, I examined the unique experiences of “justice-involved veterans” who were diverted to Veterans Treatment Court. I intended to supplement existing literature on problem solving courts with a qualitative examination of veterans’ perceptions of veterans court treatment and their interactions with their treatment team. Research questions focused the essence of veteran experiences in veterans court and how veteran identity influenced that experience. In the cases of individuals who do not wish to recidivate, their perceptions of the services they receive may provide a much needed perspective to mental health case management and the judiciary, be it related to usefulness of services, overall quality, or interactions with

primary and collateral staff. Further, veterans' experiences with veterans court are comprised of interactions that may be influenced by how the participant views being a veteran, societal attitudes toward veterans, societal attitudes toward criminal offenders, and the act of seeking mental health treatment. The current study may provide counseling psychologists a greater understanding of veterans' involvement with veteran's court, which may assist in designing appropriate psychotherapeutic interventions and program interventions.

Justice-Involved Veterans

Involvement in the criminal justice system is an unfortunate outcome for veterans who have difficulty transitioning from the military to civilian life. The National Vietnam Veterans Readjustment Study (NVVRS) study examined readjustment difficulties in Vietnam veterans and along with increased rates of divorce, occupational instability, and homelessness, researchers found that 36.8% had committed six or more acts of violence within the past year (Kulka et al., 1988). Drug abuse has been found to strongly predict criminal behavior in homeless veterans (Benda, Rodell, & Rodell, 2003). In 2008, the Health Care for Reentry Veterans program (HCRV) was established to connect incarcerated veterans to Veterans Health Administration (VHA) services to reduce the risks of criminal recidivism and homelessness (Tsai, Rosenheck, Kaspro, & McGuire, 2013). The HCRV program gathered demographic data from nearly 31,000 incarcerated veterans and found that 27.9% had served during the Vietnam War while almost half (47.8%) had served post-Vietnam era. When compared to other veterans, OEF/OIF/OND were younger, more likely to be married, more likely to have used alcohol at the time of the offense, and less likely to have a history of homelessness (Tsai et al., 2013).

OEF/OIF/OND veterans were more likely to have a mental health issues unrelated to drug use, such as mood disorders, adjustment disorder, and combat-related stress disorders. Surveyed veterans, regardless of war, were most often incarcerated for violent crimes and were most often diagnosed with alcohol abuse or dependence. The VHA and related organizations offer myriad services to struggling veterans; however, those who are dishonorably discharged and some Reserve and National Guard members are not eligible for VA benefits (Health benefits, 2014).

Veterans Treatment Court

The goals of our criminal justice system are the control and prevention of crime, and the achievement of justice (Cole & Smith, 2008). In the pursuit of justice, criminal offenders must be held accountable for their actions while protecting their rights and the rights of their fellow citizens. Despite the apparent magnanimity in our search for fairness and order, our system of criminal justice is an adversarial one (Cole & Smith, 2008). Problem solving courts attempt to take the enmity out of the judicial process by way of therapeutic jurisprudence (Henry, Souweine, & Johnson, 2005; Wiener & Brank, 2013). These courts were developed to address criminal behavior resulting from psychosocial issues, thereby reducing recidivism by dealing with causes for unlawful behavior at the source.

Judge Robert Russell sought to address commonly found psychosocial issues that contribute to criminal justice involvement in veterans, including substance abuse, homelessness, unemployment, difficulties in relationships, and mental health issues relating to PTSD and Traumatic Brain Injury (TBI) by implementing the first veterans treatment court in Buffalo, NY (Russell, 2009). He observed and found empirical support

for differences in the impact of mental health issues on members of the National Guard and military Reserve units, as well as the specific needs of female veterans. Compared to prior wars and conflicts, Reserve units and National Guard members have been recalled to duty more often for service in Iraq and Afghanistan and female veterans have been found to be at higher risk for PTSD due to the additional risk of military sexual assault (Sayer, Carlson, & Frazier, 2014).

The judiciary and legal community determines what a “court-eligible veteran” is (Clark et al., 2010, p. 183) and in some cases, veterans courts accept veterans who are not otherwise eligible for VA care (e.g., ineligible characterization of discharge, active duty status). The VHA collaborates with these agencies regarding treatment planning and provision of referrals to veteran-specific service providers (Clark, McGuire, & Blue-Howells, 2010). Veterans Justice Outreach (VJO) specialists work as an initial point of contact and intermediary between the VA and local justice systems regarding treatment (Department of Veterans Affairs, 2014). These specialists determine veteran eligibility for VA care and provide advocacy to circumvent barriers to treatment access. Veterans are identified through basic screening processes and referred to VA representatives who determine eligibility for VA services. Veterans courts, much like drug and mental health courts, vary in the severity of criminal charges accepted to receive treatment.

Veteran and Offender Identity

For the purposes of this study, veteran identity is defined as “veterans' self-concept that derives from his/her military experience within a sociohistorical context” (Harada et al., 2002, p. 117). Veteran identity can be shaped by ethnicity due to the sociohistorical context of race (Harada, 2002). A narrative study of marginalized,

African-American veterans illuminates how public attitudes toward Vietnam veterans and African-Americans can profoundly affect individual access to available resources for veterans, even when PTSD symptomatology is relatively obvious (Fleury-Steiner, Smith, Whittle, & Burtis, 2013). A qualitative study of OEF/OIF veteran views of their identity following deployment to Iraq and Afghanistan found that some veterans feel marginalized in their communities (Smith & True, 2014). Some veterans report feeling as if their accomplishments in the military were not meaningful in their civilian lives because of the schism that exists between the military and what civilians know about military service (Smith & True, 2014). Moreover, veterans explained the transition from being an individual to being part of a collective as one that distorts one's sense of ownership of his or her own body. Such attitudes, if present in justice-involved veterans, could shape how they consent to treatment and their interactions with treatment staff.

Public opinions about veterans have varied across wars and time. In Bordieri and Drehmer's (1984) study of hiring practices with Vietnam veterans, they found a negative bias towards résumés that identified the applicant as a Vietnam veteran. However, a more recent study found that veterans were perceived as less criminally responsible than nonveterans (Wilson, Brodsky, Neal, & Cramer, 2011); specifically, veterans with PTSD were found less criminally responsible than veterans without PTSD, nonveterans, and nonveterans with PTSD. Prosecutors in the study were better able to empathize with veterans with PTSD than with those without the disorder. The complexities in the identities of justice-involved veterans and their perceptions of attitudes toward them could potentially offer a more robust insight for treatment and diversion initiatives.

Purpose of the Study

The purpose of this phenomenological study was to examine the experiences of justice-involved veterans who have consented to treatment through veterans court in lieu of criminal sanctions. The research questions posed were: 1) What was the essence of the experience of justice-involved veterans who were actively participating in veterans court? 2) How does veteran identity impact the experience of receiving mental health treatment through the criminal justice system? Data are available regarding veteran participation in veterans court, specifically, statistics related to VA involvement (McGuire et al., 2013). Furthermore, the field of counseling psychology recognized the needs of individuals involved in the criminal justice system in support of their efforts to reenter society, obtain vocational skills (Varghese & Cummings, 2012) and not recidivate (Fouad et al., 2012). However, there has not been a published phenomenological study examining justice-involved veterans' perceptions related to their experience of this process. In discussing their qualitative study of DUI/DWI courts, Narag (2012) and colleagues emphasize that current research focuses on recidivism rates but neglects participant perceptions of programs. Further, the researchers claim that the "intrusive and paternalistic nature of rehabilitation programs" (Narag et al., 2012, p. 232) may facilitate unintended consequences that negatively impact participant success, which is an area for future researchers.

Participants of problem solving courts are in receipt of services that can improve the quality of their lives and promote security in society as a whole (Wiener & Brank, 2013). These improvements are greatly speculated as problem solving courts, to include veterans courts, proliferate with minimal research support (Redlich et al., 2006). In the

cases of individuals who do not wish to recidivate, their perceptions of the services they receive may provide a much needed perspective to mental health case management and the judiciary, be it related to usefulness of services, overall quality, or interactions with primary and collateral staff. In mental health courts, the relationships with judges and other court personnel appear to be an important variable in the individual success of a participant, namely, as it relates to coordination of services and consistency of the client's experience (Sarteschi, Vaughn, & Kim, 2011). As such, veterans' experiences with veterans court are comprised of interactions that may be influenced by how the participant views being a veteran, societal attitudes toward veterans, societal attitudes toward criminal offenders, and the act of seeking mental health treatment. The findings from this study can potentially provide guidance to counseling psychologists and members of the judiciary and funding agencies who wish to implement veterans treatment courts in the future and further support veteran betterment.

Method

Epistemology and Theoretical Perspective

Constructionist inquiry aims to understand how knowledge is formed through human interactions with each other and the world (Crotty, 1998). Meaning is assembled through mental models to facilitate understanding of the environment; therefore, there is no objective, or even subjective truth as each experience is filtered through a social dimension. That social dimension can be further understood through social constructionism, which posits that culture shapes the way we see the world and how we feel about it. Culture, as described by constructivism, is a set of preexisting symbols that an individual inherits from his or her social group. A person's understanding of his or her

surroundings is not built from a blank slate, one event at a time (Crotty, 1998). Military culture has been conceptualized in the literature as being apart from American society (Goldich, 2011). Though the phrase “military culture” is colloquially used, the constructivist epistemology employed in this study would consider military culture to be a meaningful reality constructed by those who are members of that group. U.S. military services have unique rituals, customs, clothing, music, manner of interpersonal conduct, and are all governed by a specialized set of laws. These factors likely underpin how justice-involved veterans view themselves, society as a whole, their transition from military to civilian life, and the receipt of mental health treatment.

Critical research is an instrument of social justice that challenges and, when applicable, takes action against standing ideologies (Crotty, 1998). According to Tyson (2006), when we begin to conduct critical inquiry through a feminist, Marxist, African-American or similar lens, we may find the promotion of sexist, classist, racist etc. ideologies and values. Assumptions of critical inquiry posit that (a) all thought is mediated by social and historically constituted power dynamics; (b) what is significant is fluid and mediated by capitalist consumption; (c) society is comprised of privileged and oppressed groups, and such oppression is at its most powerful when the oppressed group tacitly accepts its social status; (d) focus on a single type of oppression disregards the overarching connection of all forms of oppression; and finally, (e) mainstream research practices can unintentionally support the oppression of classes, races, and gender groups (Crotty, 1998). In examining the experiences of justice-involved veterans, we observe an overlap between individuals who are integrated in governmental systems – the Department of Defense, the Department of Veterans Affairs, and the Department of

Corrections – designed to protect the American populace, albeit in different ways.

Critical inquiry can facilitate interpretations that support its purposeful or unintentional maintenance of classism and/or racism, thereby facilitating the neglect of members of the American populace. In this context, the goals of critical inquiry are not to justify criminal justice practices or normalize exploitation nor are they to legitimize oppressive beliefs held by members of oppressed groups. The aim of critical inquiry must therefore be, “an honest attempt to provide an accurate reflection of reality, and a commitment to expose inhumanity and acknowledge the suffering of the powerless” (Scott, 2014, p. 31).

Participants

Eight veterans treatment court participants were interviewed for this study. Participants were all males between the ages of 26 and 66 and were current members of Veterans Treatment Courts in five western states. Four of the eight participants were Vietnam Era veterans; the other four participants identified as OEF/OIF Era veterans. One participant was a current member of the Army Reserves. Six veterans reported United States Army service - active, guard, and reserve - while the remaining participants served in the U.S. Navy and U.S. Marines. Of the eight participants, four stated that they were combat veterans. Length of time served in veterans court ranged from 3 months to one year; four of the five participants reported meeting with their assigned judge biweekly, while one stated he met with his assigned judge monthly.

Procedures

Participant recruitment. Justice for Vets, a division of the National Association of Drug Court Professionals, has an interactive map that provides locations of existing veterans courts with contact information for veterans court coordinators. Additionally,

local courts host webpages indicating the existence of a veterans court, along with contact information for coordinating personnel. Eighteen veterans court coordinators in thirteen states were emailed to solicit their aid in reaching out to potential participants. With the permission of organization staff, requests for research participation with my contact information were directly provided to veterans and posted in publicly accessed common areas in courthouses. Once contacted, I administered a preliminary screening to determine the veteran's eligibility for the study and set up interviews with the veterans directly.

Data collection. Phenomenological research is yielded from first-person accounts of experience with a given phenomenon (Moustakas, 1994). To facilitate this process, semi-structured interviews of approximately 60 minutes in length were audio recorded. The recordings were transcribed verbatim, listened to an additional time with a tandem review of the transcriptions for accuracy, then the audio files were deleted. Reflexive journals are tools designed to track and address biases that may arise during the commission of a study (Morrow, 2005). Audit trails also enhance qualitative research trustworthiness by providing a chronological report of research activities, memos, and events that influence data collection and interpretation (Morrow, 2005). To enhance the trustworthiness of this study, a reflexive journal and audit trail were maintained and stored in a password-protected document on a password-protected, external storage device.

Data analysis. Phenomenological research begins with the process of Epoché, which involves the researcher's attempt to identify and separate existing biases about the phenomena being investigated (Moustakas, 1994). The Epoché aids the researcher in

observing what is being investigated without constriction of intrusive prior knowledge. The identification of biases, or *bracketing*, is an important step in interpretive phenomenological analysis but is done so with the understanding that prior knowledge may still be employed to inform interview questions, follow-up questions during semi-structured interviews, and interpretation (Miner-Romanoff, 2012; Smith, Flowers, & Larkin, 2009).

For effective interpretive phenomenological analysis, the researcher must immerse him or herself in the original data (Smith et al., 2009). The participant's experiences were extracted through key phrases, or significant statements, found in the transcript, reduced through horizontalization (Moustakas, 1994), then tentatively interpreted with researcher biases sufficiently bracketed (Denzin, 2001). Significant statements were clustered into themes, followed by a structural description, in which I described "how" the phenomenon was experienced, and a textural description, in which I delineated the meaning of "what" was experienced (Moustakas, 1994). Structural description provides context and conditions for how the phenomenon is experienced (Creswell, Hanson, Clark, & Morales, 2007) and serves to give an idea of how all participants came to experience the phenomenon (Hein & Austin, 2001).

Findings

Theme One: Veterans Court Team as Non-adversarial

James is a Vietnam-era veteran referred to veterans court for driving under the influence of a substance (DUI). He reported periods of incarceration for his use of illegal substances, and much like other veterans interviewed, periods of homelessness. Throughout the interview, he spoke of his improved quality of life through discussion of

housing resources available to him in his inpatient substance abuse treatment facility and the autonomy afforded to him because of his treatment compliance. When speaking of his team he stated, “The people here they really seem genuine. They seem like they have your best interests and I think it’s a great place.” Of his veterans court judge he said, “I think [the judge] is a fair and honest man and he’s really sincere about veterans. Although I understand he wasn’t a vet, he’s . . . a caring man.”

Steve is a middle-aged, Navy veteran referred to veterans court for a gruesome physical altercation that reportedly left him with head injuries and difficulty maintaining a stable residence. He stated that he was charged with assault and facing 20 years in prison when his public defender referred him for veterans court. Steve expressed his reluctance to speak ardently about his dissatisfaction with the veterans court and repeatedly, nonverbally prompted me to assure him that what he would tell me would not be linked to him. He initially spoke of his judge as unduly harsh on him but upon further recollection followed this claim with an anecdote about a sanction he received for missing some required classes. For his sanction, his veterans court judge ordered him to sit in his courtroom for the day to observe criminal trials. He said of that experience, “When I did sit in court with him all day, he was very lenient, you know. Because possible sentences, minimum of this, maximum of this, he never gave anyone the maximum.” Despite his overall displeasure with the veterans court, he spoke of the judge in a manner similar to other participants: “I do think he’s fair but I just don’t think it’s fair that I’m in there.”

Anthony is a Vietnam-era veteran referred to veterans court for DUI charges. Because of the “horror stories” he heard of the treatment of returning Vietnam veterans in

the states, he opted to return to Vietnam for an additional tour, spending nearly two years of his military career there. He is of the few veterans interviewed who denied post-discharge struggles and was able to maintain a stable life that according to Anthony was “good for a while until I let the silly alcohol take over.” Anthony described his experience with the veterans court as wholly positive and said of his judge and probation officer, “. . . they’re on my side versus being against me . . . and it’s my understanding that he does this veterans court strictly on a volunteer basis. And I think that says more about him as far as where his heart’s at.”

Scott spent over 10 years in the Army National Guard before he was forced to separate due to the severity of the posttraumatic stress disorder that resulted from multiple tours to Iraq as a combat infantryman. He explained that he was a social drinker prior to his military service but found himself drinking heavily to cope with intrusive thoughts and nightmares subsequent to his trauma. After multiple DUI charges and a brief stay in an inpatient substance abuse treatment facility, he was referred to veterans court. Though he still battles symptoms of PTSD, he said that veterans court provides him with personalized treatment that he did not receive elsewhere. Regarding his veterans court team he said, “They take each case to heart to where it’s more personal. Where with RTP there they jabber about some stuff then you’re done for the day. Where here you have to go to court every so often and just show up and you get to listen to each person’s issues and stuff. And hear how they’re progressing.”

A fundamental principle of the problem-solving court is that the assigned judge, attorneys, service providers, and administrative staff work together in a manner that is collaborative (Wiener & Brank, 2012; Lessenger & Roper, 2007). The veterans

interviewed for this study, regardless of their feelings about veterans court overall, endorsed that their respective teams made them feel supported and that they were working toward a mutual goal. Many pointed to their relationships with their judges as unlike one they had encountered in prior or imagined court experiences. Some participants explicitly noted that their judge or district attorney volunteered for veterans court duty and seemed reassured by the voluntariness of their participation.

Theme Two: Veteran Support through Veteran Status and Camaraderie

Nick is a 10-year military reservist who holds a civilian job. He explained that he is “at odds” with the idea of considering himself a veteran, though he is identified as one by the Department of Veterans Affairs and his veterans court. He personally considers himself to be a “weekend warrior” and that service members who served in combat are the titular veteran. Nevertheless, he credits the veterans court with helping him understand the depth of his alcoholism and discussed the feeling of being new to veterans court as an emotionally daunting one; this feeling of unease is the reason that he routinely reaches out to new members: “. . . When you first walk in it’s, you’re a little scared and timid but you always have those battle buddies that just go, ‘Why don’t you come over here and we’ll talk.’”

Hank joined the Marine Corps after the events of September 11th 2001 and described himself as “aimless” when he separated after 8 years of service. Though he felt close to his wife and child, Hank said that he missed the camaraderie of The Corps and has become very active in veteran organizations since his honorable discharge. That camaraderie and connectedness is reflected in his veterans court participation: “I’m very fortunate that I’m in this court; the way it’s set up . . . I feel like it’s a family. Yeah, and I

don't know if all courts are set up like this but I know this one here in [city redacted], I mean the participants in it know each other well, the staff knows everyone well, it's, I don't know, almost like a family and I think a lot of that like on my part is actually working the program as designed.”

Group cohesion has been found to significantly predict positive treatment outcomes in inpatient treatment of PTSD in combat veterans (Ellis, Peterson, Bufford, & Benson, 2014). Lyons and Swearingen (2007) examined characteristics of war era-specific veteran groups and blended era groups and observed that in blended era groups the more senior members were able to provide feedback that would have been poorly received from a nonveteran as well as help the newer members navigate challenges with obtaining VA services. In turn, senior group members, namely Vietnam era veterans, benefitted from mentoring younger veterans by feeling positively and restructuring previously held negative beliefs about their service. Though the veterans court does not function as treatment group, per se, there was a universality in the experiences of the members that is capitalized on deliberately through the peer mentor program and informally among veterans court participants. Some veterans used treatment court as an opportunity to mentor newer or younger veterans and described a connectedness through group therapy and meetings.

Theme Three: Challenges with Required Travel and Scheduling

Steve, a self-employed computer technician, bemoaned his inability to make a living in the manner he was accustomed to due to the rigors of scheduling: “I cannot hold a job, even a minimum wage job, because I have to go to court twice a month, I have to go see my probation officer twice a month, MRT class once a week, and then this lady

[his new individual therapist] once a week . . . I don't drive so it takes me two and a half hours to get to court and then two and a half hours to get back; court lasts only like five or six minutes." In emphasizing the importance of his livelihood he added, "Court doesn't care about you having a job. The court cares about me being there when they say." Joe found the scheduling of veterans court somewhat overwhelming and later in the interview suggested that the participants should be eased into the program. "When you have a full time job that's hard to do. You got to have an employer that's really willing to work with you."

Sam is a Vietnam-era veteran who was offered the option to enlist in the military as an Army infantryman at age 17 to avoid being sent to juvenile detention. Post-discharge life was a struggle for Sam with involvement in domestic disputes and periods of homelessness over the years. He described encounters with law enforcement for drinking and driving in the small, Midwestern town where he grew up and explained that he had avoided arrest and prosecution because it simply was not done until recently. Sam discussed the inconvenience of his obligations in comparison to what would be required of him had he not agreed to attend veterans court: "And I just couldn't believe it but that was better than anywhere from \$15,000 to \$20,000 for all the things you have to do. You have classes, you have urine tests, you got probation, you got court costs, everything that's over the years would be a lot of money."

At the time that Nick was referred to veterans court, he was not enrolled with the Department of Veterans Affairs to receive services. Though he had the option to receive care locally, enrollment with the VA was a more cost effective alternative: "Because it's about an hour away from where I live now and to get the time off of work to get over

there . . . was just a real hassle. So it took me almost 3 months to get all the paperwork that they needed from me just to be enrolled.” Although James resides in an inpatient drug treatment facility operated by the Department of Veterans Affairs, he is not permitted to take his veterans court-required urinalysis at that facility. Additionally, he is required to take urinalysis as a condition of his treatment at the VA facility, meaning on some occasions his urine is tested for substances multiple times per day: “So you test here and on that same day my number might show up and I’ll have to go to [city redacted] even though I just tested here and that right there is kind of disturbing.” Despite this oversight, James attempted to bring levity to his arduous schedule adding, “I hate the long trip but I don’t want them too close.”

Each of the veterans interviewed were required to attend program-sanctioned activities and regularly check in with their assigned judges and probation officers. The frequency of these visits largely depended on what phase of treatment they were in. Success in treatment is necessary to move forward to the next phase and the number of required meetings with court staff is reduced as an incentive. Additionally, because they each had substance abuse counseling as part of treatment planning, all of the veterans interviewed were required to call a hotline daily to find out if they were required to report to a facility for urinalysis. Specified facilities were designated for testing and, in most cases, were not conveniently located.

Theme Four: Perception of Effort and Personal Responsibility

Joe is an OEF/OIF veteran who spent 10 years in the Army National Guard, which included three tours to Iraq. He was reluctant to discuss the circumstances of his discharge, tersely stating that he made some “bad decisions” that got him “kicked out

pretty much.” Life following his other than honorable discharge was challenging, and according to Joe, he found himself drinking and using substances to cope with his difficulty returning to civilian life. He admitted that he likely would not have agreed to veterans court treatment if not for his felony assault charge and the opportunity to have his charges reduced. Nevertheless, he said that veterans court has helped him regain the structure in his life that he lost when he separated from the Army. I sought to confirm my interpretation with Joe that the veteran participants make sense of their difficulties with veterans court through personal responsibility; moreover, I was interested to know if that message was conveyed by treatment court staff or organic from the veterans themselves. He said, “It comes from the veterans themselves. I mean, you do the crime, you gotta do the time, right? Pay for our actions.” James was pleased with the resources provided to him and spoke of getting a new start after intermittent periods of homelessness, “If you can’t get yourself together after being here and kick that drug habit, it’s because you didn’t want to do it.” In a similar sentiment Nick said, “The only people who struggle in veterans court are the ones who are not trying.” Anthony was much more explicit about his feelings regarding veterans who struggle with veterans court. He said, “I’m thinking, you’ve been given a second chance from veterans court . . . There’s guys that’ve shown up there drunk and I’m going ‘you’re showing up for veterans court drunk?’ I just don’t understand.”

There was an apparent recognition among the interviewees of veterans court as an imperfect system with a laudable goal. Criticisms of the court were vehemently qualified and supplanted with the acknowledgement that they would not be in a position to experience these inconveniences were it not for their own crimes. Of the eight veterans,

only one drew a direct link, quite begrudgingly, between the trauma he experienced while deployed and the increase in his substance use. Nearly all of the participants held themselves personally accountable for the actions that led them to veterans court while simultaneously empathizing with each other in their darkest moments. In that support, was a supposition that veterans who struggle with substance abuse are especially challenged in veterans court and may not be successful until they are personally motivated, despite the abundance of support and resources offered to them.

Discussion

The goal of qualitative research is not generalizability of concepts within a population but the close examination of phenomena where variables cannot be preemptively identified, understanding participant's perceptions of their role in an organization, or the development of working hypotheses for further study (Merriam, 1995). Thus, it was not the goal of this study to make broad suppositions about the effectiveness or suitability of veterans treatment court as a diversion program or draw conclusions about the veracity of its intended goals. The goal of this study was to glean the essence of veteran's experiences in Veterans Treatment Court through the epistemology and theoretical perspectives of constructivism and critical inquiry. Using constructivism as a foundation, I hoped to facilitate a methodology that would account for the robust culture of military veterans. Further, I chose critical inquiry as a theoretical perspective because it would enable close examination of how the inherent power dynamics involved in our systems of mental health care and criminal corrections might play out in this diversion program, despite its well-meaning intentions.

In the double hermeneutic process of interpretive phenomenological analysis the researcher makes sense of how the subject makes sense of a phenomenon. From this study, I deduced that the essence of the veteran participants' experiences can be understood as *opportunity*. I drew this conclusion in two ways: the first method is in reference to a hermeneutic interpretive process where the context of a statement is removed (Flick, 2014). Throughout the interviews veterans spoke of opportunities for treatment, connection with other veterans, support from peers and figures of authority, and structure in a manner reminiscent of their military service. Each participant affirmed that veterans court provided an alternative to hefty fines or jail time but in many cases they were provided with an opportunity to address addictions they had no insight into previously or negative behavioral patterns that had not effectively been addressed. The second way deals with the literal meaning of the text, which was captured by my immersion in the transcripts and linguistic commenting. A number of veterans used the word "opportunity" to describe their veterans court experiences.

In exploring the experiences of veterans enrolled in veterans court, I also sought out to understand how veterans' identity influenced their experiences of veterans' court without quantifying the extent to which justice-involved veterans identified with their status as a veteran. Veteran identity impacted the participants' treatment logistically, by reestablishing a connection to their experience through the receipt of services and interpersonally, by facilitating positive engagement in the treatment milieu. Studies of the impact of veteran identity are minimal but, in some cases, align with the findings presented here. Hammond's (2016) qualitative study of student veterans found that their self-perceptions were greatly influenced by their statuses as combat veterans. Moreover,

the study found that the participants viewed their combat deployments as influential in the hermeneutic of their daily lives. The Hammond (2016) study also found that participant identity was impacted by their feelings of connection to other veterans as well as a level of discomfort experienced around nonveterans. In the context of veterans court, this connection could further signify a justification for a veteran-specific court rather than referral of veterans to drug courts or mental health courts.

Support and camaraderie were frequently noted by the participants and seemed to play an essential role related to their experiences with veterans court. This is not entirely surprising, given that the impact of intimate relationships on transitioning military veterans has been heavily documented in literature in the U.S. (Monson, Taft, & Fredman, 2009) and Canada (Westwood, McLean, Cave, Borgen, & Slakov, 2010). In their qualitative study of 20 military Reservists and Guard members' post-deployment reintegration, Hinojosa and Hinojosa (2011) found military friendships to be a recurrent theme. Most notably, "the men talked about the connection to other military members as a "brotherhood" or "camaraderie"" (Hinojosa & Hinojosa, 2011, p. 1153). Literature on OEF/OIF service members reflects the significance of interpersonal relationships on transitioning veterans and how veterans can be negatively impacted in the absence of that support (Ahern, Worthen, Masters, Lippman, Ozer, & Moos, 2015).

The current study discovered challenges related to the logistical aspect of participating in veterans court. In the drug court model, drug testing is an integral component to the measurement of treatment adherence and treatment success. Protocols for the administration of testing as well as minimization of specimen adulteration and false positives increase accountability for court administrators and participants

(Lessenger & Roper, 2007). Drug testing can occur periodically or randomly, however, periodic testing is not conducive to deterrence due to the tendency for users to clear drugs from their systems prior to testing (Lessenger & Roper, 2007). For drug courts specifically, the drug testing process should not only foster accountability but it should not cause undue hardship financially or logistically. This is essential to the process as it is generally required that problem-solving court participants pay for certain services and find their own transportation to testing locations. Redundancy in drug testing requirements, as observed in James' case, could cause an undue burden on the participant's time, the allocation of funds for services, and negatively impact participant treatment attitude.

The ability to obtain gainful employment is important to general quality of life of ex-offenders and foundational in reducing criminal recidivism (Nally, Lockwood, Ho, & Knutson, 2014). A qualitative examination of 55 Pennsylvania drug court exit interviews found that participants' second biggest complaint was that program requirements interfered with their ability to keep a full-time job (Wolfer, 2006). Moreover, maintaining employment was an explicit goal of the program and the expectation that employers navigate demands of the drug court program was thought to be an unrealistic expectation, according to the current study's interviewees.

Another theme that was found was related to participants taking personal responsibility for their actions. For those who are referred, participation in problem-solving court is intended to be a voluntary choice that harnesses the "coercive powers of the court" (Lessenger & Roper, 2007, p. ix). Paradoxically, the choice to participate, in itself, is meant to be empowering, introducing a level of agency in the person's recovery.

The criminalization of drug abuse and attitudes toward those who use may be at play when considering how these participants took an almost self-flagellating standpoint regarding their participation in the court, or what critical inquiry would frame as tacit acceptance of their oppression. The fourth theme, *perception of effort and personal responsibility*, evokes the tenets of critical inquiry, which serves as the theoretical perspective of the present study. Specifically, that in any society there are privileged groups, which are more powerful when subordinate groups accept their status as normal or inevitable (Crotty, 1998).

Limitations

This study has a number of limitations that must be addressed. The nature of problem-solving courts is that governing bodies who implement them have great discretion in what charges and clientele are eligible for referral (Lessenger & Roper, 2007; Thompson, Osher, & Tomasini-Joshi, 2007; Wiener & Brank, 2012). As such, a variety of charges may yield myriad treatment tracks and different experiences. The veterans court participants reported challenges that appeared idiosyncratic to their particular court's organizational systems. The number of participants in a court, the size of the team, the size of the city and that city's infrastructure are all factors that can impact how a potential participant communicates with service providers and travels to appointments. Qualitative and quantitative researchers should be mindful of the impact of these factors when exploring veterans court phenomena at a national level.

The participants of this study each had a criminal charge related to alcohol or substance use that resulted in the incorporation of daily check-ins and random urinalysis into their treatment. This commonality in charges provided a basis for data saturation but

it is possible that those with the added responsibility of drug testing may have a different experience than those with purely assaultive criminal charges or those receiving treatment for trauma-related disorders. It is also possible that individuals referred for treatment without a substance abuse component perceive that they are in contact with their court team less often. If those veterans were only in contact with the judge, probation officer, and members of their care providers, they could lack the same logistical challenges with scheduling appointments for urinalysis. Future research could explore for possible differences among veterans' experiences based on the type of charges and treatment being received (e.g., assault, substance abuse, trauma).

Practice and Research Implications

Psychology and public policy literature points to a need for more rehabilitative and less punitive measures when dealing with criminal offenders (Andrews & Bonta, 2010). Therapeutic jurisprudence is a way in which the law can be wielded as a therapeutic agent (Campbell, 2010) and that "the law itself can function as a therapist" (Wexler, 1993, p. 280). Within the last few years, the field of counseling psychology has delved into the specific needs of criminal offenders and relevant issues of criminal justice counseling (McWhirter 2013; Morgan, 2013). Despite the implications of its moniker, therapeutic jurisprudence is a missing concept in current counseling psychology literature. Redlich and Han (2013) examined whether mental health court outcomes are predicted by three principles of therapeutic jurisprudence - *perceived voluntariness to enroll in the court*, *perceived procedural justice*, and *knowledge of mental health care* - which were used as independent variables along with criminal justice outcomes and mental health outcomes. The results indicated that mental health court participants were

more likely to succeed in court when they had higher perceptions of procedural justice and voluntariness to enroll (Redlich & Han, 2013). Counseling psychologists, using the concepts of social cognitive career theory (e.g., proximal variables of supports and barriers; Lent, Brown, & Hackett, 2000) for example, can provide any number services to veterans court participants, including reevaluation of skills, acceptance of challenges and limitations to finding employment, or target risk factors for recidivism relating to employment (Varghese & Cummings, 2012).

Future research should examine contributory interpersonal factors to veteran success in veterans court. When considering the impact of identity, it is worth evaluating the role of stigma and stereotyping. It is possible that stereotype boost is contributory in treatment success when the veteran lacks the connection between his or her military service and the crime committed. Stereotype threat is the fear that one's behavior will be associated with negative stereotypes related his or her group in the presence of group nonmembers (Steele, 1997). Stereotype boost has been shown to cause the opposite effect where identification with one's group enhances performance (Armenta, 2010). Instead of appearing to be a punitive entity, veterans court could emotionally activate positive feelings regarding veteran status as opposed to the identities that might be activated in a drug or mental health court.

Conclusion

In keeping with the tenets of qualitative inquiry, this study served as a snapshot into the lives of Veterans Treatment Court members. Nonetheless, the information gleaned here concurs in some ways with existing qualitative problem solving court literature and illuminated areas for further investigation. The mission to support returning

servicemembers who have difficulty transitioning into civilian life is a laudable one. However, the stigma that exists regarding the rehabilitation of criminal offenders, especially as it relates to substance abuse, cannot be underestimated in its impact on diversion court treatment. It is heartening to observe that veterans court participants of this study feel that their treatment team members fully support their success but larger systemic issues and their own internalized attitudes about criminality and drug use may still heavily impact their experiences. Continuous evaluation of treatment court factors can elevate the discussion of participation beyond what is facilely accepted as ostensibly better than jail for military veterans.

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