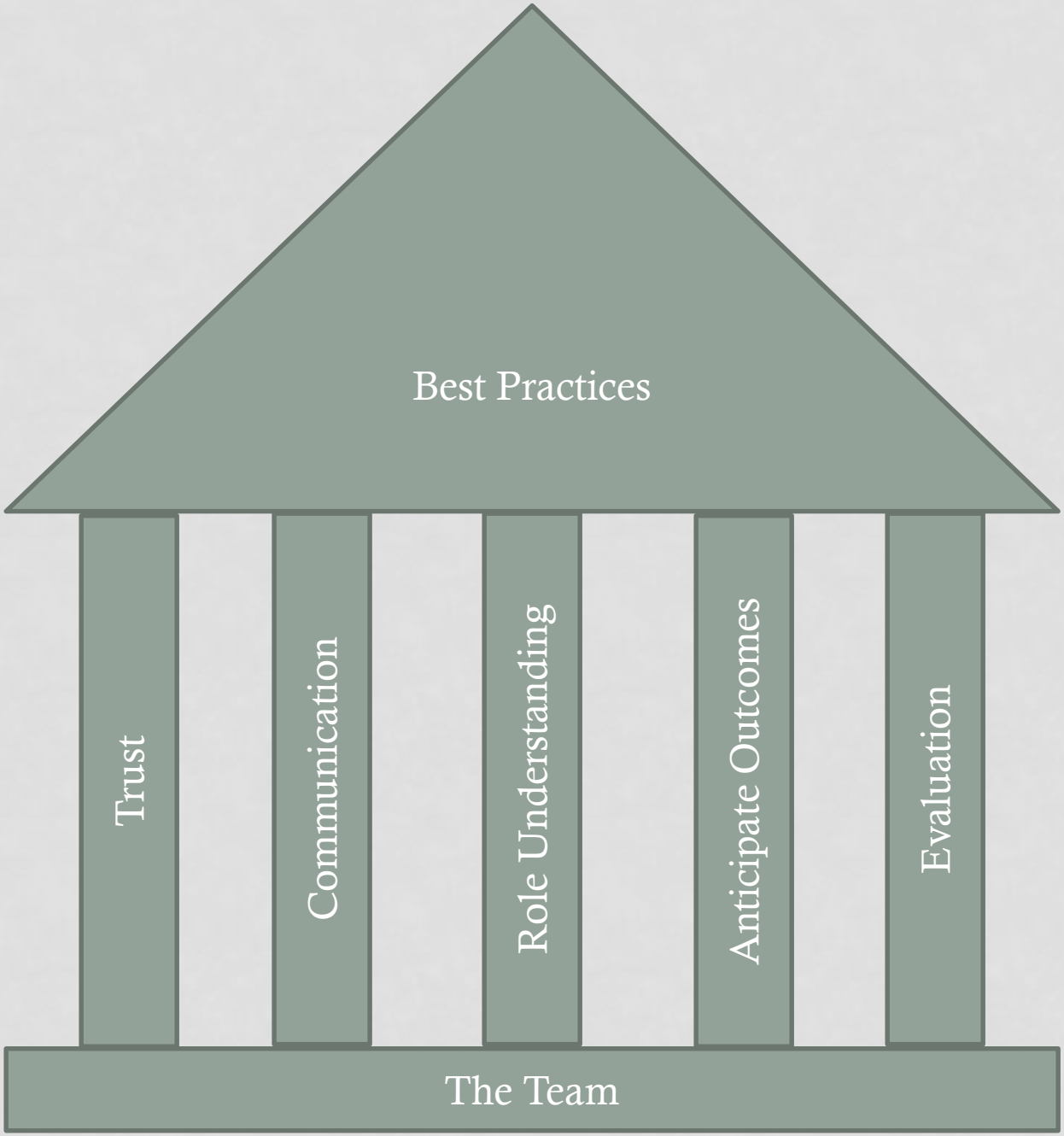
AN EFFECTIVE VETERANS TREATMENT COURT TEAM
STRENGTHS OF AND BARRIERS TO SUCCESS

NORFOLK COUNTY VETERANS TREATMENT COURT

MASSACHUSETTS


Best Practices
Trust
Communication
Role Understanding
Anticipate Outcomes
Evaluation
The Team

THE TEAM

JUDGE = LEADER

Coach

- Effective communicator
- Develops full potential of participants & staff
- Ongoing training
- Big picture perspective

Referee

- Fair & impartial
- Only decision maker

MEMBERS & ROLES

Judge – decision-maker

Probation – accountability, consistency, home visits

Prosecutor – public safety as top priority

Defense Counsel – client advocate, helps work toward treatment goals

Veterans Justice Outreach Coordinator – clinician, case manager

Court Clinician – clinician, case manage for non-VA eligible participants

Law Enforcement – veteran, behind the scenes

Mentor – support to participant to help facilitate compliance

TEAM FUNCTION

FUNDAMENTALS

Trust – competency, reliability

Communication – continuous, respectful, diverse

Role Understanding – accountability, boundaries, decision-making

Evaluation – self reflective, continuous improvement

Anticipate Outcomes & Responses – intel, assessment

FUNDAMENTALS

The fundamentals ensure longevity of team members individually and as a unit.

BEST PRACTICES

EXECUTION

Timely response to participant behavior

Fair v. equal

1. Consistency in thinking
2. Single parents
3. Managing expectations based on client capabilities
4. Vulnerabilities (i.e. death of a child, state intervention, sexually assaulted)

Team as a unified front

Boundaries

Courtroom as a theater

Mutual respect; professionalism

VIGNETTES

CASE NO. 1

Kevin is a 2-tour combat veteran who has been diagnosed with complex Posttraumatic Stress Disorder, Opioid Use Disorder and Alcohol Use Disorder and is 100% service connected. Additionally, Kevin has a history of sexual trauma by a correctional officer as an adolescent in juvenile detention. As a result, Kevin is very distrusting of courts, all court personnel, and petrified of being detained or incarcerated again. Additionally, Kevin is a father of 3; he has 2 kids that he cannot see and one 3-month old daughter whom he provides cares for.

Kevin has been in the Veterans Treatment Court for 20 months with a 12 month evasion period. He also has a pending case in another court.

Kevin is on a SCRAM with alcohol testing 4x's/day. Kevin tested positive this morning at the 7a reading. Prior to this, Kevin was sober for 6 months, the longest he has ever had since he started drinking in his teens. Kevin's relapse is also a violation of his conditions of release on his pending matter.

What steps should be taken?

CASE NO. 2

Rich is a single, white, unemployed, male who is 80% s/c for depression. He is diagnosed with Major Depressive Disorder, Opioid Use Disorder, Cocaine Use Disorder, and Alcohol Use Disorder. He has been in the court for 14 months. He has had several relapses with 2 periods of sobriety. Most recently, Rich had completed a 6 month residential substance abuse program. He voluntarily opted to stay for 9 months and then move into a step down sober house for the program's graduates. However, soon after living in the sober house, Rich decided to share an apartment with 2 other graduates from the program. He quickly secured a job working full time at the local VA Hospital and shortly thereafter he bought a car. After two months of work, Rich missed 3 appointments for recovery maintenance and did not attend his intake for individual therapy. He missed his Vivitrol injection and indicated that it was due to orientation for his new job and the schedule. Rich also missed a few days of work. Rich called probation requesting to be excused from court due to picking up another shift to make more money to aggressively pay his restitution. His request was denied and he was told he must show to court. Rich did not appear in court. Warrant was issued.

7 days later, Rich was admitted to the inpatient psychiatric unit at the VA hospital for an exacerbation of depressive symptoms with suicidal ideation at admission. He had also tested positive for suboxone and cocaine. He stayed 7 days and was transferred to a long term psychiatric unit while awaiting placement at a community program in which the court did not approve of.

How should the court proceed?

CASE NO. 3

Matt is a 2x's divorced, homeless, unemployed, father of 2. He is 100% s/c for PTSD and additionally has trauma from his career as a fire fighter for the City of Boston. Matt is also diagnosed with Opioid Use Disorder and Alcohol Use Disorder. Matt was referred to the court on a serious assault and battery and has a lifetime restraining order in place with an ex-wife and their daughter. Matt was released from jail and was directly admitted to a 6-week substance abuse program. Following, he was admitted to a 120-day Domiciliary. Matt was irregularly discharged from the Domiciliary for arguing with a staffer after being there for 100 days. Matt called the VJO at 6pm at night to notify her of his discharge. Matt was going to spend the night at a female friend's house. Matt was due for his Vivitrol shot, however b/c it was after hours, no one could administer the shot. Matt was discharged with no medications.

What should happen next?

DESTABILIZING FACTORS

DESTABILIZING FACTORS

Lack of leadership

Personality disorders

1. Impact on the team
2. Impact on peers

Team turnover, loss of cohesion

Change

1. Loss
2. Treatment
3. Social factors

Loss of trust

Team discord