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Agency Mission

To promote justice throughout Wisconsin by providing high-quality and compassionate legal services, protecting individual rights, and advocating as a criminal justice partner for effective defender services and a fair and rational criminal justice system.

Veterans Diversion Court in Rock County

By: **Honorable James P. Daley***

In January, 2009 a delegation of elected officials, representatives of the Public Defender's Office, and health care professionals from the Veterans Administration in Wisconsin traveled to Buffalo, New York to observe the Buffalo Veterans Diversion Court in operation. The consensus of the Wisconsin participants was that the creation of a Veterans Diversion Court would be an achievable goal in Wisconsin. Because of the population size of Rock County (165,000), its location adjacent to the major federal Veterans Administration facilities in Madison, WI and the new Veterans Administration Treatment Clinic recently opened in Janesville, WI, I believed that Rock County should proceed immediately in the planning for such a court.

Upon my return to Rock County from Buffalo, NY I immediately contacted several necessary players in the creation of such a diversion court. First, I broached the subject at the Rock County Criminal Advisory Committee (RCCAC). The RCCAC is a permanent committee created by the Rock County Board of Supervisors that is intended to include members of the public along with the stake holders of the criminal justice system, including the District Attorney, the head of the Rock County Public Defender's Office, the Sheriff, the Presiding Judge for the Rock County Circuit Court, the Police Chief of the City of Janesville, the head of the Department of Social Services and the head of the local Department of Corrections Probation and Parole Office and the District Supervisor over that office. The committee serves as a public forum for offering suggestions for the improvement of the criminal justice system, and has a member of the County Administrator's Office as the full time coordinator of the projects of that committee. This committee was instrumental in the creation and funding of the Circuit Court Drug Diversion Court and the vast expansion to alternatives to incarceration that were adopted by

the Sheriff and accepted by the community after the public discussion within the RCCAC.

From that meeting I received the support of District Attorney David O'Leary, Eric Nelson of the Public Defender's Office, and Robert Spoden, Rock County Sheriff. I also then spoke with John Solis, the Rock County Veterans Service Officer (VSO) who immediately came on board and agreed to help in the planning for this court. I also received critical support and assistance from Peter Anderson and Krista Ginger of the State Public Defenders Office in Madison, WI, and from Dr. Dean Krahn and Ed Zapala of the Madison Veterans Administration.

The interested parties first met in the April-May time frame and identified immediately the need for early identification and training for volunteer veteran mentors. Dr. Krahn and Ed Zapala from the VA in Madison arranged for a treatment seminar on June 29-30, 2009 for parties interested in creating Veterans Courts to educate those interested parties on Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and the interrelationship of these conditions with substance abuse. The seminar also provided training on the available federal VA resources for the treatment of these issues, and a basic understanding of the services available through the VA, together with basic information on Veteran's eligibility for services. Training also covered the 'Military Sexual Assault' program and the qualifications for eligibility for this program as many times the emotional response to sexual assault by the victim can be similar to that exhibited by veterans who suffer from TBI and PTSD to include substance abuse as a coping mechanism.

Krista Ginger and Peter Anderson were instrumental in bringing to Wisconsin Mr. Jack O'Connor, the head of the volunteer Mentor Program for the Buffalo, NY Veterans Diversion Court to conduct Mentor Training. Attending this training were mentor volunteers identified through veterans organizations by John Solis. Volunteer mentors are critical to the

***Honorable James P. Daley** is the presiding judge in Rock County.

operation and success of the diversion court and we had identified eight individuals initially to go through the training. Mr. O'Connor also provided the Buffalo, NY Mentor Book which we adopted to our use in Rock County. By late July, we had the basic pieces in place to, first, sit down with the above mentioned representatives and organizations to actually plan how the court would be operated. From this meeting we identified several holes in the basic concept we had created. First, who would initially identify the veteran as a qualifying veteran? Second, how would the veteran receive a needs screening to determine the specific medical, psychiatric, AODA and counseling needs the particular veteran would need? Third, how would the veteran get into the program in the first place?

While a Veterans Diversion Court is a diversion/treatment court of the usual model, the critical difference is that the services will be provided to the individual participant through the Veterans Administration system as a result of the individual veteran's status of 'veteran' with qualifying overseas service in a combat zone. However, depending upon the individual's dates of service, each era of veteran service has different qualifying criteria. That is, veterans of World War II have a different set of criteria than Korean War veterans, veterans in the Cold War, and veterans of Vietnam, Desert Storm, Operation Iraqi Freedom (Iraq War) and Operation Enduring Freedom (War in Afghanistan). Each conflict had its own criteria and the individual veteran's service has to be matched up with documentary evidence supporting the veteran's claim of veteran status. Further, victims of sexual assault who themselves were service members are automatically eligible for veterans services through the VA. VSO John Solis was tasked to be the point of first contact with the veteran to begin the process of qualifying the veteran for services through the VA, thereby satisfying the first identified concern.

The ad hoc committee determined that the second and third concerns are really two sides of the same coin. The defense attorney representing an individual accused of a crime should initiate the process by asking their client during their first

meeting if the client has served in any branch of the US military and whether they served overseas. In the case of a female client, the same questions should be asked, but with the additional question of whether during their service they were the victim of a sexual assault. If the answers to these are positive, then the defense attorney should send their client to the VSO (John Solis) office in the Rock County Court House to begin the process of applying for veterans benefits.

I met with both the staff attorneys of the Janesville Public Defender's Office and also with attorneys who practice criminal defense work in Rock County to discuss a Veterans Diversion Court. We advised them to modify their intake and initial interview process to identify qualifying veterans. Then we met with the District Attorney's office to discuss their role. In our proposed model the gate keeper to the Rock County Veterans Diversion Court are the defense attorney and the District Attorney. They have to first agree that the individual and the particular crime are eligible for the Veterans Diversion Court. This gives the elected District Attorney the ability to screen the nature of the offense up front to deny access to violent offenders or screen out types of offenses he would not be willing to divert from the normal process such as child sexual assault, murder, etc. After the DA and the defense attorney agree on the veteran and the offense he/she has been charged with, then they will enter into a diversion contract spelling out the specific results that are agreed upon when the veteran successfully completes the program.

At this time the matter is called into the court the matter is assigned to and the judge will refer the matter for screening at the local Janesville VA Clinic. After the screening is successful (i.e., the veteran has needs that require treatment such as AODA, PTSD, TBI, sexual assault survivor's treatment, etc.) the matter returns to the assigned court for entry of the plea to the charge. The assigned judge continues the matter to the Veteran's Diversion Court before the plea is entered and the matter is stayed until the veteran either successfully completes the treatment or is removed from the program before successfully

completing the program. In both cases the matter is referred back to the assigned judge to either complete the contract or to enter judgment on the plea already received. In the first case, the veteran receives the benefit of the bargain (plea reduced, dismissed, etc.) or process the case as routinely upon a plea to the charge by immediately sentencing the defendant or ordering a plea sentence investigation.

Once these matters were resolved we held three Veterans Court rehearsals with all organization members participating including representatives of the Veterans Service Officer, the VA, the Wisconsin State Department of Veterans Affairs, the District Attorney, the Public Defender, a representative of the Financial Support Division of the Rock County Department of Social Services, and all volunteer mentors. During this same time the volunteer mentors held training sessions and role playing exercises conducted by the Director of Volunteer Mentors to train the mentors on their roles.

After these exercises were completed Rock County held the first session of the Rock County Veterans Diversion Court on September 17, 2009, eight months after the Buffalo, NY trip. The first accepted participant in the court is winding his way through the process and is receiving treatment and a second veteran is in the process of a screening to determine suitability for the court. I have written letters to set up meetings with the judges, prosecutors, public defender representatives and the county VSO of four counties adjacent to Rock County to begin the process of utilizing the Rock County Veterans Diversion Court as a diversion court for those counties qualifying veterans.

It has been an interesting experience in creating this court, both gratifying and frustrating at the same time. On the one hand just about everyone I have had contact with recognizes the importance of this court in concept. In many cases a veteran who serves his/her country in harms way may experience emotional, physical or medical effects of that service. These effects can have long term residual impact upon that veteran's mental stability and long term

emotional health. In effect, it affects the very way the veteran perceives and interacts with his/her family, employer and fellow workers, and his community. These effects can result in contact with law enforcement officials. On the other hand, many veterans seem adverse to either admitting that they have a problem, or to even identifying themselves as a veteran at all. With the present War On Terror, and especially with the understanding that we in Wisconsin will have 3500 returning veterans of Operation Iraqi Freedom in February/March of 2010 from the 32nd Infantry Brigade of the Wisconsin National Guard returning to our communities, I believe it is incumbent upon us to do all that we can to provide these returning veterans with access to treatment necessary to fully return them to their families and civilian occupations with a decent chance for long term recovery and return to normalcy. For me, this means we must create a bridge between the services already provided to veterans by the VA and to the local state courts that deal with the effects of a veteran's negative interaction with his community. This simply means we must successfully implement Veterans Diversion Courts to benefit not only the veteran, but also the veteran's immediate and extended family, and our communities. ■

Synopsis of the La Crosse Model of the Veterans Court

By: Todd W. Bjerke, JA, USAR*

The Nature of Veterans, in General

Throughout history, members of the military have been drawn from the general population, whether by draft, servitude or on a voluntary basis. Those who have been conscripted, enlisted, or commissioned have diverse backgrounds and traits which may not be consistent with the needs of the military. But by means of intense training, those individual personalities are shaped into service members who accept the core values of the military: loyalty, duty, respect, selfless-service, honor, integrity, and personal courage. The military teaches its new recruits to follow legal orders without question,

trains them to perform under the stress of combat and potential death, and requires them to live through the horrific impact of war, with the result that the completion of their mission may become more important than even their own lives. The military had, in the not too distant past, discharged its members back into society when their usefulness had been exhausted, without considering or addressing potential emotional or mental health issues stemming from their intense training and horrific experiences.

As a result of their military training, service members are trained to kill other humans while in the throes of battle, and many have done so. Many service members have lost comrades as a result of battle, sometimes witnessing those deaths first hand. Many service members have also viewed the death and destruction exacted upon the enemy and the collateral effects of war as it spilled onto the civilian population. No service member is immune to the effects of intense military training and the tragic impact of warfare.

All veterans have experienced the effects of warfare, whether directly on the battlefield or by indirect means. Most veterans are capable of adequately processing the grief, anxiety, depression, guilt and loss that war engenders, and are able to lead productive, quality lives, nonetheless. Other veterans are incapable of handling the effects of warfare, and they need help to restore their emotional or mental health once they leave military duty.

In the 18th and 19th centuries, the emotional and

mental health effects of training and participating in warfare on the individual service member were ignored. In the early 20th century, some emotional and mental health effects of training and warfare were classified as “shell shock,” “battle fatigue,” or “combat stress.” Service members diagnosed with such disorders found themselves at the end of their military career and back in the civilian world with little or no assistance from the government. During the latter part of the 20th century, the military became cognizant of the effects of war-related issues that impact service members in the field as well as those who have returned home.

As a result of their military service, many veterans have multiple emotional or mental health issues to address including, but not limited to, Traumatic Brain Injury (TBI), Post-traumatic Stress Disorder (PTSD), suicidal thoughts or acts, and substance abuse. The veteran continues to be conflicted between military training that suppressed the assault on his or her senses to enhance performance in combat, and reporting or even perceiving the existence of emotional or mental health problems. That conflict often causes emotional and mental health concerns to be driven deep into the veteran’s psyche, as attempts are made to prevent others from thinking that they are somehow less than equal to other veterans or somehow weak. It presents a paradox in that trained soldiers must have the wherewithal to withstand inhuman conditions in combat but are then supposed to transition back to civilian life with no attendant consequences. This phenomenon is what makes the service member, once returned to the community as a veteran,

***Honorable Todd W. Bjerke, JA, USAR** was elected to the bench in 2007. He is one of five general jurisdiction judges in La Crosse County. Judge Bjerke was an assistant district attorney in the La Crosse County District Attorney Office from 1989 to 2007, with the last 15 years being devoted to drug prosecution. He was involved in creating the La Crosse County Drug Court in 2001. From 1987 to 1989 he worked as an assistant county attorney for Redwood County, Minnesota, where he prosecuted all criminal matters submitted to his office. Judge Bjerke spent 3 years on active duty with the United States Marine Corps as a defense attorney following his graduation from Hamline University School of Law in 1984. In 1989 he transferred to the United States Army Reserve and he currently holds the rank of Colonel. His current assignment is as the Staff Judge Advocate for the 88th Regional Support Command headquartered at Fort McCoy, Wisconsin. Judge Bjerke is a board member of the Wisconsin Association of Treatment Court Professionals and a member of the National Association of Drug Court Professionals.

a unique candidate for additional help from society.

The military is now educating its service members to look for those who display symptoms associated with emotional or mental health problems so that referrals can be made to experts who can assist them. This new attention to the emotional and mental health of the service member has now opened the door to proactively address such issues. The military no longer wants its service members to attempt to conceal or suppress their emotional or mental health problems and become probable liabilities to themselves and to their unit. In accordance with this new policy on the part of the military, the United States Department of Veterans Affairs (VA) is working to assure that the regional VA offices support community efforts to address emotional and mental health problems of our veterans.

Need to Reduce Risk for Veterans

Whether they have served in combat or not, veterans have been trained to a degree unlike any non-military profession. Their sense of honoring human dignity has been altered to allow them to complete their mission at a high cost or even the ultimate cost of sacrificing their own lives. When a veteran engages in antisocial behaviors, it is imperative that appropriate action is taken to reduce the risk of reoffending. It is even more important to identify behaviors that are antisocial at the earliest possible time, so that intervention may occur before serious acts are committed and little room is left for a sentence that may be able to address rehabilitation. Most people display subtle signs of emotional or mental distress prior to committing an atrocity. The family and friends of the veteran, however, are ill equipped to identify such signs, and the public at large is focused on the act that brought the veteran to the attention of the authorities, rather than any possible underlying cause for the behavior. Once the veteran has committed an act that results in arrest, humiliation sets in. The veteran may further suppress the emotional or mental distress to prevent further scrutiny of societal worthiness. The veteran does not want to appear vulnerable. For a relatively

minor infraction, the veteran will accept judgment from the court and go forward without addressing the emotional or mental distress underlying the inappropriate behavior. As a result, the root of the problem remains unaddressed, and the risk is increased for future antisocial behaviors. This cycle may repeat, resulting in multiple arrests over subsequent months or years. Once a record is amassed, the veteran appears to be a non-conformist: one who cannot follow the rules of society, and one who cannot successfully complete a community based sentence. The result is incarceration, which still fails to address the underlying cause or causes of the antisocial behavior.

Given the special training the veteran has received in the military, the unique direct or indirect experiences of war, and the veteran's propensity to suppress appearances of being emotionally or mentally weak, special care must be taken to ascertain the factors that may explain the veteran's antisocial behaviors. Since the first Gulf War there has been an awakening by the government as to the effects of military experiences on service members and veterans. As a result, service members have been mandated to receive special training to learn the traits and characteristics associated with TBI, PTSD, and suicidal ideation so that intervention with personnel exhibiting such symptoms may be made at the earliest opportunity. The VA has been screening veterans for TBI, PTSD, and suicidal ideation so that appropriate treatment regimens can be developed for those suffering from these afflictions. However a further problem that must be addressed is getting the veterans to the VA for the treatment they need. One way to assure that veterans are connected with the VA services they are entitled to is through the oversight of specialized treatment courts that are being developed to address criminal acts committed by veterans. The ultimate goal of these courts is to reduce the veteran's risk of reoffending.

Modalities Available to Reduce Risk in La Crosse County

At the time of sentencing, the judge seeks to reduce the risk that the offender will likely commit future

crime. To accomplish this, courts are beginning to apply evidence-based practices¹ to determine the needs and risks of each individual offender. In La Crosse County, the community response to jail overcrowding resulted in the formation of the Criminal Justice Management Council, which is comprised of various professional and lay people interested in developing effective strategies to cope with criminal justice issues on a community wide basis. To reduce jail populations, the “Justice Sanctions” program was created.

Justice Sanctions grew over the past decade from a one person office to a critical component of the La Crosse County justice system. Justice Sanctions assesses offenders in a variety of ways, including: suitability for release on bond or on a jail sentence, to include conditions of release that will reduce risk; supervised release on electronic monitors, GPS units, SCRAM units (which continually monitor the participant for alcohol use), and day reporting; observed alcohol and drug testing on site; home alcohol testing on MEMS unit; assessments of risk and need; and assessments for domestic violence. The main assessment on offenders completed by Justice Sanctions results in an AIM (Access, Inform and Manage) Report, which documents the background of the offender with relation to the offender’s risk, to include prior convictions and current charges, a risk assessment (such as the Level of Service Inventory or LSI), a motivational rating (such as the University of Rhode Island Change Assessment Scale or URICA), identification of the pertinent criminogenic factors² that need to be addressed, and unique characteristics that need to be considered when developing treatment or an intervention plan.

La Crosse County courts have, in appropriate cases, used the AIM Report generated by Justice Sanctions to determine risk and needs of an offender when considering bond release conditions and in lieu of a Presentence Investigation Report prepared by a Department of Corrections officer prior to sentencing an offender. Justice Sanctions has been instrumental in the reduction of La Crosse County’s jail population and has been invaluable for the Drug

Treatment Court and OWI Court programs. Justice Sanctions has worked with veterans in the criminal justice system, whether on bond or while serving a sentence. Justice Sanctions, however, is not equipped to address many of the unique needs of the veteran, and if those needs are not addressed, the veteran’s risk to reoffend is not reduced.

VA Involvement in Reducing Risk in Veterans

Due to the unique nature of the veteran, especially the combat veteran, courts need to develop new strategies to address the hidden issues underlying the veteran’s criminal or improper behaviors. Those veterans who have used and continue to use available VA programs are meeting many of their underlying emotional and mental health issues. Yet often these veterans continue to reoffend, and many develop chronic drug and/or alcohol addictions that are so pervasive that neither the VA nor the courts have any effective interventions available. Veterans who have not had their potential TBI, PTSD, or other service connected emotional or mental health issues identified following an arrest have gone through the court system without resolving or even addressing their service-connected emotional or mental health issues. For this reason, courts have begun to view veterans in a different light. The County Veteran Service Officer (CVSO) and the VA are available to assist courts to properly identify veterans so that they may be referred to the VA to receive eligible services and treatment.

To obtain VA services, veterans need to meet with the CVSO in their county of residence. The veteran must provide proof of military service, which is their discharge document, also known as the DD 214. The CVSO can assist the veteran in obtaining the DD 214, if necessary. The veteran will need to obtain medical records or other reports generated during the period of military service to establish a service connected injury or diagnosis. The CVSO will assist the veteran in applying to the VA for benefits and services, which may result in the veteran being screened and ultimately diagnosed with an emotional or mental health issue that otherwise may

have been hidden from non-military treatment providers.

The Buffalo, New York Model of the Veterans Court

One model of a Veterans Treatment Court exists in Buffalo, New York.³ Judge Robert T. Russell presided over the Buffalo Drug Treatment Court and the Buffalo Mental Health Treatment Court for years before becoming aware of a need to look at veterans in a different light. Although not a veteran, Judge Russell was confronted with a recurring theme when he saw veterans who resorted to drug and alcohol abuse to suppress the TBI, PTSD, or suicidal ideations they manifested as a result of their service to our country. These veterans came to the attention of the authorities because of their drug and alcohol use, or because of other emotional or mental health concerns after committing crimes. Judge Russell felt that these veterans needed more than what a standard drug or mental health treatment court could offer. The veterans needed an advocate familiar with their military background, the VA, and the court system. The veterans needed mentors who had lived through what they had experienced, which is the training to prepare for war and warfare itself. They needed mentors who may have had their own emotional or mental distress in the past, but were able to successfully conquer their problems, and who were familiar with the VA, especially VA benefits and treatment opportunities. They needed mentors who understood the court process, whether criminal or civil, and who were capable of persuading the veterans to open his or her eyes to their current reality, thereby motivating the veteran in taking the necessary steps to reduce their risk of recidivism.

In Buffalo, Judge Russell developed a Veterans Court modeled in part on the Drug Treatment Court concept.⁴ The Veterans Court, however, brings the mentor and a VA representative into the court for each session involving the veteran. The mentor speaks to the veteran prior to the veteran standing before the judge. Depending on what the veteran's needs are at that time, the mentor will ensure that the

veteran is connected with the VA representative to set up any necessary VA appointments before the veteran leaves the courtroom. The mentor will also make sure the veteran's daily needs, such as transportation, housing, subsistence, and non-VA appointments are being addressed appropriately. The mentor is not to interact with the veteran outside the courthouse. Judge Russell has a significant number of veterans in the area who have legal difficulties and have found their way to his Veterans Court. The court handles veterans throughout the Buffalo VA region, which includes Erie County, New York.

The VA is committed to supporting Veterans Courts throughout the nation. However, the VA can support only one Veterans Court in any VA region. This has been problematic for the Buffalo area. Other judicial districts in that VA region have wanted to begin veterans courts modeled after Judge Russell's court. Judges in other jurisdictions have, by agreement, assigned cases involving veterans to Judge Russell so he can work with the troubled veteran pursuant to the VA policy. This results, however, in the veteran sometimes having to travel great distances to participate in the Veterans Court. There is a CVSO in each county throughout the nation, and the VA generally has local clinics, called Community Based Outreach Clinics, that the veteran can utilize, but travel remains an issue. Mentors try to assist the veterans in obtaining transportation so they can attend Veterans Court and get to other required destinations.

The La Crosse, Wisconsin Model of the Veterans Court

In La Crosse County, Wisconsin, a team of approximately 20 professionals, who are involved with either the judicial system or the VA, have looked at Judge Russell's Veterans Court.⁵ Early on, it was decided that a formal veterans court would likely be unnecessary, despite the fact that La Crosse County has over 10,000 veterans. The frequency of veterans interacting with the criminal justice system is unknown. A rudimentary survey of the La Crosse County criminal intake court was

conducted. Over a series of weeks, each person appearing on the criminal intake calendar was asked if they had any current or prior military service. Those who responded that they had prior military service were further examined by the La Crosse County CVSO for VA benefit eligibility. It was determined that only approximately seven percent of the population surveyed had prior military service. This number was deemed too small to warrant a formal Veterans Court for La Crosse County.

The members of the La Crosse County Veterans Court Initiative are developing a two-tiered system to address the needs of veterans. The first and most important tier is the Veterans Network. The second tier concerns consistent court interaction with the veteran who has been identified with service connected emotional or mental health issues.

The Veterans Network was created to operate independently from the judicial system, and it is based upon early identification of veterans who may be prone to have service connected emotional or mental health issues that result in police contact. The Mentor Group is a subcomponent of the Veterans Network, but it will operate as an independent entity. The role of the Veterans Network is to educate the community, law enforcement, prosecutors, defense attorneys and the courts about the unique issues facing veterans, and to oversee the Mentor Group. The role of the mentor is to encourage the veteran to address any potential emotional and mental health issues.

The Veterans Network was created to operate independently from the judicial system, and it is based upon early identification of veterans who may be prone to have service connected emotional or mental health issues that result in police contact. The Mentor Group is a subcomponent of the Veterans Network, but it will operate as an independent entity. The role of the Veterans Network is to educate the community, law enforcement, prosecutors, defense attorneys and the courts about the unique issues facing veterans, and to oversee the Mentor Group. The role of the mentor is to encourage the veteran to address any potential

emotional and mental health issues.

The La Crosse model is based upon identification of a veteran prone to committing criminal acts at the earliest possible moment, referring the veteran to the county CVSO and assigning a mentor to the veteran. The City of La Crosse Police Department has developed a pilot program in August 2009 to document military service for each person that the police contact. This information will appear in the incident report generated from the contact, which is then inputted into a searchable data base. The military service data is compiled weekly into a list containing the name of the veteran, the veteran's status as a potential defendant, victim or witness, and the veteran's address and telephone number. This list is forwarded to the La Crosse County CVSO. The CVSO sends the identified veteran a letter suggesting that the veteran see him to determine eligibility for VA benefits and, if eligible, to assist the veteran in applying for available benefits.⁶ The CVSO will send the name of the veteran, and brief service history, if available, to the Mentor Group where a mentor coordinator will assign a mentor to the veteran. The mentor will be similar in age, gender, period of service, and branch of service to that of the veteran whenever possible. The assigned mentor will contact the veteran a few days after the veteran should have received the letter from the CVSO. The mentor is trained to strongly encourage the veteran to meet with the CVSO and is also required to assist the veteran in getting screened for potential effects of TBI, PTSD, suicidal ideation, substance abuse or other emotional or mental health issues that may be connected to his or her military service. The mentor will help the veteran overcome obstacles preventing contact with the CVSO or VA services, including the stigma associated with seeking help.

When the veteran accepts VA services, he or she will be screened for service connected emotional or mental health disorders, and if any such exist, will be referred for treatment. The intent of the Veterans Network is to facilitate the veteran's identification of any service connected disorder and to assure that it is treated so that the risk of future criminal conduct

or potential criminal conduct is reduced. Since all veterans are exposed to the effects of indoctrination into the military and/or the effects of warfare, to some varying degree, all veterans entering the criminal justice system should be subjected to this process. The diagnosis and recommended treatment for those suffering from a service connected emotional or mental health issue will be relevant to a prosecutor seeking to appropriately resolve a criminal case, as well as to the court imposing a sentence. It is envisioned that the mentor will continue to be available to the veteran until resolution of any criminal case.

The mentor will be selected by a group of mentor coordinators through an application process that includes an interview and a background check. Mentors will be trained on the arts of persuasion, compassion, and empathy to properly motivate the veteran to seek assistance for any potential service connected emotional or mental health issues. If the veteran is unable to secure VA benefits, the mentor will assist the veteran in seeking alternative community based benefits that are identified through the Veterans Network. The mentor will explain the judicial process to the veteran and assure that the veteran's needs are presented to the defense attorney, the prosecutor, or the judge, as necessary.

The La Crosse Veterans Network intends to ensure that the veteran is properly held accountable. The risk for recidivism is reduced by properly diagnosing and treating any service connected emotional or mental health issue that afflicts the veteran and underlies his or her atypical behavior. The results of the work of the Veterans Network with any particular veteran would be available to a sentencing judge so that risk reduction can be assured by any sentence imposed. The goal of the Veterans Network is not to have veterans avoid liability for their negative behaviors, but rather to make sure that this is the last time they display such behaviors. The way in which mentors are utilized in the La Crosse model is the main difference from the Buffalo model.

The second tier being developed by the Veterans Court Initiative members concerns the interaction

between the courts and the veterans. The judiciary, the prosecutors and the defense bar will be educated on the goals of the Veterans Network. It is anticipated that the prosecutor will be aware of the unique needs of the veteran when charging decisions are made or a charged offense is resolved. Furthermore, a defense attorney will be able to advocate that the needs of his or her client are being met through treatment and thereby risk has been correspondingly reduced. A judge should be aware of the veteran's needs and risks when determining bond or imposing a sentence. A judge may, in a particular case, bring the sentenced veteran back before the judge on a regular basis with other veterans for court reviews of ongoing treatment progress, which would be more consistent with the Buffalo model. But, the court, cognizant of the veteran's status, could also accomplish any necessary judicial reviews by assigning the veteran, as appropriate, to the Domestic Violence Review Court, the Drug Treatment Court, the OWI Court, or a series of individual appearances before the judge. With identification of the underlying problem, the results of the diagnosis, and a treatment plan in place, courts can use evidence-based practices to impose an appropriate sentence that balances the needs of the veteran with the risks the veteran might pose to the community. Hopefully, this process will result in better understanding of the veteran, greater safety for the community, successful treatment for the veteran, and that the extra effort will also honor the service the veteran gave to this country.

The La Crosse model will be implemented on January 1, 2010. Once underway, it will hopefully be expanded into the other counties of the Tomah VA Catchment Region, which includes Adams, Clark, Crawford, Jackson, Juneau, La Crosse, Marathon, Monroe, Portage, Price, Taylor, Trempealeau, Vernon and Wood Counties in Wisconsin, and Houston County, Minnesota. The La Crosse Model would create consistency for the Tomah VA Catchment Region, and it would not burden veterans by requiring them to attend Veterans Court in one county. The VA will be better able to serve veterans pending criminal actions in each veteran's home county. The La Crosse model

should be successful, but only if the troubled veteran can be identified at the earliest possible moment. It is hoped that all law enforcement jurisdictions in the Tomah VA Catchment Region will be able to document veterans during each police contact. It is also envisioned that the Veterans Network will assist in educating the public, especially the families of veterans, on the emotional and mental health issues veterans suffer from, so that even earlier intervention may be accomplished. The mentors will be available to assist troubled veterans whether they are referred to the CVSO through police contact or through non-law enforcement channels.

Millions of men and women have honorably served this nation in the military. Many have borne physical and emotional or mental health scars for years following their service. In the past, veterans suffering these problems have been overlooked or even ignored and often ridiculed. The veteran must be helped to overcome service connected emotional or mental health issues that affect the quality of his or her life. The time has come to correct this tragic omission and to ensure that the value the veteran provided to his or her country is appreciated.

Endnotes

¹Evidence-based Practices:

A progressive, organizational use of direct, current scientific evidence to guide and inform efficient and effective correctional services.

The Carey Group, 2008,
www.thecareygroup.com

Evidence-based sentencing relies on scientific data to balance the interests of public safety, cost and the psychosocial impacts of various dispositions on individuals coming before the courts. Rather than over-apply any one policy, the goal is to match individuals to specific programs and services that are most likely to improve their outcomes in the most cost-efficient and safety-conscious manner. Evidence of success is gauged by reducing recidivism, reducing substance abuse and related dysfunction, and doing so with a better cost/benefit ratio than alternative programs. In addition to (not

instead of) considering issues of incapacitation and general deterrence, judges, defense counsel and prosecutors are encouraged to include effectiveness and cost-effectiveness in their calculus of decision-making when advocating for or rendering dispositions. The empirically determined effects of alternative dispositions become explicit factors to be considered in the sentencing process. The intent is not to limit judicial discretion, but rather to extend it to encompass a wider range of relevant considerations.

National Association of Drug Court Professionals, Principles of Evidence-Based Sentencing & Other Court Dispositions for Substance Abusing Individuals, www.nadcp.org

² Criminogenic Factors:

Criminogenic factors are those attributes of a person which, if present, tend to increase that person's risk to commit future criminal acts. By addressing the criminogenic factors, courts and treatment providers can target specific areas of an individual offender to lessen the risk of recidivism. Criminogenic factors have been classified into eight criminogenic needs:

CRIMININOGENIC NEEDS:

1. ANTI-SOCIAL COGNITION (BELIEFS)
2. ANTI-SOCIAL COMPANIONS
3. ANTI-SOCIAL PERSONALITY (TEMPERAMENT)
4. FAMILY ISSUES/PARENTAL FACTORS
5. SUBSTANCE ABUSE
6. EDUCATION
7. EMPLOYMENT
8. LEISURE AND/OR RECREATION

NON-CRIMININOGENIC NEEDS:

1. MENTAL ILLNESS
2. HEALTH ISSUES
3. INTELLIGENCE
4. SELF-ESTEEM
5. PERSONAL DISTRESS

³ The Buffalo, New York Veterans Court:

Information obtained from the Buffalo Veteran’s Court Manual and from training presented by Buffalo Veteran’s Court Mentor Coordinator Jack O’Connor.

resources such as educational assessments, vocational assessments and training and job placement.

- Relapse and intermittent advancement are part of the recovery process; so progressive sanctions and incentives must be integral to the Drug Court strategy.

4 Drug Treatment Court Concept:

The Drug Court concept is based on an innovative program that was first developed in Miami, Florida in 1989. The Drug Court concept has since received widespread attention as an effective treatment strategy for drug-involved criminal offenders. There are more than 1,000 such programs now in operation in jurisdictions throughout the nation.

The goals of a Drug Court Program are:

- Reduce drug related crimes,
- Reduce offender contacts with the criminal justice system,
- Reduce costs associated with criminal case processing and rearrest,
- Introduce offenders to an ongoing process of recovery designed to achieve total abstinence from illicit/illegal drugs; and
- Promote self-sufficiency and empower substance abusers to become productive and responsible members of the community.

Drug Courts are built upon a unique partnership between the criminal justice system and drug treatment community, one which structures treatment intervention around the authority and personal involvement of a single Drug Court Judge. Drug Courts are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of drug abuse and criminal behavior.

5 Members of the La Crosse County Veterans Court Initiative:

Judge Todd Bjerke, La Crosse County Circuit Court Judge

Deputy District Attorney Brian Barton, La Crosse County District Attorney Office

Dr. Michael Brandt, VA River Valley Integrated Health Center

Genie Button, Clinical Substance Abuse Counselor, OEF/OIF Transition Patient Advocate, Tomah VA

Jim Gausmann, Veterans’ Service Officer, La Crosse County

Donna Gunnarson, La Crosse County Clinical Services

Attorney Tim Guth

Alice Holstein, VA River Valley Integrated Health Center

Attorney Mark Huesmann

Attorney Helen Kelly

Jane Klekamp, Director, Justice Sanctions Program
Judge Elliott Levine, La Crosse County Circuit Court Judge

David Helgerson, La Crosse County Probation and Parole

Attorney Thomas Locante, State Public Defender’s Office

Because of the unique problems and opportunities that present themselves in working with drug-involved criminal offenders, treatment and rehabilitation strategies must be “reality-based.” Drug Court Programs must therefore recognize:

- Addicts are most vulnerable to successful intervention when they are in the crisis of initial arrest and incarceration, so intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring offender accountability are critically important. Therefore, court supervision must be highly coordinated and very comprehensive.
- Addiction to drugs is a longstanding, debilitating and insidious condition; so treatment must be long-term and comprehensive.
- Addiction to drugs seldom exists in isolation from other serious problems that undermine rehabilitation, so treatment must include integration of other available services and

Dr. Joel Rooney, Clinical Director, La Crosse County Crisis Program

Carol Schilling, Supervisor, Justice Sanctions Program

Supervisor Jerry Sebranek, La Crosse County Board

Deputy Dean Sorenson, La Crosse County Sheriff's Department

Becky Spanjers, Supervisor, Justice Sanctions Program

Duane Teschler, Amos member

Captain Gary Uting, City of La Crosse Police Department

Members identified in bold print are veterans and/or current members of the Army Reserve.

6 Benefits:

The CVSO is actually employed by the Wisconsin Department of Veterans Affairs (WDVA) and is responsible for assisting the Veteran in applying for benefits not only from the VA, but also from the WDVA. Some benefits unique to the State, include tuition assistance and admission to the State run King retirement home. Veterans may also utilize the services of a local VA funded Vet Center. Vet Centers fall outside the normal VA Chain of Command. The concept is to provide professional counseling to veterans who may not feel comfortable using the VA system. The Vet Center may be utilized by a veteran in conjunction with or separately from any treatment provided by a CBOC or a VA hospital. ■

PTSD Among Combat Veterans

By: Lori Phelps, Ph.D.*

Posttraumatic Stress Disorder (PTSD) is one of the "signature wounds" of the wars in Iraq (OIF) and Afghanistan (OEF), according to the House Committee on Veterans Affairs. To date, 1.6 million men and women have served in these wars, and it is estimated that at least 20% will struggle with symptoms of PTSD at some point in their lives. This article briefly describes what PTSD is, how it is manifested on a day-to-day basis among veterans,

and current empirically supported treatments for the disorder.

What is PTSD

PTSD is a particular presentation following exposure to a traumatic event. The event (or events) can involve combat, assault, childhood abuse, or motor vehicle accident (for example) and must involve "actual or threatened death or serious injury, or other threat to one's physical integrity," according to the DSM. Common examples of traumatic events among OIF/OEF veterans include being wounded or seriously threatened during raids or patrols involving contact with snipers or improvised explosive devices (IEDs), witnessing the death of a friend during a raid or patrol (which can include having to help clean up the direct aftermath), and observing (or accidentally causing) the death of civilians. The symptoms of PTSD, which cause significant impairment, are natural responses to trauma that do not remit after one month post-trauma; empirically supported treatments for the disorder address the hypothesized mechanisms through which these natural (and usually only temporary) responses are sustained over time.

Symptoms of PTSD

The first symptom cluster is called **re-experiencing** and entails having unpleasant and unwanted images, thoughts, or memories about the traumatic event. Re-experiencing symptoms (e.g., intrusive thoughts, nightmares, flashbacks) are strongly associated with suicide among individuals with PTSD, which speaks to their highly anxiety-provoking nature; these symptoms also can lead to avoidant coping strategies such as drug/alcohol abuse or isolation.

The second symptom cluster, **arousal**, involves fairly persistent anxiety, which is due to an

overactive sympathetic nervous system (the part of the nervous system associated with the “fight or flight” response to perceived danger) and/or an underactive parasympathetic nervous system (the part that calms the body down after the perceived danger has passed). This heightened sympathetic nervous system functioning is manifested in everyday life by the ease at which individuals become upset, and the subsequent difficulty in calming down; interrupted sleep; difficulty concentrating; and exaggerated startle response. The arousal most often is accompanied by hypervigilance (e.g., extreme attention paid to what is occurring in the surroundings), along with the tendencies to interpret ambiguous situations as threatening and to ruminate about the most appropriate responses to potential threats.

The third symptom cluster, **avoidance**, initially serves as an attempt to manage symptoms but ultimately (and unfortunately) maintains PTSD and causes other difficulties. Individuals with PTSD will attempt to avoid thinking about the incident or having feelings about it, which requires them also to avoid reminders of the incident, along with situations that are anxiety provoking. Avoidance strategies can involve drug/alcohol abuse, isolation, keeping busy, distraction, and emotional numbing; these strategies work in the short-term but in the long-term can engender depression, lead to the loss of social support, and maintain the symptoms of PTSD.

While all of the symptoms of PTSD are troublesome and can negatively impact an individual’s everyday life, anger is reported by combat veterans with PTSD, and by their wives, as the biggest concern. The expression of anger, or the over-controlling of it

by various means (e.g., emotional numbing, isolation), often lead to relationship and occupational difficulties, but this does not necessarily translate into an increased risk for serious criminal behavior. Statistics released by the US Department of Justice in 1998, and replicated in 2004, indicate that male veterans are incarcerated at less than half the rate of adult male non-veterans. And while incarcerated male veterans are more likely than incarcerated male non-veterans to be in prison for a violent crime, with the target of said violent crime more likely to be people they know, only 1 in 5 incarcerated veterans saw combat in the military, suggesting that combat-related PTSD is not likely the cause of this discrepancy.

The symptoms associated with PTSD are common responses to trauma (e.g., being reminded of unpleasant experiences, despite not wanting to be; feeling on edge, especially when reminded of the trauma; trying to avoid thinking about the trauma); however, not everyone who experiences a trauma will develop PTSD. Risk factors for developing the disorder include the severity of the experience, prior traumatic experiences, previous mental health concerns, or a family history of psychiatric concerns. Given the serious nature of combat in Iraq and Afghanistan, along with servicemen tending to be deployed multiple times (and hence more likely to have traumatic experiences), OIF/OEF veterans carry serious risk factors for developing PTSD.

Social support post-trauma can promote resilience; unfortunately the symptoms of PTSD often serve to disrupt natural support systems. In addition, more than three-quarters of individuals with a diagnosis of PTSD also carry another mental health diagnosis,

***Dr. Lori Phelps** earned a PhD in clinical psychology from University of Wisconsin-Milwaukee. She serves as a psychologist in the Outpatient PTSD Clinic at the Madison VA Hospital. Dr. Phelps provides empirically-supported treatment for veterans with PTSD and is also part of a research team through the clinic focusing on how a variety of treatments for PTSD work to address symptoms.

most often substance abuse or depression, which can be ramifications of the avoidant strategies common to PTSD. Combat-related PTSD also increases the risk for suicide, as well as a variety of serious medical conditions, for example, cardiac disease (likely related to the disorder's effect on nervous system functioning).

Rates of PTSD

Rates of PTSD among the American public are estimated at 10.4% among women and 5.0% among men. Early estimates of PTSD among OIF/OEF veterans were approximately 12%, although this likely is an underestimate. Among Vietnam War combat veterans, 20% have struggled with symptoms of PTSD within 20 years of their military service, suggesting that PTSD can be a chronic condition. Recent studies suggest increasing numbers of OIF/OEF veterans will struggle with PTSD over time. A study by the Department of Defense examining the records of 88,235 OIF/OEF servicemen found that immediately following deployment 12% of veterans scored positive on a PTSD screen. Six months later, 16-24% scored positive. The study concluded that surveys immediately post-deployment "substantially underestimate the MH burden" with respect to PTSD. Currently approximately 40% of the 1.6 million OIF/OEF veterans are receiving some sort of healthcare through the VA system. Based on a review of 289,328 records from the Department of Health, 37% of these veterans have received a mental health diagnosis; of these veterans, 22% have a diagnosis of PTSD, 17% depression, and 7% alcohol abuse (which is likely a gross underestimate). In addition, one-third of these veterans have more than one mental health diagnosis. And as reflected in the previous study, mental health diagnosis rose steadily over time, with 14.6% of veterans having one diagnosis one-year

post-deployment and 27.5% after 4 years.

How to Explain (and Treat) PTSD

Some symptoms of PTSD have been labeled by the military as Battlemind, basically residuals of learned behavior that were strongly reinforced during military training and integral to survival while in combat, and therefore difficult to change. As Grossman outlined meticulously in his book *On Killing*, military training vastly changed after WW2 when it was discovered that the majority of servicemen (much less than 50%) either did not discharge their weapons or did not directly aim at the enemy even when fired upon; the subsequent change in training has been reflected by much higher direct firing rates among servicemen (up to 95% in Vietnam, and 99% in Iraq and Afghanistan). While necessary and beneficial to the military, this change nevertheless has serious ramifications on the mental health of veterans, and likely contributes to PTSD, especially emotional numbing. And in general, many symptoms of PTSD (arousal, vigilance, shallow sleep, emotional numbing – with the exception of anger) are integral to being effective in a combat zone; the question then becomes how an individual lets go of characteristics that are not so well-suited to civilian life, when those same characteristics served to protect themselves (and others) in combat.

Therapeutic Approaches to PTSD

In general, symptoms of PTSD are natural responses to trauma that do not remit over time, although the responses do naturally remit for the majority of individuals who experience traumas. Different therapeutic approaches stem from hypotheses regarding the specific mechanisms that maintain what usually are only temporary symptoms. For example, behavioral/learning approaches posit that the avoidance characteristic of PTSD does not

allow for disconfirmation of fears or habituation to anxiety; therefore exposure to feared situations (which includes engaging with memories) will be helpful. Meanwhile, cognitive approaches suggest that maladaptive thoughts shaped by traumatic experiences maintain anxiety; therefore, identification of said thoughts and learning to challenge them will be helpful. And finally, biological models suggest that physiological components (e.g., brain morphology, neurochemical levels) maintain symptoms, or place an individual at risk for developing PTSD; therefore, psychopharmacology will be helpful.

Behavioral/Learning Approach

The behavioral/learning model posits that avoidance of thoughts or situations, which is common in PTSD, maintains anxiety because avoidance prevents corrective experiences (e.g., experiences that disconfirm fears). Avoidance also prevents an individual from habituating to anxiety, or realizing that over time anxiety in response to uncomfortable situations naturally lessens. Prolonged Exposure (PE), an empirically supported treatment for PTSD, counters avoidance by having individuals engage with feared situations in the real world (in vivo exposure) and distressing memories during therapy sessions (imaginal exposure). Common in vivo exposures for veterans with PTSD involve spending time in public places (e.g., grocery stores, malls), positioning themselves in a public place with their backs to the door (or other people), or spending time among a crowd; the typical imaginal exposure for veterans involves recounting a horrifying combat experience multiple times until anxiety experienced during the recounting lessens. As individuals engage in these exposure assignments, they experience habituation (e.g., their anxiety eventually declines) and subsequently do not have to rely solely on avoidance to deal with distressing situations/memories, which paradoxically lessens the impact

the situations/memories have on them. EMDR, a popular therapeutic approach, is a form of exposure with distraction. And virtual reality, computer software that incorporates visual, aural, olfactory and physical sensations associated w/ traumatic experiences, is a tool to facilitate emotional engagement during PE. Currently, the Madison VA is one of the few VA's in the country with this cutting-edge technology.

Cognitive Approach

Meanwhile, the cognitive model posits that the way we think about things influences how we feel and ultimately how we behave. Unfortunately, traumatic experiences often result in maladaptive thoughts that are inappropriately applied, regardless of context (e.g., the world is a dangerous place, therefore I must always be on guard); trauma-related thoughts such as this can lead individuals to feel anxious and possibly curtail certain activities. Cognitive Processing Therapy (CPT), another empirically supported treatment for PTSD, addresses this by teaching individuals how to identify and challenge maladaptive trauma-related thoughts. The therapy focused on five areas of thought often affected by traumatic experiences: safety, trust, power and control, self-esteem, and intimacy. CPT also involves a small exposure component, in that individuals write about a traumatic experience. Multiple well-designed treatment outcome studies indicate that both PE and CPT are effective in addressing symptoms of PTSD, more so than other treatments or no treatment; these studies also suggest that there is no difference in treatment outcome when comparing PE and CPT.

Biological Approach

And finally, the biological model posits that PTSD results in abnormal brain morphology and/or

neurochemical levels (or is the result of pre-existing morphology and/or levels in the face of traumatic experiences); scientific ethics prohibit designing research to examine the direction of these relationships, although long-term and large-scale longitudinal research likely could illuminate this. Nevertheless, studies have indicated that PTSD is associated with an over-activation of the amygdala, the part of the brain responsible for emotional activation in the face of any potential danger, along with an under-activation of the prefrontal cortex, the part of the brain responsible for rationale thought and analysis, and a relatively small hippocampus, which is responsible (in part) for forwarding information to the cortex; the hippocampus also has a role in short-term memory. Taken together, brain functioning in this fashion leads to the amygdala taking a greater role in deciding whether it is reasonable to become aroused in a given situation, which explains the easy arousal (and difficulty calming down) common among individuals with PTSD. There are also noradrenergic abnormalities associated with PTSD; for example, high levels of norepinephrine, the primary neurotransmitter released by the sympathetic nervous system to mediate the fight-or-flight response, could lead to an over-consolidation of trauma-related memories and help to partially explain re-experiencing symptoms. In light of these (and other) biological findings, it is not surprising that there is evidence to suggest using SSRI's, adrenergic meds, atypical antipsychotics, and anticonvulsants can be helpful, although often a single medication is not enough. Research is ongoing to determine how these medications help address symptoms of PTSD; for example, they likely

promote hippocampal neurogenesis and/or modulate neurotransmitter levels.

Conclusion

Although use of the label "PTSD" originated in the 1980's, it is clear that symptoms of PTSD following traumatic experiences have been around long before that. While there are plenty of good books describing combat experiences, and also subsequent struggles with PTSD symptoms, an excellent book about how combat-related PTSD has been reflected in literature for centuries, and how it affects an individual's character (versus being merely "symptoms") is Jonathan Shay's *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. This book, along with Dave Grossman's *On Killing: The Psychological Cost of Learning to Kill in War and Society*, provide a thoughtful meditation on how military training and combat experiences can "undo" an individual. ■

Get to Know Your County Veterans Service Officer

By: Michael R. Jackson*

County Veterans Service Officers (CVSOs) have been employed in each of Wisconsin's 72 counties since World War II to serve veterans. CVSO's are a veterans local resource for dedicated and professional assistance in obtaining federal and state veterans' benefits. They provide the expertise and advocacy that veterans need to optimize their access to benefit programs.

***Michael R. Jackson** serves as the Dane County Veterans Service Officer in Madison. He received his undergraduate degree from Tennessee A & I State University and a Master's Degree in Social Services Administration from the University of Chicago. Over an 8-year period Mr. Jackson served as a Social Worker in the United States Department of Veterans Affairs Hospital system and as Regional Manager for the Great Lakes Region Readjustment Counseling Program (Vet Centers). He has served as the Dane County Veterans Service Officer for over 21 years. Mr. Jackson is a Vietnam veteran and the immediate past President of the CVSO Association of Wisconsin and a Certified Veterans Advocate.

CVSOs may interact with a veteran many times through the years. A newly-discharged veteran is given an overview of their benefits and perhaps assisted in obtaining educational benefits and filing a disability claim for service-related disabilities. Possibly a few years later that veteran may be seeking assistance with a veterans' home loan program or a personal loan. At another point, the CVSO may be assisting this veteran file for increased disability benefits because their service-related disability has worsened or assisting with a home improvement loan.

CVSOs handle inquiries and applications regarding veterans' health care benefits for veterans of all ages, but these become of special importance as they get older. Long-term care benefits can become of issue to a veteran later in life as well. Burial benefit assistance is provided to the survivors of veterans. The widows of veterans are eligible for many state benefits, and in limited cases, federal benefits. CVSOs are there to assist them as well.

Most of the programs veterans utilize are offered through the US Department of Veterans Affairs or the Wisconsin Department of Veterans Affairs. Therefore, CVSOs are generally in contact with these agencies on a daily basis. They also work with the Service Officers of the various veterans' organizations when filing VA benefit claims. CVSOs interact with various other county government offices, such as Human Services, the Register of Deeds and the Clerk of Courts. Many federal and state agencies, such as Workforce Development, the local Housing Authority and the Social Security Administration are also resources of assistance to veterans, and CVSOs are knowledgeable of their programs as well.

The County Veterans Service Officer and staff are employees of their respective counties. It is generally the smallest department in county government. However, they assist their veterans obtain benefits that in the aggregate total in the millions of dollars that are spent in their local communities, and do have an economic impact.

Look under the county government listings of your local telephone directory or see the website

www.wicvso.org.

All veterans are encouraged to at least have their discharge document on file with their county office so that assistance can be rendered in a timely manner when needed for themselves or their survivors. ■

Veterans Justice Outreach in the V.A.

By: Edward Zapala*

The Veterans Health Administration (VHA; a branch of the broader Department of Veterans Affairs [VA]) has recently intensified its connections with the criminal justice system. I would like to highlight some of these developments and what they may mean to attorneys in Wisconsin.

In 2007, the Health Care for Reentry Veterans (HCRV) program was developed. This provides outreach into state and federal prisons to assist eligible incarcerated Veterans in their reintegration back into the community. These full-time HCRV Specialists (two of which cover the state of Wisconsin) cannot provide clinical treatment in these settings, but they are able to provide information, advice, and assist in establishing connection to VA services.

On April 30, 2009, the VA Undersecretary for Health published an information letter regarding "Information and recommendations for services provided by VHA facilities to Veterans in the criminal justice system". Citing the large numbers of potentially eligible ill Veterans with justice system contacts, the letter announces the Veterans Justice Outreach (VJO) Initiative, the purpose of which is "to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to: a. VHA mental health and substance abuse services when clinically indicated, and b. Other VA services and benefits as appropriate".

The VJO Initiative is meant to complement the HCRV program, however focusing on Veterans *before* they become incarcerated. The Letter defined a justice-involved Veteran (the target of the VJO Initiative) as:

- a. A Veteran in contact with local law enforcement who can be appropriately diverted from arrest to mental health [or substance abuse] treatment;
- b. A Veteran in a local jail, either pretrial or serving a sentence; and
- c. A Veteran involved in adjudication or monitoring by a court.

On May 27, 2009, the VA Deputy Undersecretary for Health for Operations and Management published a memorandum regarding justice-involved Veterans. It required that VA medical centers provide outreach to justice-involved Veterans in their service area and it mandated that each center assign a VJO Specialist. These Specialists were to outreach, assess, and case manage Veterans in local courts and jails and liaison with law enforcement (even coordinating training on Veteran-specific issues).

There are three VA Medical Centers in Wisconsin (in Madison, Tomah, and Milwaukee) and many clinics. However, depending on where he or she lives, the closest VA may be in a neighboring state. VA care may include services such as: medical care, mental health/substance abuse treatment, homeless services, specialized care for women, work therapy, and nursing homes. Unlike the HCRV Specialists (which are full-time positions), the VJO Specialists currently have these duties added on to other responsibilities. For attorneys, VJO Specialists can be good points of contact or sources of information about VA services. VJO Specialists may be case managing in a Veterans Court (or other treatment court). These Specialists are not able to serve

Veterans that are ineligible for VHA care, nor are they able to write up extensive court reports.

Veterans Justice Outreach Specialists covering Wisconsin include:

Madison, VISN 12, William S. Middleton Memorial Veterans Hospital, Ed Zapala, edward.zapala@VA.GOV

Milwaukee, VISN 12, Clement J. Zablocki Veterans Affairs Medical Center, Kevin Kavanaugh, Kevin.Kavanaugh@va.gov

Tomah, VISN 12, Tomah VA Medical Center, Erin Hibma, erin.hibma@VA.GOV

Minneapolis, VISN 23 (covering Northwest Wisconsin including the Eau Claire, Rice Lake, and Hayward areas), Minneapolis VA Medical Center, Faith Weiss, faith.weiss@VA.GOV

For more information on the Health Care for Reentry Veterans (HCRV) program and the Veterans Justice Outreach (VJO) Initiative (including a complete directory of VJO Specialists), please go to: <http://www1.va.gov/homeless/page.cfm?pg=49> ■



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***Edward Zapala** graduated from Smith College School for Social Work in Massachusetts, where he earned a MSW. He has worked in outpatient mental health and primary care at the San Antonio VA and in adolescent day treatment in Colorado, before coming to the Madison VA in January 2007, where he has been in the Homeless Program since. He is a certified Advanced Practice Social Worker.

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