VIOLENCE RISK AND THREAT ASSESSMENT:

Monitoring Myths, Focusing on Facts

To Veterans of ALL Eras Present Today:

THANK YOU FOR YOUR SERVICE

Acknowledgements

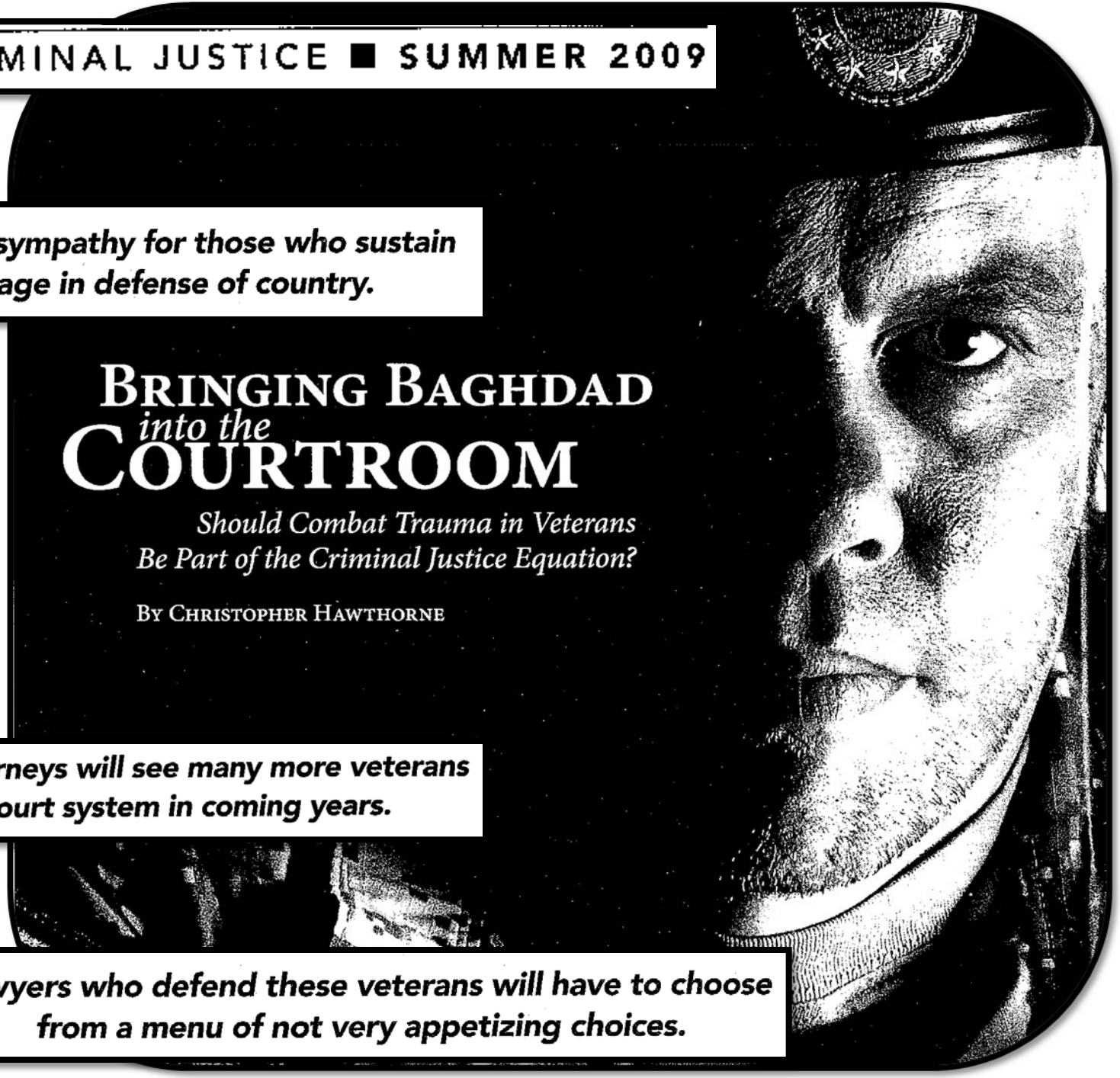
I deeply appreciate the contributions of:

- Brigadier General Mike Caldwell
- David Drummond, PhD
- Major Connie Johnmeyer
- Linda Maddy, LiCSW
- Mandy Martin
- Miles McFall, PhD
- Lt. David Okada and the Salem Police Department
- James Sardo, PhD
- Major Tony Satterfield
- "Jim"

Objectives

- Identify adaptations individuals make to a combat environment that may impact civilian-based assessment of violence risk
- Differentiate between types of violence
- Identify behaviors characteristic of the steps along the pathway to violence
- Illustrate concepts via detailed case study
- Employ strategies for interacting with returning soldiers that may increase the likelihood of positive outcomes—for everyone!

RELEVANCE OF VIOLENCE RISK AND THREAT ASSESSMENT



There is inherent sympathy for those who sustain mental damage in defense of country.

BRINGING BAGHDAD *into the* COURTROOM

Should Combat Trauma in Veterans Be Part of the Criminal Justice Equation?

BY CHRISTOPHER HAWTHORNE

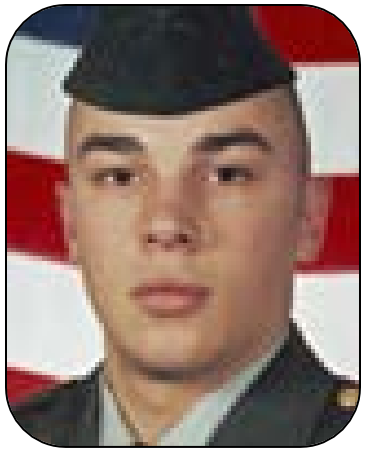
If statistics hold, attorneys will see many more veterans in the criminal court system in coming years.

Lawyers who defend these veterans will have to choose from a menu of not very appetizing choices.

Nationally

Examples from the 121 cases in which veterans of Iraq and Afghanistan committed a killing in this country, or were charged with one, after their return from war as reported in the *New York Times*, January 12, 2008

http://www.nytimes.com/interactive/2008/01/12/us/20080113_VETS_DATABAE.html



Kevin M. Allen, an Army Guardsman who served in Iraq, was sentenced to three and a half years for **motor vehicle homicide while under the influence.** The accident killed Kristian O. Norman in Springfield, Mass., in 2005. Mr. Allen's lawyer told the court that **Mr. Allen had developed a drinking problem after his tour of duty.**

Jose Aguilar, a Camp Lejeune marine, pleaded guilty in November to **second-degree murder in the 2006 death of his son**, Damien, who died from a blow to the head. At the time of the murder, Mr. Aguilar was **still facing charges of felony child abuse from an earlier incident**. Court proceedings in that case were delayed while Mr. Aguilar was deployed to Iraq for his second tour. The killing took place after he returned from Iraq.

Rebecca Golden Braswell, a Navy Seabee who served in Iraq, is charged with the **murder of her former husband, with whom she was in a bitter child custody dispute.** A fellow Seabee is accused of firing the shot that killed the victim, John Marmo Jr., in Ventura County, Calif., in December 2006. Mr. Marmo was a Navy veteran.

Specialist Brandon Bare, a soldier who saw fierce combat in Iraq, was sent home early after suffering head injuries from a grenade attack. He was placed in an intensive outpatient psychological treatment program, where he told counselors about the difficulty he was having controlling his anger toward his wife, Nabila Bare, 18. On July 12, 2005, after Mr. Bare saw his wife e-mailing another man, he **stabbed her more than 71 times, carved a pentagram into her stomach and wrote a message with her blood on the refrigerator: "Satan said she deserved it."** After confessing to Army investigators, Mr. Bare was convicted of premeditated murder and sentenced to life with the possibility of parole. A military psychiatrist said Specialist Bare exhibited the symptoms of post-traumatic stress disorder.

The victim's parents -- her father was a soldier, too -- were angered by defense efforts to portray Specialist Bare as a scarred war veteran betrayed by his wife. "He is not a hero," said Irene Neverette, the victim's mother. "He is a monster, a criminal."

Regionally

(Assuming, of course, that you live in the Pacific Northwest . . .)

Reported in the *Columbian*
http://columbian.com/article/20081009/NEWS02/710099949

Ex-soldier guilty in road assault

Thursday, October 9 | 6:09 a.m.

STEPHANIE RICE, COLUMBIAN STAFF WRITER

Christopher P. Partridge is led out of a Clark County courtroom on Wednesday after being convicted of assault for a road rage incident last year. (N. Scott Trimble/The Columbian)

An Iraq War veteran was convicted Wednesday of first-degree assault with a deadly weapon for firing at a motorist who had cut him off on state Highway 500.

Christopher P. Partridge, 26, faces a minimum of 12 years in prison. His attorney had argued that Partridge acted in self-defense on a fear born out of his experience driving trucks in Iraq, where he was on constant alert.

A deputy prosecutor argued Partridge acted out of anger, not fear.

A jury of seven men and five women deliberated approximately an hour before reaching the verdict, which was read by Clark County Superior Court Judge John Nichols at 6:30 p.m.

Partridge, a Heritage High School graduate whose daughter was born six days before the Sept. 18, 2007, incident, showed no reaction upon hearing "guilty." He turned to look at the jury as Nichols polled them to ensure the verdict was unanimous.

Before Nichols and the jury entered the courtroom, Partridge sat looking over at his girlfriend, who was holding their daughter.

The Oregonian

December 7, 2009

"CANYON CITY – One of the first Iraq veterans in the U.S. – and the first in Oregon – to **successfully claim post-traumatic stress disorder as a defense for murder** was sentenced to the Oregon State Hospital on Monday instead of a nationally recognized veterans treatment center."

Thursday, May 13, 2010 - Portland, OR

KATU.COM

Adam Mark Wehinger

34 years old

Man killed in Eagle Point standoff was Iraq veteran

By Associated Press

Story Published: May 3, 2010 at 7:22 AM PDT | *Story Updated: May 5, 2010 at 12:49 PM PDT*

Comments (60)

EAGLE POINT, Ore. (AP) – An Eagle Point man who was shot and killed by police Friday night was a former soldier who served in the Marine Corps and Army.

The Mail Tribune reports that Jackson County Sheriff's deputies shot 34-year-old Adam Wehinger after he barricaded himself in his apartment with a gun. Police say he fired shots inside the home and brandished a gun at deputies.

Wehinger's ex-wife Gretchen Schwarz says he struggled with alcoholism and depression. She says he developed post traumatic stress disorder after returning from Iraq, where he served on a mortar crew.

The standoff in downtown Eagle Point began when police responded to a domestic dispute.

- Information from the Mail Tribune.

Common Cognitive Pitfalls

Thinking errors we are all likely to make just because we are human

Beware
of

"Emotional Reasoning,"
the
"Representative Heuristic,"
and the
"Just World Phenomenon"

Please Remember:

The majority of returning soldiers integrate into their communities
WITHOUT
violence

TYPES OF VIOLENCE AND THREAT ASSESSMENT MODELS AND INSTRUMENTS

Meloy's Modes of Violence: Predatory vs. Affective

- Minimal or absent ANS arousal
- No conscious emotion
- Planned and/or purposeful violence

- Intense ANS arousal
- Subj. exp. of emotion
- Reactive & immediate violence

J. Reid Meloy, 2006

Modes of Violence (cont.): Predatory vs. Affective

- No or minimal threat
- Goal: many goals
- No displacement of target of violence

- Perceived internal or external threat
- Goal: threat reduction
- Rapid displacement of the target of violence

J. Reid Meloy, 2006

Modes of Violence (cont.): Predatory vs. Affective

- No time limit on behavior
- Preceded by private ritual
- Primarily cognitive

- Time-limited behavioral sequence
- Preceded by public posturing
- Primarily emotional

J. Reid Meloy, 2006

Modes of Violence (cont.): Predatory vs. Affective

- Heightened and *focused* awareness
- Heightened and *diffuse* awareness

J. Reid Meloy, 2006

On the Nature of Threats

- Subjects who pose a threat may never make a threat
- Conversely, Subjects who make a threat may never pose a threat
- Consequently, threats should be treated as one of many Subject behaviors that need assessment

BASE RATE

The occurrence of a particular behavior in a defined group of individuals during a specific period of time.

Predictive Accuracy

		Violence Prediction	
		Yes	No
Actual Violence	Yes	True Positive	False Negative
	No	False Positive	True Negative

Helpful Models and Instruments

- Contemporary Threat Management (CTM)
  - F. Calhoun and S. Weston, 2003
- WAVR 21
  - S.G. White and J.R. Meloy, 2007
  - Workplace Assessment of Violence Risk
- HCR-20
  - C.D. Webster, K.S. Douglas, D. Eaves, S.D. Hart, 1997
  - Correctional, Forensic and Civil Psychiatric Assessment of Violence Risk

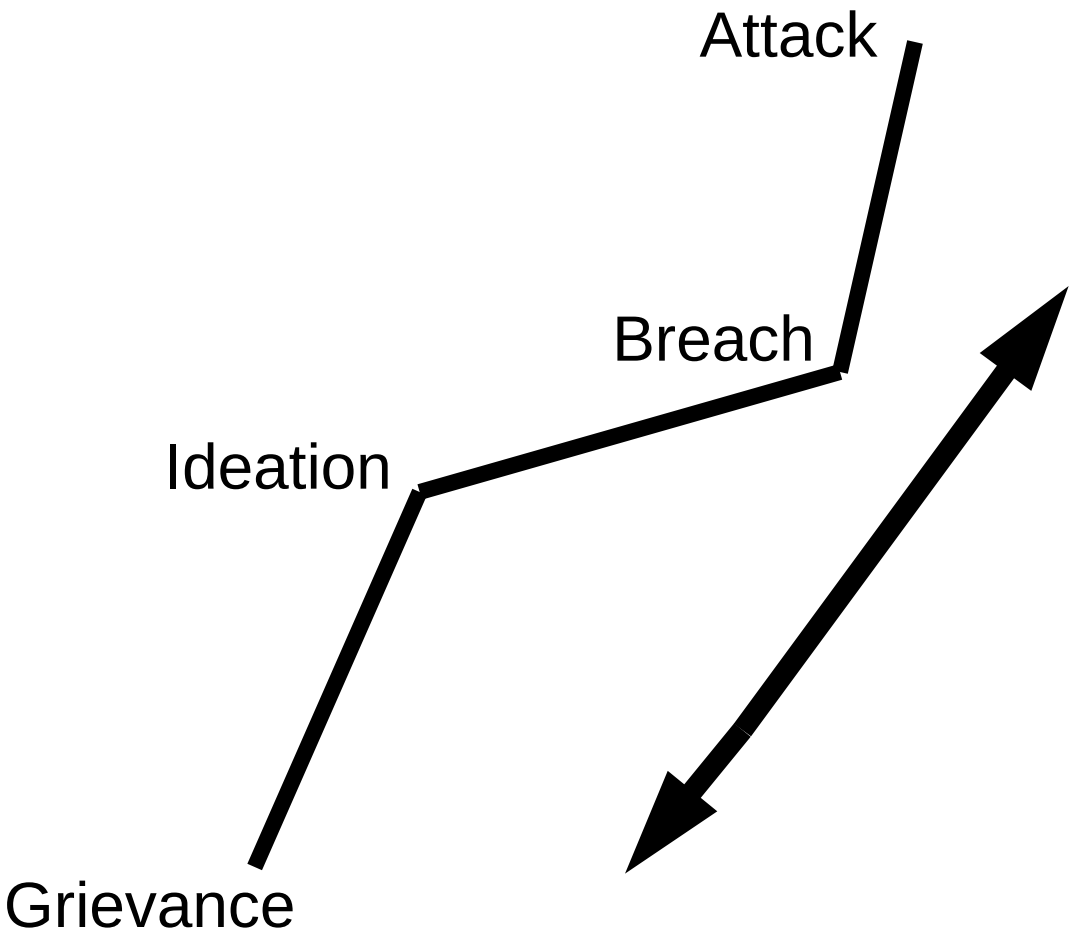
CTM: Path to Violence

- Subjects who engage in either impromptu [affective] or intended [predatory] violence must follow a path of certain behaviors
- The two paths have similarities and differences
- Since the steps along both paths are behaviors, they are recognizable

Calhoun and Weston, 2003

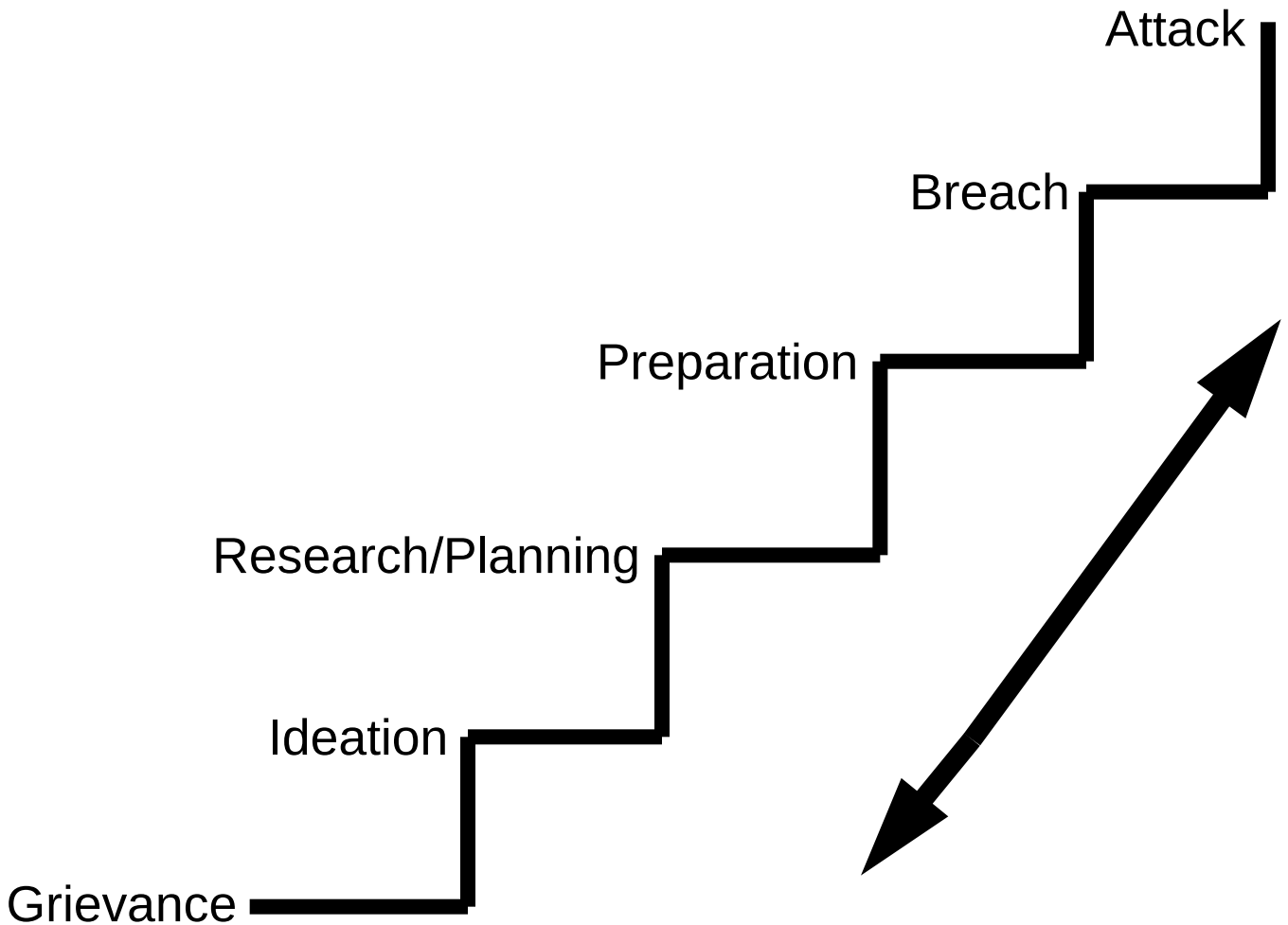
Contemporary Threat Management

Path to Impromptu Violence



Calhoun and Weston, 2003
Contemporary Threat Management

Path to Intended Violence



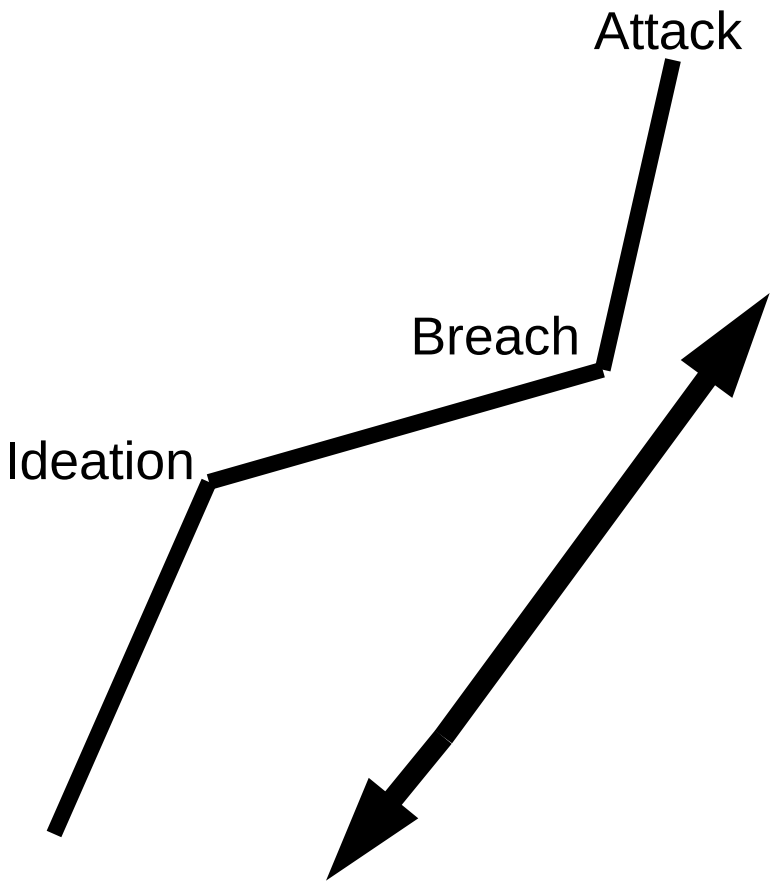
Calhoun and Weston, 2003
Contemporary Threat Management

IDENTIFYING POTENTIAL FOR IMPROMPTU VIOLENCE

Path to Impromptu Violence

Tell-Tale Signs of Impromptu Grievance

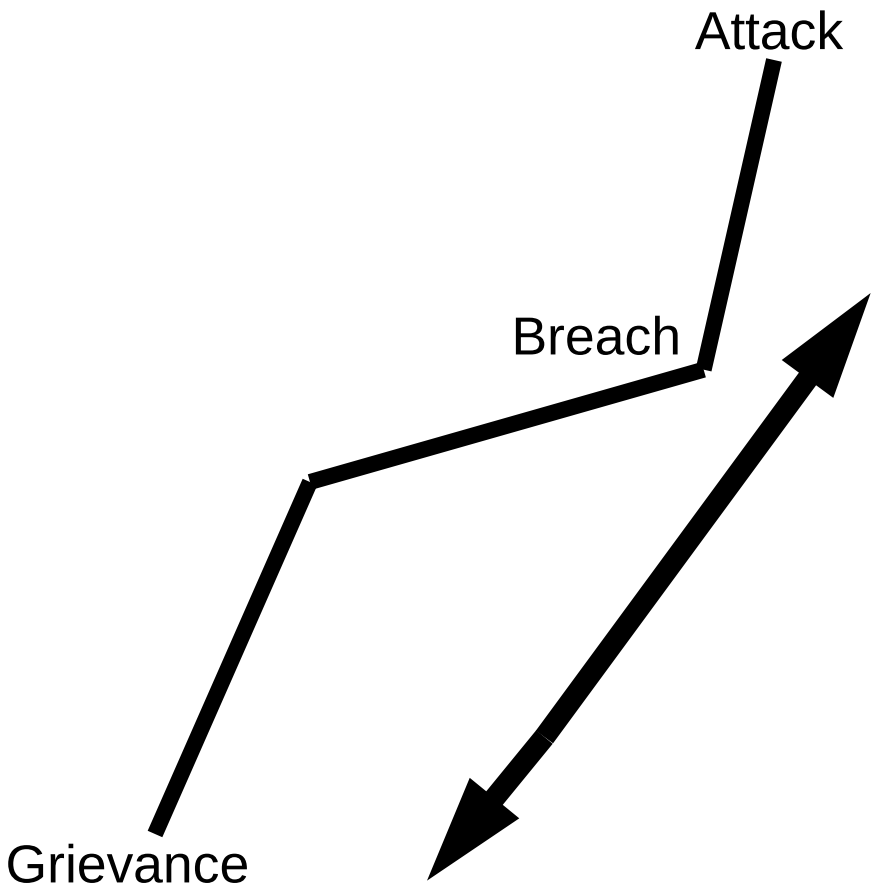
- Demand for prompter, better service
- Demand for more or stronger medications
- Demand for respect
- Inflated desire for recognition of military service
- Belief government owes them
- Unrealistic or unrealizable expectations



Path to Impromptu Violence

Tell-Tale Signs of Impromptu Ideation

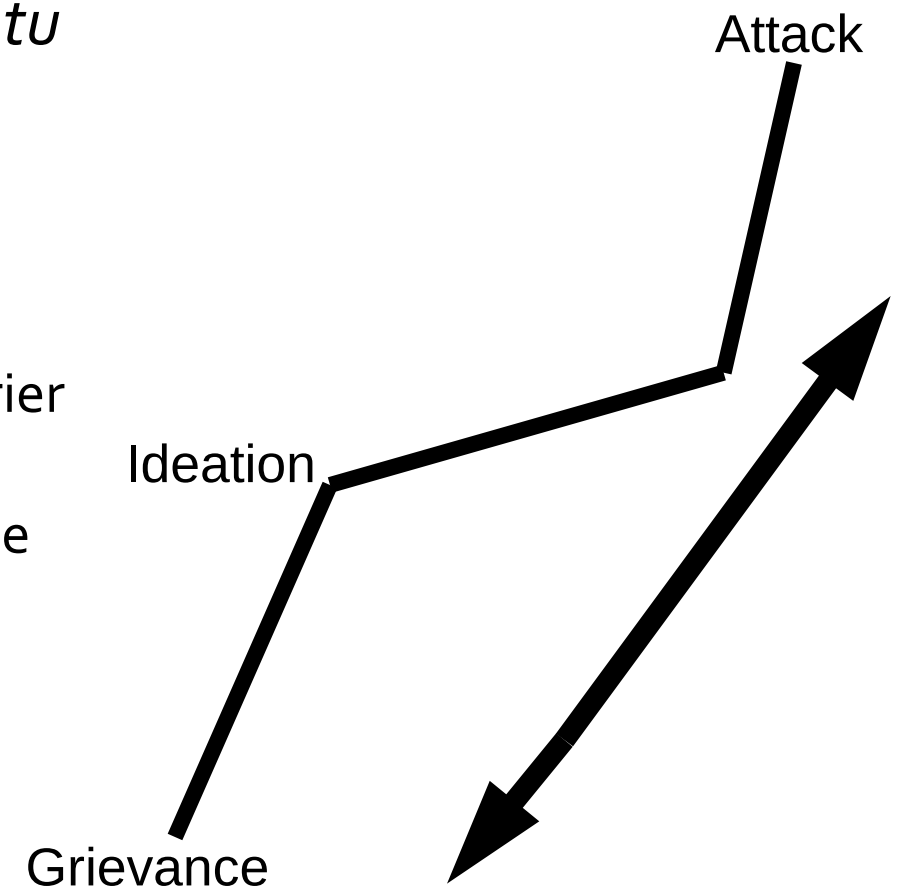
- Agitated, angry behavior
- Foul, loud language
- Argumentative
- Won't take "No" for answer
- Threats or threatening behavior
- Violence toward inanimate objects
- Under influence drugs or drink



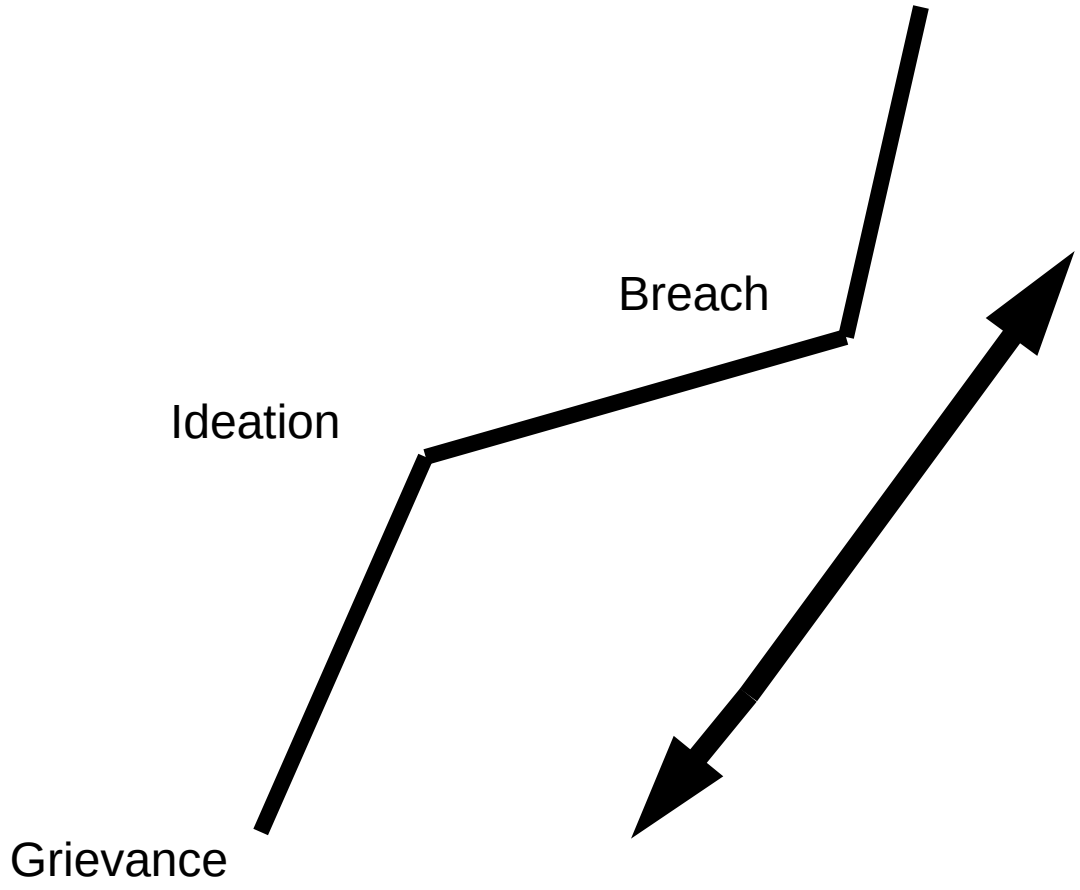
Path to Impromptu Violence

Tell-Tale Signs of Impromptu Breach

- Move toward hospital employee
- Effort to overcome any barrier
- Refuse to leave when asked
- Refuse to wait in appropriate area



Path to Impromptu Violence



Defusing Potential Impromptu Violence

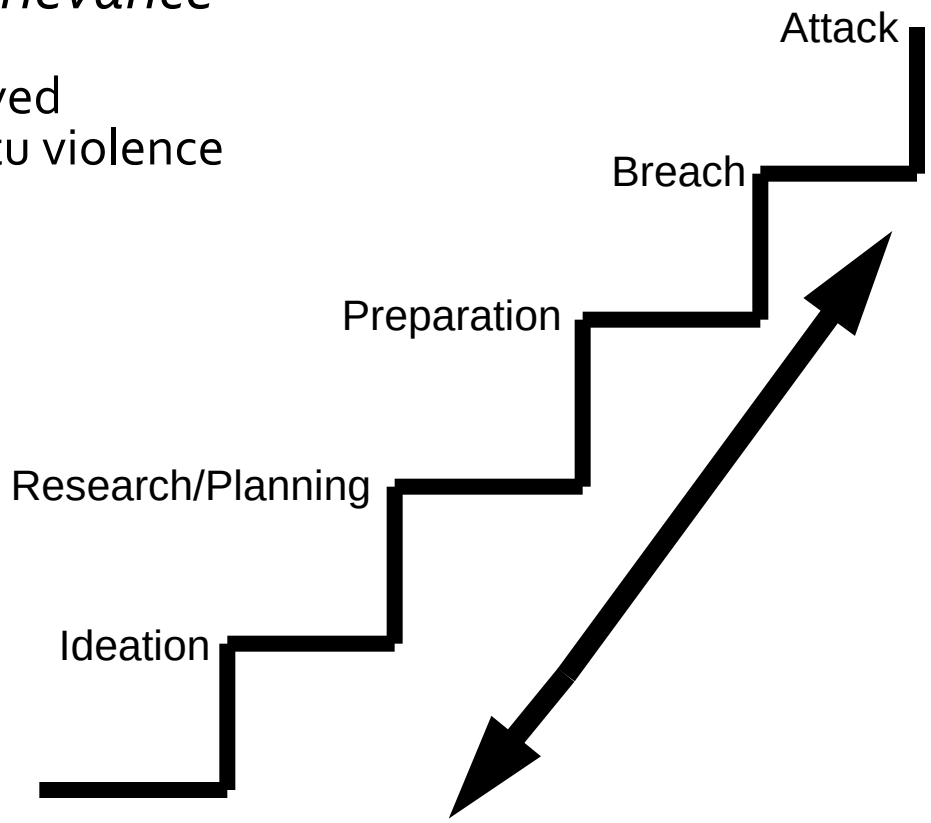
- Engage de-escalating behaviors
- Extricate from situation
- Call for assistance
- Employ verbal judo
- Exercise restraint
- Treat Unruly Individual with extreme courtesy and respect
- Offer alternatives to violence

IDENTIFYING POTENTIAL FOR INTENDED VIOLENCE

Path to Intended Violence

Tell-Tale Signs of Intended Grievance

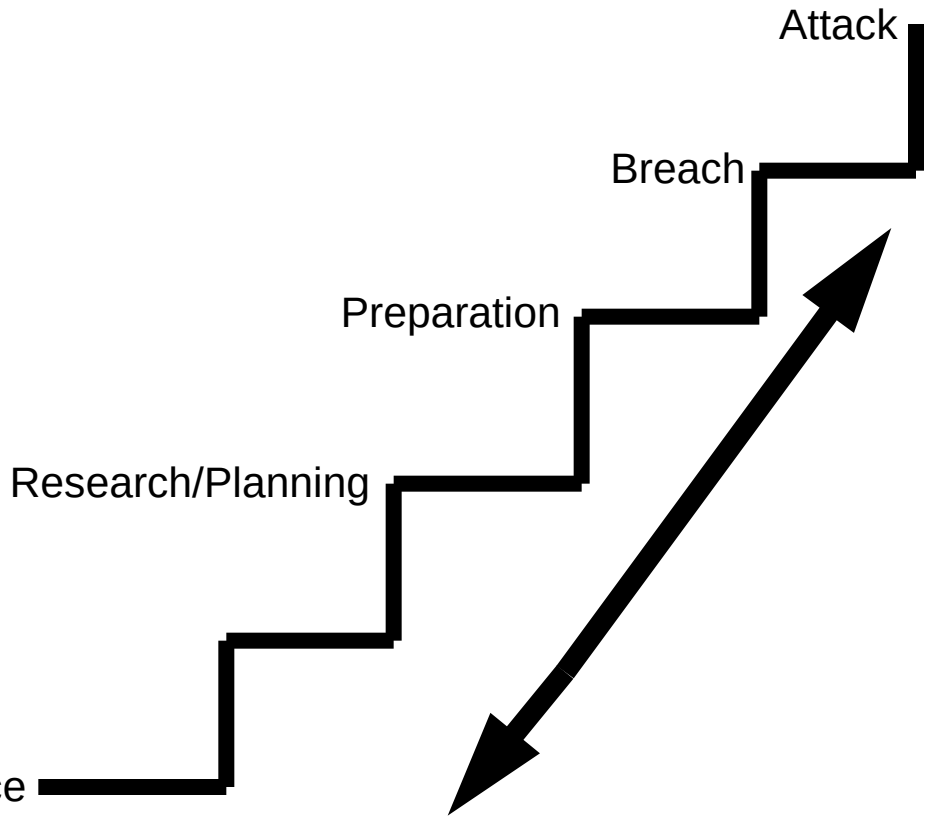
- Sense of injustice
- Belief benefits denied or delayed
- Previous episode of impromptu violence
- Owed exaggerated debt
- Desire for revenge
- Desire for recognition
- Exaggerated sense of loss



Path to Intended Violence

Tell-Tale Signs of Ideation

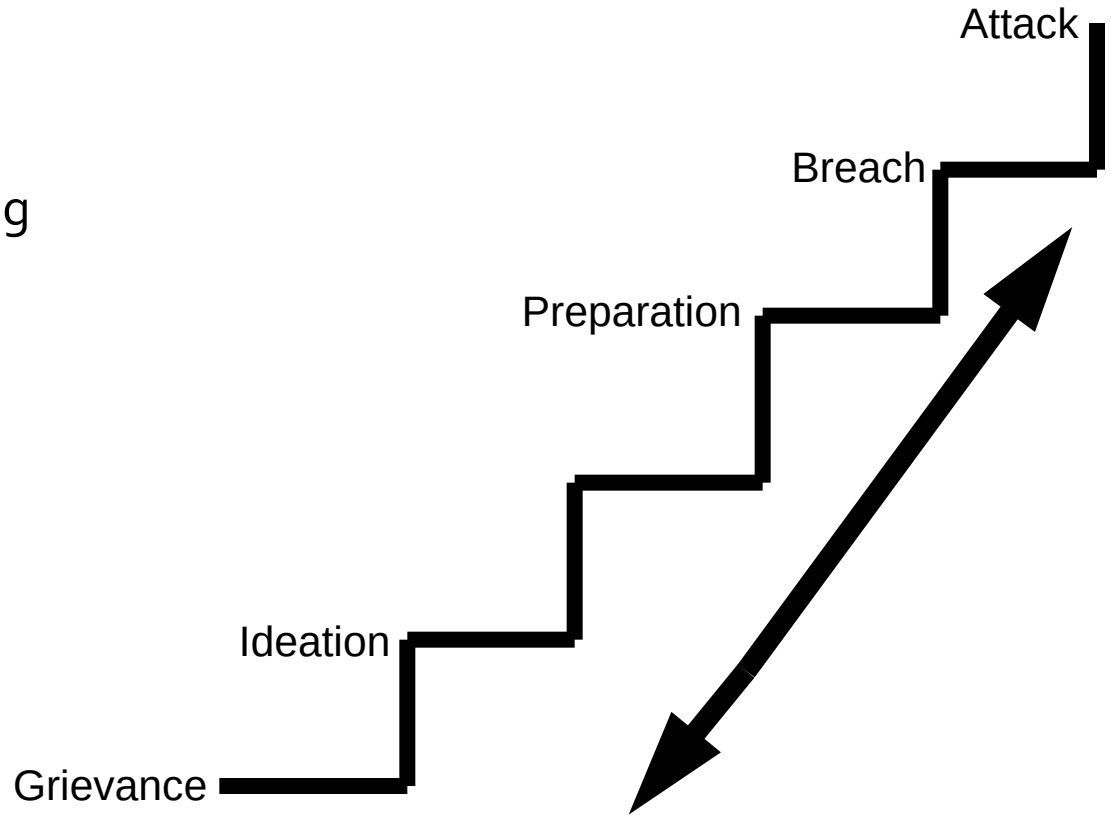
- Discuss with others
- Identify with other assassins
- Violence only alternative
- Fascination with weapons
- Fixation on anniversaries
- Allusions to violence, verbal or written
- Threatening, intimidating behavior



Path to Intended Violence

Tell-Tale Signs of Research/Planning

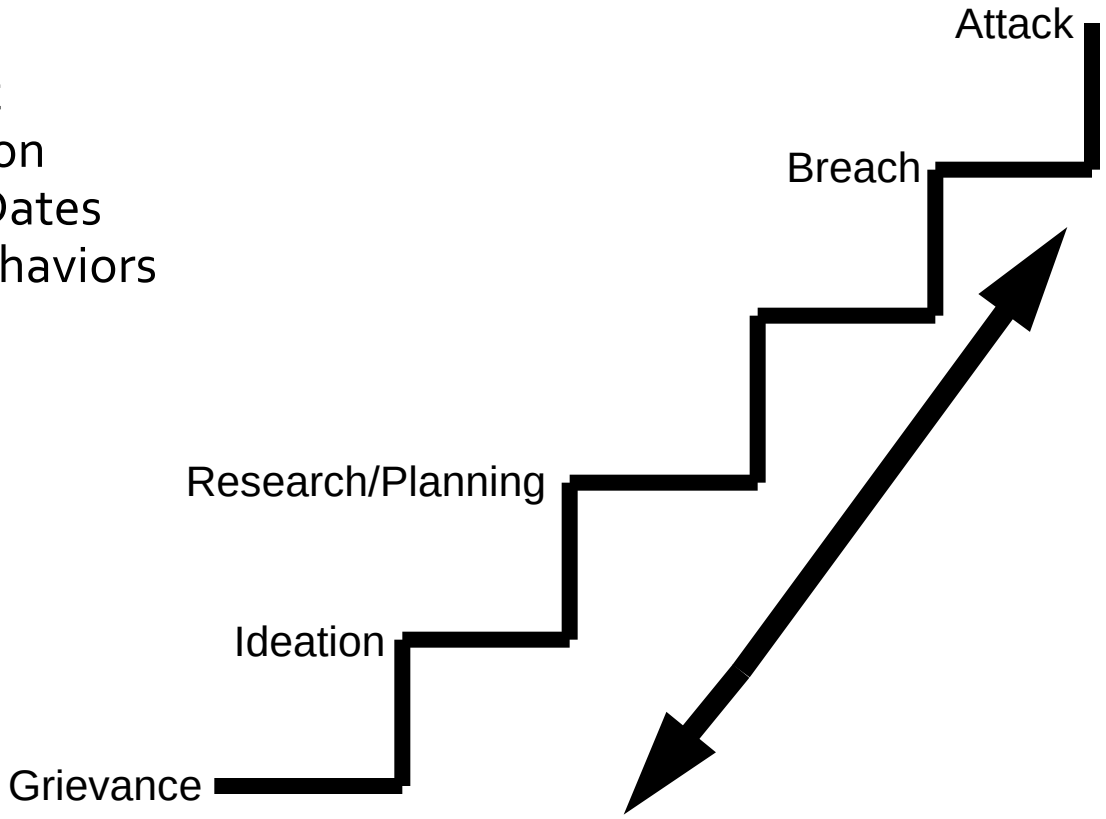
- Stalking
- Target Research
- Suspicious Inquiries
- Information Gathering
- Surveillance
- Testing Security



Path to Intended Violence

Tell-Tale Signs of Preparation

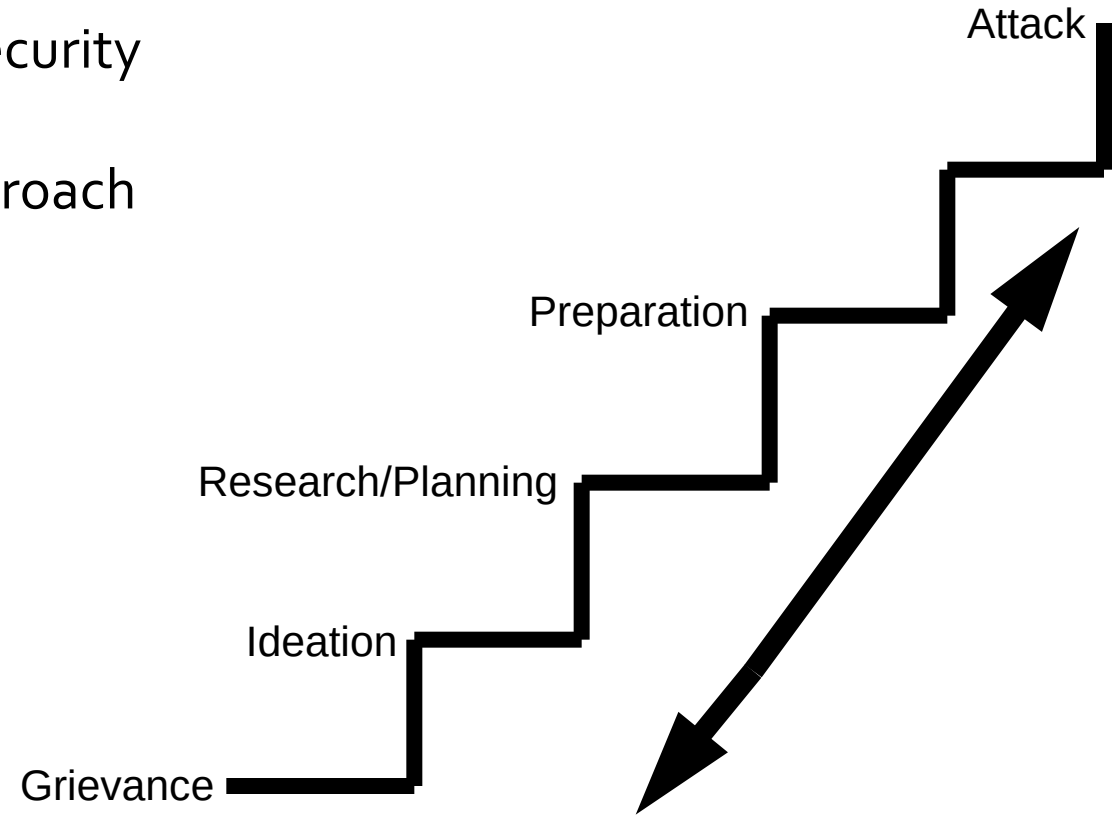
- Acquire Weapon
- Assemble Equipment
- Arrange Transportation
- Observe Significant Dates
- Conduct Final-Act Behaviors
- Costume



Path to Intended Violence

Tell-Tale Signs of Breach

- Circumventing Security
- Lethal Approach
- Surreptitious Approach



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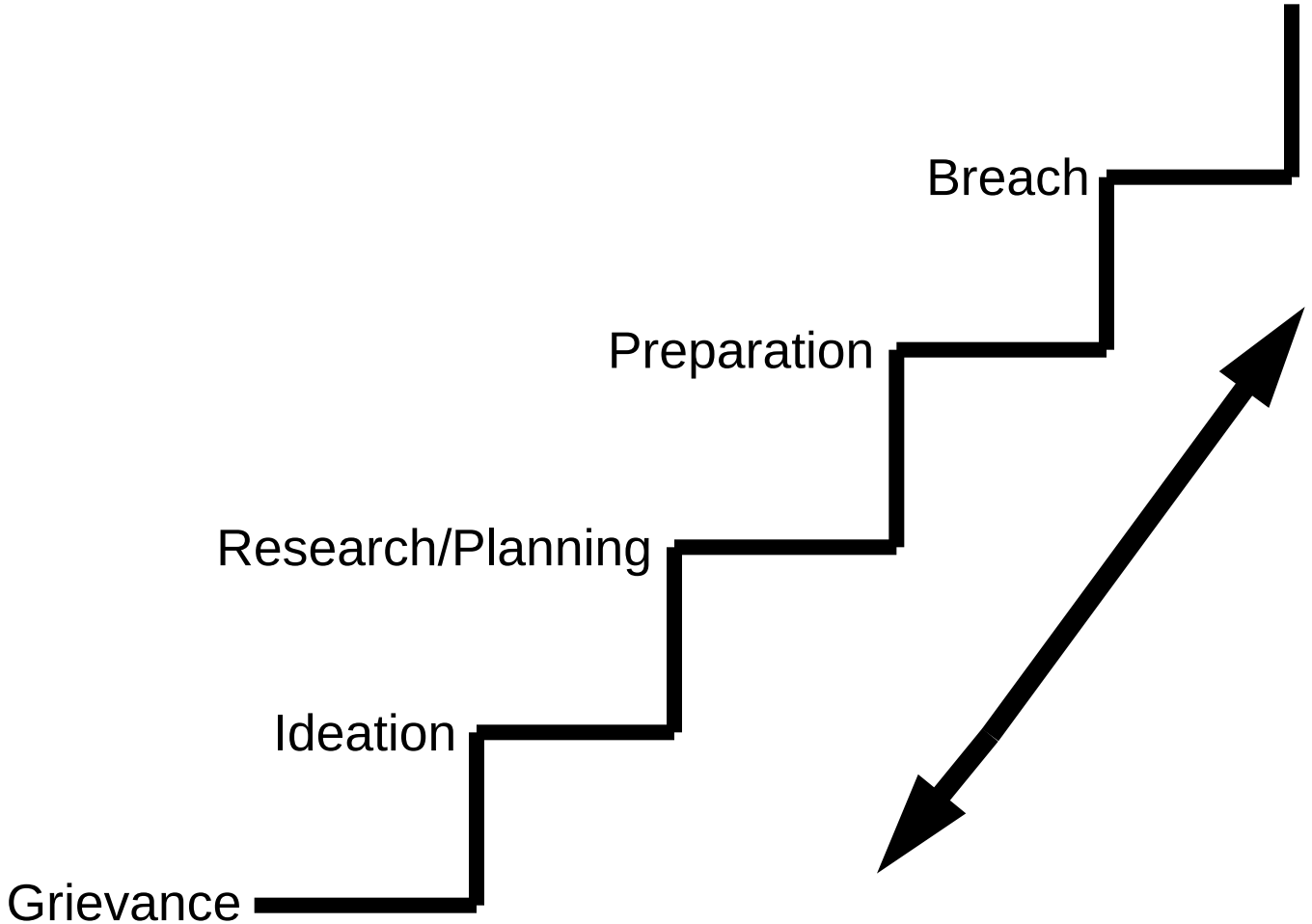


WAVR 21

Educational Use Only

- Motives for Violence
- Homicidal Ideas, Violent Fantasies or Preoccupation
- Violent Intentions and Expressed Threats
- Weapons Skill and Access
- Pre-Attack Planning and Preparation
- Stalking or Menacing Behavior
- Current Job Problems
- Extreme Job Attachment

WAVR 21

Educational Use Only

- Loss, Personal Stressors and Negative Coping
- Entitlement and Other Negative Traits
- Lack of Conscience and Irresponsibility
- Anger Problems
- Depression and Suicidality
- Paranoia and Other Psychotic Symptoms
- Substance Abuse
- Isolation

WAVR 21

Educational Use Only

- History of Violence, Criminality, and Conflict
- Domestic/Intimate Partner Violence
- Situational and Organizational Contributors to Violence
- Stabilizers and Buffers Against Violence
- Organizational Impact of Real or Perceived Threats

HCR-20: Historical

Educational Use Only

- Previous Violence
- Young Age at First Violent Incident
- Relationship Instability
- Employment Problems
- Substance Use Problems
- Major Mental Illness
- Psychopathy
- Early Maladjustment
- Personality Disorder
- Prior Supervision Failure

HCR-20: Clinical

Educational Use Only

- Lack of Insight
- Negative Attitudes
- Active Symptoms of Major Mental Illness
- Impulsivity
- Unresponsive to Treatment

HCR-20: Risk Management

Educational Use Only

- Plans Lack Feasibility
- Exposure to Destabilizers
- Lack of Personal Support
- Noncompliance with Remediation Attempts
- Stress

OVERVIEW OF THE OIF/OEF/OND DEPLOYED EXPERIENCE:

IMPACT ON SOLDIERS

Combat and Operational Stress

- No real safe area
- Unpredictable threat level
- Periodic unpredictable re-exposure to high stress moments

Combat and Operational Stress

- Adaptation to dangerous environments
- Exposure to actual threats/trauma
- Cumulative stress:
  - moderate stress for extended period
  - loss of resiliency

General Situational Stress

- Financial problems
- Guard and Reserve with employment and business problems
- Physical/environmental conditions
- General case of helplessness and/or hopelessness
- Disconnect from established support systems, faith communities

When Matters

How Many Times Matters

Trauma Exposure Matters

WHAT YOU DO. I'm A TEAM LEADER AND ALWAYS STRESS TO MY GUYS NOT TO WORRY ABOUT WHAT HAPPENS "DOWN RANGE" BECAUSE THE QUALITY OF MEDICAL CARE IS SO HIGH.

THANK YOU FOR TAKING CARE OF MY PHYSICAL HURTS. THANK YOU FOR LISTENING TO ME AND TAKING TIME TO ~~FIND THE EMOTIONAL WOUNDS AS WELL~~ I HAVE A VERY ANGRY JOB. THEY POKE US & PROD US SO WE'RE ABLE TO EXPLODE & ACCOMPLISH OUR MISSION. SOME ARE INTIMIDATED BY MY BLUNT OFTEN OVER SPOKEN ATTITUDE. SOME JUST DON'T UNDERSTAND OR WANT TO. SO I REALLY APPRECIATE THAT YOU DID. YOU LISTENED, YOU CARED. I THINK OFTEN TIMES PEOPLE OVERLOOK THE IMPORTANCE OF LITTLE THINGS, LIKE BEING POLITE & SAYING "GOOD MORNING" OR ASKING "HOW ARE YOU?" I DON'T. I AM THANKFUL THAT I GOT THE CHANCE TO MEET YOU EVEN IF OUR PATHS ONLY CROSSED FOR THIS ONE BRIEF MOMENT. THANK YOU! GOOD JOB! AND KEEP UP THE GOOD WORK! I HOPE OUR PATHS CROSS AGAIN.. UNDER DIFFERENT CIRCUMSTANCES (I HATE TO THINK I HAVE TO GET SHOT TO DO SO)!

HOOAH! THANKS AGAIN!
YOUR FRIEND ALWAYS!

Coming Home and Beyond: "Normal" Post-Deployment Readjustment

A Hero's Welcome Home…

…And Then What?

"You can't swim across a river and not get wet."

Deployment will change people . . .
the question is *how?*

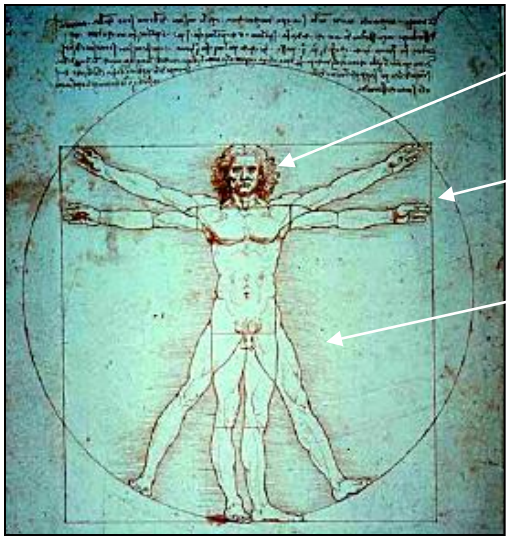
"110 vs. 220"

Three Major Areas of Impact

- Changes in Thinking
- Changes in "Feelings:" Emotions and Physiology
- Changes in Physiology

Increased Anxiety and Physiological Arousal

We humans like to think of ourselves as a big dominant predator.



No teeth

No claws

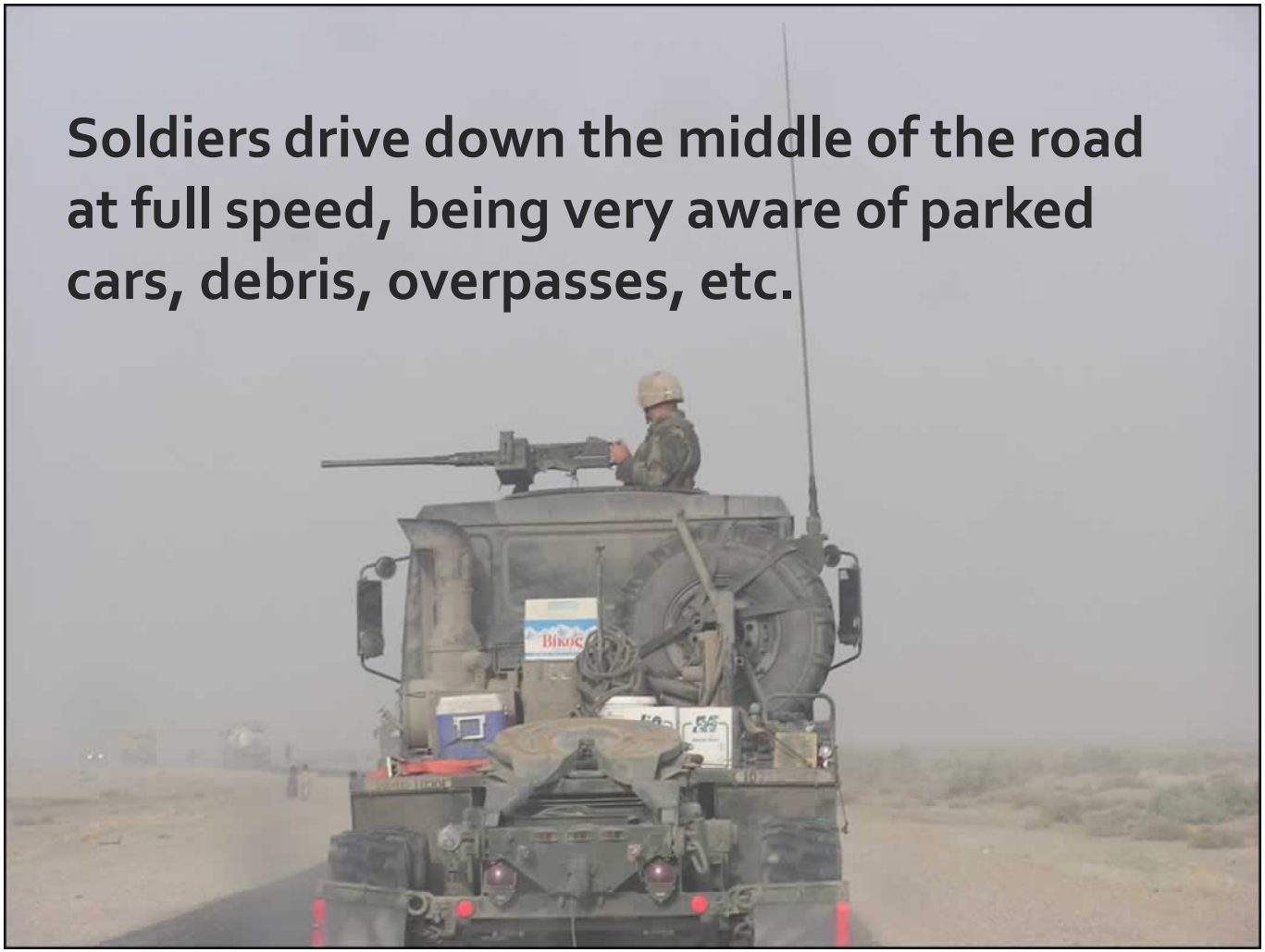
Slow

40 lbs of meat

Snack Food

Our biological wiring is more consistent with that of a **prey** species rather than that of a predator species.

Example of Stress Response



Danger was so unpredictable that driving down any road their body/brain prepared for danger, whether danger was there or not.

Long after deployment, veterans experience driving-related stress, fear, rage, and/or a "need for speed."

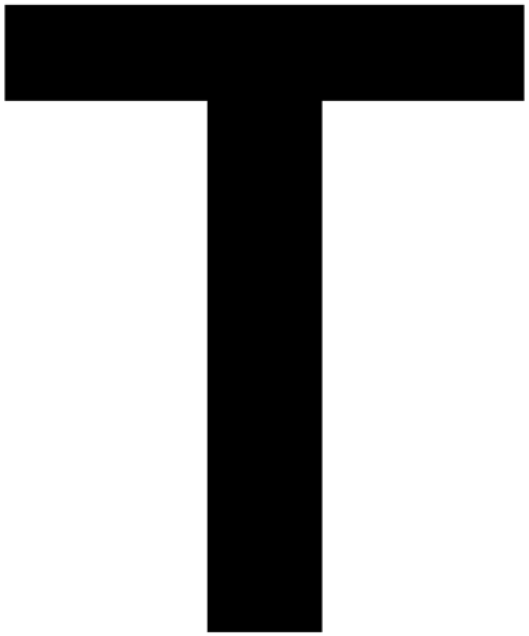
“PTSD 101”

According to and Adapted from the DSM-IV

P

POST

- “After”—not necessarily something you brought into the situation with you
- Not a “character flaw”
- Not a “weakness”
- PTSD is as “human as it gets”



TRAUMA

- Overwhelms ability to cope
- "Trauma is in the perception of the experiencer"
- All "Types" Count
  - Primary
  - Secondary
  - Tertiary

S

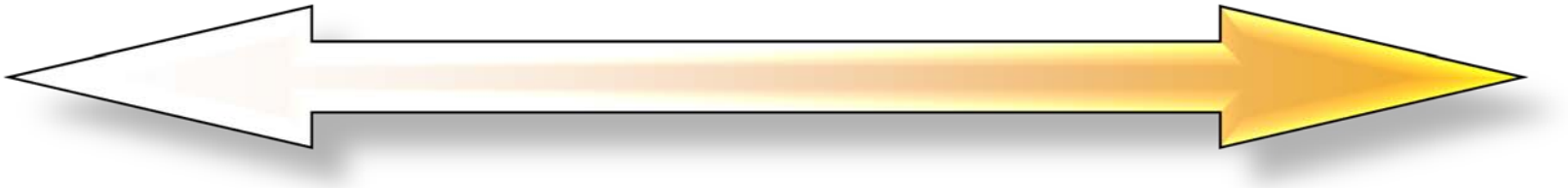
STRESS

- Survival Response to Real and/or Perceived Threat
- 1 Physiological State, 3 Behavioral Options
  - Fight
  - Flight
  - Freeze
- A "Mismatch" between desired and actual behavior can complicate meaning

D

DISORDER

- Interferes with Daily Life
- Impairs Function
- **Difference between "normal" post-deployment readjustment and PTSD:**
  - **Symptom severity**
  - **Symptom duration**



Post-Deployment Readjustment

PTSD

PTSD: Hyperarousal (2)

- Difficulty falling/staying asleep
- Irritability/anger outbursts
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle

PTSD: Reexperiencing (1)

- Intrusive thoughts, images, perceptions
- Nightmares/distressing dreams
- Event recur/flashbacks
- Intense psychological distress with cue exposure
- Physiological reactivity upon cue exposure

PTSD: Numbing & Avoidance (3)

- Avoid thoughts, feelings, conversations
- Avoid activities, places, people
- Inability to recall important aspect of trauma
- Diminished interest/participation in activities
- Feeling detached/estranged from others
- Restricted range of affect
- Foreshortened future

Avoidance is the Fuel that Feeds the Fire of PTSD

The more someone uses avoidance strategies to cope with the effects of trauma exposure, the more likely it is that s/he will interrupt the natural psychological healing process and develop full PTSD.

The more one avoids, the worse it likely will get.

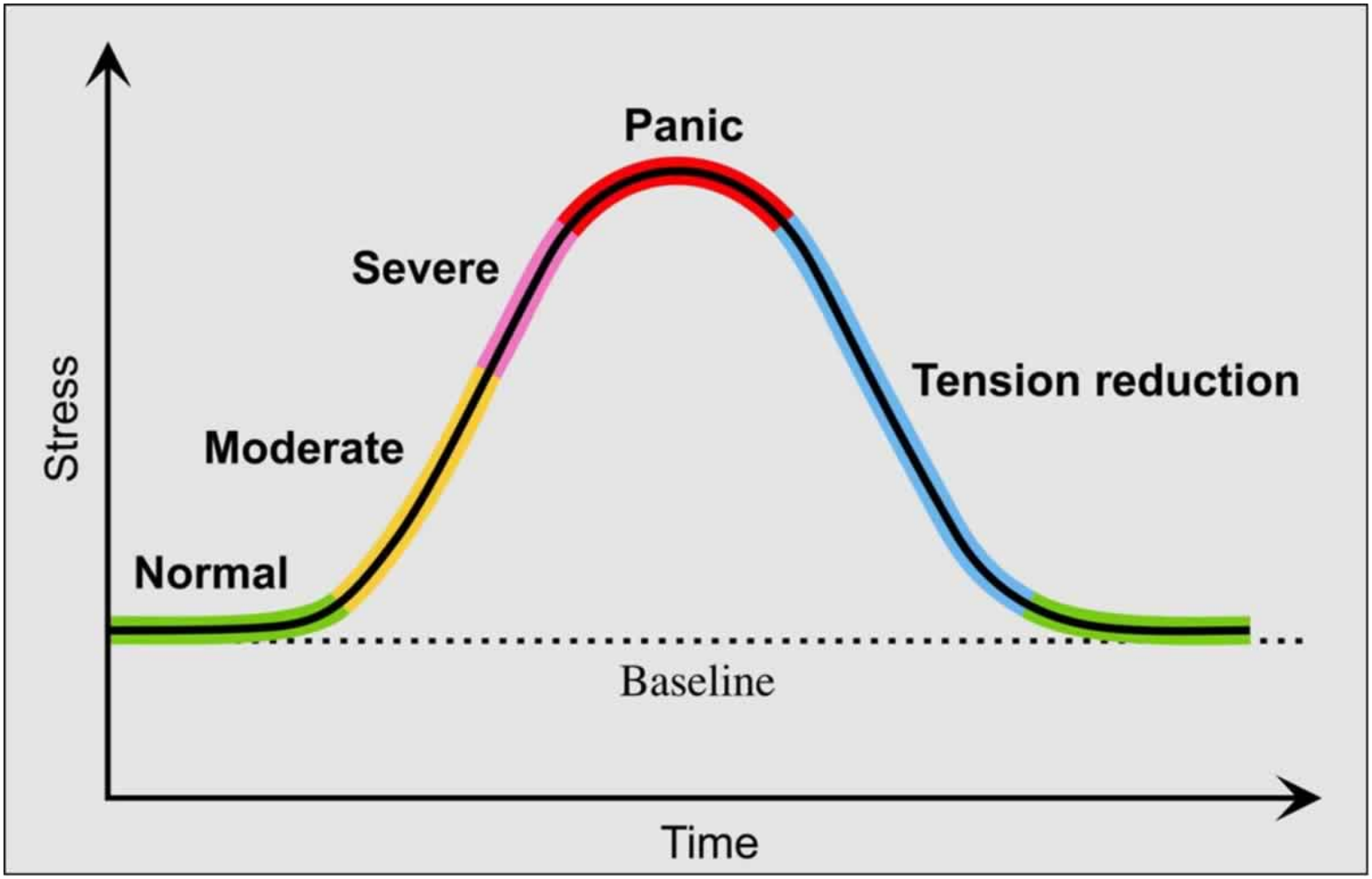
Post-Deployment Readjustment and/or PTSD is an Explanation, NOT an Excuse

COMBAT ACTIONS IN THE CIVILIAN SECTOR:

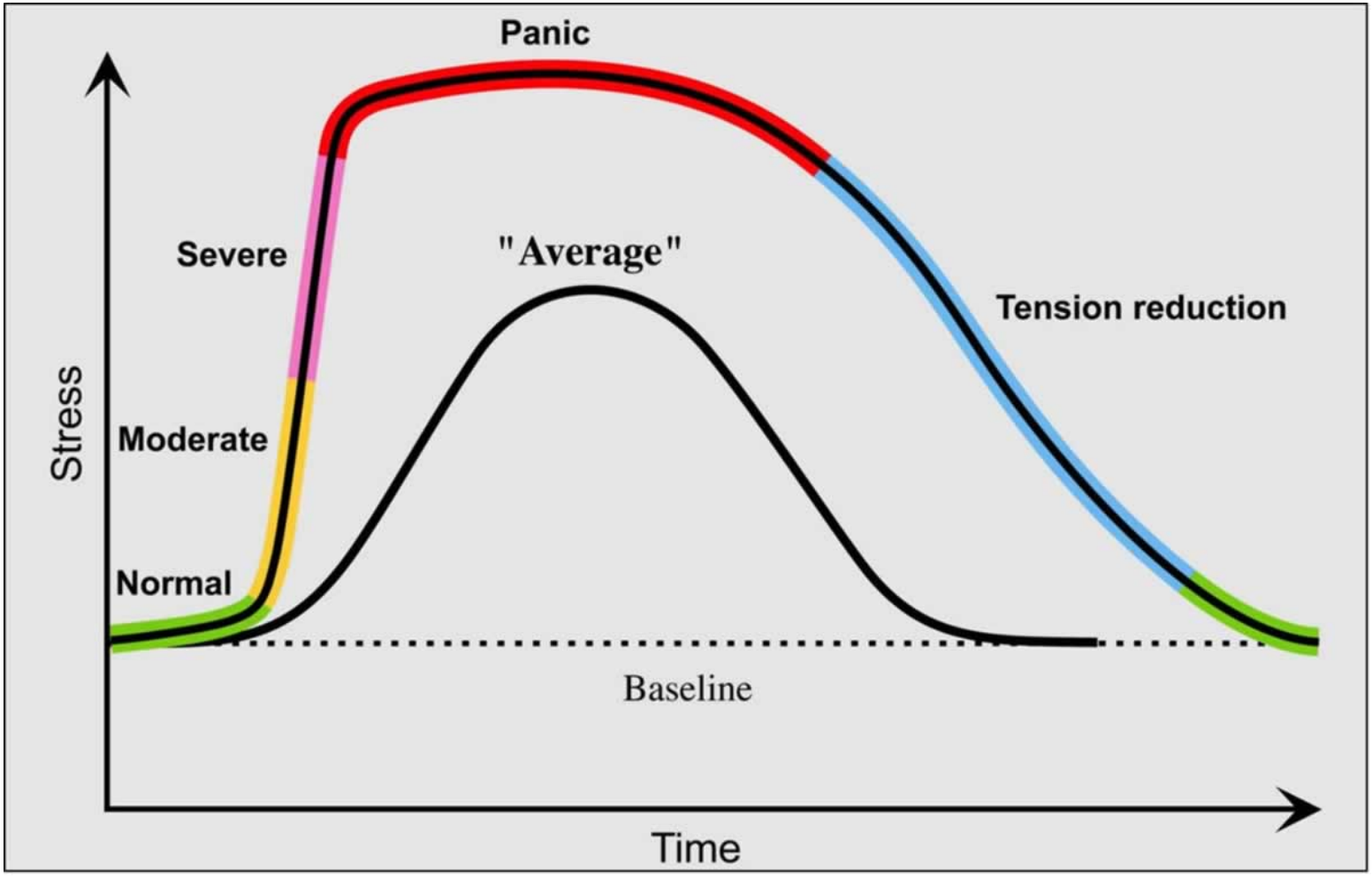
Impact of Post-Deployment Readjustment and PTSD on Violence Risk and Threat Assessment

Things to Watch For and What to Make of Them

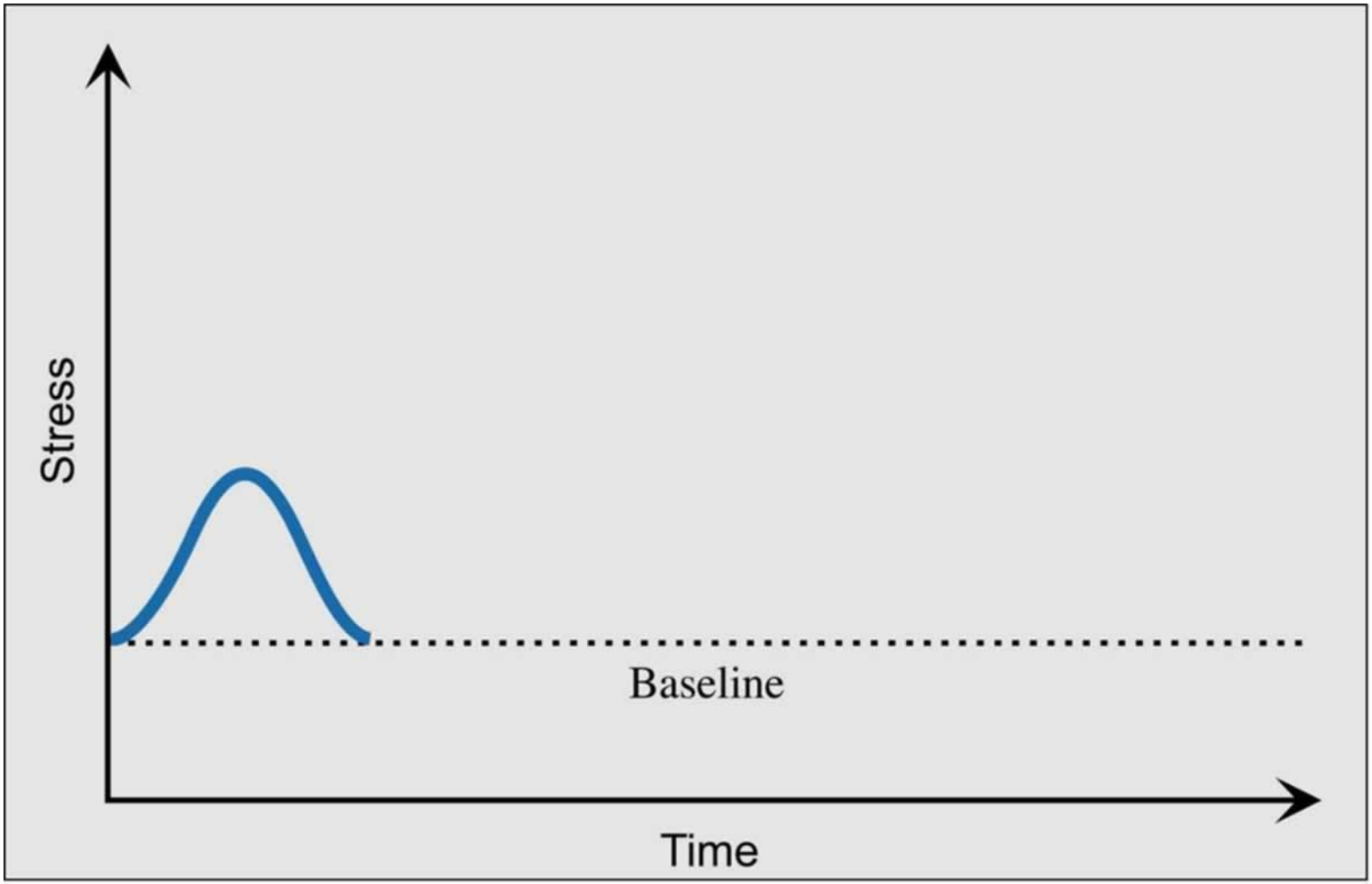
"Average" Stress Response



"Heightened" Stress Response



Cumulative Effects of Stress: "Average" Person



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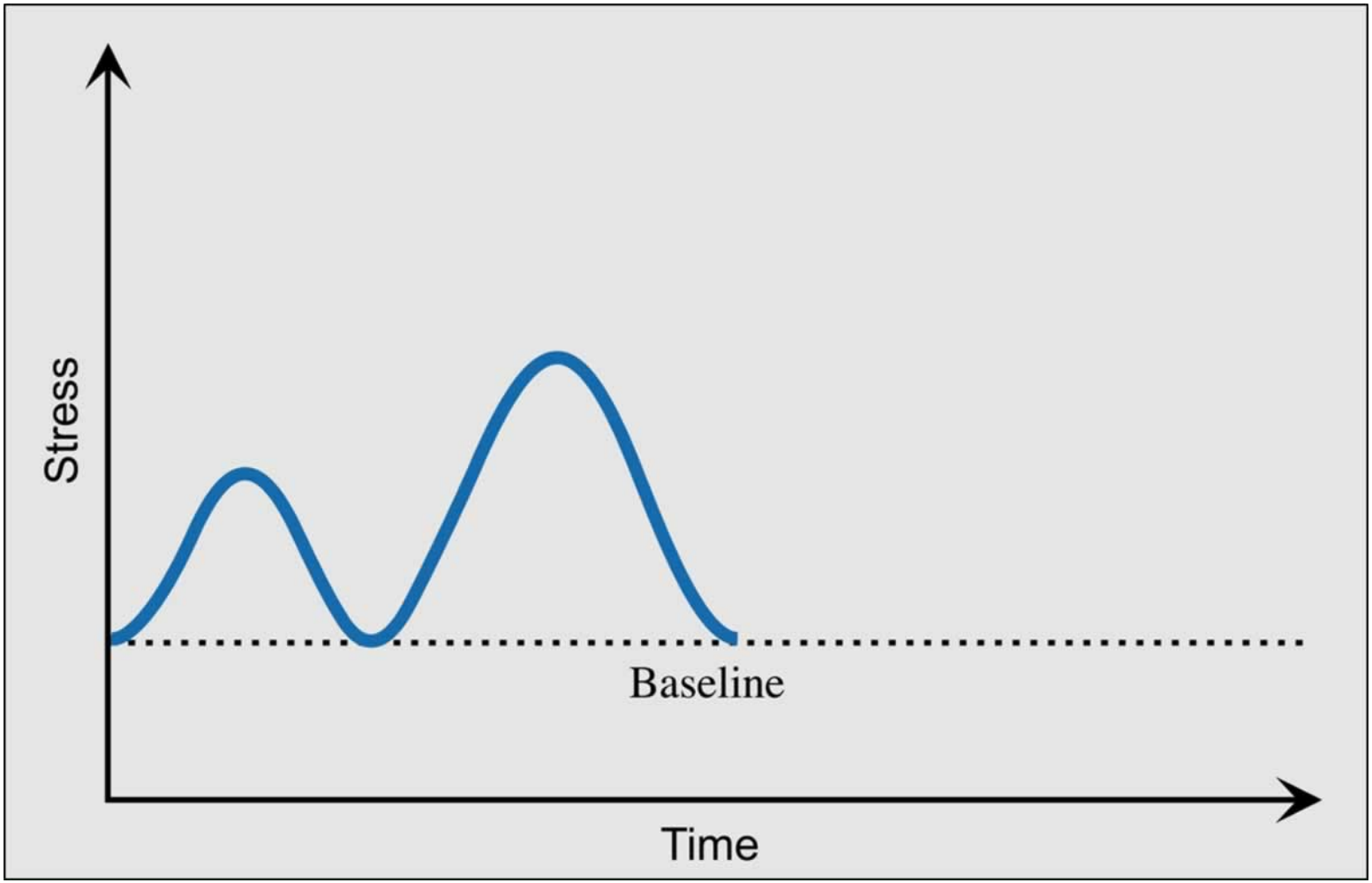

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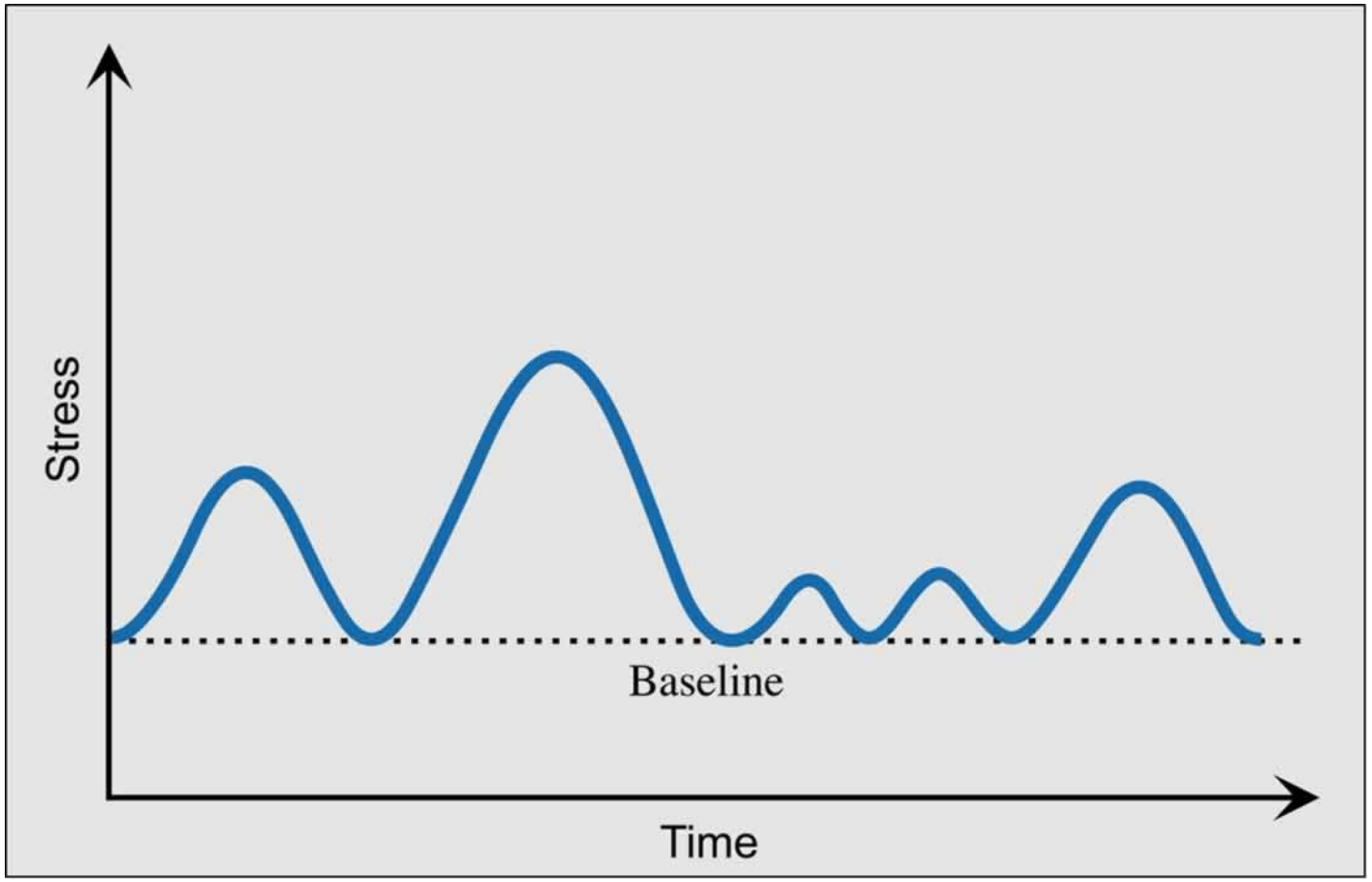
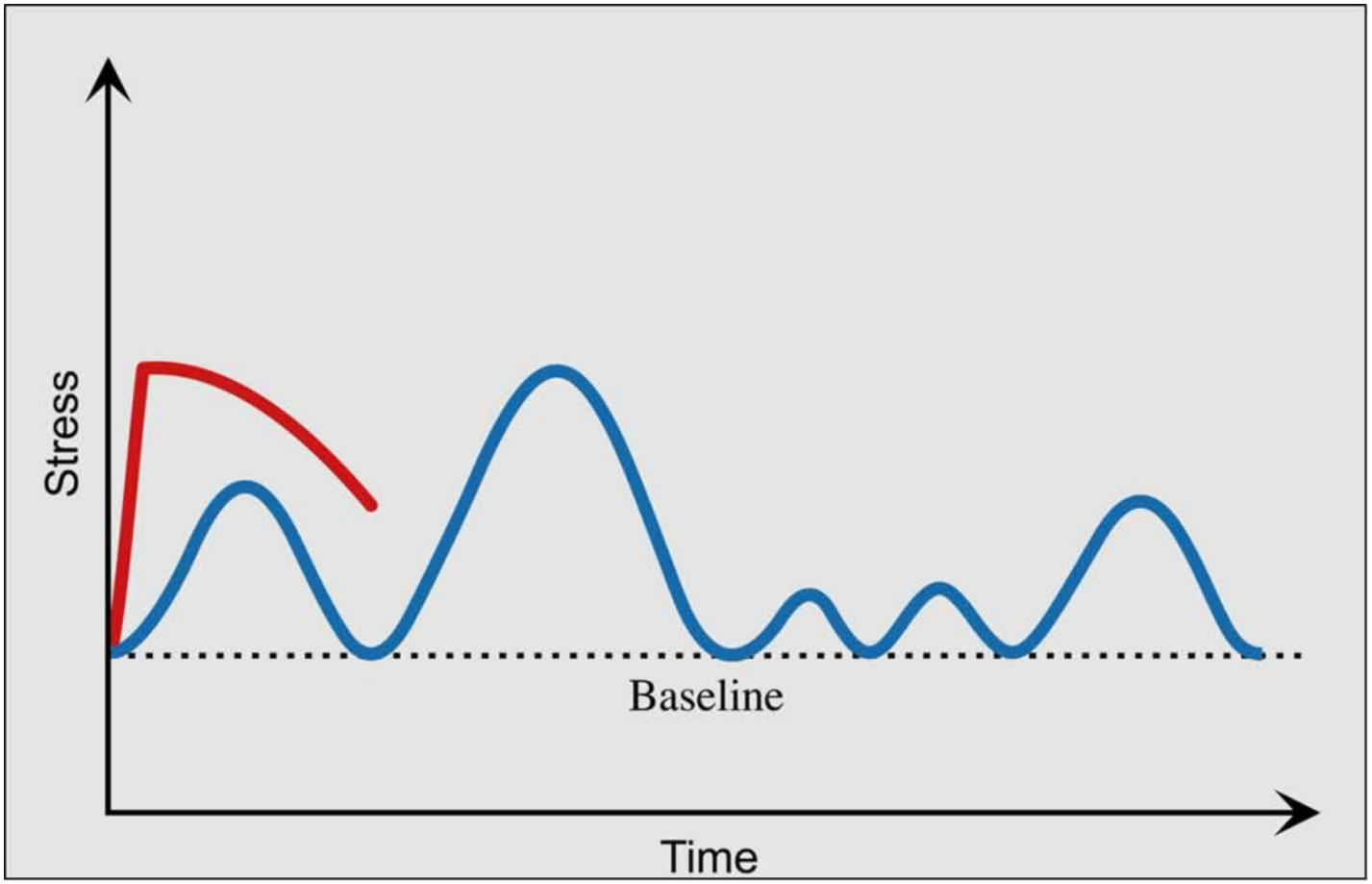
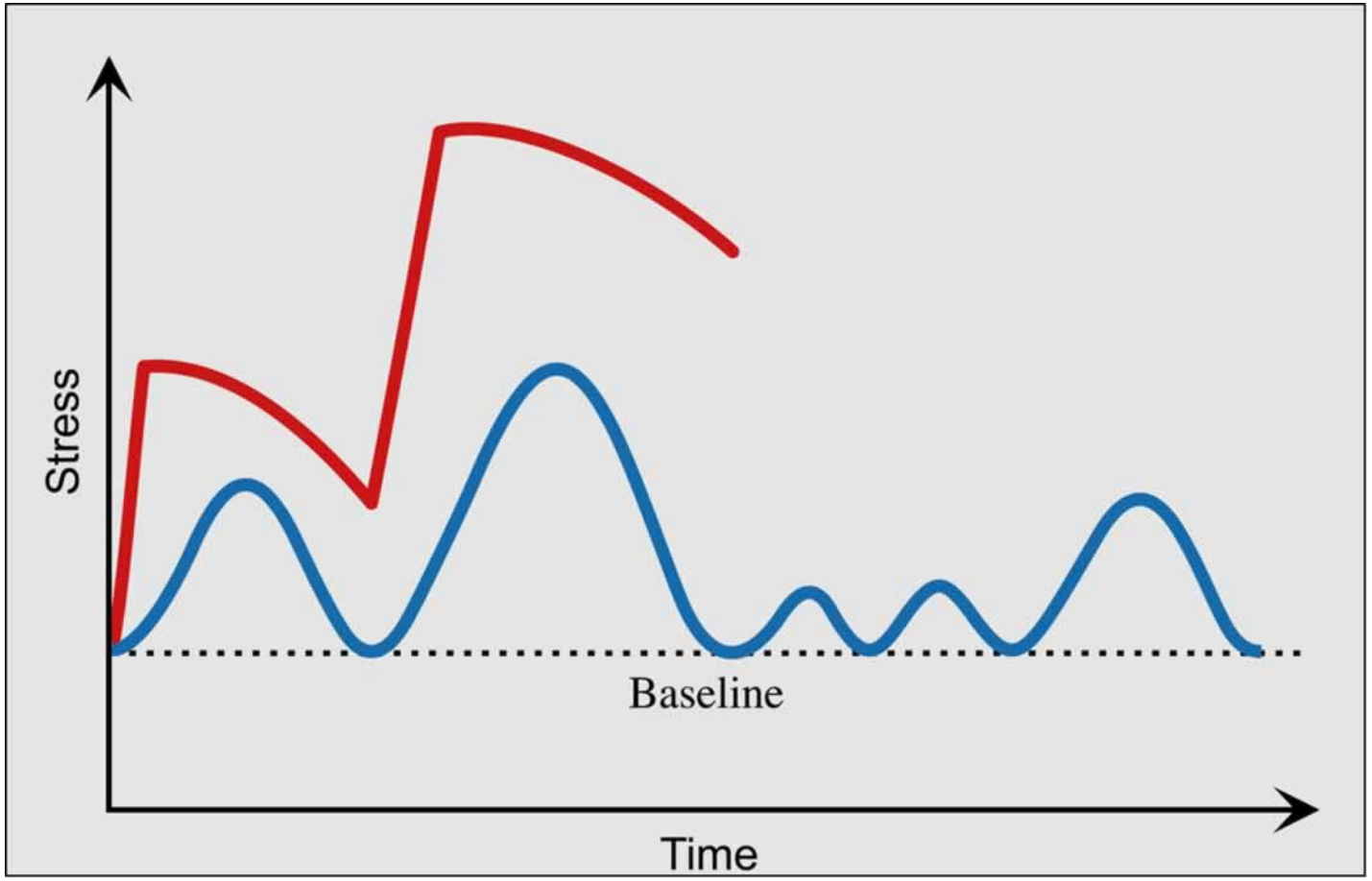


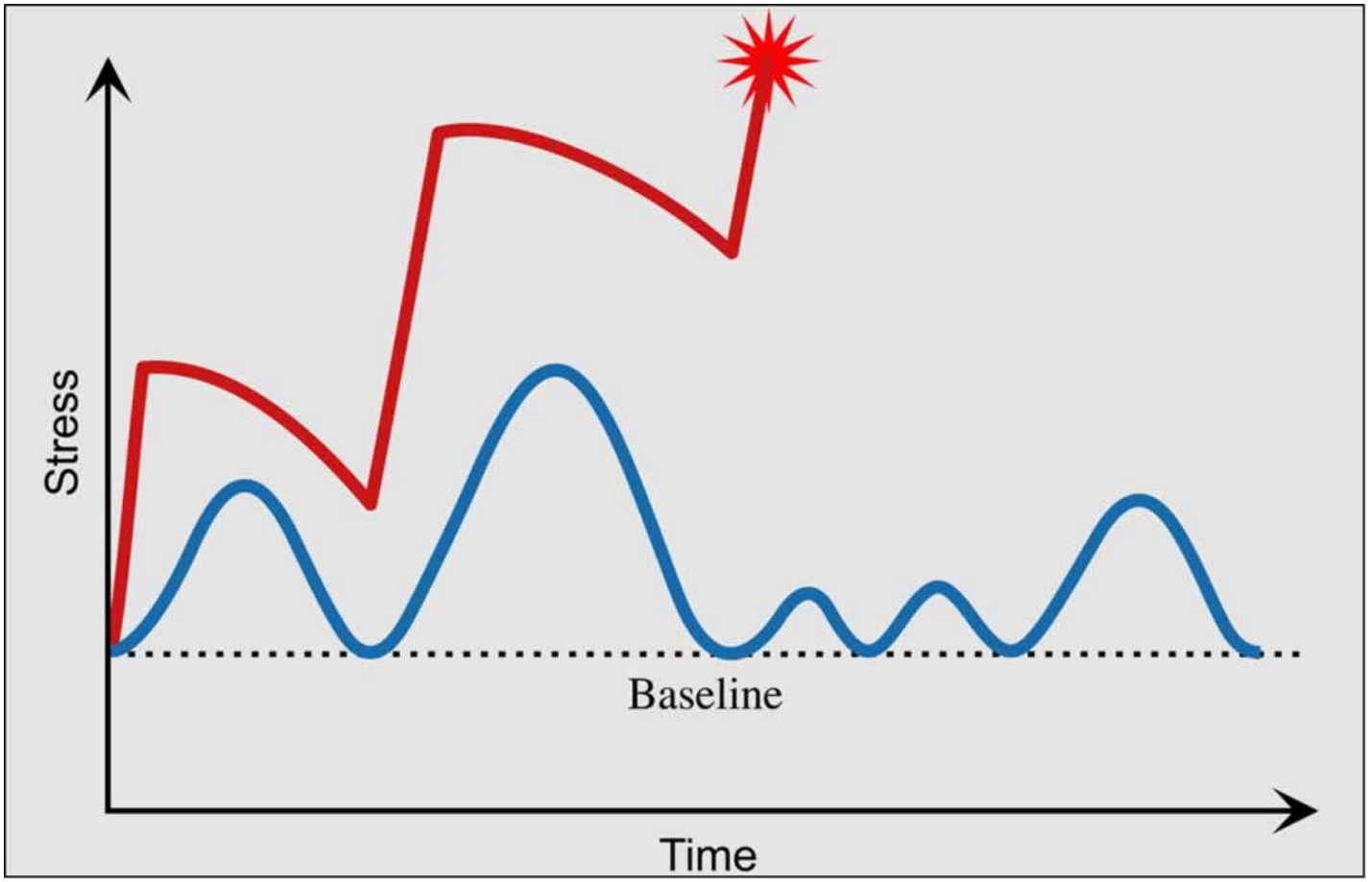
Cumulative Effects of Stress: "Heightened" Person



Cumulative Effects of Stress: "Heightened" Person



Cumulative Effects of Stress: "Heightened" Person



DETAILED CASE ANALYSIS

Disclaimer

- Names have been changed to protect identities
- Court case is pending
- Dates are given on an accurately scaled, but generic, timeline with Deployment defining “Zero”

"Jim"

- High School education; stable childhood
- Early substance use, stopped on his own
- No reported trauma prior to deployment
- Military Career
  - Enlisted age 22 years; served 23 years
  - Active Duty and National Guard
  - Achieved rank of E7 (Platoon Sergeant)
- Second marriage
- Three children living with him from his previous marriage

Clinical and Legal Fact Pattern

3 months prior to deployment

- Physical altercation at a bar with ex-wife's husband over disciplining of children
- Jim denying physical altercation
- Mild intoxication
- Jim followed with report alleging ex-wife's husband abusive towards children

Deployment Preparation

Preparing to die

- Last Will
- Statements about not coming back
- Respect of his personnel

Deployment

Combat Tour

- Served 14 months in Iraq
- Platoon Sgt, Rank E7
- Numerous fire fights, daily convoys
- Confirmed intense combat involvement
- Significant personnel loss
- Received Combat Infantry Badge

Clinical and Legal Fact Pattern

6-12 months after deployment

- Wife stated he had "changed" since deployment:
  - Nightmares included thrashing around and hitting in sleep
  - Isolation included avoiding family events and outings
  - Increased anger
  - Carried gun with him
  - Cried at times
  - Wife expressed she was afraid of him
- Second marriage ends in divorce ; left marriage with only a car

Clinical and Legal Fact Pattern

1 month after deployment

- Enrolled in VA Care
- Identified shoulder pain, LBP and tinnitus from combat exposure
- Experiencing depression since returning from Iraq
- Appointments scheduled for mental health and primary care provider in 2-month period following enrollment: No Show for all appointments

Clinical and Legal Fact Pattern

21 months after deployment

- SPD- Jim texting ex-wife over visitation
- No threats
- Cooperative
- Warned not to text ex anymore

Clinical and Legal Fact Pattern

23months after deployment-1st Contact

- SPD- Jim texted ex-wife
- Wife intimidated over past comments about killing Iraqis and thinking they were her
- Came to door in camos and with knife in sheath
- Not cooperative in arrest, tased

23 months after deployment-2nd Contact

- SPD- Jim texting ex-wife
- Let her know he had their child
- Was cooperative with police, willingly came in to get citation
- Completely different person than last contact

Clinical and Legal Fact Pattern

2 yrs, 4 months after deployment

- Compensation and Pension examination
- Dx with PTSD and receives 80% service connection

3 yrs, 1 month after deployment

- Primary Care Appointment for arm and shoulder pain
- Requests mental health services
- Denies any substance abuse problems

Clinical and Legal Fact Pattern

3 yrs, 2 months after deployment

- SPD-Contacted at gas station, gave false name
- K-Bar knife and loaded semi-auto handgun in vehicle under seat
- Not cooperative, but no resistance
- Arrested for GFI, CCW, PCS-Meth, less than 1 oz marijuana
- Angry at VA-Not helping him, too far to drive for nothing

2 yrs, 9 months through 5 yrs, 8 months

- Complaints of chronic pain
- Frequent no shows for scheduled appointments

Clinical and Legal Fact Pattern

3 yrs, 4 months after deployment

- SPD-Arrested for menacing/harassment of daughter
- Arguing over Jim allowing stripper to stay at house, presence of meth
- Jim not giving info
- No contact order with daughter/grandkids

4 yrs, 5 months after deployment

- SPD- Jim intoxicated, yelling into apartment wanting to talk to female
- Left on own

Clinical and Legal Fact Pattern

4 yrs, 6 months after deployment

- SPD-Dispute between Jim and ex's husband
- Jim cooperative
- Taped conversation to avoid false allegations by other party
- Extremely calm and controlled-"tactical"

Clinical and Legal Fact Pattern

4 yrs, 9 months after deployment-1st Contact

- SPD- Jim's girlfriend's ex ("John") reporting Jim followed him, coinciding with custody hearing
- Jim cooperative, not intoxicated-"tactical"
- Jim said John trying to get him in trouble

4 yrs, 9 months after deployment-2nd Contact

- SPD-Stopped, DWS, DUII
- Cooperative, claiming all a trick and racial
- Said medically retired, former platoon Sgt for SPD officers and diagnosed PTSD, pain
- Taking Vicodin

Clinical and Legal Fact Pattern

4 yrs, 10 months after deployment-1st Contact

- SPD-Dispute between Jim's girlfriend and her ex over visitation.
- Jim intoxicated, confronted John
- Not cooperative with officers, but not physically resisting
- **Said next time we dealt with him we would have to put "many holes" in him and would be glad if we put him out of his misery and he would take as many of us with him as possible**
- Said killed many people in combat and could kill many more if he chose
- Arrested for menacing

Clinical and Legal Fact Pattern

4 yrs, 10 months after deployment

- Admitted to SATP from DUI arrest, spent 4 months in jail
- Reports binge drinking to blackout

4 yrs, 10 months after deployment-2nd Contact

- SPD-John reporting Jim and girlfriend drinking heavily around daughter
- Jim appeared cooperative, but "guarded"

Clinical and Legal Fact Pattern

4 years, 11 months after deployment-1st Contact

- SPD-Jim and girlfriend in verbal argument
- Jim was drinking for the first time in a month
- Told to report to PO in the morning

Clinical and Legal Fact Pattern

4 yrs, 11 months after deployment

- Meets with Addiction Psychiatry
- Dating a woman who is involved in a custody battle with ex-husband
  - Ex-husband making unfounded allegations about Jim, (e.g., domestic violence, child molestation)
  - Increase stress and went to police for help on the false allegations
  - Advised they could not help
- Unable to hold a job
- **Reports thoughts of suicide by cop**

Clinical and Legal Fact Pattern

4 years, 11 months after deployment-2nd Contact

- SPD-Jim driving while suspended
- Said was arrested for DUII and thought was allowed to drive on temporary permit
- Cited

Clinical and Legal Fact Pattern

5 years after deployment-2 Contacts

- SPD-John alleging Jim abused daughter
- Unfounded
- Jim cooperative but frustrated
- Hopeless and helpless, didn't know what to do next

Clinical and Legal Fact Pattern

5 years after deployment

- Sporadic attendance in SATP
- Probation officer reports to SATP case manager: **Jim made threats to police stating "I've killed people before and I can do it again. You can take me out with holes in my chest but I will take people with me."**
- Jim put in jail for 1 week for non-compliance with SATP treatment
- Probation supervision raised to a higher level

Clinical and Legal Fact Pattern

5 yrs, 1 month after deployment

- Continues to miss SATP appointments
- 2 relapses with alcohol
- Referred to inpatient treatment in Roseburg, however. . .
- Jim did **not** follow up with phone assessment, so not admitted to inpatient care

Clinical and Legal Fact Pattern

5 yrs, 3 months after deployment (2 days prior to sentinel event. . .)

- Discharged from SATP for non-engagement

Sentinel Event

Sentinel Event

- SPD-Began as disturbance
- Low speed pursuit, high risk stop
- Very intoxicated
- Failed to comply with commands, continually simulated weapon
- Begged officers to shoot him
- Asked for officers from his unit
- Multiple furtive movements
- Beanbagged 18 times, many with no effect
- Finally stopped with beanbag rounds to knees

Combat in the Civilian Sector

At the Scene, Jim in Custody After Receiving 18 Bean Bag Rounds

At Emergency Room Receiving Care for **NON FATAL** Injuries (contact contusions and fractured hand)

Sentinel Event

- Believed wanting police to kill him
- Was pleading for specific officers to shoot him
- Jim contacted by officers from his unit while at hospital
- TAT contacted by officers on scene

Clinical and Legal Fact Pattern

Reported by his family and friends:

- Jim lost three soldiers in his command
- Said their names daily as a mantra, mourning them after his return from Iraq
- Feelings of guilt for having survived when they did not
- Incredible pain tolerance
- Severe Nightmares, hypervigilance
- Employment problems
- Obsessed with combat, pictures on computer
- Drilled kids to clean and (re)assemble weapons

Clinical and Legal Fact Pattern

SE through + 1 month

- Staffed at TAT 3 days after SE
- TAT-VA, DA, LE, Mental Health, DVA, Courts, Parole/Probation
- Hold in custody pending coordination of resources
- Court reviews
- Orchestrate Courts and Treatment
- Reunite with family/friends

Clinical and Legal Fact Pattern

+ 18 days

VJO received call from Veteran's roommate, daughter and his girlfriend after meeting with TAT

- Reported that he was in jail, injured with broken hand and not receiving care
- VJO made contact and completed an assessment in jail
- Jail was unable to cast Veteran's broken hand (could be a possible weapon)
- Veteran related he had difficulty in engaging in SATP treatment before because the drive up the I-5 corridor was triggering for his PTSD and he had a hard time keeping it "together" when he would get to the clinic

Clinical and Legal Fact Pattern

+ 18 days

Plan developed:

- Veteran to immediately go to VA Emergency for evaluation and care of broken hand upon release
- Admit to EBPTU in Seattle for PTSD stabilization
- Roseburg Inpatient substance abuse treatment
- Palo Alto Inpatient PTSD treatment

Clinical and Legal Fact Pattern

+ 1 through 2 months

- Followed as an outpatient at VA and Vet Center in between programs
- Hand is cast and receives therapy to help healing
- Final medical outcome positive and did not require anticipated surgery to repair

Clinical and Legal Fact Pattern

+ 2 months

- Admitted to EBTPU Seattle
- Admission GAF 35

+ 3 months

- Admitted to Roseburg Inpatient Substance Abuse Treatment Program
- Admission GAF 35

+4 months

- Admitted to Menlo Park Inpatient Treatment for PTSD

Clinical and Legal Fact Pattern

+ 10 months

- Re-engaged with Portland SATP services and Vet Center
- Admission GAF 70

+12 months

- Actively engaged with SATP treatment, groups and Vet Center counseling

+13 months

- Case most likely to be resolved with a plea bargain
- No further jail time likely to be required

Clinical and Legal Fact Pattern

+ 1 through +13 months

- Jim had five more contacts with SPD, all accusations by girlfriend's ex
- No further arrests
- Contacts with SPD have been positive
- Court case still pending
- Jim wants to be a "poster child" for what could and should be done

Late-Breaking News and Updates

But wait. . . There’s more. . .

LESSONS LEARNED:

STRATEGIES FOR POSITIVE OUTCOMES

Lessons Learned

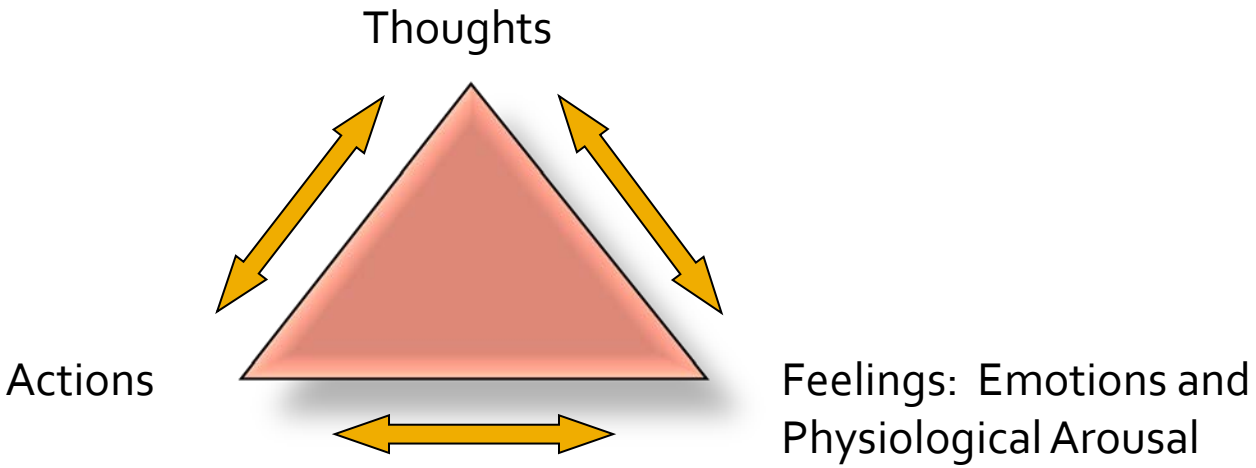
- Educate front line personnel of threat assessment and access to resources
- Watch for "red flags" of returning vets and put inhibitors in place and change their situation
- Balance management strategies with holding individuals accountable
- Mobilize as many resources as you need to accomplish the task
- **Don't Give Up!!!!!**

Strategies for Positive Outcomes

- Be GENUINE
- Utilize trusted others, data
  - HIPAA and "Life or Limb"
- Be flexible with exerting authority
- Allow Soldier/Veteran as much control as possible
- Challenge and address personal bias(es)
- Unite against a common foe
- Emphasize Common Ground, Similarities

Strategies for Overcoming Cognitive Biases

- Be GI Joe: "Knowing is Half the Battle"
- Mindfulness: Observe, Describe, Non-Judgment
- Challenge Automatic Thoughts
- Remember: Thoughts Are Not [Necessarily] Actions



Strategies for Positive Outcomes

- Re-state/recap what they have said ("Tell me if I'm understanding you correctly")
- Validate their feelings
- **Keep them informed of steps along the way**
- Allow time when possible
- Reduce immediate sensory inputs
- Focus on lowering physiological arousal through deliberate calming techniques

RESOURCES

National Resources

- VA Crisis Hotline: 1-800-273-TALK (8255)
- US Dept of Veterans Affairs www.va.gov
  - VA Benefits: 1.800.827.1000
  - Beneficiaries: 1.877.294.6380
  - Education (GI Bill): 1.888.442.4551
  - Health Care Benefits: 1.877.222.8387
- Local VA Medical Centers Facility Finder: http://www2.va.gov/directory/guide/home.asp?isflash=1
- Vet Centers http://www.vetcenter.va.gov/
- TriCare (TriWest) 1-888-874-9378
- Military One Source 1-800-464-8107

Questions?