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VETERANS' TREATMENT COURT PEER MENTORS AND STATEWIDE OPERATING
PROCEDURES IN PENNSYLVANIA: A MIXED-METHOD EXAMINATION

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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Indiana University of Pennsylvania

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Veterans' treatment courts are the most recent problem-solving court innovation. Following the successful drug and mental court models, veterans' treatment courts institute therapeutic jurisprudence and effective intervention to provide participants the opportunity to become productive members of society through community treatment administered in conjunction with judicial oversight. Unfortunately, very little is known about these courts and the participants within them. This study unravels the complexities of veterans' treatment courts by interviewing court mentors within three courts located in Pennsylvania. The use of court mentors is specific to veterans' treatment courts and, as such, the mentor's role, experiences, expectations, and perceived effectiveness are imperative to understand. Additionally, veterans' treatment court administrators within the state of Pennsylvania are surveyed in order to better understand court-operating procedures throughout the state alongside their comparative views pertaining to their specific use of court mentors. The findings regarding the role and utility of veterans' treatment court mentors, in conjunction with information regarding statewide veterans' treatment court operations, are essential in beginning to fill the gap that currently exists within the veterans' treatment court literature.

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CHAPTER I

INTRODUCTION

Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operation New Dawn (OND) are the most recent wars fought by the United States. These wars, and previous conflicts and engagements, have produced many injuries, both physical and mental. As such, it is estimated one in five service members who have returned from these wars will exhibit symptoms of post-traumatic stress disorder, suffer from traumatic brain injury, develop substance abuse issues, and/or be diagnosed with a mental illness such as major depression or anxiety (Hawkins, 2010). Further, ballistic armor plating that protects vital parts of the body, such as the head and chest areas, and vehicular armor plating have been successful in reducing soldier deaths from improvised explosive devices, increasing survivability and enhancing individual emotional and psychological issues for returning service members (Berenson, 2010). Belmont, Schoenfeld, and Goodman (2010) have estimated that the percentage of U.S. military personnel killed in action (KIA) due to gunshot wounds, blunt force trauma, and explosions has been reduced from 33% in prior military engagements to 4.6% of military deaths during OIF, OEF, and OND, with IEDs accounting for an overwhelming 75% of military injuries sustained in these wars. This increase in survivability, while inherently good, has had a direct impact on returning military personnel.

The decrease in military service members being KIA has resulted in returning service members having to cope with severe emotional issues that have developed as a result of their experiences. This has led to the labeling of traumatic brain injury and post-traumatic brain injury as the signature wounds being suffered by veterans of OEF, OIF, and OND (Christy, Clark, Frei, & Rynearson-Moody, 2012). These invisible wounds are taken home by returning service members and have resulted in increased contact with the criminal justice system. Veterans who

are experiencing issues and are coming into contact with the criminal justice system have not gone unnoticed by those in the criminal justice system and veterans' treatment courts have been developed as a result.

Veterans' treatment courts were developed to mirror the widely implemented drug court and mental health court models, which have both proven successful at lowering recidivism, reducing jail and prison populations, and increasing time-to-recidivism for graduates who come back into contact with the criminal justice system (Brown, 2011; Heck, Roussell, & Culhane, 2008; Shaffer, 2011). While veterans' treatment court differs from drug court and mental health court in respect to eligibility (veterans' treatment courts require participants be veterans who have been discharged from the military under favorable conditions) they follow similar operational methods. Central to all problem-solving courts is therapeutic jurisprudence and effective intervention. Therapeutic jurisprudence and effective intervention consist of access to community treatment options, organized problem-solving which is coordinated by the court workgroup, and increased supervision to monitor program compliance in order to facilitate success. However, while the drug court and mental health court models have been largely effective, there is concern this success may be more difficult to achieve within the more complex veterans' treatment court.

While drug and mental health court models have been developed to deal with substance abusing or mentally ill offenders, respectively, veterans' treatment courts play host to a number of potential issues including co-occurring substance abuse and mental illness, domestic violence, driving under the influence, simple assault, disorderly conduct, and other charges. The fact veterans' treatment court eligibility requires only veteran status with favorable discharge creates the potential for a wide range of issues being considered suitable for court involvement. Further,

veterans may be hesitant to speak about their issues with non-veterans, which presents the unique challenge of making connections between those participating within the court and the court facilitators. Finally, there may be variation between service in different military branches (Army, Marines, Navy, and Air Force), differing types of service requirements (full-time versus part-time), differing military occupations (i.e., infantry, communications, artillery, military police), length of service, and combat involvement. It is no surprise, then, that veterans' treatment courts differ from drug and mental health courts through their use of peer mentors to assist the veterans' treatment court participants during their time within the court. These peer mentors are veterans themselves and are central to the veterans' treatment court model given the unique experiences shared by many veterans.

Veterans are a distinct population within the United States. Military personnel share experiences that are difficult for other, non-military members to comprehend or understand. These experiences range from service within the military hierarchy to unique involvement with deployment and the accompanying stressors of extended tours of duty in foreign, and sometimes hostile, countries. Veterans' court treatment teams have noticed this and, unlike drug and mental health courts, utilize peer mentorship to assist with court requirements (i.e., drug and alcohol treatment, anger management, and mental health screenings) as well as lend support and motivation to the court participants while reporting the participants progress and challenges to the court treatment team (Baldwin & Rukus, 2015; Knudson & Wingenfield, 2015; McGuire, Clark, Blue-Howells, & Coe, 2013). The peer mentor/court participant relationship within veterans' treatment court is an understudied topic and the focus of the present study.

While there is minimal research available about veterans' treatment courts given their relative newness, much less is known regarding the operation and effectiveness of the mentors

within these same courts. If peer mentors are considered the hallmark of veterans' treatment courts given their absence in other problem-solving courts (McGuire et al., 2013), they must be researched to better understand their utility and effectiveness. The current study examined peer mentors within three veterans' treatment courts in Pennsylvania coupled with a statewide survey of all veterans' treatment court administrators located in Pennsylvania (N=18) to better understand their structure and operations. Peer mentors were interviewed regarding their role within the court and their experiences, expectations, and perceived effectiveness with the court participants. The statewide survey assisted with identifying how veterans' treatment courts operate in Pennsylvania, the similarities and differences between the courts, and also was used to compare peer mentor roles and expectations to the courts' views and expectations of their peer mentors. A better understanding of peer mentorship and court procedures in Pennsylvania will begin to unravel the complexities of veterans' treatment courts and provide a foundation for future research to focus on their effectiveness at assisting veterans who have come into contact with the criminal justice system.

While veterans' treatment courts focus their efforts on assisting a unique veteran population, their court procedures have been adopted from the largely successful drug and mental health court models. As such, it is important to now outline drug court and mental health court ideology and function to better understand how each court has been developed to treat participants within each type of court.

CHAPTER II

LITERATURE REVIEW

Drug Court

Drug courts are considered the first type of problem-solving court and were developed in the late 1980s as a direct response to criminal court dockets becoming inundated with drug offenders (DeMatteo, Filone, & LaDuke, 2011). This influx of substance abusing offenders can be attributed to the War on Drugs which had begun under President Richard Nixon in the late 1970s. The success of the drug court model can be credited to their specialized approach to handling eligible drug offenders within the court; drug courts utilize community offender management to provide adequate treatment and rehabilitation while under court supervision (Heck, Roussell, & Culhane, 2008). By combining judicial oversight (judge, prosecution, and defense) with law enforcement, treatment programs, and social service organizations, drug courts identify the needs of each offender and mandate treatment models accordingly (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006). Drug courts implement specific components outlined in the Department of Justice Publication *Defining Drug Courts: the Key Components* (1997). The ten key components are: 1) substance abuse treatment; 2) a non-adversarial approach; 3) early screening and detection of drug court participants; 4) more access to community treatment options; 5) frequent monitoring and drug testing; 6) coordinated strategies to be implemented involving participant compliance; 7) ongoing judicial interaction with each participant; 8) evaluation of program goals and effectiveness; 9) continuing interdisciplinary education to promote effective drug court planning, implementation, and operation; and 10) forging partnerships with community providers and public agencies to generate local support. While these key components initially were created from information neither empirically

researched nor supported (Gilbertson, 2008), they have been shown to be effective by Carey, Mackin, & Finigan (2012) during their meta-analytic review of drug court processes.

Carey et al. (2012) selected 69 evaluations of drug court processes for review based on their adequate sample sizes and similar measurement of cost-effectiveness and recidivism. They found drug courts that follow the ten key components have significantly better outcomes, such as reduced recidivism and cost to the criminal justice system. Specifically, drug courts that worked collaboratively as a team, provided structure and accountability, offered wraparound services, trained team members, and monitored performance outcomes were the most cost-effective. Further, investments in community treatment, community supervision, staff training, program evaluation, and management information systems brought lowered costs for both the criminal justice system and the taxpayer. With this validation, it is no wonder that local, state, and federal funding is available for the creation and use of the drug court model.

Drug courts receive the majority of their funding from the state and local level. However, Congress has supported their implementation and growth through the federal Drug Court Discretionary Grant Program which allocates federal funds to drug court programs. These funds, originally authorized under Title V of the Violent Crime Control and Law Enforcement Act of 1994, are used in creating new drug court programs that will be funded through the local and state levels after they become operational (Franco, 2011). The availability of funding is due directly to the effectiveness of the drug court model.

The growth of drug courts in the United States is the result of their success at lowering recidivism and relieving financial strain at the local and state levels. The success of the drug court model at lowering recidivism, decreasing jail and prison populations, and making the criminal justice system more cost-effective is evident when looking at the number of adult drug

courts operating in the United States. During the past two decades, adult drug courts have grown from 1 in 1988 to 1,438 in 2012 (National Drug Court Resource Center, 2012). While drug courts operating in different jurisdictions and regions may approach their court functions dissimilarly, empirical research supports the drug court model and their claims.

Heck et al. (2009) researched whether Wyoming drug court graduates recidivated less during post-graduation from the court. Drug court participants in the study were labeled as life-course persistent offenders, a label that becomes exacerbated by their use of drugs (Schroeder, Giordano, & Cernkovich, 2007). The researchers surveyed all drug court participants who graduated before July 1, 2005 (n=263). They also collected court documents detailing post-graduate rearrest rates. Findings showed that while participants averaged two arrests per year prior to DC involvement, only 19.3 percent were rearrested during the year following program completion, strongly supporting the drug court model.

Brown (2011) researched the success of drug court participants in the state of Wisconsin. He compared the drug court sample (n=137) to a matched comparison group of individuals who were adjudicated through traditional court (n=274) to view rates of recidivism between the two groups. The drug court sample and comparison sample were matched based on age, gender, ethnicity, criminal history, and the severity of the drug-related offense that resulted in conviction during 2004-2006. Brown (2011) found the drug court graduate group was less likely to reoffend than the comparison group (30% compared to 46%, respectively). Results also reported mean jail time for re-offense was significantly shorter for the drug court sample than for the comparison group (44 days vs. 126 days). Further, if re-offense did occur, the drug court sample showed longer periods of criminal abstinence than the control group (614 days vs. 463).

The findings reported by Heck et al. (2009) and Brown (2011) show drug courts reduce recidivism and shorten incarceration periods. However, neither study specifically looked at their program structure in relation to successful implementation of court objectives. Shaffer (2011) conducted a meta-analysis of 60 studies that were conducted with control and comparison groups and had at least one measure looking at recidivism. The researcher also surveyed the selected DC programs regarding their use of therapeutic jurisprudence and effective intervention. Therapeutic jurisprudence states the law should be applied in a manner that increases therapeutic benefits while still utilizing legal safeguards (due process). Therapeutic jurisprudence is carried out through judges and other actors applying legal rules and policies in a way that is ideal for offenders to progress toward pro-social lifestyles. Principles of effective intervention are based on the characteristics associated with the most effective correctional interventions.

These principles state that services should be intensive and behavioral in nature, identify criminogenic needs of high-risk offenders while providing appropriate community treatment, and that the court workgroup be cohesive and meaningful when rewarding and sanctioning the participants. Previous studies that have focused on the use of therapeutic jurisprudence and effective intervention found that drug courts are effective in reducing recidivism when the court targets non-violent offenders, uses appropriate leverage over participants, uses varying levels of expectations placed on participants, and the quality of their staff was high. Shaffer (2011) stated that therapeutic jurisprudence and effective intervention were not part of the initial drug court model; however, both play important roles in determining the success of individual drug court programs.

Research also has suggested drug courts are effective because of their relative flexibility with administering goals and sanctions under the therapeutic jurisprudence and effective

intervention models. Hiller, Belenko, Taxman, Young, Perdoni, and Saum (2010) developed a drug court components questionnaire in order to better understand if drug courts uniformly followed the ten key components. They found drug courts tend to follow different protocols in differing counties and states. The difference between protocols may be due to the different populations that these courts deal with, such as rural, urban, high-risk, low-risk, and differing biographical information of the court participants. Even so, being flexible with how individual courts approach each participant can be considered a strength for the problem-solving court model; abandoning the one size fits all mentality of the traditional court process can enable judges and treatment providers to tailor separate models of success for individual participants. Research conducted by Zweig, Lindquist, Downey, Roman, and Rossman (2012) echoes this finding.

Zweig et al. (2012) note that while drug courts share common operating procedures there also is variation in how they implement these procedures. Their study included 23 drug courts and specifically researched the influence of implementing the components in therapeutic jurisprudence and effective intervention. Using a quasi-experimental design, the researchers identified 23 locations with drug courts and six comparison sites that, while not offering traditional drug court programming, did offer services such as community treatment and community corrections. Their results show the most effective courts were able to prevent more criminal behavior by managing judicial leverage while exhibiting positive elements of therapeutic jurisprudence and effective intervention. They also found that drug courts exhibiting these traits had fewer participants who relapsed and that the most effective drug courts implemented multiple best practices as shown by the ten key components. Similar results are

shown by research conducted by Cissner, Rempel, Franklin, Roman, Bieler, Cohen, and Cadoret (2013) for the Center for Court Innovation.

Cissner et al. (2013) conducted a study comparing recidivism and sentencing outcomes between statistically matched samples drawn from 86 drug courts and conventional courts. The researchers found that not only were the drug courts more cost-effective and successful at lowering recidivism, but the drug courts that used longer sentences as punishment for court failure had significantly lower rates of recidivism, showing an effective use of judicial leverage. The greatest tool for drug courts may be their ability to operate within effective models tailored to the needs of each participant while simultaneously utilizing judicial leverage.

Drug courts have been successful in assisting offenders with substance abuse issues since their inception into the criminal justice system. The number of drug courts across the nation has grown steadily during the past two decades. As a result, jurisdictions with operating drug courts have seen recidivism rates for participants decrease and financial savings for both the criminal justice system and community member. These successes have not been ignored and mental health courts were created as a direct result.

Mental Health Court

Prior to the 1970s the majority of mentally ill patients were warehoused in state psychiatric facilities that were not obligated to provide rehabilitation services. However, the 1972 federal court ruling in *Wyatt v. Stickney* (1970) effectively ended the warehouse practice. It ruled any institution housing mentally ill individuals had to offer rehabilitation services. With many of the existing psychiatric hospitals not able to afford the changes, they were shut down, resulting in the release of mentally ill patients into unprepared communities (Mann, 2011).

The criminal justice system became the first point of contact for many of the mentally ill in America (Slate, 2003). The influx of mentally ill individuals who were released back into the community created an increase in mentally ill persons coming in contact with police and, subsequently, the courts and correctional institutions in the United States (Mann, 2011). As a result, 1 in 15 offenders in jail have a mental illness and four times as many mentally ill individuals are incarcerated than committed in state hospitals (Slate, 2003). It became apparent that action had to be taken to address this growing population, and mental health courts were developed as a result.

The first mental health court was created in 1997 in Broward County, Florida. This court utilized therapeutic jurisprudence and served as a model for other aspiring courts (Slate, 2003; Hughes & Peak, 2012). They follow fundamentals that exist in the majority of problem-solving courts with focus placed on the rehabilitation of offenders with mental illness. By following the drug court model the expectations were to mimic their success. As such, mental health courts aim to reduce recidivism and increase the cost effectiveness of the criminal justice system. However, many offenders suffering from mental illness are dually diagnosed; they suffer from mental illness coupled with a substance abuse disorder. Having to diagnose and effectively treat simultaneous disorders is a difficult task for mental health courts to accomplish.

Drug courts can achieve success by eliminating substance abuse (abstinence) and reducing criminal recidivism through treatment methods monitored by judicial oversight. Mental health courts cannot gauge their success as easily as offenders participating in these courts cannot simply refrain from being mentally ill (Lurigio & Snowden, 2009). These offenders are often afflicted with lifelong diagnoses that need to be managed by medications and treatment,

often in conjunction with one another. This difficulty with measuring success is apparent when reviewing research outcomes focused specifically on mental health courts.

Moore and Hiday (2006) examined mental health court outcomes based on arrest rates one year prior to enrollment and the year following either graduation or discharge. They compared participants to matched offenders going through traditional court measures. Their findings show recidivism decreased for both the graduates of mental health court as well as the participants who did not complete the program. Additionally age, race, and gender did not affect the participant outcome while severity of prior offenses did. Further, Cosden, Ellens, Schnell, & Yamini-Diouf (2005) showed that while mental health court graduates had slightly lower rates of rearrest when compared to non-graduates, both groups exhibited fewer days in jail, increased functioning, and decreased drug abuse. However, the participants removed from the program had higher rates of substance abuse than the graduates of the court. These higher rates of substance abuse may point to higher areas of need within individuals that have co-occurring diagnoses and an area that needs to be looked at closely by the courts in general (higher treatment needs and proper placement in treatment).

McNeil and Binder (2007) also found higher rates of success for mental health court graduates as well. They compared time to rearrest among mental health court participants and a closely matched comparison group of offenders sanctioned through traditional court models. Results indicated participants of mental health court had longer periods between criminal justice involvement and rearrest than the control group. Further, these patterns were maintained after program completion. All of these findings are similar in that they observed reduced recidivism when individuals participated in mental health courts. However, the exact reason for the decrease

in arrest rates is not clearly identified and others conducting similar research have found little support for these courts.

Keator, Callahan, Steadman, and Vesselinov (2012) conducted a study on three mental health courts and their success at increasing public safety (rearrest rates) when compared to a matched comparison group of traditionally sanctioned offenders. It was shown that while mental health court participants utilized more intensive treatment at a faster rate there was no reduction in rearrest rates and overall recidivism. These findings are similar to Christy, Poythress, Boothroyd, Petrila, and Mehra's (2005) results when researching the nation's first mental health court in Broward County, Florida. The researchers found that there were similar survival times to rearrest and little difference in rates of self-reported violence between mental health court participants and comparison group. Findings such as these can be related to numerous variables such as treatment intensity, substance abuse rates, and other criminogenic factors that may have not been taken into account by the mental health court model. However, Dirks-Linhorst and Linhorst (2010) conducted a study that identified factors relating to rearrest within mental health court participants.

Dirks-Linhorst and Linhorst (2010) compared three groups of mental health court participants; those who graduated, those who were removed, and those who refused participation. The groups' rearrest rates for the year prior to discharge were compared and factors leading to recidivism were identified within this sample. They found that those who completed the program had the lowest rearrest rates (14.5%), followed by participants who did not want to participate (25.8%), and participants terminated from the program (38%). Further, they identified key areas of rearrest within their population that included: being young and single, living in the city, being African American, having substance abuse issues, medication

management, and court location. The researchers concluded that mental health courts need to consider these factors when administering their programs to further reduce recidivism rates within these subsets of participants. Research aimed at viewing the program functions and assessment process also is encouraged. The debate surrounding the overall effectiveness of mental health court was further discussed by Hughes and Peak (2012).

Hughes and Peak (2012) echo the above sentiment that while mental health court, by combining diversionary practices and community mental health treatment, are inherently a good idea, they may be outgrowing the current empirical evidence aimed at producing successful outcomes with mentally ill offenders. Their article examines how mental health courts incorporate evidence-based practices proven successful through empirical validation. More specifically, they questioned, “do mental health courts follow interventions that are proven successful through therapeutic jurisprudence and effective intervention”? They state that implementation of a consistent mental health court model was not evident throughout many jurisdictions and are varied in their approach. With this variation present it becomes increasingly difficult to measure effectiveness of court practices and places a strain on researchers attempting to compare them.

Ray (2014) conducted a longitudinal research study into the effectiveness of a mental health court in North Carolina (to date, the longest post-exit study specifically looking at mental health courts was two years). The researcher collected data for each mental health court participant for a minimum of five years following their participation within the court. Using Cox’s regression survival analysis he found that 53.9% of all mental health court defendants were rearrested and averaged 15 months to rearrest. Successful mental health court graduates were less likely to recidivate (39.6%) than their unsuccessful counterparts (74.8%) and took

longer to recidivate as well (17.5 months vs. 12.27 months). While these findings are encouraging, they also suggest that mental health courts do not present as strong a result as drug courts.

While there is debate on the overall effectiveness of mental health courts, the majority of research has proven them successful while not identifying the exact causes for success. The lack of definitiveness can be linked to mental health courts not having a clear definition of what constitutes success given their varying models and the difficulty of effectively addressing the needs of participants who have been dually diagnosed. However, while not showing as clear a success as drug courts, they still are perceived by many as an alternative way of approaching justice while offering relief to the overburdened criminal justice system. Also, given the high rate of mental illness within the United States jail and prison population, mental health courts serve a necessary and important first step toward addressing the issue. More recently a new problem-solving court has begun to emerge from drug and mental health court models in the form of veterans' treatment court.

Veterans' Treatment Court

While empirical evidence on the effectiveness of veterans' treatment court is scant given their relative newness, existing research has looked extensively at how drug abuse and mental illness can relate to crime. As a result, there is little argument a causal link between substance abuse, mental illness, and criminal behavior exists (Pinals, 2009). However, veterans returning home and entering the criminal justice system have not been researched in great detail (Christy et al., 2012). It is estimated that one in eight service members returning home from duty has post-traumatic stress disorder and that 20% of all frontline troops suffer from traumatic brain injury. Further, less than half sought help for these disorders (White, Mulvey, Fox, & Choate, 2012).

While a definitive relationship between these injuries and crime has yet to emerge, the criminal justice system has recognized increased numbers of veterans coming into contact with the criminal justice system (Russell, 2009). As a result, veterans' treatment courts have been used increasingly to assist with this population.

The nation's first veterans' treatment court was established in Buffalo, New York in 2008 and their numbers have been increasing since. Veterans' treatment courts operate as a hybrid of drug courts and mental health courts. As previously discussed, drug courts accept individuals with substance abuse histories as their main diagnoses. Mental health courts accept individuals who are diagnosed with a mental illness and have come in contact with the criminal justice system. While it is not rare to have participants in these courts with co-occurring diseases, one is given precedence over the other when accepting new participants. Veterans' treatment courts do not exclude either diagnosis and will accept participants who may suffer from one or both diagnoses as long as they have served in the armed forces and have been discharged favorably (Russell, 2009).

As a result, veterans' treatment courts are moving forward into the unknown due to the fact that they are dealing with a population of veterans whom little is known and who may be suffering from co-occurring diagnoses (Brummett, 2013). Further, drug courts and mental health courts focus on issues that are isolated to their respective courts; drug courts focus on teaching abstinence from future drug use and mental health courts focus on the correct diagnoses and treatment of mental illness. Veterans' treatment courts differ in that they do not focus on one type of offense or condition but rather accept participants who may be experiencing drug abuse or mental illness separately, co-occurring, or not at all. The acceptance of various charges and illnesses is the result of veterans' treatment courts requiring favorable discharge from the

military as their initial requirement for participation. While a necessity, this may create additional obstacles and impede successful outcomes due to the court having to manage multiple diagnoses and offenses where other courts (i.e., drug and mental health courts) focus on specific charges/diagnoses, respectively. As a result, an essential component of veterans' treatment court, and one that has not been researched to date, is the appointment of mentors to the individual participants. The use of peer mentors may assist veterans' treatment courts with better understanding the diverse population of justice-involved veterans with varying issues and diagnoses. These mentors are modeled after other peer support programs, such as AA, which have used sponsors to assist with support, motivation, and abstinence and recovery from substance abuse.

Alcoholics Anonymous Sponsorship Effectiveness.

Similar to veterans' treatment courts, having a sponsor is one of the key components of AA. It is a relationship that is considered extremely personal and one of equals. Interactions are to be comfortable (outside of crisis), confidential, and meaningful. Within these interactions the sponsor is expected to be a reliable, consistent contributor of knowledge to the mentee, be understanding and unbiased, and assist with the facilitation of prosocial networks (AA, 2010). Research looking specifically at the effectiveness of AA mentorship programs has shown positive results, establishing its importance in facilitating positive life changes.

Abstinence is one of the main goals of AA and has been empirically researched as a result. Research has shown that sponsorship is a significant factor when predicting both current and future abstinence (McKellar, Stewart, & Humphreys, 2003; Kaskutas, Bond, & Humphreys, 2002). Further, research has shown that AA sponsorship aids in agreement with the program (Witbrodt, Kaskutas, Bond, & Delucchi, 2012), future completion of AA steps (Gomes & Hart,

2009), positive relationships in the mentee's life (Subbaraman, Kaskutas, & Zemore, 2011), and attendance within the program (Tonigan & Rice, 2010). While mentorship within AA is proven to be effective, the success of the program may not translate directly to veterans' treatment courts given the participants involvement within the criminal justice system and the inclusion of court required updates on the progress of the court participants.

Mentorship within Veterans' Treatment Court.

While sponsorship shows positive results within AA, it may prove to be a more difficult a relationship within veterans' treatment courts. Sponsors in AA are advised to be confidential when working with the mentee. However, given that the veterans' treatment court participant is being supervised by a judicial court complete with judge, prosecution and defense attorneys, probation officers, and treatment providers, keeping information pertaining to the participants confidential may violate court orders. That the mentors may have to share details of their interactions with court participants becomes more problematic since the mentor (i.e., sponsor) also is under oath before the court. These circumstances may invoke lack of trust or paranoia when dealing with court mentors if they are seen as working for "the other side." If lack of trust develops, any positive effects of the relationship may become void with negative effects, such as drug abuse and non-reporting, becoming pronounced. The potential for mistrust becomes problematic given the hallmark use of mentors within the veterans' treatment court model.

McGuire et al. (2013) conducted a national survey of Veterans Justice Outreach (VJO) Specialists. VJO Specialists were created by the Veterans Administration (VA) in order to track and assist veterans involved with the criminal justice system and, currently, there is at least one VJO Specialist at each VA office. VJO Specialists also are involved with each veterans' treatment court for a number of reasons. Specialists are responsible for assisting the VA with

identifying veterans who have become involved with the criminal justice system and linking these veterans with appropriate services to assist with their rehabilitation. They are also an essential team member within the veterans' treatment court model. The VJO Specialists surveyed reported that 55% of all veterans' treatment courts have a mentor program with an additional 21% of courts having a mentorship program in development. Additionally, there were 851 active mentors at the time of analysis with each veterans' treatment court averaging nine mentors. The high number of veterans' treatment courts utilizing peer mentorship can be equated to military camaraderie and the experiencing of unique situations many in the civilian sector do not and cannot fully understand. Mentors within veterans' treatment court are volunteers who understand what being in the military entails as well as the very unique experiences that come with serving in the armed forces. Similarly to AA sponsors who are recovering addicts themselves, veterans' treatment court mentors are an essential part of the veterans' treatment court model given their ability to bridge the gap with a population of veterans who may feel alone given their backgrounds in the military, enhancing their use and necessity within the court. The use of peer mentors is further reinforced by the findings of a survey of active military members and veterans who, when asked whether they believe peer mentors are beneficial, 90% responded that they are beneficial in some way (Rieckhoff, Schleifer, & McCarthy, 2012). However, the respondents were speaking about mentorship in a general, non-veterans' treatment court model which, while showing the potential use of military camaraderie to assist those in general need, cannot and does not address the mentor/mentee utility and effectiveness in veterans' treatment courts.

The Current Study

The current study is a mixed-methods examination involving interviews with peer mentors within three veterans' treatment courts in Pennsylvania and a statewide survey of all

veterans' treatment court administrators located in Pennsylvania (N=18). The survey of these courts was employed to better understand their structure and operations and allow for comparisons between data. Mixed-methods were necessary given the lack of empirical research on veterans' treatment courts and the mentors who participate within them, allowing for the qualitative interviews and quantitative surveys to complement each other in order to provide more in-depth information on this particular social phenomenon.

As discussed above, currently there are 18 operational veterans' treatment courts within the state of Pennsylvania. Three veterans' treatment courts were selected using the courts geographic location within Pennsylvania (rural, suburban, and urban) and peer mentors were selected from each of these courts using maximum variation sampling and interviewed until a point of saturation was achieved. Saturation occurred when the researcher was confident that he had obtained adequate information with no new themes emerging. Qualitative examination allowed for analysis regarding the mentor's role, experiences, expectations, and perceived effectiveness while working within either an urban, suburban, or rural veterans' treatment court. This research is an important first step towards better understanding veterans' treatment courts from the mentor's perspective, allowing for the identification and development of variables for future research.

In addition to qualitative interviews, surveys were sent to each of the 18 veterans' treatment court administrators in Pennsylvania. Given the newness of the veterans' treatment court model it was essential to begin to gain a better understanding of how these courts operate independently and as a whole. While this research was exploratory and guided by qualitative principles, a survey methodology also was used in order to better understand veterans' treatment courts in the state of Pennsylvania. The mixed-method approach was beneficial as it allowed for

not only a better understanding of court appointed mentors, but also court operations, procedures, similarities, and differences for veterans' treatment courts located throughout the state. Survey designs are a popular way to obtain information for a number of reasons; surveys are efficient, can be tailored to the sample you are surveying, and allow the researcher to develop a clear understanding of the sample's attitudes and traits (Dillman, 2009). As such, using a survey methodology was ideal for this study as it was used to supplement qualitative interview data and allowed for the information to be compared and contrasted to responses given by the peer mentors.

Pennsylvania is an excellent state to conduct the current study given its large number of veterans' treatment courts, with the first becoming operational in 2009 and the most recent addition being added in 2015. Pennsylvania also contains the fourth highest population of veterans in the United States, numbering 1.03 million, with 12% having a service related disability and approximately 5,000 currently under some form of criminal justice supervision (U.S. Census Bureau, 2012; U.S. Department of Veterans Affairs, 2010; Reed, Nash, & Griffith, 2014). As such, it is imperative to begin to understand the statewide operations of these courts within the state of Pennsylvania, coupled with their use of peer mentors, given the large population of veterans they serve.

CHAPTER III

METHODOLOGY

Site Selection and Access

The current study took place in Pennsylvania, which has 18 active veterans' treatment courts (second largest in the nation [Baldwin, 2013]). Three counties that have operational veterans' treatment courts were selected based on their geographic location to the researcher (rural, suburban, and urban). In Pennsylvania, rural and urban counties are designated once their total population is divided by the square mileage for each respective county. A county is designated rural if the population is 284 residents or less per square mile, with the remaining counties exceeding 284 considered urban (The Center for Rural Pennsylvania, 2016). The following counties were selected for inclusion in the study: 1) Cambria County (209 residents per square mile); 2) Butler County (233 residents per square mile); and 3) Erie County (351 residents per square mile). For this study, Cambria County represented the rural veterans' treatment court, Butler County represented the suburban veterans' treatment court, and Erie County represented the urban veterans' treatment court.

The judge presiding over the veterans' treatment court in each county was identified and was sent a letter outlining the purpose of the research and the methods with which it will be conducted (this methodology is covered in more detail below). The purpose of contacting the presiding judge within the selected counties was to obtain his/her permission for site access as well as assist with identifying the court appointed mentors who will later form the primary sample. The letter identified the researcher as the primary contact as well as Indiana University of Pennsylvania as the researcher's affiliation. A follow-up phone call was made to the judge's

office two weeks after the letter was mailed in order to confirm receipt of the letter as well as to schedule a phone conference to discuss any questions s/he may have. Once access was granted, and mentors identified, sample selection began.

Sample Selection

Survey. All veterans' treatment courts in Pennsylvania (N=18) are included within the study. The decision to survey all veterans' treatment court administrators within Pennsylvania was simple; the steady increase in the use of veterans' treatment courts and the coinciding dearth of empirical examination of their effectiveness highlights the immediate need to better understand veterans' treatment courts. As such, the current study examined similarities and differences in operating procedures and the courts use of treatment orientated components, such as peer mentors, to begin to fill this gap within the literature.

Interviews. The current study employed maximum variation sampling to obtain the lists of mentors who were contacted for inclusion within the study. When using maximum variation sampling the researcher is purposely identifying and capturing variation that exists between study participants. When using small, qualitative samples heterogeneity can be an issue due to differences between the participants. Maximum variation sampling reduces this limitation; differences between participants will be identified, which is useful for exploratory studies such as this one, and, as Patton (1990) states, "Any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared aspects or impacts...(p. 172). Maximum variation sampling within a single program (or in this case, 3 separate veterans' treatment courts) begins with the researcher selecting individuals whom he or she believes have had different experiences from one another. For the purposes of this study, variation between participants was determined by identifying different geographic regions,

branches of service, and length of service. Geographic location was determined by the population size the courts serve, designated earlier as rural, suburban, or urban. Military branch served as the second dimension and used the Air Force, Army, Coast Guard, Marine Corps, and Navy as potential selection criteria. Lastly, length of service was chosen by whether the peer mentors previously served 48 months or less or more than 48 months of continual service during their military service. The dimensions of branch of service and military service length were chosen due to the impact these dimensions have on various outcomes for veterans of the military and the limitations of current research incorrectly treating branch of service and service length as unidimensional. These dimensions impact the military occupation role within the different branches; rank obtained; training received; number, frequency, and type of deployments; risk of combat; and veterans benefits available, all of which will influence the peer mentors perceived roles, expectations, and experiences when dealing with other veterans within veterans' treatment court. Current court mentors were identified through the judge of each of the three courts included within the study and a list of all court mentors was created for each court. Once these lists were compiled, the sample was separated by the above dimensions and five peer mentors from each court were selected for inclusion within the study. The selected individuals formed an initial sample size of 15 mentors ($n=15$). While it is logical to believe that interviewing 15 mentors would permit the researcher to achieve an information saturation point, more interviews would have been conducted if saturation had not been reached after the initial interviews were completed. Saturation was deemed to occur when the information retrieved became redundant with no new themes emerging.

Maximum variation sampling yields findings that are representative of the entire range of variation *within* the sample and allows the researcher to document both the uniqueness between

cases as well as important shared patterns whose importance stem from their emergence from heterogeneity (Maxwell, 2013; Patton, 1990). Certainly, the variation mentioned within this purposive sampling technique is not an attempt at quantitative variance, as qualitative research does not attempt to generalize its findings to the entire population being studied, but rather maximum variance sampling is a purposive technique best suited for the current study given its exploratory aim.

Data Collection

Survey Instrument. The survey instrument used in this study is adapted from the New York State Unified Court System Statewide Drug Court Research Project (Rempel, Fox-Kralstein, Cissner, Cohen, Labriola, Forale, Bader, & Magnani, 2003). This survey was selected due to it being designed to cover court operations and procedures for a statewide evaluation of drug courts in New York. The areas of interest covered by the survey instrument are policies, participant profile, time to treatment placement, treatment modality, participant compliance, sanctioning policies, in-program achievements, retention rates, and predictors of graduation and recidivism. While the survey adopted for this study was originally used for drug court research, the researcher integrated and refined the initial survey to suit the current research of veterans' treatment courts. This included the re-wording and the addition of certain survey items to better suit the unique features of veterans' treatment courts in Pennsylvania.

When reviewing and adding additional items to the survey, the researcher took care to follow recommendations about survey design offered by Dillman (2009). Survey questions were kept simple and are presented in bold font while response options were kept in normal font. Following these recommendations assisted with keeping the survey uniform throughout as well as reduce the chance of a respondent inadvertently missing a question. Additionally, important

words and phrases were italicized and/or underlined in order to emphasize their importance. Lastly, in addition to closed-ended questions, open-ended questions were included within the survey to allow the respondents to answer in their own words and provide rich, detailed responses. The refined survey instrument for this study was designed to capture all necessary information to be able to discern statewide procedures and operations.

To facilitate a logical flow, the survey instrument (see Appendix A) is divided into seven sections. Section one of the survey includes questions focused on participation requirements, such as eligible arraignment charges, reasons for non-eligibility, initiation of veterans' treatment court participants within the court (whether pre or post-plea), and typical time-to-graduation requirements. This initial section allowed for the researcher to identify similarities and differences between court participation requirements, such as military discharge status and seriousness of crime, to better understand how veterans' treatment courts in the state of Pennsylvania select and initiate prospective participants.

Section two was designed to capture the treatment policies within each respective veterans' treatment court. Items ask respondents about the number of treatment providers utilized by the court, use of different treatment modalities (i.e. long-term or short-term residential, intensive outpatient, and outpatient services), how initial modality of treatment is chosen, procedures for switching modalities (such as increasing or decreasing treatment requirements), and the courts use of onsite and offsite educational, vocational, and employment services. This section captured the criteria for, and use of, different treatment options available to the court. As mentioned above, since veterans' treatment courts focus on an individual (veteran) as opposed to a predetermined charge or illness, this section was important in that it aided in unraveling the

complexity of treating mental illness, drug/substance abuse, and criminal behavior either in congruence or separately from one another.

Section three contains questions about the supervision of court participants during their time in the court and is broken down into seven subsections: staff, intensity of supervision, phases of treatment, infractions and sanctions, achievements and rewards, warrants, and decision making during treatment. This section was used to discover similarities and differences between different veterans' treatment courts in Pennsylvania regarding dedicated staffing, supervision schedules, use of case management services, and use of court compliance procedures such as jail sanctions and the issuance of warrants. This information permitted a better understanding of how each court utilizes therapeutic jurisprudence and effective intervention with each court participant. This section also contains questions about phases of treatment for the court participants alongside how each court recognizes achievements and rewards to better understand how the courts measure success, which leads into the section four which covers graduation and failure within the courts more specifically.

Section four contains four sections of questions which focus on program completion: 1) graduation; 2) failure; 3) aftercare; and 4) repeat cases. This section allowed the researcher to develop a clearer understanding of how successful, and unsuccessful, court participants are processed, if aftercare is seen as a necessary part of the court process, and how the court handles repeat cases, i.e., a previous participant being referred to the court on new charges. The researcher is confident that this section captured the necessary information about what program completion, and failure, entails alongside protocol for handling returning cases.

Section five contains two open-ended questions regarding implementation issues. These questions cover whether there have been major challenges or barriers during the pre-court

planning phase or the courts first year in implementation. These two questions allow for the better understanding of different obstacles each veteran's treatment court in Pennsylvania had to overcome and, possibly, may still be experiencing.

Sections six and seven contain one open-ended question each about research and evaluation and recommendations. Section six asks respondents whether a research and evaluation process has been completed and, if so, if they would attach a copy of the evaluation reports. Section seven, the final section, asks whether the respondents can list or describe any question that they would like to add to the questionnaire that can assist the researcher in better understanding their court as well as others.

Survey administration was forwarded through the mail and included the option of taking the survey online. Surveys were addressed to the court administrator at each of the 18 veterans' treatment courts within Pennsylvania. This was done to ensure that whoever is seen as the court administrator and best understands court processes and procedures received the survey to complete and return. Using this method ensured that accurate responses were gathered. Two weeks prior to the surveys being mailed out pre-notice were sent to each court administrator describing the study and survey as well as providing the researcher's contact information if they should have any questions they would like to have answered before, during, or after survey completion. Two weeks post survey administration a reminder postcard was sent to the court administrator to remind respondents who had not yet replied of the survey to enhance response rate.

The researcher used Dillman's (2009) tailored design method when administering the survey instrument. Dillman suggests applying social exchange to increase the benefits of participation, decreasing the cost of participation, and establishing trust within respondents. Following Dillman's tailored design method, the researcher stated to each potential respondent

that his/her expertise and knowledge on court activities is vital to the study. The court administrators also were notified that for each completed survey returned, the researcher would make a small donation to a program that assists veterans and is located in Pennsylvania. Additionally, pre-stamped return envelopes accompanied the survey instrument to enhance the ease with which completed mail surveys were returned. Once data from the interviews and survey questionnaire was collected, data analysis was expanded with more formal coding and inquiry.

Interviews. Data were collected through face-to-face, semi-structured interviews. While quantitative research focuses on data analysis and generalization to a larger population, qualitative research aims to produce more narrative results in the form of detail-rich, participant orientated responses. Qualitative research is a subjective endeavor that maintains that there are many truths and independent realities that are present within each individual. Qualitative research is best suited to understand these subjective truths and is appropriate to gather personal, “front-line” information from the individuals who are best equipped to assist in a particular phenomena’s understanding. Qualitative research goes beyond quantitative methods by placing faces to these phenomena. Participants were asked identical questions in an open-ended format. The open-ended format allowed for the respondents to provide detailed responses in their own words and from their own perspective. The researcher is provided the opportunity to ask “probing” questions to elicit rich, in-depth responses which may allow for the inclusion of new interview questions not realized at the beginning of the research (Creswell, 2013). Preliminary interview questions can be found in Appendix B.

Interview locations varied for each participant. A neutral site was selected for each interview that allowed the participant to be comfortable (e.g., local library, courthouse s/he

works within, etc.). The site for each interview was decided upon when each participant was contacted and agreed to participate within the study. Site selection is important given the need for participants to feel relaxed in order to allow them to answer the questions without distraction or stress.

Preparation and execution in conducting interviews is one of the most important endeavors to be realized by qualitative researchers (Turner, 2010). The interview questions developed for this study were constructed with this importance in mind. Appropriate wording was used to avoid any leading questions to defend against influencing responses. Also, each question was asked one at a time and was structured in a manner that participants understood or could request clarification. Follow-up phone calls and/or emails were utilized and assisted in clarifying any responses that the researcher was unclear about or to request additional information.

Two recording devices were utilized during the interviews with the first being the primary and the second acting as a backup. The researcher used a notepad for collecting non-interview data such as, but not limited to, the following: the researchers mood/feelings before the interview, detailed notes on the meeting place with descriptors of location, others around (if applicable), sights and feeling of the setting, respondent demeanor, facial clues as to comfort and honesty in answers, and concluding thoughts after completing the interview. These notes assisted the researcher in identifying any biases he may have as well as providing a holistic description of each interview process. These notes are compared to personal memos being kept by the researcher throughout the research process to be included in identifying themes for coding and data analysis (discussed below).

Data Analysis

Survey Instrument. Data collected through the mail and on-line surveys was entered into SPSS to allow for the analysis of key court operating and treatment procedures as well as information on the court's view of peer mentors, their responsibilities, and purpose. The ordering of the data set follows the order of the survey instrument's sections (see above for a detailed listing). The ordering allowed the researcher to compare similarities and differences between veterans' treatment courts located in Pennsylvania as they pertain to participant selection, court procedure requirements (including the use of peer mentors), supervision, treatment, rewards and sanctions, removal from the court, successful graduation, and post-court follow-up. While this is a fairly straightforward process when analyzing close-ended survey items, further steps were taken for the open-ended questions.

The survey also contained open-ended questions to allow for the respondents to offer clarification and/or additional information pertaining to certain items. The researcher sought emergent themes within and between each survey returned by the court administrators in order to better understand how each court operates. This assessment allowed for the researcher to better understand court similarities and differences.

Interviews. Before data analysis can be conceptualized and ordered, the qualitative researcher must first understand his research is a continual endeavor that he should be involved with from the beginning of data collection to its end (Maxwell, 2013). As such, the researcher collected his data while simultaneously analyzing it. Interview recordings were reviewed while taking notes about thoughts and insights immediately after the face-to-face interviews occur. Once these notes were completed, the recorded interviews were transcribed and reviewed while comparing them to the researcher's memos and notes. Notes and memos independent of the main

data collection phase were created in an ongoing manner. This emersion allowed for dominant themes to be identified as well as emerging themes to be realized. Brief descriptions of data analysis techniques to be employed in this study are described below.

Transcriptions of interview recordings were completed by the researcher and input into NVivo. NVivo is a computer aided qualitative data analysis software (CAQ-DAS) that assists in identifying important concepts and themes within data. Important themes that emerge from the interviews with peer mentors were identified and coded accordingly in order to begin to understand their roles and perceived responsibilities when mentoring veterans' treatment court participants. Coding begins with the identification of important units and segments that are meaningful and important in some way (Seidman, 1998). Meaningful identification is referred to as "open-coding" as themes are developed *after* data are reviewed to allow for the creation of ideas (Maxwell, 2013). The next technique, collection of memos and field notes, also were coded in this manner.

The researcher also collected detailed memos throughout the research process. These memos were comprised of thoughts, research direction, and insights. Memos assist with recording the researcher's thoughts and insights and the process of writing them down also assists with creative thinking and development. Memos are essential to qualitative research as detail rich data are the key to connecting the data together to be able to fully understand the phenomena in question. These memos and field notes also were placed into NVivo to identify themes and compile a seamless narrative with the interview transcriptions.

Threats to Validity

Interviews. Validity within qualitative research, which has been a widely discussed and argued topic (see Lewis, 2009), constitutes the accuracy of information being written, recorded,

viewed, and analyzed by the researcher. Maxwell (2013) identifies the first major threat to validity as researcher bias. Researcher bias occurs when the researcher only chooses data that fits his or her preconceived notions or expectations or when he is deciding what information stands out. It is impossible to erase all of the bias, but there are steps that can be taken to ensure that the study is not negatively affected. Creswell (2013) suggests the use of a second party in order to determine the quality and effectiveness of coding. Allowing a set of “fresh” eyes to view the interview data may provide new themes and dominant text that had been previously overlooked (Turner, 2010). The use of a secondary party to view the interview will strengthen the results by allowing for the incorporation of deeper analysis. Thus, colleagues familiar with qualitative research techniques who are affiliated with the Indiana University of Pennsylvania were asked to assist, namely doctoral candidates within the department of criminology and criminal justice.

Lastly, reactivity, which is the influence the researcher has on the individuals being studied, should be considered. As Maxwell (2013) states, “...eliminating the *actual* influence of the researcher is impossible, and the goal in a qualitative study is not to eliminate this influence, but to understand it and to use it productively” (p.125). More simply, it is not a goal of qualitative research to eliminate this threat, as it cannot be, but rather the understanding of its existence and taking it into account when analysis is being conducted is the most important objective.

Human Subjects Protection

Survey Instrument. The informed consent form was included with the survey instrument when sent to each of the veterans’ treatment courts in Pennsylvania (see Appendix C). The respondents were informed that there is no direct benefit to their participation within the study, however their expertise and knowledge will lend to the better understanding of veterans’

treatment courts in Pennsylvania and will provide important information to be used in future research.

There are no foreseeable risks or discomforts associated with the survey instrument. It was explained to the respondents that the information they provide on the surveys will be kept in confidentiality and no identifiers will be used when analyzing and coding their responses. Respondents will be given a number that corresponds with their completed survey to further their protection. Interview information, such as consent forms and contact information, will be kept in the researcher's safe for a minimum of three years before the documents are shredded. Completed surveys also will be kept in the researcher's safe for a minimum of three years before that data will be deleted. The researcher also will make clear that participation within the study is completely voluntary and the participants can decide to not participate or remove their completed survey from the study at any time by contacting the researcher.

Interviews. Informed consent was obtained from all research participants during the initial interview sessions (see Appendix D). The study was explained to the interview participants. Interviewees were informed there are no direct benefits for their participation. However, their participation will allow for a better understanding of their roles as peer mentors for future research to build upon.

There are no foreseeable risks or discomforts associated with the study. The study participants are professionals working directly within the selected veterans' treatment courts. The researcher informed the participant that s/he could request to stop the interview at any time. It was explained that involvement in the study was entirely voluntary and they could choose to cease involvement with the study at any time. To assist with giving appropriate consent throughout the research process, the researcher's information was given to the respondents. They

were informed that they can contact the researcher for clarification of any questions they may have regarding the research.

Confidentiality also was discussed. The researcher informed participants their personal information, such as name and contact information will remain anonymous and all descriptors identifying them were coded in a manner to disguise this information. Participants were given a number that corresponds with their interview data to further their protection. Interview information, such as consent forms and contact information, will be kept in the researcher's safe for a minimum of three years before the documents are shredded. Transcription and NVivo files will be kept in a locked file on separate hard drive for a minimum of three years before that data will be deleted.

Following the above outline, the researcher was confident that the participants would give their informed consent for voluntary inclusion within the study. If at any time they requested to end their involvement they be immediately were removed from the study without questioning. Permission was obtained from the Institutional Review Board (IRB) at Indiana University of Pennsylvania prior to the study beginning.

Implications

While following the largely successful drug court and mental health court models, veterans' treatment courts are lacking in empirical research to date. Given that military veterans are a unique subset of the population that have unique needs due to their shared experiences, research on these courts is imperative to ensure their effectiveness. This research is a first step toward understanding the role and importance of peer mentors in veterans' treatment courts as well as better understanding veterans' treatment court procedures across Pennsylvania.

Interviewing these peer mentors and surveying all 18 courts in Pennsylvania allowed for a deeper

understanding of how veterans' treatment courts can ensure our veterans are being rehabilitated toward the best possible outcome of living pro-social, productive lives within the community and that this goal can begin to be realized.

Additionally, as peer mentors within veterans' treatment courts are better understood and researched, their use outside of these courts may assist veterans before their involvement with the criminal justice system. Currently, veteran peer mentors are used almost exclusively in veterans treatment courts (Knudson & Wingenfield, 2015). This initial, exploratory research will have shed light on the peer mentor's role within the court and their experiences, expectations, and perceived effectiveness with the court participants which may, in turn, show the utility of using veteran peer mentors in the community where it currently is not widely available.

Study findings also will be used to develop specific research questions and hypotheses to be used in future research. In short, the study presented above assisted in unraveling the complexities present within veterans' treatment courts in order to identify important variables of interest. Identification of important variables allows for the expansion of our knowledge about veterans' treatment court and guides future research aimed at addressing current gaps in the literature.

CHAPTER IV

RESULTS

The current chapter presents the findings from both the survey of veterans' treatment courts and interviews conducted with peer mentors from three courts identified as rural, suburban, and urban. The findings from the statewide survey of veterans' treatment courts within Pennsylvania are presented first. The data gathered from the surveys provides insight into court location, structure, court workgroup functions, and operations. The role of peer mentors within these courts also is provided.

Information gathered from the face-to-face interviews is then discussed. When utilizing maximum variation sampling (discussed above) the researcher creates variation within the sample by selecting participants based on different dimensions. For this study, the dimensions were court location (rural, suburban, urban) service branch, and service length. Once separated using this strategy, commonalities presented between each of the dimensions are considered meaningful, with emerging themes guiding the data analysis and interpretation. Court location, branch of service, and service length is represented by the following when presenting direct quotes: RC (rural county), SC (suburban county), and UC (urban county); AR (Army), NA (Navy), AF (Air Force), and CG (Coast Guard); and 4L (four years or less) and 4M (more than four years). This data, collected through interviews with the peer mentors, is used to answer the studies primary research question: what are the roles, experiences, expectations, and perceived effectiveness of peer mentors within veterans' treatment court?

Summary of Findings

Surveys

As outlined above, all 18 veterans' treatment courts in the Commonwealth of Pennsylvania were sent surveys. The researcher utilized Dillman's (2009) tailored design method which aims to increase participation within the sample of respondents. Each survey was coupled with a detailed description of the study and the necessity with which the completed survey information would provide a more in-depth understanding of veterans' treatment courts across Pennsylvania and, with the respondents specialized knowledge and expertise, would identify similarities and differences between the courts as well as important areas of need. Also included within the mailing was a postcard explaining that for every completed survey returned to the researcher, a small donation would be made to a veteran's organization within Pennsylvania. Dillman (2009) states that by appealing to the importance of the respondent's participation and including a positive incentive will increase the participant response rate. Three follow-up postcards were sent to each respondent who had not yet returned a completed survey two weeks, one month, and two months after the initial mailing. Despite the best efforts of the researcher, only five (n=5) veterans' treatment courts within Pennsylvania returned completed surveys (N=18) for a response rate of 28%. The researcher gave consideration to conducting follow-up telephone interviews with the remaining veterans' treatment courts, however this was not feasible because (1) the surveys were anonymous and thus it is not possible to know which counties returned surveys, and (2) if telephone interviews would have been conducted, the researcher could not guarantee anonymity. Because of this, the following results must be viewed with caution since it is likely they may not be representative of the statewide veterans' treatment courts within Pennsylvania. This concern also is addressed in the limitations section below.

Completed surveys were labeled 1 through 5 based on when the surveys were received by the researcher. Regarding geographic region, one court identified itself as rural (Court 1), one court identified itself as suburban (Court 4), and one court identified itself as urban (Court 5). The remaining courts identified their region as rural, suburban and urban (Courts 2 and 3). Participants currently involved with each court ranged from ten to thirty-six with the average number of participants across all courts being twenty. Average length of operations for all courts was four and a half years with length of operations ranging from one year to seven years.

Participation requirements. This section concerns specific requirements that each potential participant must meet prior to being accepted into veterans' treatment court. While veterans' treatment court participants initially become involved with their respective courts through referrals, once their case reaches the court they must be screened for eligibility. For veterans' treatment courts, eligibility requirements that are reviewed include criminal history, current charges, and military discharge status. Concerning court acceptance relating to current criminal charges, Table 1 shows non-eligible and eligible arraignment charges for each court.

Table 1

Non-eligible and Eligible Arraignment Charges

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Summary Violation	N	Y	N	N	N
Probation Violation	Y	Y	Y	Y	Y
Parole Violation	Y	Y	Y	Y	Y
DWI/DUI	Y	Y	Y	Y	Y
Non-Violent Misdemeanor	Y	Y	Y	Y	Y
Violent Misdemeanor	Y	N	N	Y	N
Non-Violent Felony	Y	Y	Y	Y	Y
Violent Felony	Y	N	N	Y	N
Other	N	N	N	Y	N

Y=charge is eligible; N=charge not eligible

All courts (n=5) accept probation and parole violations, DWI/DUI charges, and non-violent misdemeanor and non-violent felony charges when entering the court with only one court (Courts 2) accepting summary violations. Courts 1 and 4 were the only courts to explicitly state that they accept violent misdemeanor and violent felony charges. However, Courts 2, 3, and 5 responded that violent charges of any grade are reviewed on a case-by-case basis and will depend largely on the nature of the offense(s). Courts 3 and 4 responded that they will never accept murder, manslaughter, or sexual charges into the court regardless of circumstance. Prior felony convictions as well as having a history of criminal violence also are reviewed individually with all courts willing to accept participants with either charge if the court agrees that the veteran is appropriate for the program. An additional requirement which is unique to veterans' treatment court program eligibility is the military discharge status of the potential participants. Table 2 shows eligible and non-eligible military discharge statuses for each court.

Table 2

Non-Eligible and Eligible Military Discharge Status

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Honorable Discharge	Y	Y	Y	Y	Y
General Discharge	Y	Y	Y	Y	Y
Other Than Honorable Discharge	N	*	Y	N	N
Bad Conduct Discharge	N	*	Y	N	N
Dishonorable Discharge	N	*	Y	N	N
Officer Discharge	N	*	Y	N	N
Entry Level Separation	N	N	Y	N	N

* Represents accepting veterans based solely on eligibility for insurance benefits.

Court 3 is the only court which accepts all discharge statuses with courts 1, 2, 4, and 5 only accepting honorable and general discharges from the military. However, Court 2 responded that for all other discharge statuses, acceptance into their program depends on eligibility of insurance

benefits to assist with treatment costs. If the veteran is found to be appropriate for veterans' treatment court participation after his/her current charges, previous criminal history, discharge status, and insurance eligibility has been reviewed, the veteran has the choice to formally begin participation when h/she enters a court plea.

All courts reported that participation is post-plea, meaning that the veteran must plea into the court by accepting guilt of his/her charges. Only after the plea is accepted does formal court participation begin. In addition to the participant's plea into the court, Courts 2, 3, 4, and 5 responded that the veteran also must sign a contract which stipulates adherence to court mandates which include rules determined by the assigned probation officer, abstinence from drugs, alcohol (if applicable), and criminal activity. The contract also requires involvement in treatment and adherence to rules determined by the individual treatment program staff as well as residing at an approved residence. Courts 1 and 4 responded that they had a formal orientation for the veterans entering their court which consisted of meeting with his/her probation officer and going over each aspect of the court and what was expected of them during their participation. Failure to abide by the court contract is grounds for termination from the court and formal sentencing by the veterans' treatment court judge or the judge the veteran originally appeared before prior to referral to the veterans' treatment court program. Regarding predetermined sanctions, Courts 1, 2, 4, and 5 stated that they do not have jail or prison alternatives established in advance for program failure. Court 3, which does use predetermined jail or prison sanctions, stated that each case varies on length of incarceration and that this option is used as a last case scenario once all county resources have been exhausted. If removal from the court and formal sentencing does occur, all of the courts stated that the post-court removal sentence differed from the sentence which would have been received if the offender had never

entered the veterans' treatment court, with the courts listing incarceration periods that ranged from state sentences (two years or more) to county jail sentences (two years less one day). None of the courts reported if this difference in sentencing resulted in more lenient or punitive sanctions, an interesting point in need of further examination. Once all participation requirements have been met and the participant successfully pleads into the court the treatment phase begins.

Treatment policies. This section includes information regarding the treatment received by court participants once they have been formally accepted into the veterans' treatment court. Members of the court workgroup are involved with making treatment decisions for individual participants throughout their time under court supervision. The court workgroup members are comprised of the following: the judge presiding over the veterans' treatment court; the Veterans Justice Outreach (VJO) Specialist who works for the VA and assists with identifying justice-involved veterans and making appropriate referrals to treatment; prosecutor; public defender; court mentor supervisor; court mentors; probation and parole officer(s) assigned to the court; treatment providers representing the VA and other community treatment facilities (e.g. inpatient/outpatient and mental health services); and social workers who coordinate and link services recommended by the court workgroup. Decisions made during treatment include phase promotion (phase navigation generally includes three phases with each phase representing progression through the court and movement toward graduation), sanctions used against the court participants for failure to follow court ordered requirements, rewards for positive progression and behavior within the court, changes in supervision level (phase promotion), and removal from the court. Table 3 shows which court workgroup members are involved in making decisions on phase promotion, sanctions, rewards, changes in supervision level, and removing a participant for an infraction.

Table 3

Decisions During Treatment

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Phase Promotion					
<i>Judge</i>	Y	Y	Y	Y	Y
<i>VJO Specialist</i>	Y	Y	Y	Y	Y
<i>Prosecutor</i>	Y	Y	Y	Y	Y
<i>Defense Attorney</i>	Y	Y	Y	Y	Y
<i>Court Mentor Supervisor</i>	Y	N	N	N	N
<i>Court Mentor</i>	N	N	N	N	N
<i>Probation Officer</i>	Y	Y	Y	Y	N
<i>Parole Officer</i>	Y	N	Y	Y	N
<i>Treatment Provider</i>	N	N	Y	N	Y
<i>Social Worker/Case Manager</i>	N	N	Y	N	Y
Sanctions					
<i>Judge</i>	Y	Y	Y	Y	Y
<i>VJO Specialist</i>	Y	Y	Y	Y	Y
<i>Prosecutor</i>	Y	Y	Y	Y	Y
<i>Defense Attorney</i>	Y	Y	Y	Y	Y
<i>Court Mentor Supervisor</i>	Y	N	N	N	N
<i>Court Mentor</i>	N	N	N	N	N
<i>Probation Officer</i>	Y	Y	Y	Y	N
<i>Parole Officer</i>	Y	N	Y	Y	N
<i>Treatment Provider</i>	N	N	Y	N	Y
<i>Social Worker/Case Manager</i>	N	N	Y	N	Y
Rewards					
<i>Judge</i>	Y	Y	Y	Y	Y
<i>VJO Specialist</i>	Y	Y	Y	Y	Y
<i>Prosecutor</i>	Y	Y	Y	Y	Y
<i>Defense Attorney</i>	Y	Y	Y	Y	Y
<i>Court Mentor Supervisor</i>	Y	N	Y	N	N
<i>Court Mentor</i>	N	N	Y	N	N
<i>Probation Officer</i>	Y	N	Y	Y	N
<i>Parole Officer</i>	Y	N	Y	Y	N
<i>Treatment Provider</i>	N	N	Y	N	Y
<i>Social Worker/Case Manager</i>	N	N	Y	N	Y
Changes in Supervision Level					
<i>Judge</i>	Y	Y	Y	Y	Y
<i>VJO Specialist</i>	Y	Y	N	Y	Y
<i>Prosecutor</i>	Y	Y	Y	Y	Y
<i>Defense Attorney</i>	Y	Y	Y	Y	Y
<i>Court Mentor Supervisor</i>	Y	N	N	N	N
<i>Court Mentor</i>	N	N	N	N	N
<i>Probation Officer</i>	Y	Y	Y	Y	N

<i>Parole Officer</i>	Y	N	Y	Y	N
<i>Treatment Provider</i>	N	N	Y	N	Y
<i>Social Worker/Case Manager</i>	N	N	Y	N	Y
Removal Due to Infraction					
<i>Judge</i>	Y	Y	Y	Y	Y
<i>VJO Specialist</i>	Y	Y	Y	Y	Y
<i>Prosecutor</i>	Y	Y	Y	Y	Y
<i>Defense Attorney</i>	Y	Y	Y	Y	Y
<i>Court Mentor Supervisor</i>	Y	N	N	N	N
<i>Court Mentor</i>	N	N	N	N	N
<i>Probation Officer</i>	Y	Y	Y	Y	N
<i>Parole Officer</i>	Y	N	Y	Y	N
<i>Treatment Provider</i>	N	N	Y	N	Y
<i>Social Worker/Case Manager</i>	N	N	Y	N	Y

The results show that the judge, VJO Specialist, prosecutor, and defense attorney are consulted on these decisions in every court. Probation officers were involved in decision making at various levels, slightly more than parole officers, while treatment providers and social workers were only included in the decision making process within Courts 3 and 4. Of further interest, and a finding that is important to the qualitative findings of this study, is that the court mentor supervisors and peer mentors are virtually never included within the court workgroup decision making. These findings are discussed in greater detail within the discussion section below.

Specific treatment policies are created and updated as needed by the court treatment team in conjunction with VA eligibility for services. VA benefit eligibility is central to veterans' treatment court. Courts 1 and 3 indicated that if the veteran is not eligible for VA benefits, he or she will not be allowed to participate within the court. However, not all courts require benefits and treatment directly through the VA as other courts (Courts 2, 4 and 5) indicated that if a veteran is not eligible to receive benefits from the VA, the courts will utilize outside agencies and therapists in order to keep these veterans involved with their respective veterans' treatment courts and, subsequently, under their supervision. All five courts reported using long-term

residential, short-term residential, intensive outpatient, and outpatient treatment for initial assignment to treatment. Table 4 reports the importance of specific criteria each court considers when determining the participant's initial level of treatment.

Table 4

Factors Influencing Determination of First Treatment Modality

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Drug Addiction Severity	3	3	3	3	3
Mental Illness Severity	3	3	3	3	3
Criminal Justice Factors	2	3	2	3	2
Residential Stability	2	2	3	3	2
Employment/Education Status	1	1	2	2	1
Level of Family/Household Support	1	1	2	3	2
Staff Professional Assessment	3	3	3	3	3

Rating on Scale of 1-3 (1=Not Important; 2 Somewhat Important; 3=Very Important)

The results show that all courts found drug addiction severity, mental illness severity, and the staff's professional assessment very important in determining the participant's first treatment modality. Criminal justice factors were very important to Courts 2 and 4 and somewhat important to Courts 1, 3, and 5. Residential stability varied between very important (Courts 3 and 4) and somewhat important (Courts 1, 2, and 5) when determining first treatment modality. Employment/education status was found to be somewhat important to Courts 3 and 4 and found to be not important to Courts 1, 2, and 5. Court 4 was the only court to rate level of family/household support as very important while Courts 1, 2, 3, and 5 rated family/household support lower (somewhat or not important at all).

While determining the initial treatment modality is important, so is the process of adapting to the changing needs of the participants while understanding that treatment needs can

change. As such, all courts responded that they switch between treatment modalities if necessary, such as ordering inpatient treatment for a participant who relapses or changing the intensity of treatment sessions based on positive progress or lack thereof. Traditional treatment options are coupled with on and offsite programs aimed at assisting court participants. Courts 1, 2, and 3 offer onsite services, such as budgeting and resource presentations, programs focused on combating homelessness, and employment services. All five courts offer offsite services that include career and employment placement/training.

Court supervision. This section pertains to the supervision of the court participants for compliance with mandated treatment and supervision requirements. One of the main features of veterans' treatment court is that they allow veterans to bond with other veterans who understand what they are going through. As such, it is important to know the number of court staff who are veterans themselves in order to discern whether the participants can relate to not only their peer mentors, but with authority figures within the court as well. Table 5 shows which members of each court are veterans themselves.

Table 5

Members of the Court who are Veterans

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Judge	N	N	Y	Y	N
VJO Specialist	N	N	N	N	N
Prosecutor	N	N	N	Y	N
Defense Attorney	Y	N	N	N	Y
Court Mentor Supervisor	Y	Y	Y	Y	Y
Court Mentor	Y	Y	Y	Y	Y
Probation Officer	N	N	N	Y	N
Parole Officer	N	N	N	N	N
Treatment Provider	N	N	N	Y	N
Social Worker/Case Manager	N	N	N	N	N

Findings indicate that the majority of the courts surveyed do not have a high number of veterans within the roles of judge, VJO Specialist, prosecutor, probation officer, parole officer, treatment provider, and social worker/case manager. Defense attorneys were veterans in Courts 1 and 5 only. However, court mentor supervisors and court mentors were veterans within all of the courts. This should not be surprising given the importance of understanding what their mentees have gone through, however their lack of involvement within court decision making and phase promotion is of interest given that they may have a better understanding of what each individual court participant is going through than members of the court who are not veterans themselves. These findings are discussed in more detail within the discussion section below.

While each court has varying members who are, and are not, veterans themselves, it is the peer mentors which form a deeper, more personal, bond between themselves and the court participants. Regarding the use of peer mentors, Court 1 was the only county that had zero peer mentors at the time of survey completion, although they did report having a mentor supervisor, stating that this sole member is responsible for mentoring a number of veterans within the court.

Courts 2 (ten peer mentors), 3 (four peer mentors), 4 (twenty-five peer mentors) and 5 (nineteen peer mentors) all reported having peer mentor programs for their veterans to utilize during their participation within their respective courts. Each peer mentor program operated on a volunteer basis and required a completed application, interview, and background check from the peer mentor before training began. The expected responsibilities of accepted peer mentors were similar across all courts; bonding and building trust with, being supporting of, and providing positive role modeling to, their mentees. Three of the four courts with peer mentors (Courts 2, 4, and 5) listed building a friendship with the mentees as an expected outcome as well.

Intensity of supervision for each court included a mixture of case manager/probation officer visits, required court appearances, and drug testing through random and scheduled urinalysis. Four of the courts (1, 2, 3, and 5) organize their program treatment through specified phases which the court participants must complete before graduation. Court 1 requires their court participants to navigate through four phases with each phase requiring the following: 1) a minimum of 90 days within each phase; 2) completing assignments given by the court which may differ depending on what each individual veteran is experiencing; 3) attend three AA/NA meetings per week; and 4) complete 30 hours of community service. Court 2 requires navigation of three phases. Phase one includes weekly court appearances, attending two groups per week, and meeting with his/her counselor every other week. Phase two entails appearing before the court every two weeks, attending two treatment groups per week, and meeting with his/her counselor every other week. Phase three, which is the final phase before graduation, requires appearing before the court once a month, meeting with treatment groups twice a week, and meeting with his/her counselor every other week. All three phases occurring within Court 2 requires two to three random drug tests per week. Courts 3 and 5 also require completion of three

phases prior to graduation and share the same criteria. Phase one involves treatment compliance and clean urinalyses results, phase two continues the requirements for phase one with the additional requirement of obtaining employment, and phase three requires the court participant to demonstrate the ability to function in the community without intense supervision along with mastery or continuation of the requirements contained within phases one and two. Court 1 was the only court that demotes court participants from higher to lower phases. An example given as to why this might occur was if the veteran continually failed drug testing and therefore demonstrated to the court that s/he did not master the previous phases and requirements, necessitating the need for their return to a previous phase. Court 2, the only court that did not report using phases, indicated that the court did not have future plans for developing a phase system. Whether or not the courts utilized a system of phases, the participants must navigate through the court mandated requirements in order to successfully graduate. However, failure to comply with these requirements can result in court ordered sanctions.

Court 3 is the only court which has a specific schedule defining which sanctions accompany certain infractions: missed drug testing results in community service and/or a weekend in jail; missed treatment sessions result in an essay assignment and/or a weekend in jail; and failed drug testing results in an essay assignment, community service, and/or a weekend in jail. Courts 1, 2, 4, and 5 specified that their courts utilize treatment team meetings to discuss each infraction on a case by case basis in order to decide which sanctions are most appropriate. Table 6 lists possible infractions and whether the court will impose sanctions all of the time, some of the time, or never and whether certain infractions result in automatic removal from the court (program failure).

Table 6

Frequency of Court Sanctions

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Positive Drug Test					
<i>Marijuana</i>	A	S	A	A	A
<i>Alcohol</i>	A	S	A	A	A
<i>Other Illegal Drugs</i>	A	S	A	A	A
Failure to Take Drug Test	A	S	A	A	A
Tampering with Drug Test	A	S	F	A	F
Rule-Breaking at Treatment	S	S	A	S	S
Absence from Treatment	S	S	S	S	S
Repeated Absence	A	S	A	A	A
Absconding from Program	A	A	A	A	A
New Arrest					
Non-Violent	S	S	F	A	A
Violent	A	A	F	F	A

A=All of the time; S=Some of the time; N=Never; F=Program failure

Table 6 indicates that positive urinalysis results for all illegal drugs and alcohol, failure to take a drug test, tampering with drug test, repeated absence from program, absconding from program, and new arrest for a violent offense will most likely result in sanctions from all courts. These results are consistent with existing literature about drug courts that suggest frequent use of predetermined sanctions enables the court to use judicial leverage to increase program compliance, an important point that is discussed in more detail within the discussion section. In extreme cases the court may issue an arrest warrant for the participant. While events leading to the issuance of the warrant may vary and are reviewed on a case by case basis, common reasons listed by all responding courts include repeated failure to report to court, the participant absconding from the program, and positive drug screens. Participants are allowed to reenter the court even after the issuance of a warrant and subsequent rearrest. None of the courts will remove a participant solely on the basis of issuance of a warrant no matter how frequently it

occurs. Table 7 lists the use of certain sanctions as a response to infractions and whether the sanctions are used frequently, infrequently or never.

Table 7

Use of Specific Sanctions in Response to Infraction(s)

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
Verbal Admonishment	F	F	F	F	F
Writing Assignments	F	I	F	I	F
Remain in Court Until End	F	N	F	N	F
Increased Court Supervision	F	N	F	F	F
Daily Court Appearances	N	N	F	N	N
Detox Program	I	I	F	F	F
Short-Term Inpatient Program	I	I	F	I	F
Long-Term Inpatient Program	F	I	F	F	F
Community Service	F	I	F	N	I
Short Jail Sanction (1-7 days)	F	I	F	F	F
Medium Jail Sanction (8-15 days)	F	I	N	I	I
Long Jail Sanction (16-30 days)	I	I	N	I	I
Electronic Monitoring	I	I	F	I	F
Assignment to Peer Mentor	N	F*	F	F	F

F=Frequently; I=Infrequently; N=Never

* Represents that the court *always* uses the specific sanction in response to infractions

Results indicate that the use of specific infractions vary by court. This confirms the drug and mental health court literature which has shown that most infractions are reviewed on a case-by-case basis and that many courts differ in how they approach each participant. The abandonment of the one size fits all approach should not be seen as a negative finding, as adaptability has been a hallmark of the problem-solving court model.

While infractions and accompanying sanctions are used as judicial leverage to ensure compliance with court ordered treatment, the courts also utilize rewards to reinforce positive participant behavior. Rewards typically include praise from the court members and participants during status hearings, extended time away from the court before having to return for reporting,

and decreased probation/parole supervision requirements. Table 8 lists possible achievements within each program and whether the responding courts recognize and reward meeting or completing each milestone.

Table 8

Achievements Recognized by Responding Courts

	<u>Court 1</u>	<u>Court 2</u>	<u>Court 3</u>	<u>Court 4</u>	<u>Court 5</u>
30 Days Clean/No Sanctions	N	N	Y	N	N
90 Days Clean/No Sanctions	Y	N	Y	N	Y
Completed Residential Treatment Program	N	Y	Y	Y	Y
Completion of VTC Phases	Y	Y	Y	Y	Y
Birth of Drug Free Child	N*	N	N*	N	N
Entered School or Vocational Program	Y	Y	Y	Y	Y
Completed School or Vocational Program	Y	Y	Y	Y	Y
Obtained Employment	Y	Y	N	Y	Y
Other	N	Y**	N	N	N

* Represents that the court has not encountered this event as of yet

** Represents if the participant completes intensive outpatient treatment

All courts recognize successful completion of court phases, entering school or vocational programs and completing school or vocational programs. Courts 2, 3, 4, and 5 recognize completion of a residential treatment program with all but Court 3 recognizing the participant obtaining employment. None of the courts officially recognized the birth of a drug free child, but this may be because of the event not yet occurring within the individual courts, as Court 1 and 3 indicated. Court 2 was the only court to list completion of intensive outpatient treatment as an additional achievement recognized by the court.

Program completion. This section presents findings related to program completion through graduation, what occurs after the participant is removed from the court, aftercare, and

the handling of repeat cases. Each court indicated that their minimum time to graduation is eighteen months. While participants can graduate at the end of this time period if all court requirements are met, the courts also indicated that time to graduation varies through the needs and success of each veteran within the court. Graduation requirements were similar across the courts and included staying sober, living and working within the community, demonstrating stability, completing required treatment, and completing restitution payments. Successful graduation from the court results in expungement of charges within Court 3 only, however expungement of charges within this court occurred on a case by case basis. Court 3 was also the only court that kept track of positive achievements, such as obtaining a G.E.D., beginning an educational or vocational program, and/or receiving employment, after graduating from the court. The only court that provides aftercare programming to graduates was Court 1. Interestingly, the aftercare programming is required and the participants remain in the aftercare program an average of one to two years post-graduation. However, the length of time spent within the aftercare program is dependent on the amount of probation for which a participant was initially sentenced.

Interviews

A total of fifteen (N=15) peer mentors, who were chosen based off of differing court location, service branch, and service length, were interviewed. Table 9 provides the age and gender breakdown of the sample.

Table 9

Demographics

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>%</u>
50-60	3	2	33.3
61-69	10	0	66.7
Totals	13	2	100

The ages for the study sample ranged from 55-69 years old with an average age of 62 years old.

The impact that age and gender has on the sample will be discussed briefly in the summary of findings below and in more depth within the discussion section. Military service branch for each court location sampled is presented in Table 10 on the following page.

Table 10

Service Branch by Court Location

	<u>Male</u>	<u>Female</u>	<u>%</u>
Army			
<i>Rural</i>	4	0	26.6
<i>Suburban</i>	1	0	6.7
Air Force			
<i>Rural</i>	0	1	6.7
<i>Suburban</i>	2	0	13.3
<i>Urban</i>	0	1	6.7
Navy			
<i>Suburban</i>	2	0	13.7
<i>Urban</i>	3	0	20
Coast Guard			
<i>Urban</i>	1	0	6.7
Totals	13	2	100

Five participants (n=5) served within the Army, four (n=4) served within the Air Force, five (n=5) served within the Navy, and one (n=1) served within the Coast Guard. In terms of service

length seven (n=7) served four years or less and eight (n=8) served for more than four years. Eleven participants (n=11) were within the enlisted ranks (E1 through E9) and four (n=4) were officers (O-1 through O-6) upon their discharge from the military. The entirety of the sample (N=15) were discharged honorably from the military. The themes that emerged from these interviews will now be summarized.

Roles. When discussing their roles as peer mentors, the individual experiences shared between the mentors and mentees was imperative to understanding the challenges experienced by the veterans' treatment court participants. This deeper understanding of what their mentees are going through allows them to offer meaningful advice based off of their own struggles. Eleven (n=11) peer mentors mentioned personal experience directly. This experience comes from their personal struggles with addiction as well as their time being counselors for others trying to maintain sobriety.

A lot comes from my own personal experiences in 12 step programs and my time as a drug and alcohol counselor. You know, you can't bullshit a bullshitter. You have to be straight to the point. Get to it and get it done. [ID1 RC AR 4L]

To be a good mentor you must have gone through some tough times yourself. I have been through some myself with me and family, and that is part of the reason I am here as well. So I can learn more about the court system, more about treatment and reasoning. You need military experience, sure, but also personal experience that allows you to understand, understand the veteran and his world, and then help. [ID2 RC AR 4L]

I feel that in order to have a positive impact on these guys is whether or not you can relate to them. Not just relating to military service, which is important enough, but relating to them and being able to say that I have been there before. I have been sober for quite some time now, and it is not easy and it will always be something I have to monitor and think about. They respect that. They see that it can be done and that not all is lost. There will be good days and bad ones, but hey, I get it. [ID15 UC NA 4L]

I have, really, been on both sides of the law and I have struggled with my inner demons. More importantly I made it through, you know? Once, I guess you could say I found my way, I was able to become a counselor myself. How can you really mentor someone when you don't really know what it is that they wake up with every day? How can you look them in the eye and tell them how to approach a new way of thinking when you have

never thought that way? I wear my scars with pride and use them to help some of my guys. [ID10 SC NA 4L]

Peer mentors (n=13) also believed that being a positive role model for their mentees was important in guiding their behaviors. When asked what being a positive role model encompassed, responses included being there for a fellow veteran and understanding the challenges they are facing.

I view it as having somebody that they can model their life after. Someone who can set a good example. I am old and I figure I know pretty much what they are going through and can be upfront and honest with them. [ID2 RC AR 4L]

I view it as being a shepherd. You are there to just make sure, not live their lives or make decisions for them, but if they start straying a little bit, you have to keep them in line. It is kind of like parenting. [ID7 SC AF 4M]

I am an advocate with no legal training. I am someone who is on their side. And I mean it, I am on their side. I am not here for the judge or anyone else. I am here for the veteran. [ID2 RC AR 4L]

My role is strictly advisory, one that does not carry as much weight as the court orders and things like that. Strictly, I do not know any more of the law than anyone else. My role is more of a common sense role of an older guy that's been around and can help these guys not feel so alone. [ID3 RC AR 4M]

Also recognized was the importance of not providing constant advice to the mentees and that being a sounding board was more important than having all of the answers all of the time. As [ID5 RC AF 4M] stated; "I think that is probably, it is a sounding board, and as I have learned more, that is what the most important thing a mentor can do." Other peer mentors felt similarly.

I don't really pry unless they want to talk about something or if they are really concerned about something. If that is the case, they will let me know and we can move ahead, hopefully, in a good direction. Most of the time I just let them take the lead. I am there as a sounding board. [ID3 RC AR 4M]

I am someone that the veteran can basically bounce some ideas off of and see what I think. My veteran wanted to know how to approach his boss for a raise. He was also having some issues with his girlfriend. Just to talk to me about it and get my perspective. [ID8 SC AF 4M]

We are all veterans, we have been through similar stuff and we have that as a common connection to the mentees. It is not about taking or giving orders or anything like that, it is more, I feel, about sticking together and helping each other any way that we can. That is why I am a mentor, to help other veterans and be a sounding board for them. [ID13 UC CG 4L]

Some of these guys have been through an awful lot for their age. It makes you think about it, really, what they have seen, what they have been through. It is a shame that they have to go through these situations alone with nobody to vent to. These guys can vent on me. I may not have the best answers, but I will listen. [ID6 SC NA 4L]

The importance of being a sounding board and someone the mentee can vent to also allow the mentors to better understand the struggles the mentees are going through and relay that information back to the court. Ten (n=10) mentors explicitly stated that this information allows them to become liaisons between the mentee and the court treatment team.

The longer I have done this you see gaps, there are a lot of people on the team, but you can start identifying the cracks in between them. It is a shame that some of the men and women cannot get backup help when they have been clean but may be struggling with staying clean. So I think the mentor needs to help the mentee understand what is going on and let the other people in the court know what they are going through. [ID5 RC AF 4M]

I am a real big fan of trying to, I have a real strong belief that, these guys were at their best when they were in the military and you try to get them back to that. Making that reconnection to the service, to what they were like when they were in the service, the values and details, reconnect them with that and then help them connect to the court team and what they are trying to do. Bring both sides together. [ID9 SC AR 4M]

The peer mentors believe that personally understanding what the mentees are experiencing and effectively listening to their thoughts permits them a more thorough understanding of the current issues each mentee faces, which they then relay to the court. These important themes lead directly to what the peer mentors feel constitute success when dealing with their mentees.

Success. Interview responses relating to what the peer mentors consider success within the court ranged from the standard court requirement of graduation to more in-depth quality of life factors that entail post-graduation growth and understanding.

But how are they doing? Are they compliant? Are they doing what is asked of them? If so, it goes smooth. Like I said earlier, I want to see them all stay clean and sober. If they are truly addicted, they will need all the help we can give them. [ID1 RC AR 4L]

Success is when they look you in the eye and you see clarity, a plan of action. Not that they did not have one before, but they are doing it themselves and staying clean and sober, going to treatment. That will get them to graduation and lead them to success. Getting out of the court and back to normal. A positive transformation. [ID14 UC NA 4L]

Other peer mentors (n=10) included post-graduation success as including quality of life changes ranging from staying clean and law abiding to having positive interactions with family, as stated by [ID11 UC NA 4M]; “It isn’t about graduating but rather taking to heart changing their lives and getting on a more positive track for the future.” Additional interviewees had similar responses.

Well, you know the programs benchmark will be graduation. That is the programs benchmark. My benchmark is a little different from that. I would like to see them continue in a positive way to turn their lives around. More than just graduation, and I am sure the court wants to see them do well into the future, but they have to show it works, and that is through graduation. You do not receive a coin and get better all of a sudden. [ID11 UC NA 4M]

That they graduate. Now, with that, in my case I try to maintain, even after they graduate, contact with them. And they do call and check in. but more importantly, they are not struggling outside of the court. Not struggling to get a job and not doing anything against the law, not just not getting caught, but being law abiding citizens. Continuing to grow outside of what they had to do to graduate. [ID3 RC AR 4M]

Did they improve their quality of life, are they working, are they treating their families well, are they going through life and contributing to something greater than themselves? Can you be that person that we were all raised to be. [ID7 SC AF 4M]

The court looks at graduation as success, their measuring stick, and it is a good one to show that the court works. This is good because if the court doesn’t look like it works, then what are we doing? But to me, and this is my personal feeling toward the veterans in the court, is if they are happy and their lives are fulfilling. Are they good husbands or boyfriends, do they look after their kids, are they honest with themselves and others. A lot of it comes back to military ideals, respect for self and others. That is what I gauge my success on. [ID10 SC NA 4L]

Confidentiality. Contrary to other court actors, such as the treatment team and members of probation, who must report all interactions and updates on the veterans' court participants back to the court, a large majority of peer mentors (n=13) stated that keeping interactions with their mentees completely confidential and not reporting them to the court was necessary in order to build a positive and open relationship.

...we have a meeting every time we go to court in the judge's chambers and we review each client going through there for about half an hour to an hour. They ask what we talked about and I tell them I can't really tell you, but I can give the general scope. The biggest thing would be sharing personal experiences. The shit we've seen, we know that we are on the same team, we know where each one is coming from and keep it between us. [ID1 RC AR 4L]

Confidentiality is key to our relationship. If I have to go and run back to the court and tell the judge every little thing, that will destroy what I am trying to do, I cannot do my job as a mentor when always having to tell the court about personal issues that the veteran felt comfortable telling me about, which is not very easy for some of these guys. [ID14 UC NA 4L]

Within keeping this confidentiality the peer mentors also saw themselves as being separate from the court treatment team and their supervision mandates.

No, I don't tell the court everything. They will get that from their reports from probation and from the VA and the group sessions. The court is getting reports from everyone on the treatment team. We are not on the treatment team, we are adjunct to that. The only thing I am required to report is if I have information that the veteran is going to harm themselves or another person, that is when confidentiality goes out the window. But anything else stays with me and the veteran. [ID13 UC CG 4L]

If they tell you after the fact, that they went drinking or something, and it didn't show up on one of their urine tests, you keep that confidential and work with them. You do not run to the probation officer or someone else. That would be counterproductive. You address the issue and talk it through with them. [ID11 UC NA 4M]

If they report to me that they had a drink and it does not come up on the urine test no one will say anything. If [the mentee] goes to the bar, I do not report that to the court. [The mentee] got arrested for being drunk in public and I am not telling the court unless they hear about it. [ID12 UC AF 4M]

A lot of that stays confidential between the two of you. That is the relationship that you need to develop with these guys. We are not their parents, not their probation officers. If

something very wrong or bad happens, yes, I would, but not everything and, if anything, put it in context and paraphrase; it does not have to be every detail. [ID7 SC AF 4M]

While many respondents were adamant that they were keeping confidentiality due to the relationship building between themselves and their mentee, it may also be due to the mentors feeling disconnected from the treatment team as a whole. As two study participants responded:

No, but I think we may start getting there. That was actually a communication that I had with the judge. I got the sense that we are over here and the treatment team is over there and there is, I don't want to say friction, but a definite disconnect. [ID11 UC NA 4M]

My expectations were that I would be more involved with the veteran's process in the court system. And my expectations now I can see how the court leaves the mentor out of everything that is going on with the veteran. And I understand there are some issues with privacy but you do not know what is going on with the court and the veteran himself. I have no idea what is discussed there [in the pre-court meeting]. I don't know. No one has ever actually told me why the mentor is not involved with the veteran pre-court discussion every two weeks. They discuss everything prior to the court hearing. Then they come out and of course the veteran goes through his little thing, but you never know how he is making out, what progress he is making. [ID8 SC AF 4M]

However, other mentors stated that while the mentors are left out of the pre-court treatment team meetings and they feel separate from the treatment team, the court may have good reason for operating in this manner.

I am thinking that it is probably a good thing that you are not there [in the pre-court meeting] so that the veteran feels that you are kind of on his side and not talking about him with the court and probation and the rest. But on the other hand, I think they should have a meeting with the mentors sometimes to say hey, keep a watch on your veteran, they are the trained professionals, I am not, but maybe I am missing something and they can tell me what they think and a heads up. It is a double edged sword there. You do not want to alienate the veteran so he comes and talks to you but you also want to know what is going on behind the scenes and how he is doing. [ID10 SC NA 4L]

I try to keep everything confidential and not report anything back to the court unless I have to. I think this way helps to keep an even keel between the court, mentor, and veteran within the court. This is probably why we do not have a lot of contact with the treatment team, they do not want to damage the relationship between us [the mentor and mentee]. [ID15 UC NA 4L]

Trust. While it is unclear if the perceived mentor/treatment team disconnect is the product of necessity or one which needs to be addressed, the mentors (n=12) are in agreement that confidentiality, and their approach to it, is the main path toward building trust with their mentees. According to the sample, building trust is not easily done and, in some cases, it is never fully established. One mentor felt that building trust was difficult due to the mentees having spent "...so much of their life lying and covering things up and they throw what they think is most acceptable out to the court and me. You can't tell what is the truth and what isn't." [ID5 RC AF 4M] Others, such as [ID1 RC AR 4L], mention that trust is not built in every case.

Everything we talk about is not being relayed back, I want to get the trust and that is pretty hard to get. It is not there off the bat. I don't, I am trying to think now, I think that only two out of the six [mentees], that the trust level developed overtime pretty well. [ID1 RC AR 4L]

The lack of trust seems to be present from the beginning of court participation, with the potential mentees not fully understanding the approach that the mentors take. This leads many to not accept mentor services, as some courts do not specifically order a mentor/mentee pairing.

They are offered our services, and I was surprised because I thought they would all accept them. Maybe pride and privacy are the two things that make them afraid that we will get too close to them in their personal lives. [ID4 RC AR 4L]

We are not probation, we are not going to be spying on them, we are not going to be asking them for urine tests. That we are there to help them and be on their side as veterans. I think more would sign up for it if they knew that beforehand. [ID14 UC NA 4L]

However, it seems that the mentors interviewed were adamant about not telling the court information regarding their mentees and that building trust was their top priority.

The hardest part is getting close to the guys at the beginning. They don't trust us, they think we are probation officers and they are afraid that we are going to tell others what they tell us. It all stays confidential. If I have a problem, I will call [the mentor coordinator]. But I am not telling the judge or anyone else. I don't even have numbers for the probation officer or lawyers, but I would never tell them anything negative anyway. [ID2 RC AR 4L]

Additionally, according to nine (n=9) of the study participants, the court will not ask the mentors to violate their trust between themselves and their mentees as noted by [ID12 UC AF 4M].

She has to understand that she can trust me and if she tells me something I am not going to run to the judge, probation or anyone else. That is a huge part of being a mentor and what we do. Whatever you say to your mentor stays between you two and the court will never ask you about the kind of conversations you have. [ID12 UC AF 4M]

As difficult as gaining trust is, the challenge does not end there, as the mentors must continue nurturing their relationship while keeping their mentees in compliance with court requirements.

My approach, first of all, is to develop trust with the vet because you have absolutely zero history with each other. Once you have that, and feel comfortable with maintaining it, it is really keeping them on goal, on track toward graduation. [ID11 UC NA 4M]

I would say that it is pretty high. But you have to work at that, right? I have a personality that, and it comes from having kids, you have to nurture your relationships. I always say, what happens when you do not? You will shut them down. A lot of these guys have very low self-esteem. You have to build that relationship with them so that they entrust you. Just build it and nurture it. [ID7 SC AF 4M]

I think as long as you let them know that you are there and that your ear is open all the time to anything they have to say, good or bad, I think the trust comes natural. I feel like he knows, at least I hope he knows, that he can call me anytime he wants. If he needs an ear to chew on, he calls. I feel that the trust is there. It is just a matter of keeping it and not losing it. [ID6 SC NA 4L]

Friendship. The process of building trust through confidentiality, as stated by the court mentors, is one of nurturing and assistance through acting as a sounding board and confidant.

This process, unsurprisingly, led some of the study sample (n=6) to become close friends with their mentees. One mentor stated “With my veteran I feel that we have become sort of good friends. I see other mentors and their relationships becoming like that as well. [ID4 RC AR 4L]

This friendship carries over even after the mentees graduate from the veterans’ treatment court.

The one guy that I was involved with, he graduated but I think it is the kind of thing, at least with him, that he needs an ongoing friend. Another guy got booted from court for a new charge and he and I have maintained contact regularly, not as intense as when he

was in the program, but we exchange texts once a week and we probably see each other once a month. [ID9 SC AR 4M]

I have gotten close to some of my guys. I have summer plans with one of them and I think we are both looking forward to it. I would have no problem having one of these guys living next to me or being a close neighbor. We develop respect for each other and the friendship, well I guess that just comes naturally after that. [ID13 UC CG 4L]

Other mentors (n=5) gave insight into why the mentor/mentee relationship becomes a friendship, such as military background and camaraderie.

I will be their friend but hold them one hundred percent accountable. That is the fine line that I try to walk. I am no better than these guys and we are all veterans. That camaraderie, that friendship that develops off of it, is something that cannot be broken or explained to people who were not in the military. [ID10 SC NA 4L]

We are not as disconnected from their lives as the treatment team is. I mean no disrespect there, but they look at them on paper, are they checking the boxes or not. I help my veteran with jobs and personal decisions with his girlfriend and other stuff on top of what he is doing with the court. It is all connected but I see my veteran in a different way, something deeper than if he is just staying clean or not. We are in this together. [ID15 UC NA 4L]

Military branch and rank. When asked if there were any issues that arose from different military branch or rank between mentor and mentee, fourteen (n=14) mentors stated that they have not experienced any issue outside of the normal joking that takes place, as referenced by the following four mentor's comments: "No, just the normal joking between the military branches. You will always have the joking, but a vet is a vet." [ID11 UC NA 4M]; "No. I am the only officer and rank has never come up. As far as branch goes, just the normal type of kidding." [ID12 UC AF 4M]; "No, never had that. Never had that problem. I think we treat it as a veteran, no matter what service, no matter what rank. A veteran, is a veteran, is a veteran." [ID3 RC AR 4M]; "No, so far I have been matched with infantry, like me. I do not see that as making any difference." [ID2 RC AR 4L]

However, while the majority of peer mentors interviewed initially reported zero problems with military branch or rank, when speaking about the competitiveness between the branches, one branch, the Marines, was mentioned with high frequency.

You always have the competition between the different branches if you know what I mean. If you're a Marine or in the Coast Guard, that kind of stuff, but most of it is in good humor. What I have seen is the branch of service you were in is almost secondary. It does not matter. [ID8 SC AF 4M]

The Marines definitely feel that they are the only ones that served with the military. I served at an Air Force base with some Rangers and they are some mean guys too. They jump out of perfectly good air planes and break ankles! But yea, there is. I do not see it too much in the Navy or Air Force, but I do see it in the Army and the Marines. There is competitiveness. The Marines are the toughest ones to break through because they only want to deal with a Marine. I appreciate that, alright, that is their training. So yea, there is definitely a distinction there. [ID7 SC AF 4M]

Some of these hardcore guys, if you understand Rangers, Marines, SEALs, they don't want you to think, they want you to react, that is a matter of life and death. Here in the civilian world, you can hurt them more than you can help them if you tell them what to do. They are not developing a critical thinking process that will help them survive. [ID7 SC AF 4M]

The first guy, he was a marine, and he was like all marines I have met to this day, that nobody can tell him anything. But in a way, we are all like that. There isn't a whole lot we are asking them to do, but if you don't you will end up back in jail, simple as that. [ID1 RC AR 4L]

Of interest is the frequent mention of the mentees who served as Marines being more difficult to mentor than the mentees from other military branches (Army, Navy, Air Force, Coast Guard).

The statement that the Marines, and other “hardcore” units, such as Airborne Rangers and Navy Seals, have additional obstacles to overcome, such as processing appropriate reactions to situations and differentiating between following orders and making personal decisions on their own, may be due to how they are trained. As a result, this finding may be an important variable for future research; if a mentor is not careful, he/she may inadvertently disrupt the mentees

critical thinking process, leading to program failure. This finding will be discussed in greater detail in the discussion section.

Matching. Whether the mentors believed that branch of service presents an issue or not, the majority of study participants (n=12) agreed that matching mentors and mentees based not only on branch of service and combat, but also on general background, was imperative.

As they are doing their normal thing [court selection of eligible veterans' for court participation] you get your pick of who you would like to mentor. You can get a feel for who you would like to work with match wise. You look at background, interest, why are they in court? The potential of do you think you can relate to this person to become an asset? [ID7 SC AF 4M]

I would focus on the matching between mentors and mentees with those who are similar. You want to be careful who you put them with, if they are really religious, you have to put them with someone similar to enhance their chances of bonding. [ID9 SC AR 4M]

My mentee and myself can relate because we were both in the army, but never any issues with rank or branch. I would say it is important to link them together based off of service. But bottom line we are all veterans. We are out there to help each other. [ID4 RC AR 4L]

Matching is important, a key role of being a mentor is knowing what they are going through, something most veterans can understand and reiterate to the mentees. It is a struggle, but I have had some bad times. It is important to have a veteran. It would be the best, if possible, a women veteran mentor with a women veteran mentee. We just do not have that many female mentors. It would be great even, like my current guy is a Navy vet, and I am an Army vet...I have been working in the field a long time so I understand the Navy, but that is not always the case. He should have a Navy guy, can't do that, but that would be perfect. [ID3 RC AR 4M]

Matching based on combat experience also was seen as necessary for success as well.

I get the impression, in my mind I think they should stick someone who was in actual combat with other young guys who have been in combat. I have never experienced that but for me to be a mentor for someone like that, I really don't have any advice or words to share with them about their experiences. [ID6 SC NA 4L]

I served overseas but it was cold war stuff, so I have not had the experience of combat, whereas in my veterans case, that is a big part of it. While I am familiar with PTSD I had to do a little more research on it. Just to get a feel for what he has gone through and what he is going through. [ID11 UC NA 4M]

It is finding that balance with each one of these guys and what they need. This is where you can choose who you want to work with in the beginning. When you are in a platoon of 17 and you are the only one that comes back, and you are 23 years old? Oh my God! There is not a lot that I can help with there, I can help with the other stuff. You have to know what your limits are and what you are capable of. The match from the beginning is what we try to get right every time. [ID7 SC AF 4M]

Issues and challenges. When coding the interview responses three main themes presented themselves through what the mentors saw as specific issues and challenges they face: age, time availability, and inadequate training prior to becoming a peer mentor.

Age. Age was presented as a challenge to eight (n=8) of the interviewees. Responses included having to become familiar with new social media platforms, how these platforms are no substitute for face-to-face meetings, and their thoughts on how the mentees are exposed to much more than they were at their age.

Trying to understand them is pretty hard. So far my guys are in their early twenties, so it is a completely different culture with Instagram and Facebook that I don't do. I have had to familiarize myself with these things, something I had no idea about before. [ID2 RC AR 4L]

My vet is a millennial and I am a boomer, OK! So he is much better with texting and I am more comfortable verbalizing. But whatever it takes. We do the texting, but I still try to do a face to face because with texting or phone calls you are, you are losing out on a lot of information and communication. [ID11 UC NA 4M]

Difference in age was surprising to me. I didn't text much before, maybe a little with the wife and kids, but now that is the main way that I communicate with my guys. It was slow going with him at first, maybe just getting to know one another, but as soon as he texted me the first time it is pretty constant. It is no replacement for face-to-face meetings, you can learn a lot about a man from looking at him, watching his eyes, but the texting is the contact that is most frequent. [ID14 UC NA 4L]

He lives in a much more fast paced world than I did at his age. Social media and all of these other things, he is exposed to a lot and a lot of it may not be good for him. I can understand how the pressure for him, you know, to go back into some old habits with old friends, is pretty strong. It is hard to remove yourself with all of that. [ID10 SC NA 4L]

As discussed at the beginning of this chapter, the age of the peer mentors within the study sample was 55-69 with an average age of 62 years old. All but one (n=14) were married at the time of

data collection. This age and life experience gap between the mentors and their mentees presented itself as a parenting role to some in the sample (n=6), which was not necessarily seen as a negative aspect.

When we first met, well I'm 65 and he is not quite 30 yet and it was sort of like, feel each other out and see where each other stood. It took about a month or so before we started to click together. Just like a new job or anything else, like a new boss, you need to feel them out to see where they are coming from. The age gap turned out to be good for our relationship, the way I approach it. [ID8 SC AF 4M]

My age had more to do with that with him than anything else. Never feel the mom issue with the girls, but it felt like I was giving him mom advice which is not necessarily bad but I felt I came across that way to him. [ID5 RC AF 4M]

These guys are younger than my kids. I like to think that I can be a positive factor in their life. Be there to answer their questions just like I would with my kids but with a different relationship. [ID6 SC NA 4L]

Time. The time commitment needed to be an effective peer mentor was presented by the mentors as having a direct impact on recruiting new, younger peer mentors, meeting their court obligations, and one that can fluctuate with each mentee.

Yes. Time is a large obstacle. There are a lot of people who would like to do it, but cannot due to the time commitment. We have had younger guys come in [to the training] but never finished due to the time it took [to be a peer mentor]. [ID12 UC AF 4M]

A lot went through it and many did not become mentors due to the time commitment recommendations. They have jobs and are trying to make, trying to advance through life. At a young age you don't have time to take off of work or tell your boss you can't make it in. I understand that. [ID3 RC AR 4M]

Court obligations, such as participating in the weekly and monthly veterans' court hearings, presented a unique challenge to eight (n=8) of the study sample.

In my case the fact that I work fulltime, time, time is a large issues. It is always a time thing for me and getting to the court meetings. With anything I do, I belong to a lot of things, I am juggling a lot of the time. [ID3 RC AR 4M]

I attend court as much as I can, I am not there all of the time, but I work part time and they schedule me Wednesday and I sometimes have to miss court. I find ways to deal with it, but not being there is not ideal. [ID5 RC AF 4M]

I want to be at court and stand with my veteran. That is a large part of what we do; we have their backs when they stand in front of the court. We represent them, if they need us to, but I can't always make it. I am retired but have appointments for my health and family members that I have to go to. I can't be in two places at once and sometimes I have to choose [which to attend]. [ID15 UC NA 4L]

The mentors also find it difficult to meet face-to face with their veterans due to the time commitment which can also hinder the mentees availability as mentioned by [ID12 UC AF 4M] and [ID4 RC AR 4L]; “Of course time is a challenge. Another issue is that the participant does not find time to meet but the judge takes care of that.” [ID12 UC AF 4M]; “Well, the thing is it takes time and you have to have time to dedicate to it. It is hard for some of these guys to find time to meet with work and other commitments.” [ID4 RC AR 4L] The time commitment varies across different veterans’ treatment court mentees and, according to the study sample, largely depends on the level of need presented by the individual mentee.

It's been more challenging than I thought it would be. It, about the, I thought it was going to be time consuming and it is depending on who it is, if they have a lot of issues they are working on, and what requirements the court places on them. You become absorbed in all of that. [ID5 RC AF 4M]

I think that amount of time that you get to spend with them. We all lead busy lives. I either do not take the time or do not have the time...it is also different on each mentee too. How much time do they need? How much time do they want you to be in their lives? Find that balance and see what they expect out of you. [ID7 SC AF 4M]

The other thing I have to admit, those that have a difficult mentee spend much more time than those of us who don't. I am also aware of that. Again, when you are in the judge's chambers prior to, you hear the mentors talk about the mentees, I can see that in many ways they are spending much more time with their mentees than I do, because they have to. I personally think, especially for those mentees that are alcoholics or drug user, man, the best mentors are the ones that are clean and sober and have been there before, but also have the amount of time to spend with them as well. [ID3 RC AR 4M]

Training. The training received by the peer mentors within the study sample was largely seen as inadequate, leaving them to proceed in their roles through what they believed to be the right thing to do. Some mentors also had difficulty with understanding what role the VA plays and if they are doing all that they can.

They didn't really know what we would be doing. But I sort of left thinking that we would be figuring it out as we go. It was, they were just figuring out what mentors needed to know about the program. Some of it was overkill, in my opinion, but I remember leaving and thinking that it didn't feel quite right. [ID5 RC AF 4M]

I did what I felt was right for the veteran I have, but I don't think they are really looking into how we are to approach or what to expect. They don't follow up with anything about how we did or did not do something. [ID8 SC AF 4M]

It was minimal, but no one knows what they are doing yet. Learn on the fly, that is what I am doing. Whatever my mind tells me is right, I do and try to get the best outcome possible. [ID2 RC AR 4L]

I would say that the best thing to do is to sit down with the mentor and explain what his true role is in the whole scheme of things and what direction he needs to take. They don't do this [in the training] My experience is your kind of left out on an island by yourself and you kind of figure it out by yourself. Whoever the mentor supervisor may be, sit down and explain what a good mentor should do with the veteran. Maybe even have the VA rep there. [ID8 SC AF 4M]

I think the online training is more of a review of the vet court model and how the court system works. I also, I had the chance to go to Buffalo to see their veterans court up there. The biggest thing I would say is, I think, we don't train any of the mentors at all in our veterans' court. And we don't really interview them ahead of time. That, I would say they should go through some basic training and give them some situations they could run into and how you could handle those situations. [ID9 SC AR 4M]

Now that we are talking about it, what I would change about the training, would be somebody that is just starting out in the mentor program, they should tell them about the VA services, like the DOM that they go to for treatment. I don't know anything about that place. I would suggest that they have a mentor or a few that can meet at the VA and they can go over to the DOM program and show them what these guys are doing and have to do. I have never been involved with anyone from there and I am in the dark with their treatment. I am no specialist, I know that, but to have a better idea and to have one of us over there to make the connection, we could help out better. That is all we want to do, is help these veterans. That would help and that is missing right now from the training. [ID6 SC NA 4L]

We found that the VA was just trying to push people through to say, yep, there is another one complete, for the sake of a number. We want a measure of success of how many individuals do we put back into society as productive citizens and never in the court system again. It that is what the VA is doing, and I don't know much of what they do there, then it isn't going to work. [ID7 SC AF 4M]

The primary suggestion on how to enhance the training and make it more beneficial to future peer mentors was to include previous mentors and mentees who can speak to the training group and discuss their experiences, both positive and negative.

Training the mentor, by people that have mentored before and have mentored with success and failure stories. The structure of the training peppered with examples. The training should include stuff like who contacts who and some basic things like, my first young fella didn't always show up for court and he would text me and say my car broke, who do I tell? What is the best way to pass information? That goes back to having a good point of contact for each situation. There will always be new situations, but to include some in the training would be great. [ID5 RC AF 4M]

However, we have a monthly meeting with the court, just the mentors, and we are suggesting that maybe we develop a training program specifically for our county because you really come into this thing not really knowing how to proceed. We are new and I think as time goes on I think it will be helpful for future mentors and their expectations of what they will run across when dealing with the veterans. [ID11 UC NA 4M]

One thing they could do is bring back one of these individual participants and have him give his side of the story. You know, sometimes we can help these guys and sometimes we cannot. To have a good success story would help a lot for the newer mentors and for us as well. Just integrate it into the training, bring them back that has a success story and show that the program does work. [ID4 RC AR 4L]

I would have, maybe from other jurisdictions, to have experienced mentors come in and share their experiences and practical experiences with the new court. Having someone that has been there before inform the rest about what may happen. [ID11 UC NA 4M]

CHAPTER V

DISCUSSION

The current chapter first discusses the quantitative results of this study followed by the qualitative results. Once the results are discussed, implications connected to the findings are presented to inform how prospective research can build upon the current study. Lastly, study limitations and suggestions for future research are presented.

Surveys

The completed surveys provide information regarding key court operating and treatment processes, as well as information on peer mentors and their roles within each court. While the response rate was only 28%, the findings show importance for two reasons: 1) there has yet to be a complete survey of all veterans' treatment courts within Pennsylvania, making information on the courts within the state valuable in order to better understand certain similarities and differences; and 2) data from the completed surveys can be used to construct future research on veterans' treatment courts both within, and outside, of the state of Pennsylvania. Findings of interest are discussed using Longshore, Turner, Morral, Harrell, McBride, Deschenes, et al.'s (2001) conceptual framework for identifying effective measures that can increase the success of drug court participants (e.g., reducing recidivism). Longshore et al.'s (2001) conceptual framework hypothesized that the most effective drug courts do the following: 1) utilize court leverage of sanctions to motivate the court participant; 2) accept participants with less severe charges; 3) provide treatment and programming intensively; 4) are predictable in applying sanctions and rewards; and 5) utilize a non-adversarial model that emphasizes participant treatment over punitive case processing. Support for Longshore et al.'s framework was found by Mitchell, Wilson, Eggers, & MacKenzie's (2012) meta-analysis of 154 independent evaluations

of drug courts in the United States. While the current study's focus is about veterans' treatment courts, there exist many program similarities between all problem-solving courts, which make the use of Longshore et al.'s (2001) framework appropriate for discussing certain findings. Additionally, this is the first time that the framework is being applied to veterans' treatment courts, and serves as the initial step toward empirically assessing its validity within these courts. Findings are presented in the following order: participation requirements; treatment policies; court supervision; and program completion.

Participation Requirements.

Longshore et al.'s (2001) conceptual framework states that drug courts which utilize judicial leverage will motivate court participants to comply with court orders and, as a result, be more successful than courts that do not. All courts within the present study responded that participation officially begins post-plea, which may produce more successful outcomes within the courts; pleading to charges indicates guilt with failure resulting in automatic sentencing which allows the court to increase judicial leverage over the participant. Additionally, four of the courts (2, 3, 4, and 5) require the participants to sign a contract stipulating adherence to an individualized treatment plan, which further increases the courts judicial leverage; the treatment plan incentivizes success by providing the veteran with clear rules to follow, with the result of violating court orders ranging from lesser sanctions to formal sentencing (discussed in more detail in the court supervision section below). Longshore et al.'s (2001) framework also suggests that accepting participants with less severe charges is beneficial to the courts as well.

Courts 1 and 4 were the only courts who regularly accept violent misdemeanors and felonies, which may be placing their courts at a disadvantage; Mitchell et al.'s (2012) test of Longshore et al.'s (2001) framework found that courts who accept violent charges are less

successful. Courts 2, 3, and 5 review the participant's charges and only accept those that do not have severely violent charges or histories of repeat violence. Drug courts that utilize this protocol have been shown to increase graduation rates while reducing post-court recidivism (Mitchell et al., 2012). While exclusion of those participants with certain violent charges or histories of violence may be beneficial to these courts, the rejection of summary charges by courts 1, 3, 4, and 5 may be problematic; while a direct link between military service and violent offenses has not been discovered within the literature, offenses may escalate with the potential of intensifying to more violent charges overtime. The finding that only Court 2 accepts summary charges is potentially alarming for two reasons: 1) the opportunity to successfully treat a veteran is being missed as acceptance of summary offenses will allow for greater success by the participants within the court; and 2) if summary offenses are rejected there is the potential for the veteran's behavior to become increasingly worse, and possibly violent, which will then exclude him/her from involvement within certain veterans' treatment courts. This may be the result of the courts not wanting to damage their public image as accepting violent offenders may upset the victim(s) and community who may be expecting a more punitive judicial response. However, veterans' treatment courts may enjoy less scrutiny than drug and mental health courts given the population they serve; while addiction and mental health are stigmatized, veterans are seen as deserving of assistance by many within society. Another unique aspect that also is considered when deciding program eligibility are the discharge statuses veterans received upon their exit from the military which may further limit the chance to identify and assist justice-involved veterans.

Court 3 is the only court that accepts all military discharge statuses (Court 2 accepts all discharge statuses based solely on insurance benefits eligibility, discussed in the following section). Courts 1, 4, and 5 accept veterans who have received an honorable or general discharge

only, limiting the courts ability to widen their net and accept more veterans who are in need of assistance. These veterans may have been negatively discharged from the military due to the very issues that need to be addressed and are being rejected because of it. This objection to accepting veterans with certain discharge statuses may be the result of the importance of the veterans being eligible for VA benefits, a point discussed in more detail in the following section.

Treatment Policies.

As previously discussed, the court workgroup consists of many members who have various roles including certain decisions which include the following: phase promotion; sanctions; rewards; changes in supervision level; and removal from the court due to an infraction. One finding that was consistent across all courts was the exclusion of both the court mentor supervisors as well as the individual court mentors in any decision making processes¹. This is worrisome as peer mentors are the only group within the court with personal and in-depth knowledge regarding the participants. Peer mentors have a more holistic understanding of not only the struggles their mentees are experiencing or may encounter, but also are able to provide insight on what resources are needed in order to overcome such challenges. Additionally, and an important finding discussed in greater detail below in both the following section and within the qualitative discussion, peer mentors are the only group within all courts that were veterans. This again allows them to better understand what the participants are experiencing and going through. Their exclusion is most likely the result of the court wanting to avoid the mentees perceiving their mentors as working for the court and, as a result, losing trust with their mentees. Even so, peer mentors and their supervisors have an underemphasized role within these courts and should

¹ It is important to note that Court 1 did respond that their court mentor supervisor was involved with the decision making process, however this finding reflects Court 1 having zero peer mentors at the time of data collection. Further, peer mentor responses during qualitative data collection stated that they rarely report to their supervisors and when they did, little was said regarding the actual progress of their mentees, negating any reporting to the court.

be more involved with decision making, even if just to provide brief insight as an advocate for their mentees in order to provide the best possible outcomes. Clearly, more research is needed in order to determine whether an increased role may hinder or benefit the relationship between the court mentor and mentee.

Another potential roadblock to the success of veterans is related to their eligibility for VA benefits. Courts 1 and 3 only accept a participant if s/he is eligible for VA benefits. Veterans' treatment courts work closely with the VA and VJO Specialists so that their participants can be provided with services directly through the VA. Additionally, certain VA benefits are only available to those with specific discharge statuses, typically honorable or general discharges. While courts 2, 4, and 5 indicated that they would utilize outside case management if the participants were found not eligible for VA services, the continuity the courts enjoy by working so closely with the VA, their service providers, and treatment facilities may be diminished. This has the potential to decrease the effectiveness of care and, by association, participant success. However, utilizing more community treatment options not available through the VA would allow more veterans to participate within the courts if eligible. Without further investigation and research, it is impossible to state which approach is more effective and this area should be the focus of future research.

Court Supervision. Veterans' treatment courts are unique in that they do not address a particular disease or mental illness as drug and mental health courts do, but rather a particular type of person, a veteran of the United States military. This makes the role of peer mentor not only unique, but also extremely important as veterans share experiences that many members of the general population do not. Due to this, peer mentors are the direct connection to the veteran's mindset that other problem-solving courts cannot address within their courts. This fact makes the

finding that peer mentors are not involved with decision making in any of the courts within the study troubling. Further, the large majority of court staff who are in charge of making decisions are not veterans. The qualitative data indicate that this is possibly due to the court wanting to distance itself from the peer mentor in order to facilitate a closer, more friendship orientated relationship between the mentor and mentee. However, many of the mentors interviewed took issue with such a large gap existing between them and the treatment team and felt that while they do not want to be seen as on the court's side, they still could provide important information regarding their interactions with the mentees that may help the court make important decisions regarding them. If understanding the unique challenges veterans face is a hallmark of the veterans' treatment court model, the fact that only six of the court workgroup members (not including peer mentors) within the responding courts were veterans themselves may prove to be problematic; the veterans may not be as involved with court treatment plans if they view the court as not understanding their situation. Additionally, the fact that the mentors, who are veterans, are not included in these decisions may further discredit the court in the participant's eyes. Further research is needed to better understand the relationship between peer mentor, court participant, and court workgroup before any conclusions can be made. Regardless of who is making the decisions, development of intensive programming for the veterans should be of top priority.

Longshore et al.'s (2001) conceptual framework recommends the use of intensive programming coupled with predictable sanctions and rewards. Courts 1, 3, 4, and 5 use well-documented phases that the participants must navigate before successfully graduating. While the phases were slightly different across the courts who used them, their requirements still were similar; minimum time for completion of each phase, completing court assignments such as

reflective writing, attending a specified number of AA/NA meetings, compliance with treatment requirements, drug urinalysis testing, appearing before the court, employment and demonstrating the ability to live within the community under decreasing supervision. While it is difficult to assess intensity of supervision and treatment given differences between what is ordered and what is received, findings show that Courts 1, 3, 4, and 5 are in the best position for participant success. Court 2 responded that they do not use phases nor plan to in the future. While this may seem negative, it does not necessarily mean that the court does not utilize intensive programming, just that the court does not require the navigation of phases in order to graduate. However, phases offer clear and defined paths to graduation which, according to Mitchell and colleagues (2012), only will increase participant success.

As for the predictability of sanctions and rewards within the courts, only Court 3 responded that they had a specific schedule that defined which sanctions accompany certain infractions. The remaining courts responded that they review each infraction on an individual basis. This is not problematic, however, as it is more important that the courts are *consistent* with how they sanction their participants. Again, Court 2 is the least consistent court when using sanctions, reporting that they sometimes use the majority of sanctions listed (see Table 6 above) while the remaining courts are shown to frequently use sanctions for court infractions. This inconsistency negatively can impact the participants within Court 2 as the infractions seem to be neither clear nor consistent. All courts are consistent with their rewards for positive achievements, regardless of what achievement the courts do or do not recognize.

Program Completion.

All courts responded that the minimum time to completion is eighteen months. Although the data indicate many participants remain within the court for longer than eighteen months, the

timeframe allows the participants to have an understanding of a possible timetable to completion, whether they actually graduate within that timeframe or not. Graduation can be viewed as a substantial goal, making time to completion a predictable and consistent reward under Longshore et al.'s (2001) conceptual framework. Court 3 was the only court that utilized charge expungement, an extremely important goal according to Longshore et al. (2001); expungement of charges may serve as added incentive for adherence to program rules. As a result, Court 3 should expect to have greater program success and may want to consider moving toward an all-inclusive model, abandoning the case-by-case use of expungement of charges and furthering the predictability of the goal.

While the response rate for the surveys was only 28%, findings of importance pertaining to program requirements, treatment policies, program treatment, and predictability of sanctions and rewards, still were discovered when analyzing the quantitative data. Additionally, data from the surveys was used to triangulate important findings which emerged from the qualitative interviews with peer mentors from three courts within Pennsylvania, discussed in more detail below.

Interviews

Responses from the qualitative interviews provided important insight into this study's main research question: what are the roles, experiences, expectations, and perceived effectiveness of peer mentors within veterans' treatment court? The specific themes which emerged from the interviews aid in better understanding the understudied population of veterans' treatment court peer mentors and include the following: roles and success; confidentiality, trust, and friendship; military branch, rank, and matching; and issues and challenges. Each of these themes is discussed in more detail below.

Roles and Success.

When discussing their roles as peer mentors within the selected courts, having shared experiences with their mentees was imperative. This approach transcended military involvement to include personal experiences with life struggles and challenges that included employment, personal relationships, and substance abuse. Sharing these personal experiences with their mentees allowed the mentors to become positive role models within the lives of their mentees by creating a social bond built on mutual respect and understanding. Additionally, the approach the mentors agreed was best suited for their roles was simply being a sounding board; the mentees could speak their minds and express their feelings, whether positive or negative, while the mentor listened without providing detailed guidance, advice, or directives. Previous research about the relationship between mentor and mentee support this approach as, when providing positive feedback and building their relationship with the mentees, peer mentors are found to be just as effective as traditional treatment providers in providing positive outcomes for the mentees (Clarke, Herinckx, Kinney, Paulson, Cutler, Lewis, & Oxman, 2000; Klein, Cnaan, & Whitecraft, 1998). This effectiveness can be the result of not only having someone who the mentees can trust, but also being able to communicate with someone who had been through similar situations which, once addressed, led to happy, productive lives: stable marriages and home life, grown children, gainful employment, and retirement. The mentors within this study realized this and used their life experiences to shape their approach to mentoring and, as a result, were able to impact their mentees positively. This finding ties directly into how the mentors viewed success both during, and after, court involvement.

While the peer mentors agreed that eliminating recidivism by complying with court requirements was a suitable standard and more traditional outcome gauge of problem-solving

courts, they also reported that they considered improvements to their mentees quality of life as the ultimate measuring stick; not just staying out of trouble but enhancing their roles as productive members of society within their personal and professional lives. Mentors with similar experiences to that of their mentees have been shown to have numerous positive results that fit within the goals of both court mandated treatment requirements and with increasing the mentees quality of life. When mentors have experienced, and successfully overcome, similar negative circumstances as those they mentor, research shows reduced inpatient services and improved relationships with their individual providers, whether that be mental health or substance abuse services, and also fewer re-hospitalizations than those with mentors without shared experiences (Chinman, George, Dougherty, Daniels, Ghose, Swift, & Delphin-Rittmon, 2014; Min, Whitecraft, Rothbard, & Salzer, 2007; Sledge, Lawless, Sells, Wieland, O'Connell, & Davidson, 2011). Committing to treatment services, and maintaining an ongoing, positive relationship with their peer mentor, is shown to create a number of quality of life enhancements such as improved satisfaction with life situations, finances, and overall life problems (Felton, Stastny, Shern, Blanch, Donahue, Knight, & Brown, 1995), improved social functioning and reduction in life stressors (Klein et al., 1998), improvement in mental functioning and a decrease in homeless days (Van Vugt, Kroon, Delespaul, & Mulder, 2012); and increased levels of empowerment and hopefulness for recovery and the future (Chinman et al., 2014). The approach taken by the peer mentors, and the positive effect this approach has produced in previous research, has direct benefits to the veteran population.

The way in which the peer mentors within this study approach their roles can produce a number of positive results for struggling veterans. First, by improving quality of life and increasing satisfaction with life situations and interactions, veterans and their families can begin

to heal through the veteran's positive reintegration back into their families (Walsh, Dayton, Erwin, Muzik, Busuito, & Rosenblum, 2014). Additionally, increased engagement with treatment providers can decrease issues of self-medication and lack of treatment engagement which are key barriers to effectively treating the veteran population (Hawkins, 2010). Last, decreasing the number of homeless days experienced by veterans is imperative as veterans experience a higher risk of being homeless compared to the civilian population and currently represent 10%, over 160,000 individuals, of the overall homeless population (Hammett, Fu, Lando, Owen, & Okuyemi, 2015; Tsai, Mares, Rosenheck, 2012). The particular approaches taken by peer mentors, at least within this study sample, have the potential to positively impact the veterans they mentor.

Confidentiality, Trust, and Friendship.

Confidentiality was seen as an important part of the mentor/mentee relationship. This confidentiality differs from that of the court treatment team which is required to discuss personal details regarding each individual veteran, including his/her involvement in treatment, urinalysis test results, relapses, and program involvement. While information sharing was the status quo for the court treatment team, the mentors were adamant that they would not violate their mentees trust outside of them hurting themselves or someone else. The mentors stated that having to tell the court anything about their interactions with their mentee would not only hinder their effectiveness at providing support to their veterans, but also would decrease the effectiveness of future mentors; fewer court participants would want to accept mentor services if they believed they would tell the court about their conversations, a barrier that was mentioned as being difficult to overcome and is further discussed below. Keeping strict confidentiality between mentor and mentee has been shown to have positive benefits for those being mentored and it is a highly

coveted trait according to AA mentees (Stevens & Jason, 2015). Adhering to the principle of confidentiality came naturally to the mentors as they shared military backgrounds with the court mentees, something that they felt strongly about. Further, many of the mentors had also struggled upon their discharge from the military which only deepened their bond to the individual mentees. However, while keeping all shared information confidential strengthened the mentor/mentee bond, it also distanced the mentors from the court treatment team.

The mentors stated that they did not feel as connected to the court as the treatment team was. Many were not able to sit in during the pre-court sessions and were not updated through the court regarding their mentees progress. There was a general feeling that while the treatment team worked directly with and for the court, the mentors were solely there for their mentee. Interestingly, while some of the mentors spoke of the need for greater cohesion between the court, treatment team, and mentors, they understood why the court may want to keep them separate; in order to have the mentors build trust through confidentiality, the court should not expose them to situations in which they may violate the trust, whether in actuality or perceptually. While this may be the reasoning for the separation, there was no mention of this approach by the court to the peer mentors, nor was there any information provided to them regarding their specific roles within the court during their initial training (training is discussed in more detail below). These feelings of separation from the court and the reasoning behind it need further examination for both clarification and utility in order to assess its impact on the mentors themselves. Regardless, the positive impact that confidentiality has on building trust, as noted by the peer mentors, cannot be overlooked.

The study sample agreed that building trust between themselves and their mentees is not easily done and, in some instances, is never fully accomplished. The mentors understood this

challenge and equated the difficulty to building a bond to the natural hesitation displayed by the mentees who were wary of further involvement with the court. The mentors also noted that some of their mentees still displayed addict behaviors, such as keeping to themselves, being overly secretive, and the difficulties of overcoming the use of deception, which should all be addressed by the mentees involvement within community treatment. The mentors also were concerned that those mentees who did not yet decide if they wanted mentor services did not understand the mentor's role within the court, specifically the separation from the court treatment team and their strong adherence to keeping confidentiality. Mentors noted that they were surprised that many of the court participants declined being matched with a peer mentor. As stated above, while some mentors had issues with the separation from the court treatment team, they also wanted that disconnect to be displayed better by the court in order to increase the number participants who would accept mentor services. This provides further support for why the court would want to keep the mentors separate from meetings and discussions regarding the court participants. Additionally, mentors revealed how they were told that the court, specifically the judge, would never ask them personal information about their mentees, a stance that was respected by the mentors. Although building trust with their mentees is difficult, when it was established effectively it sometimes moved the relationship toward friendship which, according to research, increases the likelihood of a number of positive outcomes.

Mentors within the study sample developed friendships which went beyond the mentor/mentee relationship and, in some cases, lasted well after the mentees involvement with the court. Mentors become friends with their mentees due to their shared military background, which enhanced camaraderie through military ideals. It was common to hear the mentor's state that they were no better than their mentees and that regardless of their issues, they were all

veterans who were going to stick together no matter what. This speaks to the unique subset in which members of the military find themselves in and one that transcends military branch or service period. This friendship allows the mentee to form positive community contacts with not only their mentor, but also with the many groups the mentor may be a part of, such as military and veterans support groups. Koenen, Stellman, Stellman, and Sommer (2003) found that veterans returning home who had community contact which was positive exhibited lower rates of PTSD than those veterans returning home to what they perceived as a negative community reception (e.g., the lack of support for returning Vietnam veterans). Becoming involved with their mentors allows the mentee to strengthen their social bonds and enhance their treatment outcomes. Furthermore, as the positive social support increases, the risk for, and symptoms of, PTSD decrease (King, King, Faribank, Keane, & Adams, 1998). These outcomes are the result of positive social bonds impacting how an individual processes thoughts and feelings, particularly fear, anxiety, and mistrust (Charuvastra & Cloitre, 2008). The power that creating positive social bonds through the development of trust and friendship between mentor and mentee seems to be vital to veterans' treatment court mentors and mentees; it enhances positive outcomes and decreases those which are classified as being anti-social. While in need of further examination to confirm and determine the size of the impact, this finding is nonetheless imperative to this study's sample.

Military Branch, Rank, and Matching.

The majority of mentors, when asked if military branch and rank had any impact on the relationship with their mentees, responded that they have not experienced any issues at all. This parallels the feelings of camaraderie that military service creates in those who have served. In this sense, prior military service functioned as the only connection that was needed to begin the

mentor/mentee relationship. Simply put, a veteran, no matter service background or experience, was deserving of the court and its assistance. Mentors also stated that it had rarely been brought up, if ever, between themselves and their mentees. It seems that this underlying sense of respect and dedication to other veterans is unique within veterans' treatment courts as it may differ from relationships formed by sponsors within AA. While prior research has found that the influence of confidentiality and trust between mentor and mentee has a positive relationship to many outcomes, such as confidentiality increasing treatment engagement, amenability to treatment, and quality of life (Felton et al., 1995; Stevens & Jason, 2015), it remains unknown whether having the preexisting level of trust between a peer mentor and mentee within veterans' treatment court enhances these positive outcomes. As such, this relationship needs to be the focus of future research as it may serve as an enhanced factor which produces positive outcomes for those who utilize peer mentors with veterans' treatment courts. However, while no direct issues arose from differing military branch and rank, the Marines and those within special operations were perceived to be unlike other veterans who have served.

The mentees who have served with the Marines within the selected courts frequently were singled out for being headstrong and only wanting to work with a fellow Marine. This may be a result of their training as was mentioned by some of the respondents. However, there currently is no existing literature that empirically assesses the effects of differing military training. It also should be noted that the Marines were not represented within the sample of peer mentors for this study, a point discussed in more detail within the limitations section. When the Marines were mentioned, they often were coupled with special operations groups, such as the United States Army Rangers and United States Navy SEALs. Training again was mentioned, but within a different context; the extensive training that special operations service members receive

teach them to react based off of instinct. If the mentor were to advise these types of mentees directly and with specific instructions, it may have adverse effects in that these veterans must learn to react to their circumstances as they were trained to react during their special operations training. This point, brought up by numerous mentors within the study, is interesting in that the mentors believed that the more intense training aimed at teaching reactionary skills, may be a barrier to how they approach their mentees. Again, with no literature that focuses on training within branch and unit, this area needs to be explored further before any firm conclusions can be made. While the respondents did not mention any detrimental issue regarding military branch and rank and that a veteran is a veteran, when matching mentor and mentee there was agreement that the most appropriate way to do so was through similar military and personal background.

Many of the mentors had gone through difficult times themselves and there were numerous comments regarding their (the current mentors) need for a veterans' treatment court prior to their creation. The mentors related their struggles directly back to their military service. Their inability to adapt to civilian life upon their release from the military created a deeper understanding of what their mentees were experiencing. While being a veteran is a primary requirement in order to be a mentor within the selected veterans' treatment courts, the fact that they were able to relate to their mentees and, more specifically their struggles, was imperative to appropriately guiding their veterans toward court graduation and a higher quality of life, a variable which needs further exploration. Combat also was mentioned as a factor on which mentors and mentees should be matched in order to get the most out of the pairing. While mentor responses on matching may seem contradictory to their statements regarding not having an issue between differing military branch and rank, they are not; the mentors understood that to help a veteran you need to be a veteran, bottom line; however, to enhance their assistance of the veteran

in the best way possible, matching on personal and military experience are factors which may increase positive outcomes according to the study sample. Whether matching beyond the veteran label improves outcomes for the mentees currently is unknown, it should be a focus of future examination of the relationship between veterans' treatment court mentors and mentees.

Issues and Challenges: Age, Time, and Training.

Three issues and challenges that the peer mentors perceived within their roles were the age differences between themselves and their mentee, time availability, and inadequate training prior to becoming a peer mentor. Age was frequently brought up by the mentors. As noted above, the average age for the mentors within the study sample was 62 years of age. The mentors made frequent reference to their role being similar to that of a parent and the teaching of right and wrong behaviors. Surely, while the experience of raising a family, and the trial and error that accompanies doing so, is advantageous to their relationships, it also can distance the mentees from the mentor. Mentors pointed out that they had to become much more adept at text messaging rather than speaking with their mentees directly over the phone. Further, the mentors also were surprised at the other social media accounts that their mentees were involved with, such as Instagram and Snapchat, stating that they could see the difficulties many of the mentees must face when trying to stay away from certain individuals while avoiding triggers that may cause them to revert back to their old habits.

While this study cannot determine the impact that age has on the mentor/mentee relationship, it does provide insight into how this relationship may evolve. Having an older peer mentor may be beneficial to the mentee given the combined experiences of the mentors within military service, readjustment to civilian life, and overcoming their own personal issues. These experiences allow the peer mentors to relate to the mentees and their individual issues more

personally and on a deeper level. On the contrary, the age gap also may create distance between the pair if the mentee perceives the mentor to be out of touch with what is going on now, whether factual or not. Likewise, having a younger mentor may allow for the mentee to feel that s/he has more in common with their mentor when in fact the mentor may be less stable, not as experienced, and/or not have as much time for their mentees.

When speaking about time, the mentors stated that their mentees found it challenging to find time to meet face-to-face. This is inherently tied to the necessity of using text messaging as the primary mode of communication between the mentor and mentee. While meeting face-to-face was still a goal for many of the mentors as they can see how someone is doing much better in person, they understood that the time constraints had to do with being young, starting a family, and/or employment requirements. Interestingly, while many of the mentors were retired, time was an issue for some in that they had numerous doctors' appointments for both themselves and their wives, an issue directly tied to their older age. All things considered, the mentors still made time to meet with their mentees and accompany them to court as much as they could. Time also affected the recruitment of younger mentors into the courts; many younger veterans who were interested in becoming a mentor decided not to do so after attending mentor training due to the time commitments and their already hectic schedules. It seems that age and time are important interactions within the selected courts and, while intriguing, their impact should be studied further before any conclusions are drawn.

The issue of inadequate training was mentioned by the majority of peer mentors within the study. This was surprising given that utilizing peer mentors is a unique function of veterans' treatment courts and they are considered an essential aspect of a successful court and, as such, one that would receive ample training. This led many of the mentors to approach their roles and

responsibilities with what they personally believed to be the right thing to do. Further, and in relation to the mentors feeling separated from the court treatment team, the mentors indicated that the training did not prepare them for being a mentor and also was absent any information regarding how the court functions alongside the VA given their use of various treatment options. This finding is of interest as peer mentors are seen as an instrumental part of success within veterans' treatment court, however their training, at least within the sampled courts, offered very little information outside of veterans' treatment court history and reporting if their veteran was going to hurt themselves or someone else. Furthermore, while separating peer mentors from the treatment team may be the courts attempt at promoting confidentiality and mentor/mentee cohesion, allowing the mentors to operate individually based on what they feel they should be doing may expose mentees to inadequate mentoring services. This may be the result of the veterans' treatment court model being relatively new and, as a result, not having a finished training protocol for their mentors. While the mentors could find little of what they liked about the training, there was no shortage of suggestions on what to implement in order to make the training more effective, such as bringing in past mentors and mentees to discuss what worked and did not work for them, allowing better access to, and knowledge about, current treatment options, explaining what the mentees experience when they go to the VA for various types of treatment, establishing a proper chain of contact in case an emergency occurs, and to providing better guidance to the mentors about what the court expects from them and whether they are accomplishing their goals as peer mentors.

The use of peer mentors is unique to veterans' treatment courts and are labeled as a hallmark of these programs. The above findings gathered from the interviews with the peer mentors is an initial and important first step to better understanding their roles and experiences

so that we can begin to unravel their utility and effectiveness as without this knowledge, it is impossible to evaluate their use and success. Additionally, these data also align with important findings from the quantitative aspect of this study, creating a strong foundation for future research to build upon.

Limitations and Future Research

While the current study produced important findings that expand upon the limited veterans' treatment court literature, there are several limitations that need to be addressed. The most glaring limitation is the survey response rate for the statewide assessment of veterans' treatment courts in Pennsylvania; five courts responded to the survey out of a possible eighteen, resulting in a 28% response rate. While the data gathered from the responding courts produced key findings regarding the aims of this exploratory study and also were validated through the triangulation between survey and interview responses (i.e., lack of peer mentor involvement with court decision-making), the low response rate fell short of the goal for a state-wide assessment of veterans' treatment courts within Pennsylvania. To increase the survey response rate, the collection of data over the phone was considered, however it was decided against for two reasons; 1) the researcher would not be able to ensure confidentiality since he would have to contact each court himself; and 2) it would be impossible to discern whether data collected over the phone also was collected through the returned anonymous surveys, leading to the potential of duplicate responses. The low response rate may have been the result of the length of the survey instrument, which adversely could have impacted the respondents' decision when considering his/her time-commitment for completing the survey. While the researcher was aware that the overall length may be an issue, it was necessary given the amount of information needed to fully understand the complex and numerous court operations that exist within the individual problem-

solving courts throughout the state. However, the length of the survey instrument may not have been the only factor to consider regarding the low response rate.

It is a common assumption that offering alternative and simultaneous survey completion modes (e.g., the option of both mail and web-based response methods) to a potential respondent will increase the overall response rate. The reasoning behind this assumption is that respondents who prefer either mail-based or web-based surveys will be able to select their preferred method, thus increasing their likelihood of completing the survey instrument (Millar & Dillman, 2011). Prior research supports the idea that survey respondents do prefer one data collection technique over another (see Groves & Kahn, 1979; Millar, O'Neill, & Dillman, 2009; Smyth, Olson, & Richards, 2009; Tarnai & Paxton, 2004), however there may exist unintended consequences to offering both methods at one time as was done in this study.

Previous research has suggested that offering both the option for web-based response alongside mail-based response will decrease overall response rate when compared to only offering a mail-based response mode (Gentry & Good, 2008; Griffin, Fischer, & Morgan, 2001; Grigorian & Hoffer, 2008; Smyth, Dillman, Christian, & O'Neil, 2010). Millar and Dillman (2011) suggest that this can be explained by Schwartz's (2004) research which stated that offering more than one choice can be damaging to an individual's decision-making process. According to Schwartz (2004) and other researchers (see Brenner, Rottensteich, & Sood, 1999; Tversky & Shafir, 1992), every choice an individual must make requires the consideration and evaluation of the costs associated with choosing either option. This results in neither option being as appealing as it would have been if offered alone. After conducting research which confirmed this effect, Millar and Dillman (2004) recommend against sending both mail and web-based surveys simultaneously and offer an alternative; the researcher should send an electronic

survey initially, followed by a mail-based survey to those who did not respond electronically. This captures those who prefer either option over the other while avoiding the simultaneous cost evaluation of both, resulting in an unintentionally decreased response rate. While the survey methodology used in this study emphasized anonymity with no way for the researcher to identify those courts who had not responded, the methodology for future research should be adjusted in order to allow for Millar and Dillman's (2004) suggestions. Forthcoming research should take both the length of the survey, as well as how many options for survey completion are offered (and in what order), into consideration to ensure a higher response rate and more generalizable results. Additionally, the findings of this study are an important first step and should be built upon by future research regarding veterans' treatment courts.

The importance and uniqueness of the use of peer mentors within veteran's treatment courts are considered essential to the success of the participants (Russel, 2009). To the best of the researcher's knowledge, this study is the first to examine peer mentors within veterans' treatment courts, making the exploratory findings essential to informing future research. The perceived disconnect from the court workgroup and treatment team was a consistent source of contention and frustration within this study's sample and was confirmed through the completed surveys. While the majority of the peer mentors interviewed felt that the disconnection may be due to issues relating to building a strong bond between themselves and the participants, further research needs to be conducted in order to uncover if this discovery also is found within other courts and, if so, the impact it has on participant outcomes. The finding that peer mentors were the only consistent members of the court who were veterans themselves emphasizes the importance for further examination of the exclusion of peer mentors from court decision making processes.

Additionally, the use of Longshore et al.'s (2001) conceptual framework to examine survey responses also has not been examined previously. While this framework has been tested and confirmed by Mitchell et al.'s (2012) research on drug courts, future research needs to confirm its applicability to veterans' treatment courts.

Conclusion

The current study attempted to expand upon the literature on veterans' treatment courts and the peer mentors within them. It is imperative to continue to better understand these courts in order to assure and enhance their effectiveness in working with justice-involved veterans. While veterans' treatment courts mirror the successful drug and mental health court models, given their focus on individuals who are experiencing problems across a varied spectrum of drug, alcohol, mental health, and social issues, more research needs to be conducted before they can be claimed a success. This study was an initial step toward better understanding veterans' treatment court operations as well as their use of peer mentors, who are a unique aspect to veterans' treatment courts that they do not share with any other problem-solving court.

The current research, then, wanted to expand upon the literature on veterans' treatment courts. Surveys were sent to all 18 veterans' treatment courts within Pennsylvania and, applying Longshore et al.'s (2001) conceptual framework to veterans' treatment courts for the first time, the survey results were analyzed. Although the response rate was only 28%, information gathered was used to triangulate information gathered during the interviews with 15 peer mentors selected from rural, suburban, and urban courts. Other findings of interest gathered through the quantitative aspect of this study indicated that the majority of court staff, outside of the peer mentors, were not veterans themselves, enhancing the important qualitative finding that the mentors were not included in the majority of decisions made by the court, and may be a

source of contention. These findings should be explored in more detail to better understand why the court excludes the only consistent members of the court who are veterans themselves as well as the impact, whether positive or negative, this has on the court mentor programs and the participants themselves. Additionally, qualitative findings also suggest that while the interviewees approaches to mentoring were validated through previous research on mentor/mentee relationships and align with positive outcomes, this may not always be the case; an overwhelming number of interviewees stated that the training offered by the courts was inadequate and lacking any real description or guidance for the peer mentors, possibly impacting the delivery and consistency of services. Future research should use these findings to advise forthcoming research in order to definitively answer these questions and further advance the empirical literature about veterans' treatment courts.

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Appendix A

Survey Instrument

Pennsylvania Statewide Veterans' Treatment Court Research Project

VETERANS' TREATMENT COURT SURVEY

This survey aims to identify the major policy and program features utilized in your veterans' treatment court (VTC). Results gathered from this survey will assist in identifying core concepts and operational procedures for all active VTCs in Pennsylvania in order to better understand similarities and differences between different VTCs. Results will also assist in the development of future research aimed at furthering our understanding of VTCs. Your responses to this survey will be of tremendous assistance given your expert knowledge.

If you would rather use your computer to complete your responses, please contact me using the information below and I can provide you with a link to the survey. If you would rather complete this survey by hand, please do so and use the pre-stamped return envelope to send it back when you are finished.

While completing the survey you will encounter open-ended questions requiring a written response. If you need more space to write out your response, please do so on an additional piece of paper indicating which question the response corresponds to. Please include your additional responses with the completed survey when you return it.

You will find the informed consent form on the following page. Please read this form carefully and, if you are willing to participate, sign and return it with your completed survey.

I appreciate you taking time out of your schedule to complete this survey. If you have any questions or need clarification on any question or section, please do not hesitate to contact me, Paul Lucas, at any time using the information below.

Please return your completed survey by 5/31/2016

Sincerely,

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BACKGROUND

Please indicate the date your veterans' treatment court began operations (dd/mm/yyyy):

Which geographic area would you say your veterans' treatment court operates within?

Rural	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Suburban	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Urban	<input type="checkbox"/> No	<input type="checkbox"/> Yes

How many veterans are currently under court supervision within your veterans' treatment court?

I. PARTICIPATION REQUIREMENTS

A) Arraignment Charges and Criminal History

1. Eligible arraignment charges (please select No if the charge is not eligible within your veterans' treatment court or Yes if the charge is eligible for your veterans' treatment court):

Arraignment Charges	Not Eligible	Eligible
Summary Violation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Violation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Violation	<input type="checkbox"/> No	<input type="checkbox"/> Yes
DWI or DUI	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Non-Violent Misdemeanor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Violent Misdemeanor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Non-Violent Felony	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Violent Felony	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes

1a. If you marked **other** please specify each type below:

3. Are defendants eligible if they have one or more *prior* felony convictions?

☐ Yes

☐ No

4. Are defendants ever eligible if they have a history of criminal violence?

☐ Yes

☐ No

5. Are there other eligibility limitations based on charge or criminal history?

☐ Yes

☐ No

If **yes**, please list:

4. Eligible military discharge statuses (please select No if the discharge status is not eligible within your veterans' treatment court or Yes if the discharge status is eligible for your veterans' treatment court):

Discharge Status	Not Eligible	Eligible
Honorable Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
General Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other Than Honorable Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bad Conduct Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Dishonorable Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Officer Discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Entry Level Separation	<input type="checkbox"/> No	<input type="checkbox"/> Yes

B) Other Participation Requirements

1. Which of the following additional reasons might preclude formal veterans' treatment court participation? (Please check all that apply):

- ☐ Defendant deemed to lack sufficient motivation or lack treatment readiness
- ☐ Defendant deemed to lack sufficient community ties or other social assets
- ☐ Defendant refuses to participate
- ☐ D.A.'s discretion - Please list (particular instances where the D.A. will choose not to accept a participant for any reason):

C) Initiating Veterans' Treatment Court Participation

1. Is participation *pre-plea* or *post-plea*?

☐ Pre-Plea

☐ Post-Plea

☐ Both

1a. If **both**, please describe under what circumstances this would apply.

1b. If the answer differs for different participants, what affects whether a given participant begins pre-plea or post-plea?

2. Is a jail or prison alternative established in advance of participation? (A jail or prison alternative is a sentence that will be imposed if a participant fails court requirements):

☐ Yes

☐ No

2a. If **yes**, how long is the most common jail or prison alternative for each plea type used in your court?

_____ Months

2b. Do the jail or prison alternatives tend to differ from sentences that would have been imposed if the cases were prosecuted in the normal fashion?

☐ Yes

☐ No

If **yes**, please describe:

3. What is the minimum required time to graduation?

_____ Months

3a. If the minimum required time to graduation differs for different groups of participants, please describe why and list the different groups:

4. What marks the official start of veterans' treatment court participation (check all that apply)?

- ☐ Signing of contract
- ☐ Entering a plea
- ☐ Other (Please list below):

5. Does your court have a required orientation that all participants must attend?

- ☐ Yes
- ☐ No

If **yes**, please describe (e.g. what is covered and length of orientation):

II. TREATMENT POLICIES

1. How is VA treatment eligibility discerned for participants (e.g. how is each participant checked for VA treatment eligibility and by whom)? Please specify below:

- 1a. If the participant is not eligible for VA benefits, how is treatment provided?
(Please specify below):

2. Does your veterans' treatment court refer participants to the following treatment modalities (please select all that apply)?

- ☐ Long-term residential (three months or longer)
- ☐ Short-term residential (up to three months)
- ☐ Intensive outpatient (all day/at least 5 days per week)
- ☐ Outpatient (1/2 day, evenings only, or only several days per week)

3. What criteria are used to determine a participant's initial level of treatment? Please check all that apply and rank the selections using the following scale: 1 = *not important*, 2 = *somewhat important*, 3 = *very important*.

- ☐ Drug addiction severity

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

- ☐ Mental illness severity

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

- ☐ Criminal justice factors (e.g., charge or criminal history)

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

- ☐ Residential stability/homelessness status

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

☐ Employment or educational status

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

☐ Level of family/household support

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

☐ Staff professional assessment/judgment

1	2	3
<i>Not Important</i>	<i>Somewhat</i>	<i>Very</i>

3a. If other criteria are used to determine a participant's initial modality please list them below and rank their importance using the above scale (1 = *not important*, 2 = *somewhat important*, 3 = *very important*):

4. Are participants ever switched from one treatment plan to another during participation (e.g. from outpatient treatment to inpatient)?

☐ Yes

☐ No

4a. If **yes**, please describe below:

5. Does your veterans' treatment court only offer VA services, non-VA services, or a combination of both?

- ☐ Only VA services
- ☐ Non-VA services
- ☐ Combination of both

6. Does your veterans' treatment court provide *onsite* educational, vocational, or employment programs or services (e.g. at the courthouse or through the VA office)?

- ☐ Yes
- ☐ No

6a. If **yes**, please describe the program description below:

7. Does your veterans' treatment court provide *offsite* educational, vocational, or employment programs?

☐ Yes

☐ No

7a. If **yes**, please list which type(s) below:

III. COURT SUPERVISION

A) Staff

1. Are there designated staff assigned to the following positions (that have a constant presence within the court)? Please select either No or Yes for each position:

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

2. How many of the following staff are veterans? Please select either No or Yes for each staff position:

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

3. Does your veterans' treatment court utilize peer mentors?

☐ Yes

☐ No

3a. If **yes**, how many peer mentors do you have in your court?

3b. If **yes**, how are your peer mentors selected?

3c. If **yes**, what are the responsibilities of your courts peer mentors?

B) Intensity of Supervision

1. Which of the three forms of court supervision listed below do you have a required treatment schedule for supervision levels? (Please check all that apply):

- ☐ Frequency of case manager or probation officer visits
- ☐ Frequency of court appearances before the veterans' treatment court judge
- ☐ Frequency of drug tests

1a. For each supervision level checked above, please describe or send a description if one is available:

2. Which of the following occurs during a typical case manager or probation officer visit (please check all that apply)?

- ☐ Reviewing program attendance and compliance information
- ☐ Reviewing program requirements

- ☐ Individual therapy/discussing clinical issues in detail
- ☐ Discussing employment or vocational issues
- ☐ Discussing necessities or other service needs
- ☐ Other (please list)

C) Phases of Treatment

1. Is your program organized into *phases of treatment*?

- ☐ Yes
- ☐ No

1a. If **yes**, please provide a description below outlining each phase and the corresponding requirements to progress through?

2. Are participants ever demoted from a higher to a lower phase?

☐ Yes

☐ No

2a. If **yes**, please describe why might this occur below?

3. If your program does not use phases, is there any plan to use them in the future?

☐ Yes

☐ No

3a. If **no**, please describe why your program does not use phases of treatment:

D) Infractions and Sanctions

1. Do you have a schedule defining which sanctions accompany given infractions?

☐ Yes

☐ No

1a. If **yes**, is the schedule always used, or does the judge sometimes exercise discretion? Please describe below:

1b. If **no**, please describe how sanctions are decided during each instance of non-compliance or infraction of program rules.

2. Below is a list of infractions. For each, will the Judge impose a sanction *all of the time*, *some of the time*, or *never*? If the infraction triggers automatic *program failure (F)*, please indicate this. Please do *not* consider verbal admonishment a sanction for this purpose.

2a. Positive drug test for marijuana

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2b. Positive drug test for alcohol

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2c. Positive drug test for other illegal drug (e.g., heroin, cocaine, methamphetamine, etc.)

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2d. Failure to appear at scheduled drug test

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2e. Tampering with drug test

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2f. Rule-breaking at treatment program

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2g. Unexcused absence at treatment program

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2h. Several unexcused absence at treatment program since last court appearance

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2i. Late arrival at case manager visit, drug test, or court appearance

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2j. Absconding from program/voluntary return on warrant

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2k. Absconding from program/involuntary return on warrant

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2l. New violent arrest

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2m. New drug arrest

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

2n. Other new nonviolent arrest

- ☐ All of the time
- ☐ Some of the time
- ☐ Never
- ☐ Failure

3. Does the judge *frequently*, *infrequently*, or *never* use each of the following?

3a. Verbal admonishment

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3b. Writing assignment (e.g., essay, journal entry, or letter)

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3c. Have participant remain in court until court is over

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3d. Court supervision (e.g., increase in drug tests, or court appearances)

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3e. Daily court appearance required

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3f. Assignment to short-term detoxification program (e.g., 3-10 days)

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3g. Assignment to short-term (e.g. 30-day) inpatient rehabilitation program

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3h. Assignment to long-term inpatient program

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3i. Community service

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3j. Short jail sanction: 1-7 days

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3k. Mid-length jail sanction: 8-15 days

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3l. Long jail sanction: 15-30 days

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3m. Electronic monitoring

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3n. Zero tolerance (i.e., warning that next infraction triggers automatic sanction)

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

3o. Assign participant to a peer mentor

- ☐ Frequently
- ☐ Infrequently
- ☐ Never

4. Is there a point at which participants face automatic failure after the next infraction or the next infraction of a certain type?

- ☐ Yes
- ☐ No

4a. If **yes**, please describe:

E) Achievements and Rewards

1. Below is a list of achievements. Please select either No or Yes to indicate if each achievement is recognized by the court (if the court monitors and reinforces these achievements as milestones or not).

30 Days Clean/No Sanctions	<input type="checkbox"/> No	<input type="checkbox"/> Yes
90 Days Clean/No Sanctions	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Completed Requirements of Residential Treatment Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Completed Phase One	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Completed Phase Two	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Birth of Drug Free Child	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Entered School or Vocational Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Completed School or Vocational Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Obtained Employment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes

1a. If you marked other, please list and specify each below:

F) Warrants

1. What events, if any, would lead the veterans' treatment court judge to issue a warrant?

2. Are participants able to reenter the program after returning from a warrant?

☐ Yes

☐ No

3. Do you close a participant's case if a participant has been out on a warrant for a certain time?

☐ Yes

☐ No

3a. If **yes**, please indicate how long the outstanding warrant *typically* is active for?

_____ Months

3b. Also, **if yes**, could the case be reopened if the participant returns?

☐ Yes

☐ No

4. Do you have a special warrant squad or special officer(s) that works with the veteran's treatment court to find participants who are out on a warrant?

☐ Yes

☐ No

5. Do participants automatically fail after a certain number of warrants?

☐ Yes

☐ No

If **yes**, how many?

_____ warrants

G) Decisions During Treatment

1. Please indicate which staff members are involved in making the decisions listed and bolded above each group of boxes by checking either No or Yes:

Phase Promotion

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Sanctions

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Rewards

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Changes in Supervision Level

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Removing Participant for a Particular Infraction

Veterans' Treatment Court Judge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
VJO Specialist	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Prosecutor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Defense Attorney	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor Supervisor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Court Mentor	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Probation Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Parole Officer	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Treatment Provider	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social Worker/Case Manager	<input type="checkbox"/> No	<input type="checkbox"/> Yes

IV. PROGRAM COMPLETION

A) Graduation

1. Please list your courts' graduation requirements?

2. At the time of graduation, must participants have completed all requirements of their offsite treatment program?

☐ Yes

☐ No

3. Are the charges dismissed (expunged) after the participants successful graduation from the court?

☐ Yes

☐ No

4. Do you track any of the following, either during participation or as part of an exit interview? Please check all that apply:

☐ Obtained G.E.D.

☐ Began educational program

☐ Began vocational program

☐ Received employment

B) Failure

1. Upon failure, are participants always given a *predetermined* sentence?

☐ Yes

☐ No

2. Upon failure, does the participant's case move back to your criminal court decision for sentencing?

☐ Yes

☐ No

3. Upon failure, does the participant's involvement with your veterans' treatment court impact his/her sentencing to the original charges?

☐ Yes

☐ No

3a. If **yes**, please describe how their participation impacts their sentencing outside of the court:

C) Aftercare

1. For program graduates, do you provide any aftercare services or alumni programs?

☐ Yes

☐ No

1a. If **yes**, please list the aftercare programs:

2. Do participants ever return to do volunteer work at the veterans' treatment court?

☐ Yes

☐ No

2a. If **yes**, please describe in what capacity they return to assist:

3. Do participants ever return to become peer mentors?

☐ Yes

☐ No

E) Repeat Cases

1. After a participant definitively graduates or fails, if that participant is again referred to the veterans' treatment court on an entirely new criminal case can the participant be re-admitted?

☐ Yes

☐ No

1a. If **yes**, is the participant's information added to his/her old case file/case ID?

☐ Yes

☐ No

V. IMPLEMENTATION ISSUES

1. Have there been major challenges or barriers to implementation that arose during either the planning phase or initial year of veterans' treatment court operation? Please describe.

VI. RESEARCH AND EVALUATION

1. Has a process evaluation been completed on your program?

☐ Yes

☐ No

1a. If **yes**, please attach a copy of any evaluation reports.

VII. RECOMMENDATIONS

1. Please list or describe any research questions that you would like to have answered by this statewide veterans' treatment court research project. Also, to aid the interpretation of data, please feel free to describe any other policies that it would be helpful for the primary researcher to know about.

Thank you for taking time to complete this survey. Your expertise and knowledge is essential in better understanding veterans' treatment courts within the state of Pennsylvania.

If you have any documents or materials (e.g. case referral pamphlets) please return them along within the completed survey.

Appendix B

Research and Interview Questions

Research Question:

- 1) What are the roles, experiences, expectations, and perceived effectiveness of peer mentors within veterans' treatment court?

Interview Questions:

1. How long have you been a peer mentor?
2. How did you become involved with being a peer mentor?
3. How many participants have you mentored?
4. Did the court offer you any training before becoming a peer mentor? If so, what did the training consist of? What was the training duration?
5. Did you find the training helpful? What could have been added to make the training more effective?
6. What is your role as a peer mentor?
7. What are your responsibilities as a peer mentor?
8. What are your expectations as a peer mentor (what do you intend to do)?
9. Who do you report directly to?
10. Do you report all information regarding your interactions with the mentee back to the court?
11. What would be an example of the type of information you may keep confidential from the court?
12. What are your typical interactions with the mentees you are assisting?
13. If a problem occurs, what is your typical response?
14. How would you say the trust level is between you and your mentee(s)?
15. What challenges do/have you faced as a mentor?
16. Did your court training (if any) prepare you for these challenges?
17. Do you feel that you are an integrated member of the treatment team? i.e. does the court support you and consider what you have to say?
18. Have you experienced any issues in regards to differing military branch or rank between yourself and a mentee?
19. In your opinion, what constitutes success in your role as a mentor?
20. What does the court consider success?
21. Do you consider yourself successful in your role as a mentor?
22. What would you tell a new jurisdiction planning on setting up a veterans' treatment court?

Demographics (to be completed by the researcher):

Date of Birth: _____

How many mentees have you worked with: _____

How many mentees have you worked with at once: _____

Military Service Branch: _____

Military Service Length: _____

Military Service Rank

Military Discharge Status: _____

Relationship Status: _____

Appendix C

Informed Consent-Surveys

**Veterans' Treatment Court Peer Mentors and Statewide Operating Procedures in
Pennsylvania: A Mixed-Method Examination
Court Coordinator Survey
Indiana University of Pennsylvania**

You are invited to participate in a research study. The following information is provided to help you make an informed decision about whether to participate. If you have any questions, please contact me using the information provided below.

This project is affiliated with the Indiana University of Pennsylvania, where I am a doctoral candidate. The purpose of this research is to better understand veterans' treatment court operating procedures within the state of Pennsylvania. Participation within the study will involve completion and return of the enclosed survey instrument and potentially a follow-up phone call or email to clarify information. Survey completion will last approximately 30-45 minutes. Also, the researcher, with your permission, may contact you after the survey has been returned in the event that clarification of information that you provided is needed.

There are no potential risks associated with this study. Your personal information, such as name, will be kept in complete confidentiality and will not be reported in any form within the research project. Aside from the contribution of crucial information to be applied to the veterans' court population, there are no other benefits related to this study. You will not, either positively or negatively, be affected by your participation within this study.

Your participation in this study is completely voluntary. You are free to decide not to participate in this study or to withdraw at any time without adverse consequences. If you choose to participate, you may withdraw at any time by notifying me, the principle researcher, using the information below. Upon your request to withdraw, all information pertaining to you will be destroyed if that is your wish. If you choose to participate, all information will be held in strict confidence.

If you are willing to participate in this study, please sign the statements below.

Primary Researcher:

Paul A. Lucas
Doctoral Candidate
Indiana University of Pennsylvania
Department of Criminology & Criminal Justice
Indiana, PA 15705
Phone: 717.421.8667
Email: p.a.lucas@iup.edu

Project director:

Dr. Jamie S. Martin
Professor
Indiana University of Pennsylvania
Department of Criminology & Criminal Justice
105 Wilson Hall
Phone: 724-357-5975
Email: jmartin@iup.edu

Informed Consent-Surveys

**Veterans' Treatment Court Peer Mentors and Statewide Operating Procedures in
Pennsylvania: A Mixed-Method Examination
Court Coordinator Survey
Indiana University of Pennsylvania**

VOLUNTARY CONSENT FORM:

I have read and understand the information on the form and I consent to volunteer to be a subject in this study. I understand that my personal information, such as name, will be held in strict confidentiality and that I have the right to withdraw at any time. I have received an unsigned copy of this informed consent form to keep in my possession.

Name (*please print*): _____

Signature: _____

Date: _____

May I contact you if needed for clarification? _____ Yes _____ No

If yes,

Phone where you can be reached: _____

Email where you can be reached: _____

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised, and have witnessed the above signature.

Date: _____ **Primary Researcher's Signature:** _____

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724.357.7730)

Appendix D

Informed Consent-Interviews

Veterans' Treatment Court Peer Mentors and Statewide Operating Procedures in Pennsylvania: A Mixed-Method Examination Peer Mentor Interviews Indiana University of Pennsylvania

You are invited to participate in a research study. The following information is provided to help you make an informed decision about whether to participant. If you have any questions, please contact me using the information provided below.

This project is affiliated with the Indiana University of Pennsylvania, where I am a doctoral candidate. The purpose of this research is to talk with you regarding your experiences as a peer mentor within veterans' treatment court. Participation within the study will involve an initial interview and a potential follow-up phone call, email, or additional interview to clarify information. The interviews will be audio-recorded and will last approximately 45 minutes. Additionally, the researcher, with your permission, may contact you after the interview in the event that clarification of information that you provided is needed.

There are no known risks associated with participation within the study. Your personal information, such as your name, will be kept in complete confidentiality and will not be reported in any form within the research project or interview transcripts. Aside from the contribution of crucial information to be applied to the veterans' court population, there are no other benefits related to this study. You will not, either positively or negatively, be affected by your participation within this study. This includes favors from the court, researcher, or Indiana University of Pennsylvania.

Your participation in this study is completely voluntary. You are free to decide not to participate in this study or to withdraw at any time without adverse consequences. If you choose to participate, you may withdraw at any time by notifying me, the principle researcher. Upon your request to withdraw, all information pertaining to you will be destroyed if that is your wish. If you choose to participate, all information will be held in strict confidence.

If you are willing to participate in this study, please sign the statements below.

Primary Researcher:

Paul A. Lucas
Doctoral Candidate
Indiana University of Pennsylvania
Department of Criminology & Criminal Justice
Indiana, PA 15705
Phone: 717.421.8667
Email: p.a.lucas@iup.edu

Project director:

Dr. Jamie S. Martin
Professor
Indiana University of Pennsylvania
Department of Criminology & Criminal Justice
105 Wilson Hall
Phone: 724-357-5975
Email: jmartin@iup.edu

Informed Consent-Interviews

**Veterans' Treatment Court Peer Mentors and Statewide Operating Procedures in
Pennsylvania: A Mixed-Method Examination
Peer Mentor Interviews
Indiana University of Pennsylvania**

VOLUNTARY CONSENT FORM:

I have read and understand the information on the form and I consent to volunteer to be a subject in this study. I understand that my personal information, such as name, will be held in strict confidentiality and that I have the right to withdraw at any time. I have received an unsigned copy of this informed consent form to keep in my possession.

Name (*please print*): _____

Signature: _____

Date: _____

May I contact you if needed for clarification? _____ Yes _____ No

If yes,

Phone where you can be reached: _____

Email where you can be reached: _____

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised, and have witnessed the above signature.

Date: _____ **Interviewer's signature:** _____

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724.357.7730)