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When a Veterans' Treatment Court Fails: Lessons Learned from a Qualitative Evaluation

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ABSTRACT

More than 500 veterans treatment courts (VTCs) provide thousands of eligible veterans across the nation alternative means of resolving criminal charges through a therapeutic, judicially supervised programs. The majority of those VTCs mandate that veteran participants work with a volunteer veteran mentor throughout their tenure in VTC programs. Mentoring has been heralded as a critical and valuable component of VTCs, and it is believed that mentoring discourages substance abuse and promotes adherence to substance abuse interventions. But very little is known about how mentoring actually works. Scant research documents how mentors interact with mentees, what their responsibilities are, or what impact they have on veterans' progress through rigorous VTC protocols. Through interview data collected following the death of a veteran mentee in a northeastern Study VTC, this research provides in-depth analysis of how mentors and mentees understand their responsibilities with respect to illicit substance use and violations of VTCs' sobriety requirements. This article provides background data on VTCs and veterans who participate in them, then explores interview and documentary data as part of a case study of a policy failure in the Study VTC. The article concludes with recommendations that could improve mentor/mentee relationships and VTC participants' access to treatment.

KEYWORDS

Veterans treatment courts; mentoring offenders; program evaluation; rehabilitation; veterans and crime

Veterans Treatment Courts (VTCs) are a collaborative, judicially based, multiagency approach to help current and former military members who commit crimes and who are experiencing one or more psychosocial challenges related to, or arising from, their military service (Baldwin, 2015; Cavanaugh, 2011; Knudsen & Wingenfeld, 2016; Pratt, 2010; Timko et al., 2016). VTCs are the fastest growing specialized court phenomenon, having first appeared in around 2008 in two unrelated initiatives in Buffalo, New York, and Alaska. Expansion of VTC programs since implementation of the original VTC model has been both rapid and extensive (e.g., Douds, Ahlin, Howard, & Stigerwalt, 2017; Shannon et al., 2017; Yerramsetti, Simons, Coonan, & Stolar, 2017). In ten years, the number of VTCs ballooned from a handful to almost 500 (Flatley, Clark, Rosenthal, & Blue-Howells, 2017; Tsai, Finlay, Flatley, Kaspro, & Clark, 2018). Since inception, substance abuse and addiction have dominated VTCs' focus of effort, due in large part to the high rates of both among veterans and related criminogenic risk (Douds & Ahlin, 2019).

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VTCs developed as a practical and logical response to four characteristics of veterans who become involved in the criminal justice system. First, on average they are older and more mature than non-veteran offenders; thus, they have a greater likelihood of desistance from crime following suitable intervention. Second, they are familiar with the structured environment and goal orientation common in many treatment modalities (Blue-Howells, Clark, van Den Berk-Clark, & McGuire, 2013). They are mission oriented and they are accustomed to following institutional rules. Finally, veterans are at higher risk for adverse outcomes during incarceration. One assessment of veteran mortality in prison showed evidence of a higher risk of death while incarcerated for veterans entering prison at a younger age and serving longer sentences (Luallen & Corry, 2017). Sustaining interventions for offenders upon their release from jail or prison has proven difficult and coordinating care for veterans, either through community resources or the Veterans Administration, is best accomplished outside the carceral setting. If research continues to support these assertions, there is even further justification for diverting veterans away from the traditional justice system and toward community-based rehabilitative programs such as those offered by VTCs.

Finally, and most relevant to this research, veterans suffer from greater rates of substance abuse than non-veterans, and their substance abuse problems appear to be secondary to service-related issues such as post-traumatic stress and traumatic brain injury. Specialized courts like VTCs demonstrate greater success with substance abuse-related offenses than traditional courts. Given that 20–32% of veterans report one or more problems with drug or alcohol abuse (Lan et al., 2016), and half of all incarcerated veterans in one large-scale study indicated substance use at the time of the offense for which they were convicted (Tsai, Rosenheck, Kasprow, & McGuire, 2013), it makes sense that VTCs focus their efforts on treatment and scaffolded, community-based interventions.

VTCs depend upon mentors for much of their substance abuse response. The majority of VTCs include mentoring programs (Frederick, 2014; McCormick-Goodhart, 2013) and most of those mentors are involved, to some extent, in assisting with mentees' addictions and treatment oversight, if only in an informal sense (Baldwin, 2013). There is no rule book for how those mentors are supposed to behave, and most of them seem to depend on personal experience and instinct. But there is no consensus on what mentors' responsibilities are or should be vis-à-vis mentees and addiction or substance abuse. There are no guidelines for mentors volunteering in the programs and no definitive communication flow between professional court staff and the mentors who are often the best assessors of participant progress. This lack of definition presents profound problems for mentoring programs. In a worst-case scenario, that lack of definition can have tragic results, such as a VTC participant falling through the cracks and losing their life just weeks shy of completing the treatment process. This article examines one VTC mentor program to identify junctures at which mentors and mentees could benefit from better direction and oversight. Next, it grounds that discussion in the national legal landscape and provides practical recommendations for reform.

Veterans treatment courts: An overview

As a precursor to consideration of the interface of mentoring and substance abuse treatment in VTCs, it is useful to consider a brief overview of offending among veterans,

veterans' risk factors for offending, and how VTCs operate in general. The following provides a synopsis of the data on each.

Offending among veterans

While it is clear that the majority of veterans never come into contact with the criminal justice system, precise calculation of the justice-involved veteran population is difficult due to a lack of data on arrest rates and problems with comparisons among studies. Anywhere from 4% to 26% of arrestee populations are veterans, but those numbers must be contextualized with demographic data on the study jurisdiction, when the studies were conducted, and methodology before they can be interpreted properly (see Douds & Ahlin, 2019). Perhaps incarceration rates may prove more helpful to understand the sizes of veteran versus non-veteran justice-involved populations. Veterans constituted 10% of the incarcerated population in 2007 (Elbogen et al., 2012; Noonan & Mumola, 2004). In 2012, 855 per 100,000 veterans were incarcerated, and 953 per 100,000 non-veterans were incarcerated (Bronson, Carson, Noonan, & Berzofsky, 2015; Carson, Noonan, & Berzofsky, 2015). That same year, in terms of proportion, veterans accounted for 8% of all inmates in state and federal prisons and local jails (Bronson et al., 2015). The percentage of the incarcerated population that are veterans has decreased consistently ever since the Vietnam era, when veterans represented as much as 19% of the incarcerated population (Bronson et al., 2015).

The relationship between the size of the offending veteran population and the size of the veteran population that enter VTCs has not received much scholarly attention. One study calculated that more than 7,900 veterans had been served by a VTC between 2011 and 2015 (Tsai et al., 2018). Another older study found that, as of 2012, over 3,600 veterans were current participants in VTCs nationwide (Baldwin, 2017). Total service capacity is likely higher at present, given that new VTCs have continued to come online since an initial survey in 2012, when at least 18 courts were then in the implementation stage (Baldwin, 2013). However, little is known about the number of offending veterans who meet eligibility requirements for VTCs but do not become participants, and why and how such decisions are made. What is known is that veterans, inside and outside of VTCs, suffer disproportionately from higher rates of service-related mental health challenges that correlate with increased risk for criminal justice involvement.

Mental health among veterans

As is the case with any diversion program, the goals of protecting society, preventing future crimes, and restoration of the individual are best achieved by addressing the underlying contributory factors that lead individuals to criminality (Yerramsetti et al., 2017). VTCs are no different, and they focus particular attention upon combat-related mental and neurological health and attendant issues with substance abuse. It has been established that traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD), which are more common among veterans than non-veterans, are most frequently associated with combat-related injuries and are positively correlated with both substance use disorder (SUD) and criminal behavior within the veteran population

(Shannon et al., 2017; Wanklyn, Brankley, Laurence, Monson, & Schumm, 2017). Historically, veterans were appearing with greater frequency in already-established drug and mental health courts, and they were overrepresented in the subpopulation of offenders with TBIs and PTSD (Johnson et al., 2017). It is possible to draw a direct correlation from veterans' criminogenic needs to criminal behavior that was absent/unknown prior to, or exacerbated by, their military service (Moore, 2012). Co-occurrence of TBI, PTSD, and SUD can predict justice involvement, as well as suicidal thoughts, suicidal acts, and death by suicide of veterans (Greden et al., 2010). Further, it is hypothesized that justice-involved veterans may represent a group at higher risk for suicide, particularly those veterans incarcerated or recently released (Wortzel, Binswanger, Anderson, & Adler, 2009; Wortzel, Blatchford, Conner, Adler, & Binswanger, 2012). In addition to the substance abuse and mental health issues, justice-involved veterans also exhibit a host of other psychosocial issues such as homelessness, unemployment, difficulty managing anger, and fractured interpersonal relationships, all of which also are related to risk for offending (Knudsen & Wingenfeld, 2016).

VTC eligibility

A minority of veterans who suffer from mental health problems become involved in the criminal justice system. Among those who do, some become eligible for participation in VTCs. How VTCs define eligibility depends upon local and state rules and revolves around veterans' discharge status, their offense types, and the availability of resources to respond to their psychosocial needs (Douds & Ahlin, 2019). But all veterans in all VTCs share at least two characteristics: (1) they are charged with a criminal offense; and (2) they appear to have one more substance abuse, mental health, and/or behavioral health conditions (Smee et al., 2013). Many jurisdictions restrict the types of offense that will be handled in VTCs, and many also require that veterans demonstrate a nexus among their offense and their mental health condition (e.g., Douds & Ahlin, 2019; State of Kansas, 2015). Thus, to gain a baseline understanding of potential populations served by VTCs, one must look first at the size of the sub-population of veterans who face criminal charges and the size of the subpopulation of veterans who endure mental health issues.

In sum, veterans constitute approximately 8% of the incarcerated population (Noonan & Mumola, 2004), and approximately 20% of all veterans are at increased risk for criminal offending due to correlated mental health conditions (Tanielian et al., 2008). Utilization of VTCs is low among eligible veteran populations for reasons that are not yet apparent (O'Hara & Platoni, 2017). Thus, it appears that VTCs serve a fairly small portion of the criminal justice population. Nevertheless, courts across the country have determined that they are a sub-population worthy of special attention, due in part to their service-related treatment needs (see Arno, 2015). The theoretical justifications for these courts range from the practical to the philosophical, but most are embedded in a therapeutic justice model that presumes that veterans have special needs that distinguish them from the general population and that they are deserving of special treatment due to their service to the nation.

VTC teams

As noted above, VTCs grew in large part from the drug-court model that originated in the late 1980s and VTCs resemble drug courts in many respects. Specifically, most, if not all, VTCs mandate one or more forms of therapy, and the majority of VTCs require addiction or substance abuse counseling (Baldwin, 2015; Cavanaugh, 2011). Many VTCs subscribe to the Ten Key Components espoused by drug courts and the National Association of Drug Court Professionals (Shannon et al., 2017). Also, like drug and other specialized courts, judges oversee most VTCs and require that veteran/participants appear periodically in formal court settings to report on their progress in prescribed programs (Knudsen & Wingenfeld, 2016; Moore, 2012). Finally, VTCs, like most other specialized courts, operate on a team system in which key criminal justice stakeholders—including prosecution, probation, treatment providers, data managers, and court administration—work collectively on veterans' cases.

Unlike most other specialized courts, however, most VTCs usually include two additional features: (1) VTC teams include a representative from the Veterans Administration (VA), who is referred to as a Veterans Justice Outreach officer (VJO); and (2) the majority of VTC programs incorporate a mentoring program (Smee et al., 2013). VJOs bring valuable insights from the federal Veterans Administration and allow VTC teams to be better informed of veteran/participants' military service, medical and mental health histories, and eligibility for federal services. VJOs also facilitate liaisons among federal, state, and community programs and benefits (Finlay et al., 2016). The VJO adds administrative and service depth to the VTC team.

The roles of the other unique feature of VTCs, the mentors, are not as clear as those of the VJOs. A small but growing body of literature suggests that VTCs are effective in several respects, and veterans who complete VTC programs benefit from improved mental health, decreased PTSD symptoms, decreased depression and anxiety, and improved quality of life (Montgomery & Olson, 2018). It is not yet clear, however, the extent to which mentors contribute to these types of successes in VTCs. This article examines one of those features, the veteran mentor, and explores how veteran mentors interact with veteran mentees with respect to substance use, abstinence, and court-imposed sobriety requirements.

Mentors in VTCs

The majority of VTC programs include a mentoring component (Johnson et al., 2016), and mentoring has been a component of VTCs since their inception. The first sustained VTC in Buffalo, New York, incorporated volunteer veteran mentors into the court's structure. The Buffalo Veterans Treatment Court policy and procedure manual states:

The role of the Volunteer Veteran Mentor is to act as a coach, a guide, a role model, an advocate, and support for the individuals s/he is working with. The mentor is intended to encourage, guide, and support the mentee as s/he progresses through the court process. This will include listening to the concerns of the veteran and making general suggestions, assisting the veteran in determining what their needs are, and acting as a support for the veteran at a time when they may feel alone in a way that only another veteran can understand. (Russell, 2009, p. 10)

Early VTCs recognized that program participants were more likely to respond positively to someone who had similar experiences and perhaps even the same difficulties that resulted in the participant committing criminal acts. Discharged members of the military are familiar with following orders and respecting authority through a chain of command. But outside the military structure, former military personnel may be reluctant to heed authority from someone who has not shared their experiences. Additionally, treatment often can be a confusing and lonely proposition, where the already vulnerable can easily go off track and revert to behaviors that lead to justice-system involvement. Sustaining a treatment course to make positive changes requires great energy and willpower. Both of these are likely to wane throughout the course of one's treatment journey, and the type of one-on-one relationship where a mentor gives the mentee his/her time and support in a nonjudgmental fashion can be the difference between the mentee continuing toward addressing the issues underlying his/her justice system involvement and lapsing back into those same behaviors (Taylor et al., 2013).

The mentor role can differ among jurisdictions with VTCs (Taylor et al., 2013). In some cases, mentors are highly involved throughout the duration of mentees' participation in treatment protocols. In others, mentoring is more informal, and the level of involvement is tailored to the needs of the mentee. The use of mentors in VTCs would seem a natural fit and be wholly advantageous to the success of VTC programs given the emphasis on teamwork in military settings and the idea of always having a fellow soldier's "six" in combat situations (Douds & Ahlin, 2019). The pathway through any specialized court can be an arduous process. Participants have goals to achieve, milestones to reach, a heightened level of surveillance compared with other justice-system processes, and an often-daunting number of places at which they must physically appear. It is beneficial if mentors have been successful in overcoming their own issues, and are optimistic, supportive, and focused on their mentees (Moore, 2012). In short, what VTC participants need through the process is a nonjudgmental "buddy," because "another veteran who has been there may make it easier to get help" (Greden et al., 2010, p. 93).

But while mentors may relate to, and be able to support, fellow veterans in their struggles with sobriety, it is also important that mentors fully understand treatment court processes and rehabilitative programs (Cavanaugh, 2011). Mentors, of course, do not need to be trained to the level of social service professionals engaged with participants in VTCs, but they have a special and delicate role to play. Because mentors likely will have the greatest amount of contact with their mentees throughout the treatment court process, they may be best able to gauge mentees' progress and recognize when they may need a higher level of care or different treatment protocol (Cavanaugh, 2011). Further, analyses of program evaluations of mentoring efficacy demonstrate that sustained mentor/mentee contact over a sufficient duration demonstrates the most promise in terms of desistance from criminal behavior (Jolliffe & Farrington, 2007). Indeed, a possible confounding success of VTCs is a concept as simple as veterans dispersing and separating across great distances with the loss of everyday contact from military buddies (Greden et al., 2010).

Mentorship experiences hold promise in a variety of treatment court settings; however, the use of mentors in the justice process is neither a panacea nor without its challenges (Hucklesby & Wincup, 2014). For example, some critics assert that mentoring within a treatment court setting has the potential to be a vehicle through which the formal justice

system can surveil and become more involved in participants' lives (Hucklesby & Wincup, 2014). A comprehensive examination of outcomes in more than three dozen mentoring programs for youths in England and Wales demonstrated that more than 50% of youths who completed these programs reoffended—a rate not significantly different from comparison groups (Tarling, Davison, & Clarke, 2004). Furthermore, it is known from the recovery community that sponsors' behavior significantly influences that of those being sponsored. Relapse by either can have negative ramifications for the recovery of the other. There is little empirical evidence regarding the benefits or negative impacts of mentoring on mentors' desistance from crime or substance use, either in the justice system generally or in VTCs specifically (see Buck, 2017; Dugdale, Elison, Davies, Ward, & Dalton, 2016). Preliminary information has indicated that mentoring enhances the recovery process for mentors themselves, primarily by allowing mentors to focus on the recovery of others and remaining engaged with resources that help maintain their own recovery (Dugdale et al., 2016).

VTCs in general do not clearly define the purpose of mentors or the expectations for them vis-à-vis treatment protocols. Most mentor programs lack an identified theoretical foundation, which makes mentor program implementation and oversight problematic, particularly with respect to substance abuse treatment protocols. It may be that VTC mentor programs find their theoretical home in the literature on Alcoholics Anonymous (AA) and similar programs that espouse the efficacy of sponsorship in promoting abstinence (Tonigan & Rice, 2010). Intensive engagement with AA sponsors appears directly correlated with greater success in AA programs and with desistance from substance use (Witbrodt, Kaskutas, Bond, & Delucchi, 2012). It is certainly true that VTCs often mandate Narcotics Anonymous (NA) and/or AA participation, and observational data indicate that mentors often perceive themselves as a “sponsor” within VTCs (see Lucas, 2017). Unfortunately, mentoring programs, such as the one examined in the Study VTC, may not serve the purposes the VTC team intends and may, on occasion, create a false sense of comfort that leads all involved to ignore perilous warning signs of recidivism and substance abuse.

Whether veterans enter these specialized court programs as a diversionary measure or their participation is a component of their sanction, the primary goal of VTCs is to address their underlying issues and transition veterans back into their communities with the assistance of a web of services, caseworker guidance, and peer mentorship (McCall, Tsai, & Gordon, 2018). The issues for which participants are treated in VTCs are often long-term, outpatient programs where veterans must take the initiative to attend and engage in treatment protocols. The impact of an experienced peer mentor—or sponsor in the substance abuse treatment parlance—cannot be underestimated, particularly in a population that values teamwork and is looking out for fellow soldiers. Connecting to, and sustaining participation in, outpatient services is one of the most significant impediments to successful outcomes for any justice-involved population. Prior evaluation studies demonstrate that veterans undergoing treatment regimens benefit from peer mentorship in that they are more likely to adhere to outpatient appointments and follow treatment protocols (Tracy, Burton, Nich, & Rounsaville, 2011).

While the benefits and potential of mentoring relationships for offenders in general, and justice-involved veterans participating in VTCs specifically, should be acknowledged, it is important not to oversell mentoring as a curative for veterans' criminal offending. As

with the general offending population, recidivism and relapse are common, and desistance from criminal behavior often does not occur on a linear plane (Buck, 2018). Similar to attempts at sobriety, final desistance is frequently achieved after several tries, and individual failures cannot be construed as programmatic failure. In sponsoring relationships, both those who are sponsored and those doing the sponsoring sometimes relapse, and a “layered” approach to mentorship acts as a safety net (“My sponsor’s sponsor intervened”). Rehabilitation does not take place in a vacuum, and there are numerous intervening variables that can impact the trajectory of recovery. What is most important is for there to be a plan in place to support the mentee if a negative factor impacts the mentoring relationship.

A case of failure

Prior to the current study, the research team had been conducting a program evaluation in a Study VTC in Pennsylvania. After completing an initial round of research, the research team took a hiatus to analyze data. A VTC participant died during that hiatus.

This veteran, “Betty,” was by all accounts up to that point a success story. She had spent almost two years in the program. She worked regularly with her mentor, developed meaningful friendships within the program, and had regained the right to see her children. She was days shy of graduating from the local community college with a professional degree. She had moved into her own apartment after bouncing among temporary shelter situations. Most important to the VTC team, she had almost completed the intensive, two-year VTC program track that requires weekly court appearances, twice-weekly contacts with a mentor, 300-plus hours of community service, mental health and behavioral therapy, substance abuse counseling, and monitored sobriety. Most relevant to this study, that program also mandated multiple weekly contacts with her mentor.

On a Thursday night prior to VTC graduation, she had friends come to her apartment for dinner to celebrate her recent successes. From the looks of the dirty dinner and dessert plates, it appeared in retrospect that she had a nice evening. But at some point, after dinner, after the guests had left, she either intentionally or inadvertently overdosed on inhalants, killing herself.

When the VTC team, veterans, and mentors learned of her death, they were devastated. The judge reported that he was blindsided, stung, and deeply disturbed by her death. Other members of the VTC were equally shocked and said they “did not see it coming.” Filled with self-doubt and self-blame, the judge, the other members of the VTC team, the mentors, and the veterans repeatedly asked themselves “What did we miss?” and “Could we have done more?” One member of the VTC team wondered aloud if Betty had been using hard-to-detect inhalants throughout her time in the program. Others reflected that they, retrospectively, had noticed changes in Betty’s behavior a few months prior to her death, but that “hindsight is 20/20.”

One week after Betty’s death, the research team met with the judge. The meeting had been on the calendar for months, so the timing was fortuitous. After the team recapped the research thus far, they asked the judge if there were any research questions that remained unanswered in his mind. He asked the team to expand its inquiry to see what, if anything, could have been done to prevent Betty’s death. He felt the loss deeply and

personally. He said that he wanted to know “the good, the bad, and the ugly” about what in his VTC could be changed to better anticipate and respond to situations like Betty’s.

This article thus asks three sets of questions. First, what did the Study VTC expect of its mentor program with respect to oversight and reporting about substance use among veteran participants? And what kind of guidance or training did mentors receive on substance abuse detection and response? Second, at what points in the mentor-mentee program were there opportunities for intervention that may have been overlooked, and what can be done in the future to plan for these awful and often unforeseen outcomes? Finally, what lessons can be learned from this one court’s experience, and how can those lessons be extrapolated to inform a national conversation about improving practices in these courts that now serve the majority of judicial jurisdictions in this country? In short, can failure be an opportunity for a program to become more effective rather than be accepted as an inevitable feature of any correctional intervention?

Research strategy

To explore these questions, the research team crafted a mixed-methods research plan that included (1) interviews with mentors, mentees, and VTC team members; (2) review of all documents identified as relevant to VTC operations by members of the VTC team; and (3) review of all state-level law on VTCs and mentoring in order to situate this study in a larger context. The researchers interviewed 12 mentors and 13 mentees over a period of five months using semi-structured interview guides that included questions designed to elicit information about the mentor program, substance abuse monitoring, and Betty’s death. Specifically, the team asked three categories of questions: (1) strengths and weaknesses of the mentoring program generally; (2) how mentors and mentees perceived their duties with respect to monitoring, reporting, or intervening in the event of suspected substance use; and (3) what they observed or thought about Betty’s death. The interviews and field notes were transcribed and coded for dominant themes (Maxwell, 2013; Saldaña, 2015), and two researchers reviewed all interview notes to enhance quality and consistency of coding (Creswell, 2013; Elo et al., 2014). The researchers stopped the interviews after five months when saturation was achieved and it appeared that neither additional interviews nor additional data analysis would elicit any additional information because findings were becoming redundant (Fusch & Ness, 2015; Saunders et al., 2018). The discussion below reflects synthesis of the interview findings with passages of transcripts selected that best encapsulate the content collected across multiple interviews and consistent with dominant themes.

Simultaneous with the interviews, one or more researchers attended the mentees’ weekly morning meetings during which mentees visited with one another and shared their weeks’ events. That same researcher also attended the formal VTC court session each week to glean additional information about the study topics. Additionally, the researchers spoke with several members of the VTC team. Other than the judge, the identities of those who spoke with the researchers will be kept anonymous by referring to them simply as “members of the VTC team.” Finally, the researchers examined the Study VTC’s training materials and program manuals, and took the online training program that all Study VTC mentors are required to complete (Administrative Office of Pennsylvania Courts, n.d.). After Betty died, but before the end of the five-month study period, the Study VTC

created and hosted a day-long, live, mandatory Mentor Training Program for all Study VTC mentors. The Study VTC team developed the curriculum themselves in consultation with the VJO but without any external or academic guidance. A member of the research team observed this training.

To give this study context, the research team assessed the extent to which Pennsylvania and other state statutes and state-level court rules address mentoring programs in judicial settings. The authors searched Westlaw's Statutes and Court Rules database for the truncated term "mentor" in all 50 states and the District of Columbia. That search yielded 1,252 hits for the word "mentor," or some variation thereof, in state constitutions, codes of law, administrative orders, and state court rules. Of those 1,252 hits, 22 hits in seven states related to mentors or mentoring programs in adult-oriented judicial settings. Specifically, Alabama had one statutory mentoring provision; Florida had five administrative orders related to mentoring; Hawaii had one set of Supreme Court rules and one statute related to mentoring; Louisiana had three statutes and two state-level rules of criminal procedure related to mentoring; New Jersey had five statutes and a directive on mentoring; Oklahoma had one statute; and Wisconsin had two statutes. These findings are presented in [Table 1](#). Pennsylvania, which provides VTC program guidance through judicial websites and Administrative Office of the Public Courts (AOPC) resources, did not have any legislation or other materials that could be located in Westlaw. No states comprehensively prescribed a mentoring program in an adult judicial context. Many states had statutes, rules, and directives related to teacher-mentors, nurse-mentors, school-based mentors for students, employment mentors, child welfare mentors for custody and child welfare cases, attorney-mentors for attorney discipline proceedings, and mentors for youth involved in the juvenile justice system. All of those types of mentor provisions were excluded from this analysis, and this project focuses solely on mentor programs targeted to adults involved in criminal justice proceedings.

Lessons learned

The interview data revealed a VTC mentor program that is very popular among mentors and mentees, with a great deal of buy-in from the mentors, in particular. Mentors are proud of their work with the mentees and on the whole they derive much satisfaction from their volunteer work. At the same time, mentors lament that they are not permitted to participate more fully in the VTC program, and they believe that the VTC would be better informed and better prepared to respond to problems with mentees if the VTC were more open to feedback from the mentors. Mentees in general appreciate mentors and view them as valuable to recovery and success. However, they suspect that some mentors are willfully ignorant to mentees' substance abuse and assume that VTC team members are blind to signs of drug use among those who appear before the court. More detailed narratives are provided below divided into each of the three major areas of inquiry.

Strengths and weaknesses of the mentoring program

Mentors generally were more apt than mentees to elaborate on the strengths and weaknesses of mentoring from a programmatic level. Mentees' comments revolved more around individual-level experience and personal observation, with a few exceptions.

Table 1. State-level provisions on mentoring programs in VTCs.

STATE	STATUTE	SUBSTANTIVE RELEVANCE
Alabama	§ 41–29-320	No
Florida	Administrative Order Number 4.905–11/10	Yes: states that “a Volunteer Mentor program, made up entirely of specially trained veteran volunteers, is a critical component of the Veteran’s Docket.” Vets management of mentor program in external nonprofit organizations.
	Administrative Order Number 16–14	Directing the lower courts to “establish volunteer mentor program comprised of specially trained volunteers to guide and support the Veterans and Service Members through the judicial process and to assist them with their treatment plan(s) and other services available from the Department [of Veterans Affairs] and community treatment providers.”
	Administrative Order 2012–35-CRIM	Identifying a specific nonprofit organization to administer a volunteer mentor program in courts in Broward County.
	Administrative Order S-2016–032	Directing that the veterans treatment courts “will increase the efficiency of the criminal court system and permit access to state, local, and federal services and resources by utilizing Veterans Administration and Veteran Mentor Volunteer resources and support systems.”
	Administrative Order Number 11–38-B	Declaring that “a centralized Veterans’ Treatment Court that utilizes available Veteran Administration and Veteran Mentor Volunteer resources and support systems will increase the efficiency of the criminal court system in this circuit and permit better access to a continuing shrinkage of state and local resources and services.”
Hawaii	§ 353H-31	Not specific to veterans. Law allowing “ex-offenders who have reentered the community to contact mentors who remain incarcerated through the use of technology, such as videoconferencing, or encourage mentors in prison to support the ex-offenders’ reentry process.”
Kentucky	KY HMHC § 8	Acknowledges existence of mentors in Mental Health Court.
Louisiana	LSA-R.S. § 15:1199.25	The Post-Conviction Veterans Mentor Program. Describes conditions under which incarcerated veterans can apply to and serve as mentors for the Veterans Court probation program and to “serve as the first line of defense against relapse and recidivism.”
	LSA-R.S. § 15:1199.22	“The goal of the Post-Conviction Veterans mentor program is to reduce recidivism among veterans and to provide those who have served this country with the assistance that they need and deserve.”
	LSA-C.Cr.P.Art. 8950	“mentor” means a person approved by the court who volunteers to provide support and personal, education, rehabilitation.
New Jersey	38A:3–6.20	Establishing a registry of volunteers to serve as mentors to veterans admitted to the Veterans Diversion Program or probation.
	2C:43–26	Requiring cooperation with a mentor as a condition of admission to veterans court.
	30:4–91.18	Stating that mentors’ progress reports on mentees will be considered as prosecutors set the length of mentee/veterans’ time in veterans court programs.
	Directive 14–04.	Indicating that late-stage drug court participants may serve as mentors to new participants.
Oklahoma	22 Okl.St. Ann. Section 991a(A) (1)(t)	Establishing that “[t]he courts ... may order the convicted defendant at the time of sentencing or at any time during the suspended sentence ... to obtain positive behavior modeling by a trained mentor.”
Wisconsin	W.S.A. 905.16(1)	Defining a “veteran mentor” by six characteristics.
	Communication to veteran mentors W.S.A. 905.16(2)	General Rule of Privilege. “A veteran or member has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication made by the veteran or member to a veteran mentor while the veteran mentor is acting within the scope of his or her duties under the veterans mentoring program.”
	W.S.A. 905.16(3)	Who may claim the privilege. “The privilege may be claimed by the veteran or member, by the veteran’s or member’s guardian or conservator, or by the veteran’s or member’s personal representative if the veteran or member is deceased. The veteran mentor may claim the privilege on behalf of the veteran or member. The veteran’s member’s authority to claim the privilege on behalf of the person is presumed in the absence of evidence to the contrary.

(Continued)

Table 1. (Continued).

STATE	STATUTE	SUBSTANTIVE RELEVANCE
	W.S.A. 905.16(4)	Exception. There is no privilege under this section as to the following: (a) A communication that indicates that the veteran or member plans or threatens to commit a crime or to seriously harm himself or herself; (b) A communication that the veteran or member has agreed in writing to allow to be disclosed as a condition of his or her participation in the veterans mentoring program.
	W.S.A. 46.48(d)(2)	Directing “the use of mentors to assist participants in their reintegration into the community” as part of a prisoner reintegration program.

Mentors shared that the senses of purpose, of giving back, and of feeling like they were making a difference in someone’s life were the greatest strengths of the program. Most of them explained that they had not received much formal training before becoming mentors, but mentor Joe reflected the consensus of the group when he explained that “the best training is that the majority of the mentors have experienced some addiction problems themselves. Gives good perspective.” Or, as mentor Charles described it, mentors are effective because of “having walked the walk ourselves.” Several other mentors were currently active in AA. Interestingly, one of the mentors previously was a mentee, having taken “the long road” to recovery from drug addiction but found salvation in the VTC program. This mentor embodies, to a large extent, what the other mentors were saying: sometimes the best mentors are those who have been “to hell and back.”

Another mentor, who served in the National Guard, said he did “what was required of him to do” during his term of military service, and that he never suffered any adverse consequences or trauma as a result of his service. But he has observed that mentors who have endured PTSD, injury, or difficulties with reintegration following deployment often make the best mentors, saying that “if you have mentors that have suffered with their own demons, whether PTSD, alcohol or drug abuse – and a number of them have – that’s the strength. Some even go to AA with them [the mentees].”

Billy, a mentee, echoed what the mentors said. It was reassuring to him to know that his mentor is an alcoholic who participates in AA because Billy “doesn’t have to make him understand... he’s there.” Billy and Ted, who were interviewed together, concurred that, as Ted said, “it didn’t take long” to bond with their mentors “since they’ve been through the same things as us.”

Mentees also identified culture within the VTC as a strength and protective factor against relapse, particularly with respect to substance use. Billy said, “There are definitely negative emotions towards others using,” to which Will (who arrived late to the interview) and Ted nodded in agreement. Other mentees in the room who were sitting apart from the conversation also nodded or made affirmative noises as they listened to the conversation.

Mentees did not offer much criticism of the mentoring program, and the sense in the room was that they did not want to “talk out of school,” as one of them said. When mentees were asked about any weaknesses they have noticed about the mentoring program, some gave non-specific negative verbal responses such as “nah” while others demurred but looked uncomfortable. The sense among the researchers was that the

mentees did not want to be quoted as speaking ill of the mentors who report about them to the court.

From the mentors' perspective, the greatest weakness is that they feel under-utilized, "hamstrung," "kneecapped," and "constrained" by a VTC team that "does not want to hear what [they] have to say." Talking over one another excitedly about this topic that seemed to energize both individual and group interviewees, Charles' voice was the first to rise to the top during the lengthiest group interview. "We are expected to just sort of be non-vocal standby placeholders ... they don't want to hear from us. They told us that point blank. That is somewhat of a mistake, but it is not my place to make that call."

Saul added, "When this was reaching a boiling point, there was some discussion about us mentors meeting with the [VTC] team when they were talking about our guy. Judge said, 'No, we don't want anything from the mentors except the time and the amount of contacts.'" In follow-up questioning, Saul explained that the thing that had "reached a boiling point" was a conflict between mentors and professional court personnel over what mentors can and cannot do with respect to speaking up on behalf of the mentees and counseling mentees who mentors perceive are in crisis.

In sum, the strengths of the program lie most in the shared experiences that lay a foundation of trust and facilitate rapid relationship development among mentors and mentees. Most perceive themselves to be members of "the same tribe." That tribalism, or community, fosters a sense of belonging and accountability that is important for successful completion of the VTC program. However, that community, collectively, feels somewhat alienated from the VTC team. While the judge often pronounces in open court that they "are all family," that sense of family is fractured by mentors' impression that their insights are undervalued and their contributions underappreciated. Mentees appreciate the family sentiment in theory, but there is an undercurrent of doubt among mentees, some of whom think that the VTC team's interest in mentees' welfare is compromised by their desire to report successful case outcomes.

Substance abuse detection, reporting, intervention

Building upon the purported conflict over mentors speaking on behalf of mentees and what mentors should do when they think their mentee is in crisis, the research team explored what kinds of training mentors receive regarding what they should and should not do when they suspect someone is using prohibited substances. A retired attorney and mentor reflected on his several years with the court:

I went through it [the online and court-based training] a long time ago and cannot recall if they defined the mentor role. They dumped a lot of materials on us. Poorly organized. It was a monumental job for [the VTC team] to try to organize it, so it is probably still a mess. There was quite a learning curve. You sit there and watch what happens in the court and you finally start to get some knowledge and expertise. Occasionally they give you opportunity [sic] to get training on addiction. But it is also very clear that you are not the treatment team and we don't want to hear from you about what is right or wrong or what sanction might be inappropriate or some defense of our mentee... I find it most often when I want to say something in support of my mentee and I've been slapped around pretty good, so now I know not to do that. It is the attorneys among us who want to advocate for our mentees. I always thought that would be better.

Todd's comments reinforced the retired attorney's observations. "It seems to be defined in the negative by what we are not supposed to do. We are told very clearly that we are not counselors or legal advisers, not to give guidance or therapy or legal stuff. Not advocates, either." And Buck's experience was similar. "The treatment team told us that they did not want anything from us other than weekly reports on contacts." Buck said that, one time, he prepared a lengthy report on "what was going right, wrong, challenges we were facing, and some ideas for improvement" but was told "not to do it." He also suggested to the court that mentors attend weekly team meetings and share what they observed about their mentees, but he "was told no." Buck said it was "frustrating because I had a lot to share, but it also made my job easier because my report takes now only about three or four minutes."

Another mentor, Carl, who also was an attorney in his previous life, said he "wanted to speak out and fix what I thought was not right" but he was "quickly told not to get involved in that way." He said he was "supposed to give them rides, not treatment or any recommendations [to the treatment team] even though many of [the mentors] had said to one another, 'Gee, we know this person better than the treatment team does.'" Dan continued the theme, "You feel worse when the team is second guessing me and not having any desire to have any input from us. [pause] Overloaded caseload. They drop the ball. They're not using us like they could. Betty or the others they discharged when they weren't ready to go ... [the POs] are just trying to clear cases. We feel underutilized, but the benefits far outweigh these problems."

None of the mentors were confident in what they were supposed to do, or what they were permitted to do, if they suspected their mentee had been using illicit substances. Apparently, and as inferred from conversations with VTC team members, some of this confusion came to the VTC team's attention as a result of informal conversations among mentors that were overheard by VTC team members. As a result, the VTC team held an internal Mentor Training Program on October 6, 2017, during which VTC team members outlined mentors' reporting responsibilities by telling them that "they have no obligation to report anything [because] they are volunteers." VTC team members further advised mentors that "if they are unsure of whether or not to report something, take it to Charles," the mentor coordinator, who also is a volunteer. The VTC team warned mentors that, if something is reported to one team member, it must be shared with the entire team. The researcher noted contemporaneously that the VTC team seemed to be cautioning mentors against reporting things to them. The researcher also noted that the VTC repeatedly assured mentors that they were volunteers who, because of their volunteer status, did not have any reporting responsibilities. Mental health professionals who were part of the VTC team then distributed the DSM-5 criteria for PTSD and substance abuse. They went into great detail about the history and symptoms of PTSD, but they did not discuss anything with respect to substance abuse.

This October 6, 2017 training, which was led in large part by the VJO, was a well-intentioned effort to respond quickly to a crisis. But as so often happens in crisis, the VTC team pursued a remedy without first fully understanding the problem. Conversations with mentors following the training indicated that mentors were no clearer on what they should do if they suspected someone was using drugs, but they were left with the distinct impression that the VTC team wanted them to "shut up and color." In other words, many mentors felt that the training was a veiled effort to get them not to report, which was the

exact opposite of what the VTC team intended. The researchers perceived that the judge and VTC team genuinely and ardently wanted to figure out ways of improving operations to “prevent another Betty.” But that was not the message that the mentors received. This one experience highlights for the larger research community the importance of studying crises before responding to them.

Mentee concerns about substance use related more to their struggles with abstinence. Billy and others said that they rely upon their mentors as sounding boards when they encounter obstacles to their recovery and program compliance. Sometimes, when they feel like using prohibited substances, they call their mentors to talk them through it. Billy explained that he often cannot reach his mentor because he resides in a supervised work release program where he is not allowed to use the telephone at night unless it is an emergency. There is a payphone in a public area and there is an internal phone in an office that can be used for emergencies, but mentees must ask to use them. Several mentees indicated that this was not a good system, and Billy explained that he feels like “there are ears everywhere” and that, if he asks to use the phone based on an emergency, he will alert the supervisors that he is in crisis and subject himself to increased scrutiny. Mentees are not allowed to have cell phones in work release facilities.

Will, another participant in a group conversation that included Billy, said that there are “other logistics” that could be handled better. He said that some mentees “are using” and “everyone will know” because “word gets out.” However, he said that he “did not know how to report, or even if it was my job.” Because he seemed to be referencing a particular situation, the researcher prompted him by asking if he knew Betty. Will said, “That’s what I’m talking about ... she was huffing, and everybody knew about it. But no one knew what to do.” He grew irritated and exclaimed, “Besides, she was a titty shaker [who] distracted people [and] beat the system.”

Billy’s, Will’s, and others’ encounters with obstacles, such as lack of access to phones, are typical of implementation issues often faced in many policy arenas. Careful study of the purposes for rules, such as those that prohibit telephone access, can be reconsidered and perhaps amended to maintain security but allow for flexibility.

What happened with Betty

After some initial small talk with the mentors who, by now, knew we were researchers and were comfortable talking with us, we asked very simply, “What happened with Betty?” Dan kicked off the conversation with some generalized thoughts but moved quickly into discussing what he perceived to be the crux of the issue: “Whenever they graduate and you see the change in their attitudes and perspective, you can tell it’s legitimate, not just put on. You know you are doing something worthwhile and it is very rewarding. And when the guy falls off the wagon, or Betty, or a couple of my fellas who have ended up going to jail, you feel terrible. You wish you had done something better. You think, ‘Maybe I dropped the ball somewhere.’”

At that point, Todd interjected, “The ones who really know the mentees are in the group. They’re very close in VA, also AA and NA, they open up with one another.” Billy added that “the more you hide it, the worse you’re going to be,” meaning that “the judge would be much stricter on someone who’s been using for a long time.” He recalled that one mentee relapsed and “admitted it right away and turned herself in right away,” which

was met with praise by the judge. “It’s better when you’re honest,” offered an anonymous mentee from the back of the room.

Guy, a salty older man who “has an opinion about everything” according to some of his fellow mentors, interjected with a gendered interpretation of what happened with Betty. “She’d get up front and giggle and laugh with the judge and never really acted serious about it [the VTC program]. She was working as a barmaid before she got into trouble, and it seemed put on when she stood up. I stood with her a couple of times, but I was not close to her.” When heard in context of the larger conversation, Guy seemed to be saying that Betty, as a former server in a bar, was good at telling people what they wanted to hear in order to make them happy and be rewarded, either with tips in a bar or with leniency from the judge. “When she stood up” refers to when she would walk to the front and center of the courtroom during Friday morning court sessions and review her progress with the judge, the PO, and others with information on her compliance or lack thereof. He expanded upon the assumption that she received special treatment due to her gender, and perhaps her sexuality. “She was *really* close with some of the guys, she was a young woman and made close contacts.” Without transition, he said, “Phil. Very scary looking, with tattoos. Completely turned around. Very educated and articulate. He took up with Betty, and I don’t know for sure what it was, but they were very close. Ask him. If anybody would know, it would be him.” By the time of Guy’s interview, Phil had graduated and was no longer involved with the program.

From mentee John’s perspective, Betty is an example of the VTC team “being out of touch. Everybody in the group knew that she was in the foxholes – we knew that she had trouble. She continued to have issues with recreational doping. I think she was huffing. But the team was convinced she was fine. And they had her set to graduate the next day! Now I know the team was genuinely devastated by what happened to Betty, but by the same token, I couldn’t feel bad for them because here you are supposed to be omnipotent and know everything, and she was having difficulties.”

Mentee Steve added, “It was not so much me or her mentor. The guys and gals in the program who deal with her every day told me they were aware that she had continuing issues. She put on a good show at the weekly check-in. Toward the end, she only checked in once per month. It has happened with others. She’s not the only one. Guys who have been thrown back in jail or left the program, the group knew. You can’t save everybody, but there are times when you think somebody should have done something. There is no 360 review. It is something that might be effective. But then again, I’m not sure they would be receptive.”

Regardless of whether there was anything sexual or gendered about the way Betty was treated in the VTC, there allegedly were objective indicators that she was in trouble, including extreme, unexplained weight loss, erratic mood changes, and grandiose behavior. The consensus among the majority of the mentees, which was echoed by several mentors, was that the signs of substance abuse were apparent but ignored by the VTC team. Alarmingly, however, none of the mentors or mentees perceived that they should have done anything differently. Several expressed regret for “not having done more” or said they “wish [they] had done something.” But they did not specify what they wish they had done. Moreover, none of them regretted that they had not reported their concerns to the VTC team, and one mentee explained that, even if he had known for sure that Betty “was using, [he] wasn’t going to ‘narc.’”

These sentiments belie a polarization, or at least a separation, within the VTC experience that pits the VTC team opposite the mentors in their mission to help mentees. This disconnect between the stated unity of purpose and the actuality of how the court operates deserves attention at a theoretical and practical level. Tactically, perhaps an anonymous reporting system could be established pursuant to which mentees could drop a note of concern into a comment box. At the other end of the spectrum, this VTC and all VTCs should consider how to deal with these kinds of potential problems at a strategic level by fostering a culture of confidentiality and accountability, wherein mentees can be honest about recurrent substance abuse without suffering long-term legal ramifications.

The study VTC in context: review of law and policy

Finally, the researchers sought to understand the extent to which state or federal guidance exists for mentoring programs and situations such as the one that arose with Betty. All members of the Study VTC assured the researchers that they comply with all federal, state, and local laws and policies with respect to the mentoring program. This assertion is true, but not particularly meaningful, because there are no federal standards for VTC mentoring programs, and Pennsylvania does not have any laws on the books related to mentoring in any problem-solving courts.

Review of the laws and rules provided by other states is not all that helpful for purposes of gleaning best practices because only Wisconsin offers substantive operational directives. But two lessons can be learned from Table 1, which sets forth state-level provisions on mentoring programs as identified through Westlaw. First, there is no consensus (even within states) on the theoretical purpose(s) for mentoring programs. The *raison d'être* for these programs ranges from increased efficiency of the courts to reduction of recidivism to facilitation of treatment plans (e.g., compare FL Administrative Order Number 16–14 and LSA-R.S. § 15:1199.22). Thus, the time is ripe for a national consensus conference on what VTC mentoring programs are designed to do.

Second, only one state, Wisconsin, codifies a plan for the legally fraught issue of confidentiality between mentors and mentees. Wisconsin provides a privilege, somewhat akin to the attorney-client privilege, pursuant to which “[a] veteran or member has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication made by the veteran or member to a veteran mentor while the veteran mentor is acting within the scope of his or her duties under the veterans mentoring program” (W.S.A. 905.16(2)). And that privilege can be invoked and enforced by “the veteran or member, by the veteran’s or member’s guardian or conservator, or by the veteran’s or member’s personal representative if the veteran or member is deceased” (W.S.A. 905.16(3)). Setting aside for now the debate over the appropriateness of this privilege, the Wisconsin example highlights that there are alternative approaches to the issue to be taken and that there are legitimate concerns about confidentiality that need to be addressed. State legislatures should explore this issue further and use the Wisconsin experience as an opportunity to study how confidentiality provisions might work in operation. The Pennsylvania AOPC superficially appears to have some role in VTC mentoring programs. The AOPC website provides a brief statement of purpose and a one-page application for veterans to complete in connection with their application to become

a mentor. The application references an optional online training program, but the AOPC's online link to that program was not functional at the time of this research.

There are local and regional resources for mentoring programs, including internally promulgated program guides. The Study VTC requires that mentors complete the Volunteer Veteran Mentor Online Training Program (<http://paveteranmentor.rmu.edu/>), an approximately one-hour program that provides an overview of VTCs and mentor roles. One of the researchers completed the training. Although the training describes VTCs as grounded in the drug court model and refers in every module to substance abuse, the training does not provide mentors with any guidance on what to do if they expect a mentee is using substances. The Study VTC also gives a two-page program guide to mentors. Review of that program guide affirms the mentors' impression that the VTC proscribes mentors' conduct with respect to counseling and mental health services. In bold and underlined, it states, "The Mentor is a resource to the veteran, not a counselor." It then goes on to describe mentors' various roles, including "coach, guide, role model, advocate, and a support." The program guide explains that mentors "will have a resource book at his/her disposal to refer veterans to a wide range of available services both within the veteran's system and in the community at large." Notably, none of the mentors the researchers interviewed mentioned this reference book, and none of them identified it when asked if they were provided with resources on how to deal with suspected substance abuse. A few of the mentors mentioned a mentor training program offered through the nonprofit Justice for Vets, but only one had taken the class. In short, there is almost no state or federal level guidance on what to do the next time a Betty is in crisis in a VTC. It is a matter of when, not if, there will be more Bettys. Therefore, the courts and the legislatures need to anticipate and plan accordingly.

Conclusion

Offender-to-offender mentoring is not a new idea and has been employed in a variety of contexts in the justice system. Programs exist in correctional facilities, residential community corrections, community-based supervision strategies, and in problem-solving courts. However, given the limited number of evaluations of the initiatives in practice and the rather haphazard manner in which programs have been devised and are managed, it is very difficult to ascertain whether the programs are a success or if they are only realizing a fraction of their potential. The current study adds to the growing body of literature that highlights the many possible benefits of mentorship, for both mentors and mentees. But more importantly, it provides an example of what policy dysfunction looks like. The Study VTC employed mentors to participants as a means of helping to ensure successful completion of a rigorous course of requirements. But mentors specifically indicated that the value of their experiences and insights were lost because their role in the VTC court process was so limited by justice system actors.

Mentoring is most effective when the roles of the mentor and mentee are clearly delineated (Tsai & Helsel, 2016) and when potential mentors are properly identified and trained (Greden et al., 2010). When these two goals are achieved, mentors can assume a greater level of responsibility for, and input about, those veterans with whom they work on a close basis. As this study points out, failure to utilize mentors fully leads to frustration on the part of mentors and mentees and can prohibit particularly crucial

information about participants from coming to the attention of the court. The question may rightly be asked, “Would Betty still be alive if mentors were able to share their knowledge with the VTC team in a more complete fashion?” The answer to that particular question will never be known, but what is known is that individuals in crisis – be it substance abuse, mental health, or a physical issue – benefit from quick intervention and direction toward appropriate medical and mental health resources (Wortzel et al., 2012).

Justice agencies are notoriously overburdened in most jurisdictions in the United States. It is wholly logical to involve other personnel, volunteers, and outside actors who may prove beneficial for offenders in the system. Veteran peer-to-peer mentor programs show promise in this and other jurisdictions – what is needed is a standard protocol for how to select, train, supervise, and utilize mentors in VTCs. Continued growth in this type of specialty court and others all but guarantees that the need for qualified mentors will continue for the foreseeable future. What threatens the vitality of mentoring initiatives is a lack of vision for the role and bureaucratic impediments that allow participants to needless fall through the cracks and highly valuable mentors to become frustrated by the red tape and cease their involvement in VTCs.

Disclosure statement

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