

Northeast Wisconsin
Veterans Treatment
Court
Mentor Training
Manual

‘Leave No Veteran Behind’

Red italics are my personal comments. Red normal type are suggested changes.

TABLE OF CONTENT	
Origins of Veterans Treatment Court	
Northeast Wisconsin Veterans Treatment Court	
1. Mission Statement	
2. Introduction	
Volunteer Veteran Mentor	
1. How a Peer Mentor Can Help	
2. What M entoring is NOT	
3. Matching Mentors and Participants	
4. Establishing Healthy Boundaries	
5. Starting the Mentor-Participant Relationship	
6. Ending the Mentor-Participant Relationship	
Communication	
1. One-on-One Communication Skills	
2. The Art of Listening	
Mental Health	
1. Mental Health Crisis	
2. War Zone Related Stress Reactions	
3. Post-Traumatic Stress Disorder (PTSD)	
4. Traumatic Brain Injury (TBI)	
5. Depression	
6. Substance Abuse	
7. Domestic Violence	
8. Suicide	

ORIGINS OF VETERANS TREATMENT COURT

- Where did it all start?
 - Buffalo, New York under the guidance of Judge Robert T. Russell in January, 2008
 - Modeled after existing drug & mental health treatment courts
 - Direct one-on-one mentoring is the major difference between those courts and the Veteran's Court Model
 - Judge Russell identified that the strong bond built between veterans, both emotional and spiritual, no matter when deployed or which branch of service they served in, veterans understand how difficult it might be for some veterans to adjust back into civilian life.
 - The Judge is like the commander, the Mentors are like the NCO's and the participants are the troops going to battle
 - One Buffalo graduate's testimony on his final day in court, *"If I have anything to share with everybody today, is that you listen to the Judge and to your mentor. Try and follow their advice. See your therapist or counselor, don't miss those appointments. Do what the Judge says. Stay away from the people, places and things that tend to get us in trouble. Get a job and keep it. Get back to school. Clean up your personal relationships. Whatever it takes. We all served, we're all proud of that, and we all can regain the pride we had in the military. This Court is an amazing opportunity. It can save your life. It saved mine."*
 - Buffalo has not had any participant re-arrested
- Currently there are over 140 Veterans Courts in the U.S.
- Roughly 21.5M veterans in the U.S. (2011)
 - In 2012 397, 644 in Wisconsin
 - About 16,459 veterans in Brown County (2012)

NORTHEAST WISCONSIN VETERANS TREATMENT COURT

I: MISSION STATEMENT

The mission of the Northeast Wisconsin Veterans Treatment Court (NEWVTC) is to maintain public safety while supporting veterans and their families through a coordinated effort among the veteran's services delivery system, community-based services, and the Court, leaving no veteran behind.

II: INTRODUCTION

The Northeast Wisconsin Veterans Treatment Court (NEWVTC) is a court that is specifically designated and staffed to handle cases involving offenders with veteran status through an intensive, judicially monitored program of alcohol, drug, and mental health treatment, rehabilitation services,*remove comma* and strict community supervision. The NEWVTC concept is *modeled after* other successful treatment court programs.

The NEWVTC is built upon a unique partnership among the criminal justice system, the VA,*remove comma* and local providers which structures treatment and support intervention with the authority and personal involvement of a single Veterans Treatment Court Judge. The NEWVTC is dependent upon the creation of a non-adversarial courtroom atmosphere where a judge and a dedicated treatment team work together toward a common goal of breaking the cycle of drug and alcohol abuse, mental illness and/or criminal behavior. This goal is co-equal to a dedicated commitment to public safety.

Because of the unique problems and opportunities that present themselves in working with veterans involved in the criminal justice system, treatment and rehabilitation strategies must be "reality-based" and must therefore recognize:

- Veterans are most vulnerable to successful intervention when they are in the crisis of initial arrest and incarceration, so intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring offender accountability are critically important. Therefore, NEWVTC supervision must be highly coordinated and very comprehensive.
- The importance of public safety is always considered a priority.

VOLUNTEER VETERAN MENTORING

1. HOW A PEER MENTOR CAN HELP

A mentor can help facilitate the recovery process for the veteran. A person who has confronted similar issues, feelings, barriers,*remove comma* and experiences can empathize with the veteran. Peer mentoring helps the veteran regain a sense of belonging **and** direction **while reducing** isolation and **increasing** the feeling of control over his/her life. Although changes can be small, especially at the beginning, your job is to set the veteran up for success.

To be an effective peer mentor and help the veteran achieve his/her goals, a volunteer must:

- Engage the veteran by inviting conversation and asking the veteran to identify his or her concerns.
- Listen to the veteran and pay close attention to what is being said and left unsaid. Pay close attention to the body language of the veteran.
- Restate what the veteran has said to make sure you both understand the veteran's concerns.
- Respond with empathy, respect, and honesty.
- Encourage reflection of the veteran by asking them what they think, want,*remove comma* and need.
- Motivate the veteran to be actively involved in setting goals and developing a plan.
- Recognize and evaluate the progress the veteran has made in achieving goals.
- Celebrate progress.

2. MENTORING IS NOT?

When beginning your journey as a volunteer veteran peer mentor, it can be overwhelming as you try to figure out what you should and should not be doing to support the veteran **in regaining** his or her place within the community. The following is a short list of practices that **SHOULD NOT** be practiced in the relationship between you,*remove comma* and the veteran.

- Peer mentoring is **NOT** giving professional advice.
- Peer mentoring is **NOT** trying to change the veteran's values, attitudes,*romove comma* and/or beliefs (if changes do occur it should be the veteran's choice, not yours).
- Peer mentoring is **NOT** swooping in and solving all of the veteran's problems. This robs the veteran of dignity and the chance to learn from their mistakes.

- Peer mentoring is **NOT** spending the entire time sympathizing with the veteran’s problems,*remove comma* because this will make it unlikely that the veteran will do anything to change their situation.
- Peer mentoring is **NOT** just chatting or having coffee. The mentor and the veteran are going to have to work to produce the changes needed for the veteran to achieve their goals.

3. **MATCHING MENTORS AND PARTICIPANTS**

Many different mentor/participant combinations have been effective. Mentors should feel free to indicate if there is a general age group where they may feel most effective in the mentoring role. Mentors should always be open in discussing progress or difficulties in the mentor/participant relationship with others in the mentor group. Many times other mentors will have valuable insight and experience to assist another mentor in meeting a particular challenge or situation.

4. **ESTABLISHING HEALTHY BOUNDARIES**

Setting boundaries provides a structure for your relationship. Establishing strong boundaries can help ease anxiety or discomfort and establish a more comfortable rapport. It is important that these boundaries are set up early in the relationship so that both people understand what is expected of them and what limits there are. Establishing boundaries from the out-set will make it much easier to focus on the task at hand.

Consider what your boundaries are before you are matched with a veteran. Ask yourself, what are the limits of this relationship? By setting and maintaining good boundaries you will avoid becoming “burned out.” Unhealthy boundaries are harmful to both people involved in the relationship. Mentors who do not set strong boundaries often feel used and disrespected.

It is much easier to set very strong boundaries and loosen them over time than it is to strengthen weak boundaries. Talk to other mentors and the mentor coordinator for assistance in setting healthy boundaries. It is important to continue to check in with each other as the relationship progresses to ensure that you are both comfortable with the established boundaries.

Examples of healthy boundaries to establish:

- Schedules:** Determine when an appropriate time is to take phone calls and set meetings..*Extra period*
- Relationships:** There will be no relationship beyond the limits of the program (dating or business relationships).
- Personal Responsibility:** Do not do something for the veteran that they can do themselves.

Money: Establish the fact that you will not be available to provide financial support. You are only there to provide support.

Personal Space: When is it appropriate to invade personal space?

5. HOW TO START THE MENTOR – PARTICIPANT RELATIONSHIP

Step 1: Prepare for your first meeting. Think about:

- Are there any goals, long or short term. *(not sure about this question. How would you set any goals before you meet them other than following rules)*
- Your background (how have you gotten where you are now?).
- What you hope to get from the relationship *(personally I don't think this question is relevant – the next one is key.)*
- What you have to offer **the mentee as you set out to help them get their life headed in a positive direction.**
- Questions for your mentee.
- How often will you meet, and for how long each time?
- How you will communicate between meetings?
- Where will you meet?
- What will you do if a meeting has to be canceled or rescheduled?
- How will sensitive information be dealt with?

STEP 2: Introduce Yourself Provide your mentee with some information about yourself.

Sample Information: Your name and preferred name or nickname
Why you chose to be a mentor
Your military and civilian career paths
Information about your hobbies, interests, etc. that you are comfortable with
Confidentiality issues and the kinds of topics that the mentee can be comfortable sharing with you which will be kept private.

STEP 3: Relax and enjoy the relationship.

6. ENDING THE MENTOR – PARTICIPANT RELATIONSHIP

Mentoring relationships can change over a period of time for a variety of reasons. Some of the reasons why the relationship with your veteran could end may include:

- The veteran is removed from the program
- The veteran completes the NEWVTC program and its conditions

- Mentors discontinue their service in the mentor program
- Mentor/mentee may not get along **be compatible** and the relationship is not a good fit

Regardless of the reason that the mentor relationship ends, it is important that it is done carefully and thoughtfully. The way that your mentor relationship ends can shape what your veteran thinks about and learns from the experience. If done right, this transition can be a time of growth for both you and the veteran. Here are some strategies that you, the mentor, can use when it comes time to terminate your relationship with the veteran.

- Have the transition take place gradually. Ensure that the veteran knows that the termination is approaching.
- Be clear about the date of your last meeting. Do not wait until the last time you meet with your veteran to say goodbye.
- Be honest and supportive regardless of the reason that your relationship is ending.
- Be prepared for feelings of sadness, grief and anger over the loss of this relationship by both you and your veteran.
- If you feel comfortable, allow the veteran to continue having you in their circle of support. Discuss how you will continue to stay in touch.
- If the veteran is successfully completing their program, ensure that they understand their accomplishment.

COMMUNICATION

1. ONE-ON-ONE COMMUNICATION SKILLS

Being an effective peer mentor involves good communication. Communicating effectively as a mentor requires being:

Responsive: Schedule times to be available, respond to phone calls, emails, and other inquiries in a timely manner, and develop back up mechanisms for responding when unavailable

Engaging: Be an active listener, because it is important to focus attention on the issues at hand. Active listening and paraphrasing are helpful so that the veteran knows the mentor understands.

Pleasant: A smile and a sense of humor go a long way toward breaking the ice, easing anxiety, and defusing conflict.

Patience: Do not try to fix the situation immediately. Give the veteran the opportunity to vent before trying to get to the root of the problem and find solutions.

Clarity: Make sure the veteran is clear about their expectations and the mentor/veteran relationship. Be certain that the veteran is aware of upcoming meetings, court appearances and the next steps to achieve their goals.

Supportive: The attitude should be, “We can work through this together.”

Realistic: Change takes time. Help the veteran to take things one step at a time.

The skills listed above are extremely well put and are the core of everything we do. They may need even more emphasis.

The challenge is to apply these skills, when dealing with anxious, impatient, or confrontational veterans.

2. OTHER COMMUNICATION TECHNIQUES

- A. Listen for the message behind the statement.
- B. Stay with the veteran's feelings. Getting hung up with facts or the progression of events will not help them feel better.
- C. Help the veteran identify their feelings by reflecting back the feelings you are having.
- D. Support the veteran's strengths. The veteran may have difficulty realizing that they have any "strengths" left. Use any opportunity to reinforce the strengths that you see.
- E. Assess the veteran's resources and support system. The veteran will be stronger when they can allow themselves to get what they need from as many sources as necessary. Asking for help and being dependent ARE NOT the same thing.
- F. Be aware of what the veteran is trying to avoid talking about. When the veteran does a lot of avoiding, it is a good clue that the topic is painful. Even though it is your job to point out to the veteran that they may be avoiding a topic and to offer the opportunity to talk about the topic, never force them to discuss things that they are not ready to face.
- G. Be aware of what you are avoiding as well. This may reinforce the veteran's beliefs that their problem is too scary, embarrassing, or painful to discuss. **Be free to discuss situations or infer that you have also made poor decisions during your lifetime and can relate to some of the feelings that the veteran may be having.**
- H. Pay attention to the veteran's tone of voice, facial expressions, *remove comma* and overall behaviors. These can reveal a lot about what they are thinking and feeling.
- I. Try to remain calm and not get defensive in the face of hostility, even though it may be difficult. The veteran may be displacing their anger from someone else onto you.
- J. Do not avoid anger; hostility must be worked through. You may be a safer target for the veteran's anger than the individual with whom they are actually angry. Draw the line at abusive comments. Explain that such comments are not appropriate and that the meeting will end if the veteran continues to make such comments.
- K. Stay focused and present on the current conversation. If you are busy thinking about what you will say next, you may miss what the veteran is saying. What you miss may give a whole new angle to the entire conversation.
- L. Show interest and involvement in the veteran. Eating, drinking, interrupting, etc. indicates that you have other things on your mind. **Maintaining eye contact is a key element in being a good listener.**

3. THE FINE ART OF LISTENING

Listening is an undeveloped SKILL and one of the gifts you can give to your veteran participant. In our society listening is becoming a lost art.

Do YOU turn others off by NOT LISTENING? On a scale of 1-10 how would you rate your listening skill?

- 70-80% of our life is spent communicating one way or another. Remember **you cannot, not communicate!**
 - 30% speaking
 - 16% reading
 - 9% writing
 - 45% listening
 - We listen at a 25% rate (imagine what you are missing)?
- Listening is a SKILL that can be learned and improved.
- How does a person listen?
 - With your ears, eyes and touch!
 - Do you fake attention and drift when you should be listening?
- Good listeners are the exception today, and we're getting worse as a society!
- Think about the following when listening:
 - A. What emotion are you hearing?
 - B. What is the body broadcasting?
 - C. Are you(Is your veteran) looking at a vacant stare?
- Good listening begins with the right ATTITUDE.
 - Being open, accepting, and **non-judgmental** will make you a good listener!

9 Strategies for Effective Listening:

- A. Stop talking! It is difficult to listen and speak at the same time. Listen like you don't need to respond!
- B. Put the other person at ease. Give them space, time, and permission to speak. How you look at the veteran and how you stand or sit makes a huge difference. Relax and let the veteran relax as well.
- C. Show the veteran that you want to hear what they have to say. Look at them, nod when you can agree, and ask the veteran to explain further if you do not understand. Listen rather than just wait for your turn to speak.
- D. Remove distractions. Good listening means being willing to turn off your phone, stop reading an email, or close a door. Give the veteran your full attention and let them know they are getting your full attention.
- E. Empathize with veteran, especially if they are telling you something personal or painful. If they are sharing something you intensely disagree with, take a moment to stand in their shoes and look at the situation from their point of view. Your job is not to judge.

- F. Be patient. Some people take longer to find the right word, to make a point or clarify an issue. Give the veteran time to get it all out before you jump in with your reply.
- G. Watch your own emotions. If what the veteran is saying creates an emotional response for you, be extra careful to listen closely, with attention to the intent and full meaning of the words. When people are angry, frightened or upset, they often miss critical parts of what is being said.
- H. Be very slow to disagree, criticize, *remove comma* or argue. Even if you disagree, let the veteran have their point of view. If you respond in a way that makes the veteran defensive, even if you “win” the argument, you may lose something far more valuable.
- I. Ask appropriate questions; ask the veteran to clarify, to say more, give an example or explain further. It will help the veteran to speak more precisely and it will help you hear and understand them more accurately. Reframe comments to clarify issues.
The above points are very well put and crucial to a successful relationship.

LISTENING ACTIVITY TIPS

- Listen for ideas and concepts.
- Paint a mental picture of what you hear.
- Leave judgments for someone else.
- Don't, Don't INTERRUPT.
- Don't jump to conclusions, if you do you'll leave the conversation early.
- Concentrate and evaluate.
- MOTIVATE your participant to tell you more-you might be surprised by what you learn.
- Step into their shoes and try to listen from the speakers PERSPECTIVE.
- Don't panic when you have a moment of silence, be patient and wait.
- LISTEN TO WHAT THEY DON'T SAY
 - I.e. you ask the veteran how their week was and NO RESPONSE, what might that mean?
- Don't PROVIDE WORDS or complete another's sentence.
- Don't respond by changing subjects.

- If you realize you're an interrupter, "consciously keep your mouth closed, if you have to put your hand over your mouth".
- Interrupting is worse in the North because we talk faster and interrupt faster.
- Don't say, "I understand how you feel." YOU DON'T, no one knows exactly how someone else feels.

'Where we stumble is where our TREASURES lie'
Joseph Campbell

MENTAL HEALTH

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include: major depression, schizophrenia, bipolar disorder, post-traumatic stress disorder, panic disorder,*remove comma* and anxiety disorder. Mental illnesses are treatable and recovery is possible.

Facts about mental illness and recovery:

- Mental illnesses are biologically based brain disorders. They cannot be overcome through will power and are not related to a person's character or intelligence.
- Without treatment, the consequences of mental illness for the individual and society are staggering. The consequences can include: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration,*remove comma* and suicide.
- The economic cost of untreated mental illness is more than \$100 billion dollars each year in the United States.
- With appropriate medication, treatment, and a wide range of services tailored to their needs, most people who live with mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence.

Early identification and treatment is vital; by ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and further harm related to the illness is minimized.

1. Mental Health Crisis

What is a mental health crisis?

A mental health crisis is any situation in which a person's behavior puts them at risk of hurting them self or others when they are not able to resolve the situation with the skills and resources available to them.

What causes a mental health crisis?

Many things can lead to a mental health crisis which can include: increased stress, physical illness, problems at work, problems at school, changes in family situations, or substance abuse. Any of the previously mentioned triggers can increase the behaviors or symptoms that can lead to a crisis.

Examples of triggers to a mental health crisis:

Home/ environmental triggers:

- Changes to family structure
- Changes in relationships with boyfriend, girlfriend, partner,*remove comma* or spouse
- Loss of family member, friend,*remove comma* or pet due to death or relocations
- Strained relationships with roommates or loved ones
- Changes in friendships
- Fights or arguments with loved ones or friends

School/work triggers:

- Worrying about upcoming projects or tasks

- Feeling singled out by co-workers/peers or feelings of loneliness
- Mounting pressures and anxiety about deadlines
- Lack of understanding from peers, co-workers, teachers,*remove comma* or supervisors

Other triggers:

- Stop taking medication or missing doses
- Starting new medication or new dosages of current medication
- Alcohol or substance abuse
- Pending court dates
- Being in large crowds or groups of people

What are the warning signs of a pending mental health crisis?

Inability to cope with daily tasks:

- Does not bathe, brush teeth,*remove comma* or comb/brush hair
- Refuses to eat or eats too much
- Sleeps all day, refuses to get out of bed
- Cannot sleep

Rapid mood swings:

- Increased energy level
- Unable to stay still, pacing
- Suddenly depressed, withdrawn

Increased agitation:

- Makes verbal threats
- Violent out-of-control behavior
- Destroys property

Displays abusive behavior:

- Hurts others
- Cutting, burning,*remove comma* or other self mutilation behavior
- Abuses alcohol or drugs

Loses touch with reality (psychosis):

- Unable to recognize family or friends
- Has increasingly strange ideas
- Is confused and disorganized
- Thinking they are someone that they are not
- No understanding what people are saying

- Hearing voices
- Seeing things that are not there

Isolation from school, work, family, and friends:

- Decreased interest in usual recreational activities
- Changes in friendships
- Stops going to school or work

Signs of Crisis

People experience emotional and mental health crises in response to a wide range of situations—from difficulties in their personal relationships to the loss of a job. For Veterans, these crises can be heightened by their experiences during military service. When emotional issues reach a crisis point, it's time to call on the Veterans Crisis Line for support.



Sometimes a crisis may involve thoughts of suicide. Learn to recognize these warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends

The following signs require immediate attention:

- Thinking about hurting or killing yourself
- Looking for ways to kill yourself
- Talking about death, dying,*remove comma* or suicide
- Self-destructive behavior such as drug abuse, weapons, etc.

<http://www.veteranscrisisline.net/SignsOfCrisis/Default.aspx>

How to respond to a mental health crisis?

Remain calm: Even if the veteran is sharing things that scare you, they are doing so because they trust you or feel comfortable with you.

Use listening skills: Use the listening skills that you have developed and take the time to really try and hear what the veteran is saying. The veteran may view you as a

role model or as someone who can help them through their situation

Remember your place: You are not responsible for the veteran's actions or for making things right, however, by using decision making skills you can help them look at positive alternatives.

Do not make promises: Do not promise the veteran that everything is ok, because you may be making promises that you do not intend to or cannot keep once the crisis is over.

User your personal experiences: Personal experiences can be used to show the veteran that things are temporary and can be overcome.

Know your limits: If you are not sure what those limits are or if you have other questions or concerns, call the mentor coordinator, court coordinator or the probation agent.

If you feel that your efforts to assist the veteran are not as effective as they could be, then it may be a good idea to seek professional help or assistance. It is important that the veteran takes your suggestion as an expression of concern and caring on your part.

If you think that the veteran is a threat to himself or others, then please call 911 immediately. This is considered a situation where it is acceptable to breach confidentiality(*this confidentiality should be explained better somewhere*). When calling the police be sure you give them the veteran's name, location,*remove comma* and phone number, a short summary of what the veteran is dealing with, and whatever additional background information you think would be helpful, including knowledge of access to weapons. Then call the mentor coordinator.

Your help in responding to a crisis, hearing concerns and finding resources to address them is one of the strongest ways you can say that you care and that you value the veteran. That knowledge can help the veteran rebuild the strength he or she may need in meeting any challenges that he or she may face in the future.

2. War Zone Related Stress Reactions

Traumatic events are common in a war zone and it is possible that many military personnel will have experienced one or more traumatic events in their military careers.

When traumatic events are happening, they often create feelings of intense fear, helplessness or horror. In the days and weeks that follow trauma, in addition stress reactions can be surprising, distressing, *remove comma* and difficult to understand. By understanding their traumatic stress reactions better, veterans can become less fearful and become better able to cope. Keep in mind several facts about trauma and its effects:

- It is very common to have problems following exposure to war or other trauma. But traumatic stress reactions often become less frequent or distressing as time passes, even without treatment.
- Veterans with PTSD often worry that they are going crazy. This is not true; rather what is happening is that the veteran is experiencing a set of common symptoms and problems that are connected with trauma.
- Problems that result from trauma are **not** a sign of personal weakness. Many mentally and physically healthy people experience stress reactions that are distressing and interfere with their daily lives at times.
- If traumatic stress reactions continue to cause problems for more than a few weeks or months, treatment can help reduce them.

Traumatic war experiences often cause many of the following kinds of (often temporary) reactions in veterans:

Unwanted remembering or re-experiencing/Flashbacks

Almost all veterans experience difficulty controlling distressing memories of war. Although these memories are upsetting, they can be beneficial. These memories provide an opportunity for the person to make sense of what happened to them and gain mastery over the event. The experience of these memories can include: unwanted memories as images or flashbacks, dreams, nightmares, shaking, increased heart rate, and sweating when reminded of the event.

Physical activation or arousal/ Hyper-vigilance

The body's fight or flight reaction to a life-threatening situation continues long after the event is over. It can be upsetting to the person to feel like his or her body is overreacting or out of control. Signs of continuing physical activation can include: difficult sleep, irritability, anger, rage, difficult concentration, hyper vigilance, easily startled, anxiety,*remove comma* and panic.

Shutting down: Emotional numbing

When overwhelmed by strong emotions, the body and mind sometimes react by shutting down and becoming numb. As a result, veterans may have difficulty experiencing loving feelings, or feeling some emotions, especially when upset by traumatic memories. Like many of the other reactions to trauma, this is not something the veteran is doing on purpose.

Active avoidance of trauma-related thoughts and feelings/Isolation

Painful memories and physical sensations of fear can be frightening, so it is only natural to try to find ways to prevent them from happening. One way veterans do this is by avoiding things such as people, places, conversations, thoughts, emotions, feelings,*remove comma* and physical sensations that might act as a reminder to the trauma. Negative effects can result from this act of avoidance. It can reduce the veteran's quality of life and avoidance can reduce the veteran's ability to recover from the event

Depression

Most persons who have been traumatized experience depression. Feelings of depression then lead a person to think very negatively and feel hopeless. There is a sense of having lost things or their previous personal identity.

Self-blame, guilt, and shame

Many veterans resort to blaming themselves or feeling guilty in some way as a coping mechanism to make sense of their traumatic war experiences. They may feel bad about something(s) that they did or did not do in the war zone. Feelings of guilt or self-blame cause much distress and can prevent a veteran from reaching out for help. This is why it is very important for veterans to talk about feelings of guilt with a counselor or doctor.

Interpersonal problems

Trauma may cause difficulties between a veteran and their partner, family, friends,*remove comma* or co-workers. Particularly in close relationships, the emotional numbing and feeling of disconnection that are

common after traumatic events may create distress and drive a wedge between the survivor and their family or close friends. The survivor's avoidance of different kinds of social activities may frustrate family members.

Family members and friends may respond in ways that worsen the problem. They may have difficulty understanding the problem and respond with poor communication, support, and or anger. These problems are upsetting to both the veteran and family members, so it is important that all people involved need to become more aware of traumatic experience reactions and how to cope with them.

Physical symptoms and health problems

Because many traumas result in physical injury, pain is often a part of the experience as well. This physical pain often causes emotional distress, because in addition to the pain and discomfort, the injury also serves as a reminder to the event for the veteran. Since traumas stress the body, they can sometimes affect physical health and survivors may experience physical effects such as: headaches, nausea, or stomach problems.

3. Post-Traumatic Stress Disorder

What is post-traumatic stress disorder (PTSD)?

PTSD is an anxiety disorder that can occur after a veteran has been through a traumatic experience, such as exposure to combat or sexual assault. During these events, a person feels like their or another's life is in danger and that they have no control over what is happening. Often, veterans relive combat experiences in dreams and hallucinations. They may experience survivor guilt; the guilt that they survived, when their friends or colleagues may not have.

A lot of veterans who develop PTSD get better on their own. About one third continue to have symptoms. Sometimes PTSD symptoms may not occur until months or years later.

PTSD symptoms often are similar to those of depression and traumatic brain injury. They interfere with daily activities and interrupt work and home life. Things that can trigger PTSD include: hearing a car backfire, seeing a car accident, or watching the news. PTSD can lead to anger, which can result in violent behavior or abuse.

Women in the military are experiencing combat more often than in the past. They are at more risk than men of developing PTSD, because of sexual harassment or sexual assault.

Common symptoms of post-traumatic stress disorder:

- Reliving the event through flashbacks
- Nightmares
- Avoiding certain situations
- Emotional numbness
- Hyper vigilance
- Depression
- Anger
- Guilt, shame, blame
- Isolation

4. Traumatic Brain Injury

Many more veterans are returning from Iraq and Afghanistan than in previous wars, because of improvements in medical technology that are allowing more veterans to survive brain injuries that would have been previously fatal. Service members are more likely to have a traumatic brain injury (TBI) because of blast exposures from improvised explosive devices, suicide bombers, *remove comma* and land mines. Brain injuries are frequently not diagnosed until well after the injury occurred. The presence of a TBI may aggravate PTSD stress reactions and vice versa.

Common symptoms of a traumatic brain injury:

- Sleep problems
- Poor memory
- Anxiety
- Depression
- Irritability
- Anger
- Poor impulse control

- Increased verbal and or physical aggression
- Headaches
- Dizziness
- Fatigue
- Blurred vision
- Intolerance to noise and light

5. DEPRESSION

What is depression?

Depression is a serious medical illness affecting approximately five to eight percent of the adult population in a given year. Unlike normal emotional experiences of sadness, loss, or passing mood states, depression is persistent and can significantly interfere with a veteran's thoughts, behavior, mood, activity,*remove comma* and physical health. Depression is the leading cause of disability in the United States and many other developed countries.

Common symptoms of depression:

- Feeling sad or down more days than not
- Things in life are no longer enjoyable
- Changes in sleeping, eating,*remove comma* and concentration
- Hopelessness
- Irritability

- Generalized anxiety that does not go away
- Persistent physical symptoms or pains that persist despite treatment
- These symptoms must persist for two or more weeks without relief

Depression and suicide:

- Combat exposure, PTSD, depression, substance abuse, and/or TBI increase the risk of suicide
- War experiences and combat stress reactions can lead a depressed veteran to think about hurting themselves or taking their own life. Combat related guilt is strongly related to suicidal behavior
- Male combat veterans are twice as likely to die from suicide as their civilian counterparts
- Suicidal thinking and behaviors is one of the risk factors for lethal domestic violence.

6. SUBSTANCE ABUSE

Some veterans self-medicate by drinking or abusing drugs to numb out the difficult thoughts, feelings and memories related to their war zone experiences.

Warning signs of substance abuse:

- Frequent and excessive drinking or drug use
- Thoughts about limiting or cutting back use
- Guilt about drinking or drug use
- Concern from others about the person's drinking or drug use
- Problems with work, family or other regular activities caused by drinking or drug use

7. DOMESTIC VIOLENCE

What is domestic violence?

Domestic abuse/violence is a pattern of behavior resulting in emotional or psychological abuse, economic control and or violence toward a current spouse or partner, a person with whom they share a child with, or a current or former intimate partner, with whom the veteran shares a home or previously shared a home with. Alcohol/substance abuse and domestic violence are two separate issues. Wis. State Statute 968.075

Crimes that are also acts of domestic violence:	
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- Assault
- Intimidation
- Verbal abuse or harassment
- Sexual assault
- Violation of orders of protection or conditions of release

- Stalking
- Threats to kill or cause bodily harm
- Use of weapons
- Strangulation

Common risk factors for lethal domestic violence:

- | | |
|---|--|
| <ul style="list-style-type: none">• Abuser has access to a gun• There is an increase in the frequency of violence and severity of injuries• Police have been involved during an incident in the prior year• Abuser has violated a protective order• Abuser has threatened or verbalized plans for homicide or suicide• Abuser used a weapon or threatened to use a weapon in prior incidents• Abuser has raped the victim | <ul style="list-style-type: none">• Abuser beat the victim while she was pregnant• There was a recent unwanted separation where the victim obtained protection order or filed for divorce• There has been a change in custody arrangements, and the abuser has limited access to children and partner• Victim has entered a new relationship• Chronic substance abuse by the abuser poses an increased risk for dangerous/lethal violence• Suicidal thinking and behavior |
|---|--|

- **Alcohol/substance abuse and domestic violence area two separate issues.**
- WIS STATUTE 968.075(1)(a) 1-4 defines “Domestics Abuse” as any of the following engaged in by an adult person against his or her spouse or former spouse, against an adult with whom the person resides or formerly resided or against an adult with whom the person has a child in common:
 1. Intentional infliction of physical pain, physical injury or illness;
 2. Intentional impairment of physical condition;
 3. A violation of 1st, 2nd, 3rd or 4th degree sexual assault under;
 4. Damage to the property of that person;
 5. A threat to engage in any of the conduct above in 1,2, 3, or 4.

8. SUICIDE



Identifying

Learn to Recognize the Signs

Many Veterans may not show any signs of intent to harm themselves before doing so, but some actions can be a sign that a Veteran needs help. Veterans in crisis may show behaviors that indicate a risk of harming themselves.

Veterans who are considering suicide often show signs of depression, anxiety, low self-esteem, and/or hopelessness, such as:

- Appearing sad or depressed most of the time
- Clinical depression: deep sadness, loss of interest, trouble sleeping and eating—that doesn’t go away or continues to get worse

- Feeling anxious, agitated, or unable to sleep
- Neglecting personal welfare, deteriorating physical appearance
- Withdrawing from friends, family, and society, or sleeping all the time
- Losing interest in hobbies, work, school, or other things one used to care about
- Frequent and dramatic mood changes
- Expressing feelings of excessive guilt or shame
- Feelings of failure or decreased performance
- Feeling that life is not worth living, having no sense of purpose in life
- Talk about feeling trapped—like there is no way out of a situation
- Having feelings of desperation, and saying that there's no solution to their problems

Their behavior may be dramatically different from their normal behavior, or they may appear to be actively contemplating or preparing for a suicidal act through behaviors such as:

- Performing poorly at work or school
- Acting recklessly or engaging in risky activities—seemingly without thinking
- Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage or uncontrolled anger or seeking revenge
- Looking as though one has a “death wish,” tempting fate by taking risks that could lead to death, such as driving fast or running red lights
- Giving away prized possessions
- Putting affairs in order, tying up loose ends, and/or making out a will
- Seeking access to firearms, pills, or other means of harming oneself

<http://www.veteranscrisisline.net/SignsOfCrisis/Identifying.aspx>

This is an excellent layout for our manual. At this point, I believe that it needs:

- *A positive ending that sends the mentor a message that what they do is very important and is, or will be, appreciated very much by the mentee.*
- *More information regarding confidentiality. (What can the mentor and mentee keep between themselves and what must be reported to the court. What can they discuss with their spouse or family members regarding the mentee.)*
- *The mentors need more specific information regarding the mentee's past experiences and legal situation (if this is possible). It would be very helpful to know this information so if the mentee starts discussing something that relates to a past problem, the mentor knows that the info they are sharing, or not sharing, is factual, important to discuss further, etc.*