THE IMPACT OF COURT-APPOINTED ACCOUNTABILITY ON VETERANS' QUALITY OF LIFE

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By

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THE IMPACT OF COURT-APPOINTED ACCOUNTABILITY ON VETERANS’ QUALITY OF LIFE

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DEDICATION

First and for most, I would like to dedicate this thesis to God for giving me the opportunity and strength to push through the barriers and complete a research that is close to my heart.

In Memory of:

John Carlos Foster
May 07, 1989 – July 15, 2014

Jeffrey Donald Porzio
November 03, 1984 – June 12, 2018

To all those service members whose lives have been cut short in the dark night of the soul.
ABSTRACT

The present research study examined veterans utilizing the program Veterans’ Court and the impact accountability has on their quality of life. The study used quantitative and qualitative measures to be able to determine if accountability and their coping mechanism have an impact on their view of their quality of life. The measures utilized were the Quality of Life 8 index, coping mechanisms 4 question survey, accountability 4-question survey, as well as demographics and military information. The questionnaire packet was given to veterans from felony and misdemeanor Veterans’ Court in Fall of 2018 and Spring of 2019. Veterans completed the surveys based on their perspective on how they viewed their quality of life and interpretation of accountability and coping mechanisms. The researcher hypothesized that veterans with healthy coping mechanisms had a better quality of life, having accountability causes veterans to adapt healthy coping mechanisms, veterans from misdemeanor court would have a different outlook than veterans from felony court and that differences in ages in veterans will have a difference in rating their quality of life.

KEY WORDS: Veterans Court, Military Acculturation, Military Stigma, Veterans, Veterans Transition

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter/Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDICATION</td>
<td>iii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iv</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>v</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER 1</td>
<td></td>
</tr>
<tr>
<td>I INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Purpose and Significance of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>5</td>
</tr>
<tr>
<td>Limitations</td>
<td>6</td>
</tr>
<tr>
<td>II REVIEW OF LITERATURE</td>
<td>7</td>
</tr>
<tr>
<td>III METHODOLOGY</td>
<td>21</td>
</tr>
<tr>
<td>IV FINDINGS</td>
<td>24</td>
</tr>
<tr>
<td>Research Question 1</td>
<td>25</td>
</tr>
<tr>
<td>Research Question 2</td>
<td>25</td>
</tr>
<tr>
<td>Research Question 3</td>
<td>25</td>
</tr>
<tr>
<td>Research Question 4</td>
<td>26</td>
</tr>
<tr>
<td>Summary</td>
<td>26</td>
</tr>
<tr>
<td>V DISCUSSION, RELATIONSHIP TO LITERATURE, IMPLICATIONS</td>
<td>32</td>
</tr>
<tr>
<td>Discussion</td>
<td>34</td>
</tr>
<tr>
<td>Implications</td>
<td>35</td>
</tr>
<tr>
<td>Recommendations</td>
<td>42</td>
</tr>
<tr>
<td>Appendix</td>
<td>45</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>49</td>
</tr>
</tbody>
</table>
Chapter 1

Introduction

The phrase “22 a day” has been spread around through many outlets to bring awareness to veteran suicides. “Another grave statistic is that it is estimated that an average of 20 veterans per day commit suicide — which translates to one veteran every 65 minutes.” (Riley-Topping, 2018) According to data collected between 2005 to 2012 by Veterans Affairs (VA), approximately 20 veterans a day commit suicide. (Veterans Affairs, 2018) As the population of veterans steadily continues, with 18.2 million in the United States (CNN, 2018), finding ways on how to help veterans to transition has become a concern that needs to be addressed.

Veterans have been struggling with readjusting back into society since the creation of the military and the involvement of the military in wars. During the Great War, shellshock was a diagnosis developed as soldiers were experiencing problems when returning. Originally, shellshock was defined as “derangement of the nervous system deriving primarily from explosion at close range”. (Fueshko, 38) As the trauma in soldiers started to arise, doctors started to utilize the term shellshock to describe other trauma soldiers experienced in battle. The symptoms included fatigue, tremor, confusion, nightmares, and impaired sight and hearing. As the military experienced a high demand of needed treatment for soldiers, psychologist, Charles S. Myers was appointed to help understand the situation soldiers were experiencing. While Myers’s findings demonstrated the need for treatment, his work was criticized by many, as they believed it was a sign of cowardice and malingering. The critics who believed it was not a big deal, expressed their belief of punishing the soldier to improve the condition. Dating back to the 1900s, soldiers who were experiencing mental issues after war, were stigmatized as being weak. Terms such as “nostalgia, soldier’s heart, irritable heart, and effort syndrome,” (Fueskho, 39)
which led to the public stigmatize soldiers trying to receive mental health support. While several factors play a part on the lack of accountability in treatment for veterans, the lack of knowledge in the acculturation aspect of the military is being neglected, thus causing treatments to not be as effective on veterans as it would for civilians.

The process to join the military is very regimented as the military must make sure the candidate is in great shape to serve, mentally and physically. As the process follows the regimented structure, the process demonstrates the role accountability plays in the military culture. At the beginning the candidate is to meet with a recruiter and take a test called the ASVAB, also known as the Armed Services Vocational Aptitude Battery. The ASVAB is a timed multi-aptitude test that is given at the beginning to see the qualifications of the individual and what positions they have matched to. As the ASVAB and physical tests are given, if the candidate qualifies and chooses a path in the military, the candidate takes the oath of enlistment and is then given a date when they will be entering basic training.

Due to shellshock demonstrating many physical symptoms, it was not able to diagnose and treat the mental trauma soldiers encountered as they experienced trauma. Due to the necessity of treating veterans with trauma, in 1980, post-traumatic stress disorder, PTSD, was introduced to the DSM book. As the work of psychologist Charles Myers demonstrated the need to treat immediately, the focus was redirected and focused once the soldier is out of the military. In 2010, the Veterans Affairs made it easy to be diagnosed with PTSD with no evidence of traumatic events. (Wadsworth, 2013) As doing so, the VA is lacking accountability towards treating veterans with appropriate treatments causing the quality of life of veterans to decrease with the lack of accountability.
Statement of the Problem

When veterans leave the military, they are left to find themselves in the civilian world. Veterans are left to hold themselves accountable to transition back into a different culture after adapting themselves for years in the military culture. While soldiers gain knowledge and a great depth of experience, they struggle to translate their lifestyles to the civilian world. As mentioned in U.S. Veterans Magazine (n.d) utilizing information from VA.org, “In applying for a job, a Veteran will have to determine how to translate his or her military skills and duties into civilian terms and create a resume.” (U.S. Veterans Magazine, n.d) Veterans struggle to adapt to society after being held to a certain standard of behavior during the military that used accountability as a form to maintain soldiers following the rules. Different levels of ranks provide roles for veterans to hold each other accountable in order to follow protocol. “At the lowest level, military leadership can be the difference between life and death for many people. At the highest level, the survival of our nation relies upon the leaders in the military.” (Wong, 2003) Accountability has been instilled on soldiers from the moment they enlist, to the moment they exit the military. As they transition from the military, veterans are struggling to find the accountability they once held in the military. “Richard, a veteran, says he feels like he needed a new identity in order to work without the rank and order of the military.” (The Exchange, 2016)

When a soldier enters the military, the military spends several months helping the individual adapt to the culture and social aspect of the military. While the military is by choice, the soldier is tested and checked to make sure they are equipped to serve in the military. Once they are checked and a career has been given through the ASVAB, the soldier advances to basic training, where they are exposed to every necessary training needed for their job in the military. The soldiers start to be exposed to the social and cultural aspect of depending on one another and
having unity within each other to execute missions. While there is a transition program for civilians that are becoming soldiers, which is taken with extent seriousness, soldiers who are on the process of being discharged, are given a different treatment. Instead of taking the same amount of time out processing the soldier, it is a rushed approached, where they check the box to make sure they are good to go. The soldiers are given a resume and information regarding resources such as Veterans Affairs hospital, but ultimately the military lets the soldier make the decision on their own. Due to the environmental changes veterans are faced with, veterans struggle to transition causing veterans to run into legal problems and unhealthy coping mechanisms.

Purpose of the Study

The purpose of the study is to demonstrate the impact of accountability during veteran’s transition and treatment. Due to the lack of accountability offered in treatments outside the military, it causes problems where the veteran is not being able to get the correct treatment. Veterans are struggling to transition from military to civilian, thus having veterans coping improperly that leads to tragic incidents. Veterans’ Court was utilized to demonstrate the impact of lack of accountability of veterans outside the military. Veterans Court is a program available to veterans who are having problems with the law. Demonstrating the importance of accountability to veterans, can help mental professionals assisting veterans, incorporate strategies that involve the military culture and accountability into their treatment. Veterans Court demonstrates a program that incorporates the culture of the military into a program that deals with veterans who are dealing with legal issues. This study can demonstrate the need to incorporate the lifestyle veterans lived while in the military, thus providing accountability through treatment to improve their quality of life.
Significance of the Study

In order to help veterans integrate back into society and improve their quality of life, it is important to learn the culture of the military and understand that veterans have developed a different mentality through their military careers. This study can provide the perspective of veterans who had issues with the law and are now being incorporated into a treatment plan that provides accountability and the social aspect of the military. Being able to gather the perspectives of veterans who are given a second opportunity and their thoughts on the accountability being offered through the program, can benefit further research that can provide similar resources to veterans who are transitioning.

Conceptual Framework

The study is being conducted on veterans utilizing the behavior changes theory to demonstrate the impact of changing environments and the acculturation involved in the military and the effect it has on veterans as they transition. Gathering data from Veterans Court, demonstrates how the change of environment changes the behavior of a soldier leading to problems with the law. Utilizing a coping mechanism questionnaire and an accountability questionnaire demonstrates the factors that have changed from the military to the civilian world. Due to providing qualitative and quantitative data, the research is a flexible study. In order to properly conduct the study, flexibility must be a part in order to properly analyze the data. The study is a descriptive study utilizing surveys to collect the information.

Quality of life (QOL) is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life.² (CDC, 2018) Quality of life has different meanings for every person. Many factors can affect the perception of quality of life in individuals. “Although health is one of the important domains of overall quality of life, there
are other domains as well—for instance, jobs, housing, schools, the neighborhood. Aspects of culture, values, and spirituality are also key domains of overall quality of life that add to the complexity of its measurement.” (CDC, 2018) The perception of quality of life in veterans will differ based on their backgrounds and what they obtained from the military.

As cultural differences demonstrate a factor that can affect the perspective of quality of life on an individual, acculturation theory demonstrates the impact military has on individuals. “Broadly, as applied to individuals, *acculturation* refers to changes that take place as a result of contact with culturally dissimilar people, groups, and social influences.” (Schwartz, 2010) As the model Berry developed having two dimensions that create four acculturation categories, the military regimen demonstrates the need to assimilate to the military culture in order to have a successful career. Assimilation refers to adapting the new culture and discarding the heritage culture. (Schwartz, 2010)

**Limitations**

Based on the nature of the study, there are several limitations that will need to be addressed. To begin, court dockets are limited to certain days out of the month. Dockets were scheduled twice a month and rotated between felony and misdemeanor court. Another limitation includes the number of veterans available at every docket. Another limitation is the lack of studies conducted utilizing veterans. There are multiple studies that demonstrate useful information and treatments, but due to veterans differing from civilians, the treatments lack the potential to improve the veteran’s quality of life.
Chapter II

**Literature Review**

When a person decides to join the military, they are made to go through multiple activities in order to be fully integrated into the military. Per the Army Portal ("Step by Step Guide", 2012), recruits are to make sure they meet the minimum requirements, talk to a recruiter, schedule an appointment at Military Entrance Processing Station (MEPS), where the recruit will take the ASVAB, Armed Services Vocational Aptitude Battery test, which determines what career options available for the military. Recruits are also required to pass background checks and physical exams to make sure they are fit to serve. As they enlist, soldiers are put through basic training that prepares them to their new duties and lifestyle in the military. “Therefore, the military socializes new recruits through exhaustive military training known as basic training or boot camp, which is known as a degrading process, where leaders deconstruct the recruits’ civilian status and give them a new identity.” (Redmond, 2014) All beliefs are broken down and new ones are incorporated that makes the soldier adapt to the new culture easily. As they enter basic combat training, soldiers are taught the Army’s values in detail where they are expected to live by during their term. The values include, duty, loyalty respect, selfless service, honor, integrity and personal courage. (Army.Mil, n.d) Aside from the values being exposed to the soldiers during basic training, there is a creed that soldiers are taught that demonstrates how the soldier is expected to put their mission first, cannot quit, cannot leave anyone behind, and that they are ready to deploy and defeat the enemy. (Americas Army, n.d) The soldier is to protect the country and not accept defeat. (Army.mil, n.d) Although the military provides access to resources that can provide any support for the soldier, many do not follow through as they count on the accountability the chain of command provides. Transitioning from an environment that
provided many expectations and having to abide by the regulations, can have an effect of the behavior change on individuals.

As soldiers transition from civilian to soldier and back to civilian, veterans are exposed to different environments and conditioned to adhere to those standards. Behavior changes theories demonstrate how different factors contribute to the behavior change on soldiers. “These theories cite environmental, personal, and behavioral characteristics as the major factors in behavioral determination.” (Distributed Wikipedia Mirror Project, n.d) As there are different types of behavior theories to explain about behaviors, when dealing with veterans and soldiers several theories can apply. For example, when civilians are entering the military, during the trainings, civilians are trained to the military culture and hold them accountable to the military code of conduct. This process can be classified as operant conditioning as soldiers are trained through punishment and positive and negative reinforcement. The works of BF Skinner in operant conditioning based on the work of Thorndike’s law of effect, (McLeod, 2018) demonstrate how one can shape the behavior by providing punishments and reinforcements until the desired behavior is achieved. As Skinner’s method of learning describes providing punishment and reinforcement, the military adopts the similar concept with their soldiers. As it is described in the theories of changes, maintaining the desired behavior has to be a part of the process. Through this method, maintaining the behavior in soldiers, the military uses accountability to provide the desired effect. Soldiers are constantly being tested physically, holding them accountable to be at a certain time and maintaining their lifestyle to their standard. The accountability is demonstrated throughout their whole entire career in the military. As operant conditioning states, punishments are put in place to hold the veteran accountable for the actions they committed. As soldiers are
conditioned to join the military and adhere to their standards, social cognitive theory demonstrates the changes in behaviors in soldiers as they transition.

Social cognitive theory, previously known as the social learning theory by Albert Bandura in 1960, demonstrates how the social influences and environment affect the behavior of an individual. “Bandura’s Social Cognitive Theory proposes that people are driven not by inner forces, but by external factors.” (CommGap, n.d) The model suggests that there is a connection between the environment and the person’s factors that determine the behavior. As veterans have adapted to military culture for years, as veterans exit the military they are left to deal with the individualistic mentality. “The military provides structure and has a clear chain of command. This does not naturally exist outside the military. A Veteran will have to create his or her own structure or adjust to living in an environment with more ambiguity.” (VA Mental Health, n.d.) As the military values and creed demonstrate a group thinking, veterans are left with those methods when dealing with situations. “Putting the group before the person is an important aspect of military culture.” (Moore, 2011) Having two different perspectives and shifting between them causes issues that affect the behaviors. Going from a group mentality to an individualistic mentality can produce behavior changes in veterans.

Transition

As veterans transition from military environment to civilian environment, veterans struggle to adapt to the new circumstances. Coming from a group mentality environment to an individualistic environment causes veterans to have challenges and difficulties to reintegrate. According to a study conducted on 24 veterans where interviews were utilized to obtain data, resulted with having three major perspectives from veterans that interfered with their reintegration.” Despite the challenges of service, the military environment itself was experienced
as a “family” that took care of service members and provided a structured set of expectations.” (Ahern, 2015) Veterans see the military more as a family than a normal job causing the perspective of transitioning to a civilian job harder. Veterans also A second factor veterans viewed as a challenge was normal is alien. “Veterans frequently talked about civilian life as “normal” while it was clear that many aspects of civilian life no longer felt normal to them upon return from military service. This reflected the mismatch between expectations that coming home would be a welcome return to “normal”, and the reality that what used to feel “normal” felt alien due to the changes in the veteran and changes at home.” (Ahern, 2015) The last challenge that was captured in the research, “searching for a new normal captures the approaches, resources and perspectives that helped support veterans’ successful transition to civilian life.” (Ahren, 2015) Veterans must rely on groups, families and society to be able to help them navigate the resources outside the military. The research demonstrates the different view of the military through veterans. To veterans, it was not just a job, it was their family that took care of them and guided them through their career.

Stigma

During the military, soldiers go through deployments and missions that can often lead to problems such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and adjustment disorder. When a veteran goes through a deployment, and returns, they are assessed and reintegrated back into their positions before a next deployment. A study found that many of the programs available for soldiers returning from deployments were being underutilized due to the stigma that is attached to those seeking help. (Welsh, 2015) A frequent held belief is that seeking help can negatively affect the career of the soldier in the military or the perception other soldiers have towards their need for help. Welsh demonstrated that the negative belief attached
from the military carries over to veterans as they are discharged from the military. The belief is being implanted from the beginning of the post-deployment experience. Soldiers tend to rely on their families, neighbors and other military personnel to get them through their tough times when returning from a deployment. Welsh’s study utilized 22,150 active duty personnel from the Air Force and their significant others. They were asked to complete several indexes that measured depressive symptoms, support systems, Air Force satisfaction, support from leaders, perceived mission readiness and neighbor support. Although they seek support from other people aside from the military, the study concluded that soldiers had a better outward on military life when leaning for support on higher leaders in the military. (Welsh, 2015) As the study concluded with soldiers having a better outlook in the military, it demonstrates how accountability from their chain of command improves their quality of life. While soldiers have the military family within each other, veterans are returning to their home of record or where the veteran chooses to stay. Soldiers require the chain of command to make sure they are being held accountable to the standards of the military and complete their mission.

Veteran Suicide

In 2017, the VA released data related to veteran suicides. The VA collected more than 55 million death records from 1979 to 2014 to distinguish between veteran suicides and non-veteran suicides that would be able to help on creating suicide prevention programs. Veterans Affairs Secretary, Dr. David J. Shulkin released a statement along with the data. “I am committed to reducing Veteran suicides through support and education. We know that of the 20 suicides a day that we reported last year, 14 are not under VA care. This is a national public health issue that requires a concerted, national approach.” (VA, 2017) This study demonstrates how veterans are not under the care of the VA. The VA is designed to care for veterans, “To fulfill President
Lincoln’s promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s Veterans,” (VA, 2017), but with minimal accountability offered to veterans and the lack of time to see patients, veterans are not being treated and are not being helped to transition. The VA offers a similar culture to the military, but with the lack of accountability that was offered during the military, veterans do not follow through with their treatments. As the newly released data shows, 20 veterans commit suicide a day, demonstrating the battle veterans deal with when released from the military. The Department of Veterans Affairs released a statement mentioning that veterans are twice as likely to commit suicide compared to the general population. (Fox, 2018) As the mission statement from the VA mentions to care for those who served, the number of suicides of veterans per day demonstrate the flawed system in place for veterans after leaving the military. The VA is equipped with many treatments found to be effective such as cognitive behavioral therapy, prolonged exposure, group therapy and many more that can be used to treat veterans, but with the lack of accountability, veterans do not seem to be getting the help needed to transition. Although many do not recognize it, the military provided some form of accountability throughout the life of the veteran during their military service. The high suicide rate among veterans demonstrate the lack of psychological counseling and adequate transition program from military soldier to veteran among the general population.

Barriers

As it states the number of veterans committing suicide, finding the barriers that prevent veterans to seek treatment can be challenging. In order to provide an insight of why veterans decline services at Veterans Affairs centers, Hundt (2017) conducted a qualitative study to provide an insight on why veterans were not following through with the treatment program.
Hundt gathered 87 patients who were eligible to partake in the study and sent letters to the patients. After completing the consent part, only 24 veterans partook in the study. Data was collected through recorded interviews that lasted 45 minutes and were transcribed after completing gathering data. Hundt’s research acknowledged the barriers that prevent veterans from receiving treatment from the VA. Some of the barriers that the researchers included were practical barriers such as transportation or work/school related, emotional barriers that included things as not being able to receive treatment as they were not prepared, insecurity and even lack of trust, therapy-related barriers that included conflicts with the support of the treatment or therapist, knowledge barriers that were unaware of the programs and lastly VA-System related barriers that included the negative experiences received at the VA. From not enrolling from the beginning to using barriers to prevent treatment at the Veterans Affairs clinics, veterans use other excuses to get treated or not treated.

As it was reported, a portion of veteran suicides occurred to those who were not in treatment, an examination was done to determine if there was a linkage between veterans and the VA medical center. As a soldier is discharged, they have five years to utilize the services at the VA free of charge. This provides veterans plenty of time to have medical care while they are transitioning and if needed, they can obtain their disability with the utilization of the VA. Data was gathered from 151,122 veterans who deployed to Afghanistan and Iraq between 2008 to 2012. Out of the veterans utilized for the study to demonstrate the usage of the VA, most of the number was comprised by 90% of male respondents. 49% of veterans were married and most of the veterans (66.92%) were enlisted personnel. The descriptive analysis found that 48.4% of OEF/OIF (Operation Enduring Freedom and Operation Iraqi Freedom, deployments to Afghanistan and Iraq) active duty Army members of recent deployment cohorts utilized VHA as
an enrollee within 12 months following separation. (Vanneman, 2015) Although it demonstrates
the percentage of veterans utilizing the VA, it does not guarantee that the veteran is utilizing the
VA to receive any type of treatment offered, such as primary doctors, mental health, audiology,
eye care, dental, physical treatments and emergency services. The VA offers different services in
their centers such as eye doctor, dental, hospital, primary care physicians, pharmacy and more.
Research demonstrated how veterans are not utilizing the resources available for their medical
and psychological needs. In the military, soldiers are held accountable to be checked constantly
to be able to perform the duties needed. As they transition, they are given the resources to the
VA and not informed on what they need to do when it comes to transitioning to the civilian
sector. The VA is in place to help veterans on any needed treatment but if veterans are not being
educated of the possible trauma they can experience after the military, then the veteran is not
able to provide themselves with adequate treatment.

Treatment Education

In 2017, Deviva looked at the correlation between treatment participation and education
of treatment options. The study was to demonstrate how veterans will participate or be involved
in treatments if given the education of programs available. “Of the 114 EG cases, 91 (79.8%)
completed the group (attended at least three sessions, including the fourth session). Of those 114
cases, 52 (45.6%) opted for an evidence-based psychotherapy (CPT or PE). An additional 23
cases (20.2%) chose a time-limited symptom-focused intervention (e.g., anger management,
cognitive–behavioral therapy for insomnia), seven cases (6.1%) selected supportive group
therapy, four (3.5%) chose complementary therapies, and three (2.6%) elected to remain on
medication without therapy.” (Deviva, 2017) This demonstrates how being educated and guided
can help veterans seek treatment. While it demonstrates the possibility of veterans receiving treatment through education on programs, accountability is still not being met for veterans.

Aggression Behavior

Leaning for support and accountability towards the chain of command has demonstrated positive results indicating the need for accountability. While serving, they have access to the chain of command and other resources, as a veteran they are left to depend on the VA and their spouses for support. Depending on family members can have a negative impact as they are unaware of what the veteran has been through. LaMotte’s Study was conducted utilizing 92 returning male veterans that had been exposed to a combat event with exposure to Post-traumatic stress disorder (PTSD) and were living with a partner or spouse for six months. LaMotte concluded that 93.4% had engaged in one or more acts of physiological IPA (intimate partner aggression) in the previous months. (LaMotte, 2017) The study found that veterans surrounded by society may be able to reintegrate more efficiently and live a healthier life. Isolation may cause veterans to numb themselves emotionally, thus causing negative thoughts that leads to aggression towards their loved ones. With isolation, negative coping mechanisms can develop in veterans causing veterans to self-medicate or resort to the use of substance abuse. As the study demonstrated the aggression towards their intimate partners, it supported the lack of programs that provide adequate treatment and reintegration to society. LaMotte demonstrated that spouses and significant others suffer the consequences with their veterans through their lack of help from other veterans or veterans’ groups.

Socialization
Martz (2009) conducted an examination between coping and disability affecting the psychosocial adaptation. Psychosocial adaption indicates the transition a veteran does as they take their learned traits and adapts to society in harmony. Findings concluded that disability does have a negative impact on the psychosocial adaptation. Through the findings of Martz regarding the negative impact disability and coping has on veterans, the findings of Sirati-Nir demonstrate the need to provide therapy among veterans to improve their social skills. Sirati-Nir looked at veterans with PTSD and assessed the effect of social support skill-training group intervention to prove the improvement on social skills through the utilization of group meetings among other veterans. The study utilized two groups and a control group. Each group was asked to meet three times a week for an hour and a half to two hours for three weeks to conduct group therapy sessions. The focus on the study was to utilize a group method to show the effect it has on improving with their social skills. Findings indicated that conducting social support groups improved the skills for veterans. (Sirati-Nir, 2018) Sirati-Nir demonstrated the positive outlook of incorporating treatment among a group of veterans. While it demonstrates the utilization of group therapy as incorporating military culture, group therapy does not support treatment for all veterans.

**Veteran Programs**

As studies demonstrate that support groups among veterans benefit towards their success, programs for veterans were created to mimic a similar accountability that the military provided. A study was conducted to demonstrate veterans in a college setting. (Daly, 2013) The study demonstrated the different approaches universities are taking to facilitate the success in veterans. While every university offered different organizational approaches toward facilitating veterans, the study concluded that the best approach for veterans was to provide a space that was
limited to veterans. Veterans having their own space and connecting with other veterans going through a similar experience helps keep each other accountable and obtain the support needed. Veterans were seen more inclined to visit the space for veterans when it was designed for veterans only. The environment provided a space for veterans to retreat and connect with other veterans to obtain the support they needed.

Vocational rehabilitation is a program that was created to support veterans with disabilities to obtain help with job employment and education. Vocational rehabilitation is a program designed to keep veterans accountable and accommodate based on their needs. In order to qualify, veterans require to have a service-connected disability that is compensated and have nine years after discharge of the military to claim the benefits. (Lemons, 1979) The program is tailored to the veteran’s need and is held accountable to successfully complete the program. The veteran obtains a vocational rehabilitation specialist who helps the veteran successfully complete the program. If the program is not completed with no valid explanation, the veteran is required to pay the services back. Veterans are being held accountable to meet the veteran’s success.

Although the vocational rehabilitation program is designed to help veterans stay accountable to successfully complete the program, a study was conducted to demonstrate barriers that causes veterans to not complete the program. (Davis, 2014) The study demonstrates that although the program is available, social challenges continue to stand between veterans and their transition. Lack of transportation, family burdens and housing affect veterans on being able to provide for their families. When these social challenges arise for veterans, they decline to further their participation into treatment. The study demonstrates how veterans can deviate from their treatment based on the challenges and lack of support from others to push them to continue to fight and improve their quality of life.
A study conducted at veterans’ court demonstrated how the motivating factor for seeking treatment was due to being surrounded with others who shared their culture. (Ahlin, 2015) The study was conducted in a Veterans Treatment Court (VTC) in Pennsylvania utilizing the veterans who were mainly white males. They utilized interviews and open-ended responses to collect their data. As the study concluded, there were five main themes that motivated veterans to complete the program voluntarily. “Thematic codes include: (1) all veterans, regardless of whether they are in the VTC as clients, mentors, or team members, experienced a particular form of social norming through their military training that created commonalities of experience and expectations among them: (2) the VTC capitalizes on successes experienced by veterans during their military service, prior to becoming involved in the justices system: (3) part of the social norming that occurred in the military, and survives to the present, is a sense that the veterans are a part of something larger than themselves to which they are beholden and responsible: (4) the sense of having a larger, institutional obligation creates resentment or bitterness at times, particularly when veterans doubt the integrity of the mission, namely treatment: and (5) the commonality of the socialization experience creates a unique bond among the veterans on an individual level that creates an overreaching desire to promote one another’s success.” (Ahlin, 2015, pg 87) As the study continues, it demonstrated how veterans viewed themselves different from society and are believed to be a part of a different subculture from civilians. Among each other, they understand each other and the struggles they face.

Through the studies, it demonstrates the challenges and barriers that veterans are often faced when leaving the military. Veterans were once introduced to a subculture that differs among the civilians. During their military career, they were made to care for one another and have the accountability required to complete the mission. They were taught that no man is left
behind, and they have to support one another. When soldiers were faced with challenges, the unit leaders would try to help the soldier. They took care of one another and depended on each other to be kept accountable. Veterans are given nothing but solidarity when leaving the military. The brotherhood/sisterhood they once had, is no longer available through the civilian world. Veterans are often misjudged and misunderstood to where they are left to transition on their own.

Providing treatments that can provide a similar atmosphere to the military can improve the quality of life for the veteran and ease their transition. Vocational rehabilitation and veterans court have demonstrated the positive aspects of providing a similar atmosphere. Veterans require accountability while they transition in order to improve their quality of life. Having the accountability program for a veteran that provides the necessary steps to transition can help the veteran receive the help they need and improve their quality of life. Studies have demonstrated the struggles veterans are facing after transitioning. If veterans receive the accountability at the beginning of their transition and provide the necessary programs they require, it can decrease the suicide rate among veterans and improve their quality of life.
**HYPOTHESES**

**Hypothesis 1**

H: For veterans, healthy coping mechanisms causes increased quality of life.

H: For veterans, there is no causation between healthy coping mechanisms and their increased quality of life.

**Hypothesis 2**

H: For veterans, accountability causes to adapt healthy coping mechanisms.

H: For veterans, there is no causation between accountability and their coping mechanisms.

**Hypothesis 3**

H: There will be differences between felony veterans and misdemeanor veterans and their view on accountability.

H: There will be no differences between felony veterans and misdemeanor veterans and their view on accountability.

**Hypothesis 4**

H: There will be differences between the ages of veterans and their views of quality of life.

H: There will be no differences between the ages of veterans and their views of quality of life.
Chapter III

Methodology

Participants

At the beginning of the research, there were 120 veterans participating in the Veterans Court program. Before research was collected, the number reduced to 60 veterans in felony court and 40 veterans in misdemeanor court due to veterans graduating from the program or reaching a stage where they were no longer required constant docket appointments. Written permission from Judge Marc Carter and Judge Mike Fields was obtained, as well as permission from the new judges who took over the positions of Marc Carter and Judge Fields. The required process to formerly obtain data was followed with the veterans’ court coordinator. 12 veterans from felony court participated in the study and 3 veterans from misdemeanor court participated. Veterans who participated were 14 males and one female. Qualifying veterans had to be a participant in Veterans Court and would have to give consent to participate.

Measures

As the study was conducted, a combination of qualitative and quantitative questions was formulated to complete a packet and obtain the perspective of veterans. The quantitative questionnaire is an 8-question survey that measures quality of life. The qualitative questions were created to measure coping mechanisms and accountability. The interpretations of the questionnaires contained the biases of the researcher for being a combat veteran.

For the measurement of quality of Life, the EUROHIS-QOL 8-item index was utilized. The EUROHIS-QOL 8-item index is a shortened version of World Health Organization Quality of Life Instrument-Abbreviated Version (WHOQOL-BREF). (Rocha) “The EUROHIS-QOL 8-item
index showed good internal consistency, with $\alpha = 0.81$. When each item was deleted, Cronbach’s alpha coefficient ranged from 0.77 to 0.81; this shows that all items have similar importance in the construction of the instrument, and that no single item is more important than the others.”

(Rocha) Due to the qualitative portion of the survey, a shortened version to measure quality of life seemed appropriate as it still provides the necessary categories to measure the veterans’ quality of life.

The qualitative questions were created to measure accountability and coping mechanisms. Each questionnaire consisted of four questions each, directly asking about ways they coped and their perspective regarding how they viewed accountability. Questions were created to be direct and involve Veterans’ Court. Two demographic questionnaires were also included that asked for basic demographics and information regarding their service in the military.

Each questionnaire packet was composed of an informed consent, demographic section, prior service data, a scale to measure quality of life, four qualitative questions to measure coping mechanisms and four qualitative questions to measure accountability. The informed consent consisted of details about the study, it provided information regarding the risks and benefits of partaking in the survey and information about their right to stop at any moment they felt necessary.

**Procedures**

Harris County Veterans Court granted permission to obtain data from their court rooms. Emails were sent to both judges requesting permission and provided a brief summary of the study. Both judges granted with written permission and referred to the court coordinator to
schedule days to participate in the dockets. As the transition for new judges occurred during the research, permission was obtained from the new judges. Veterans Court offered a session that is called a docket, where the veterans who are participating in the program, met on every other Wednesday of the month. During this session, the researcher introduced himself at the beginning of the docket and explained the purpose of the study. The researcher made it clear about the survey being anonymous and voluntary. Once veterans agreed to participate, a survey packet was given and were asked to sign the consent form before proceeding. Once the forms were signed, the consent forms were collected and put into the correct consent form folder. The veterans then received a packet containing the questionnaires. The study took approximately 3 hours each Wednesday starting from introduction to the collection of the packets. After the study concluded, the researcher thanked the judges for their cooperation and thanked the veterans for participating. After the study was completed, the data was reviewed by the researcher who is formerly a combat veteran and utilized his military perspective to interpret the data.
Chapter IV

Results

Results

As soldiers leave the military, the struggle to reintegrate back to society has demonstrated to be a struggle. As soldiers got accustomed to a rigid form of culture and regulations, they often struggle to readjust their customs to fit into society. Accountability has been a key component in the military for a soldier to succeed in their jobs. Whether they are held accountable through their own form of laws, or to the chain of command, accountability can be a key factor to successfully carry missions. In order to demonstrate the need for accountability, a study was conducted in Veterans Court, a veteran program with veterans dealing with issues of the law, where they were asked a combination of quantitative and qualitative questions. The research design was flexible, and it included a descriptive method utilizing surveys to collect data.

Participants

Veterans currently utilizing the Veterans Court program were utilized to complete this study. While there were 100 veterans currently participating, 15 veterans agreed to participate in the study. 14 veterans were male, and one veteran was female. 33.3% of the veterans were Caucasian, 33.3% were African American 26.7% were Latino and 6.7% were Asian or Pacific Islander. From the 15 veterans who participated, 73.3% were in the Army, 20% were in the Marines and 6.7% were in the Navy. 60% of veterans had one deployment in their career, 20% had two deployments while in the military, 13.3% had 3 deployments during their career and 6.7% had zero deployments in their career. 86.7% veterans had an honorable discharged and 13.3% of the veterans had general under honorable conditions. 41.5 is the mean age from the
veterans who participated with 27 being the youngest and 71 being the oldest veteran age. The minimum years served in the military was 2 years and the highest years served was 20 years in the military. A mean of 8.1 years served in the military. 80% of veterans who participated were in the Felony Court while 20% of the veterans participated in the Misdemeanor Court.

**Hypothesis One**

The prediction for hypothesis one was that veterans having healthy coping mechanisms caused for an increased quality of life. The very first question in the quality of life questionnaire asks veterans to rate their satisfaction of their quality of life. The results concluded with 53.3% veterans answering with being satisfied with their quality of life. Only 20% of veterans demonstrated that they were not satisfied with their quality of life. 26.7% of veterans answered with being in between as they did not feel they were not satisfied, but they did not agree with being satisfied. Based on the answers and the results from coping mechanisms, which concluded with having positive coping mechanisms while participating in the program, it demonstrated a relation between healthy coping mechanism and the quality of life.

**Hypothesis Two**

The prediction for hypothesis two was that accountability causes veterans to adapt healthy coping mechanisms. Based on the results provided, the results demonstrated the relation between accountability and healthy coping mechanisms. Veterans responded with being able to build their self-efficacy and develop better strategies when dealing with stressful situations. Veterans did show changing their coping mechanisms from before the program and after the program. Accountability is offered through the Veterans’ court program as the court is making sure veterans comply to their necessary goals and steps during the program.
Hypothesis Three

The prediction for hypothesis three was that there would be differences between felony veterans and misdemeanor veterans and their view in accountability. Due to lack of participating veterans from misdemeanor court, the data did not provide enough information to compare causing hypothesis three to be null. Only three veterans were willing to participate in misdemeanor, while 12 veterans participated in the felony court. There is not enough data to provide proper findings.

Hypothesis Four

The prediction for hypothesis 4 was that there would be differences between the ages of veterans and their view in quality of life. In order to interpret the results, the ages were separated into categories going from 20-29, 30-39, 40-49, 50-59, 60-69, and 70-79. Once the ages were separated, the results from question one from the QOL-8 was gathered and the mean was obtained from each group. The results concluded with 20-29 obtaining a mean of 2.7, 30-39 obtained a mean of 3.14, 40-49 obtained a mean of 5, 50-59 obtained a mean of 3.5, no veterans in the age group of 60-69, and last was 70-79 with a mean of 4.5. As the results concluded, it demonstrated that veterans did have differences in views of their quality of life. Although there are differences in ages and their view of quality of life, not enough data was gathered to obtain a conclusion of age. The different perspective from the veterans varied among each other in their category causing for not enough information to formulate a result.

QOL-8 Results

To measure the quality of life survey, the Quality of Life 8-Index questionnaire was utilized with a 5-point Likert scale ranging from 1 (not at all) to 5 (very much). In order to
explain the results, each question was evaluated separately and then at the end, it was evaluated as a complete survey.

Question 1

Question 1 for the Quality of Life survey asked, “How satisfied are you with your quality of life?”. The Likert Scale was as followed, not at all, a little bit, somewhat, quite a bit and very much. The results for the individual question concluded with 6.7% of veterans answered with not at all, 13.3% answered with a little bit, 26.7% answered with somewhat, 40% answered with quite a bit and 13.3% answered with very much. Quite a bit was the answer that most of the veterans replied with, demonstrating they are content with their quality of life.

Question 2

Question 2 for the Quality of Life survey asked, “How satisfied are you with your health?” with the 5-point Likert Scale. The results concluded with 6.7% of the veterans answered with a little bit, 46.6% of veterans answered with somewhat, 40% of veterans replied with quite a bit and 6.7% of the veterans replied with very much. The results to question number 2, 46.6% of veterans replied with being somewhat content with their health.

Question 3

Question 3 for the Quality of Life survey asked, “Do you have enough energy for everyday life”, with the 5-point Likert Scale. The results concluded with 13.3% of veterans answering with a little bit, 60% of veterans replied with somewhat, 13.3% replied quite a bit, and 13.3% answered with very much. The results for question number 3 concluded with Somewhat being the answered most often used.
Question 4

Question 4 for the Quality of Life survey asked, “How satisfied are you with your ability to perform your daily activities” with the 5-point Likert Scale. 20% veterans replied with a little bit, 26.7% veterans answered with somewhat, 40% of the veterans answered with quite a bit and 13.3% of veterans replied with very much. The results for question 4 concluded that quite a bit was the answer most used.

Question 5

Question 5 for the Quality of Life survey asked, “How satisfied are you with yourself” with the 5-point Likert Scale. The results concluded with 26.7% of veterans being a little bit, 33.3% answered with Somewhat, 20% of veterans replied with quite a bit, and 20% of veterans replied with very much. Most veterans felt somewhat regarding their satisfaction of themselves.

Question 6

Question 6 for the Quality of Life survey asked, “How satisfied are you with your personal relationships” with the 5-point Likert Scale. The results concluded with 6.7% of veterans answered with not at all, 20% veterans answered with a little bit, 40% of veterans replied with Somewhat, 20% of veterans replied with quite a bit, and 13.3% of veterans replied with very much. The results concluded with somewhat being the most common reply from veterans.

Question 7

Question 7 for the Quality of Life survey asked, “Do you have enough money to meet your needs”, with the 5-point Likert Scale. The results concluded with 6.7% of veterans
answered with not at all, 26.6% of veterans replied with a little bit, 40% of veterans replied with somewhat, 6.7% of veterans replied with quite a bit and 20% of veterans replied with very much. The results demonstrate with somewhat being the most common answered used to answer the question.

**Question 8**

Question 8 for the Quality of Life survey asked, ‘How satisfied are you with the conditions of your living place” with the 5-point Likert Scale. The results concluded with 33.3% of veterans replied with a little bit, 20% of veterans replied with somewhat, 33.3% of veterans replied with quite a bit and 13.3% of veterans replied with very much. The results concluded with quite a bit being the response most commonly used to answer the question.

**Quality of Life Results**

After reviewing the questions individually from the Quality of Life survey, the survey was evaluated. The way the survey was evaluated was by marking the answer that was most utilized for the survey. The most common reply to the surveys concluded with Somewhat being the most utilized answer. Following Somewhat, the next reply that was most used was Quite a bit. Following Quite a bit, the reply that followed was A little bit followed by very much and last was not at all. Based on the results of this evaluation, it concluded that most veterans found their quality of life somewhat good. This demonstrates that veterans feel they have a somewhat quality of life after the military and participating in Veterans Court, which provides them with accountability and a culture similar to the military.

**Qualitative Results Coping Mechanisms**
Most individuals form coping mechanisms, whether good or bad, when handling stressful situations. For the Coping Mechanisms survey, open ended questions were asked and had the veterans reply based on their own forms of coping. A good amount of space was utilized to give enough room for veterans to describe, but veterans gave simple short answers, which made it possible to review the results. The questionnaire asked four questions regarding how veterans handle stressful situations, how veterans were coping before Veterans Court, what veterans obtained from the program and how they feel applying coping mechanisms. Veterans seemed to have changed their forms of coping mechanisms after starting the program. Before getting to the program, veterans coped with drugs, anger management classes, exercise or did not have any form of coping. After being in the program, veterans started to change their form of coping by utilizing techniques they acquire through the resources provided. “Through treatment I have learned to be more adept at stepping back from situations to think objectively and I have learned not to react emotionally or immediately as much. I have also relied on the support of my mentor, which has been invaluable during this time of duress.” In other words, this veteran is mentioning how being able to utilize some techniques he acquired in the military, it has given him the tools to adapt back into society. There were differences in how veterans were coping before and during the program. One of the questions asked how Veterans Court improved or worsened “Veterans court has been one of the best things to happen to me. It has given me the resources to help me learn better strategies to coping.” their way of coping and veterans responded with being provided with resources they were not aware of. It also provided them with a better outlook in life and to utilize coping mechanisms when they are put in a tough situation. While answers varied for all veterans, when the questionnaires are reviewed, 73.3% of veterans felt good or confident when they are applying coping strategies, while 20% did not feel good or no answer
was provided. 6.7% of veterans had not been in the program long enough to be able to provide an answer. Veterans court improved the coping mechanisms in veterans as veterans received information regarding other programs that can help them achieve their goals and improve their quality of life.

**Accountability Survey Results**

Accountability can often be tough to measure as it is viewed differently in many aspects. Veterans have been held accountable since entering the military as they are set to a military standard. In order to maintain the accountability provided, the military set a chain of command that ensures soldiers comply with orders. Without accountability, soldiers would not be able to work together and complete the mission.

Veterans were asked four questions about accountability that measured their feelings towards having accountability, what their support system consist of, how accountability has helped with their commitments and how it has impacted their life. The results concluded with veterans feeling empowered and good with having accountability a part of their life. All veterans demonstrated to have a support system that consisted of family, mentors and friends. It has also empowered veterans to develop self-efficacy and be responsible with themselves. Although the correlation cannot be made with the impact of their quality of life, it proved to be a successful tool to be used in order to be able to treat veterans.

Accountability is a form to keep veterans on track with adapting healthy coping mechanisms and develop self-efficacy in order to be able to transition into civilian. Accountability does play a role in improving the quality of life as it helps veterans change their
behavior, but it does not fully impact the quality of life of a veteran. Having accountability part of their treatment can impact their behavior to make better decisions for themselves.
Chapter V

Summary

With 20 veterans committing suicide a day, it is crucial to find a way to help veterans during their vulnerable transition. Veterans transition from a controlled, rigid environment, to a place where they are to translate their skills and figure things for themselves. Veterans struggle to incorporate their experiences from the military back into society. In order to demonstrate that need for accountability in veterans, a study was conducted at Veterans Court to show the impact accountability has on the quality of life of veterans.

In order to demonstrate the need for accountability in the treatment for veterans, the research was conducted at Harris County Veterans Court. Veterans Court is a program that was established to help veterans who are dealing with legal issues while struggling with mental health disorders. The program requires veterans to receive mandatory treatment and random testing for alcohol and drugs. In order for veterans to complete the program, veterans have to hold themselves accountable and show accountability towards the court and the community. Aside from the accountability the program offers, the program also offers the veterans the military culture they are missing. Veterans are able to fulfill their commitments as they are participating along other veterans in the same position. The court also provides veteran mentors who overlook a small group of veterans and help them accomplish their goals. Currently, 100 veterans are participating in the Harris County Veterans Court. 60 veterans are from felony court and 40 veterans were part of the misdemeanor court. The court held dockets every Wednesday rotating from felony to misdemeanor. The participation of veterans varied depending on the phases they were on during the program. Veterans were asked during every docket if they wanted to
participate in the study. 12 veterans from felony court agreed to participate and 3 veterans from misdemeanor agreed to partake in the study.

The research was conducted by providing a questionnaire that involved a quality of life survey with eight questions, a coping mechanisms questionnaire, accountability questionnaire, demographics questionnaire and a military-related questionnaire. Each veteran was asked to sign an informed consent and were briefed on the purpose of the study. Veterans were also informed that they were able to stop at any moment.

The study conducted provided a combination of qualitative and quantitative research. The quantitative portion of the study was the quality of life questionnaire. The questionnaire had eight questions that asked veterans to rate their answers utilizing the Likert Scale from 1 to 5. The veterans were asked to rate the questions from not at all to very much. The results concluded with “Somewhat” being the most common answer used to answer all questions. The next answer that was often used was “Quite a Bit”.

When analyzing the qualitative portion of the survey, veterans seemed to handle stressful situations utilizing breathing techniques, hobbies, religion, taking steps back and re-centering themselves. Before the program, four veterans demonstrated utilizing drugs, alcohol or self-medication to cope with stress. Due to veterans being held accountable, veterans had to change their forms of coping to comply with the commitment with the program.

The data from the qualitative portion involving accountability demonstrated the positive outlook veterans saw after being held accountable. From felony court, only two people did not see the positive aspect of being accountable. While one veteran left the answer blank, the other veteran mentioned it did not change much. Although those two veterans demonstrated to not
show the impact of accountability, the remainder mentioned it has helped them see a different positive perspective of life.

When the surveys are analyzed, the impact accountability had on veterans while utilizing the program did make a difference on veterans. While the circumstances they were while using the program were not great, the accountability offered gave them the opportunity to view life from a different perspective and help them change their coping mechanisms as well as provide information on resources veterans can utilize.

Discussion

As the research utilized veterans, interpreting the results can be challenging as veterans utilize different words of answering on how they feel. Being a former combat medic, and currently a graduate researcher, this gives me a unique perspective in interpreting the data results that were gathered from this research. The main hypothesis of the study was that accountability improved the quality of life in veterans. Utilizing the concept of accountability from Veterans Court and asking questions regarding their quality of life and their coping mechanisms while in the program, could provide answers on how to incorporate accountability into treatment programs for veterans who are transitioning from the military.

As the study progressed, one of the aspects that stood out the most about this research was the limited number of veterans who were willing to participate. The veterans who were willing to participate were older veterans, around the age of 70. The older veterans who were willing to participate were more open when answering the questions. The answers seemed very sincere as well.
While courts were divided and rotated every Wednesday, veterans seemed to be more willing to participate from the Felony court. Veterans from misdemeanor court did not want to participate as they would say they would at the end of court but would leave. Veterans from felony court did seem to have a better view from the accountability offered through the program. Seeing how veterans from felony court were more than willing to participate demonstrated that they were wanting to share their insights and experience in the program by cooperating in the study.

Accountability is not directly correlated to improving the quality of life of veterans but can be used to improve the behavior of veterans which indirectly improves their quality of life. Utilizing court-ordered accountability changes the behavior of veterans by educating veterans on ways to cope healthy and provide resources to improve and support their transition.

Limitations

When conducting research, finding people that are willing to participate is the key aspect. When conducting research on veterans, it has limitations that prevents from gathering useful information. Being a former combat medic, I felt that I would be able to have veterans participate in this research. The results demonstrated the opposite of what I expected.

Before beginning the research, the biases of being a combat veteran had to be acknowledged as the interpretations are being done from veteran to veteran. Veterans are able to understand each other, causing for having a conflict on interpreting the meaning of the results. Veterans have a certain language that can be understood by other veterans. Due to the researcher having both perspectives, a researcher perspective and a veteran, interpretations are being reviewed through a combination of military experience and knowledge from being a researcher.
As the biases were addressed, the researcher was recognized by several veterans who partook on group therapy mandated by Veterans’ Court. While the researcher was participating voluntarily, veterans understood each other. As veterans who recognized the researcher at Veterans’ Court, the trust they once had between each other, disappeared. The veterans did not participate or would mention they would participate but leave immediately after without participating. The limitation provided shows that veterans being participants at Veterans Court view other veterans who are at a different level from them, as someone who no longer can relate to them. This causes for the disconnection of participants among each other.

The limitation this research experienced was during the approval for IRB, Institutional Review Board. While many face issues receiving approval for their research, the one thing that sets this apart was the assumptions and the lack of knowledge regarding veterans. When the research was first reviewed, the assumption was that I was working at the court and I was exploiting the veterans participating in the program. This demonstrates isolation of the veteran population by assuming they are protecting veterans. While submitting paper work, there were no indication that I was working at the court or had any authority over any veteran. This demonstrates the lack of knowledge and information that the general population have of veterans. The board did not have enough knowledge on terms and culture about veterans thus making it a difficult decision to approve or deny. For instance, veterans were referred as GI, not understanding that GI is seen as a demeaning way of viewing a veteran, as GI stands for government issued, which removes the human aspect of the individual. Another limitation that arose from the process of approval was the assumption that the Veterans Affairs handles everything related to veterans. While the VA, Veterans Affairs, do handle most of the affairs for veterans, there are many organizations and state programs that represent veterans.
The second limitation the research experienced was the process to obtain permission to gather information from the veterans participating in the program. Being a veteran, the one advantage I gained was being able to speak directly with Judge Carter who was a veteran himself and understood the necessity of the research for veterans. Once approval was granted, I reached out to Judge Fields who, again, agreed to allow me to gather data. I was directed to contact the veteran court coordinator for further information about the courts. When getting in contact, the veteran court coordinator emphasized on the IRB approval. The veteran court coordinator needed a copy of the IRB approval along with the IRB packet and questions being asked in order to make sure the veterans were not being exploited. The IRB packet had to have the correct information in order to proceed, otherwise they would deny it. Once it was reviewed and approved by the veteran court coordinator, the coordinator passed the packet to the judge to be approved. After the judge and the coordinator agreed to proceed with the research, dates and the necessary information were given and asked to be present a few minutes before to get situated.

Another limitation the research experienced was during the transition of judges. During the research, the former judges were replaced causing a pause on gathering data. Although permission was granted at the beginning of the research, documentation had to be resubmitted to be approved by the new judges. Once approval was received, there was a small delay when the new dates for court were scheduled. After getting passed the approval, another limitation arose that made obtaining data difficult. Dates to obtain data were very limited to two days a month for each court. The two types of courts, felony and misdemeanor, rotated on Wednesdays causing to have two courts available a month. With limited days a month for the courts, Misdemeanor court did not start promptly, causing delays on the gathering of data for that court. When it began, not all veterans participating in the program were available during the dockets. Veterans who
participate in the program have different phases they must accomplish. Since the program is not formulated to work as a group, each veteran graduates to the next phase when they are ready. Another limitation during the docket was the constant relocation of courts. Based on veterans’ court being a special court, there was no assigned court for it causing the program to have different locations for each meeting.

I had the assumption that as a former soldier, veterans would be able to relate and be more open to participate on the research. I had the belief that I would be able to obtain most veterans currently participating. When Wednesday came, I was told to present myself and explain my research at the beginning of the court. In order to respect the court, surveys were not provided during the time veterans had to meet with the judge and with their mentors. The time for court varied for felony and misdemeanor court. Felony court started at 2:30 pm while misdemeanor began at 1:30 pm. Veterans demonstrated to feel bothered as the time required them to leave work early. The courts also lasted between two to three hours each. I went early and stayed later after court to ask veterans to participate but veterans either declined or completely ignored me. Several times, veterans seemed to be upset as it was a long court that caused them to miss work or the travel time would be hard on them. Another limitation that arose during my research was when veterans were asked to participate at the beginning before any start of court some of the veterans agreed to participate. After the veterans met with their mentors and discovered they were not in compliance with their program due to missed appointments or failed uranalysis, veterans became aggressive and the anger was redirected towards me and was told to leave them alone.

One of the hardest limitations I experienced while conducting this research was to see the way veterans do not trust the scientific process for obtaining data that could improve resources
for them. For example, during one of the days I was gathering data, I met several veterans who attended group meetings with me during treatment in the past. While in treatment, all veterans would share with each other and would be open about the experiences, but when the veterans found out I was there to gather data, they immediately stopped the conversation and walked away. This demonstrates how veterans do not like to share information outside themselves.

Although being a combat medic and a disabled veteran who actively participated on treatments at the VA, all my identity relating to them did not matter as I was now being seen as someone who no longer relates to them. I was now being seen as an outsider wanting to gain information about their experiences. Collecting data from veterans seemed to be harder than expected as veterans did not trust the process. As the courts continued, it kept getting harder and harder to reach to more veterans, thus causing the number of veterans to want to participate to be low.

The limitation of how court dockets work proved to be interfering with gathering data. While court lasted around 2 to 3 hours, the pace was fast, and veterans were having to move constantly to meet their requirements for the day. Court dockets are busy and even when getting early to the court, it did not provide an advantage as presenting the research was done at the beginning when introductions of other organizations or other information were done. It is a system that works good for the court and veterans, it just provided difficulties gathering data as it limited the impact of approaching veterans to participate.

Having to be constantly monitored and making sure the requirements are met for veterans proved to be a limitation on the research. Although results demonstrated the impact court has made in their lives, the amount of work veterans are having to meet each court limited gathering data as the emotions on veterans fluctuated as their meeting concluded. When a veteran would fail their requirements and since they were not able to express their emotions at court, the veteran
used the opportunity to control their participation. Since veterans realized participation was optional, they felt like they did not need to do an extra step during their time.

The final limitation I noticed when collecting data was how the atmosphere changed when the judges switched. The first data I started to collect was from Judge Carter’s court, who happens to be a veteran. Veterans during his court were more willing to participate in the collection of data. When the judges had to be switched, Judge Fields completely stopped his court and the waiting was prolonged until the new judge arrived. Since the new judges are not veterans, veterans do not seem to be as open and willing to participate as they are now adapting to the new change.

Implications

When conducting the research for the thesis, limited data was available regarding veterans and their mental health. It is a challenge to provide data that can demonstrate approaches to help veterans as they transition. There are treatments available to treat individuals with any disorder, but due to the differences in culture from veterans, the translation for treatment becomes an issue, thus causing blocks in treatment for veterans. There are barriers that prevent researchers to gather data from veterans, thus causing the struggle on how to treat veterans. As a civilian join the military, they are exposed to extensive trainings and their view changes to adapt the military culture. As the veterans are transitioning from civilians to soldiers, the lack of retransition to civilians causes the changes of behavior on veterans.

Through my process of collecting data for my research, it demonstrated the difficulties researchers have on being able to break the barriers to gather information from veterans. Although data was minimal from veterans participating in Veterans’ Court, my research
demonstrates that veterans are lacking information on resources when they transition. The results from one of the questionnaires asked about what Veterans Court improved for them, and responses included with knowledge of resources. Although there is information about veteran resources, veterans are not obtaining that information causing for a delay for treatment or help. Having received the response of resources, it implies that information is not being directed to reach veterans.

Another implication my study indicates is that veterans need to have the military atmosphere to transition and meet their goals. Veterans’ Court is a program assimilating the culture of the military causing for a better impact. This demonstrates veterans need to have some sort of military culture included in their treatment. Veterans go through extensive trainings throughout their military career that when they exit the military, the lack of similar accountability being offered proves to have negative behavior changes that lead veterans to deal with legal issues.

This research study implicated that changing the atmosphere for veterans and providing accountability to themselves, veterans would be able to change their behaviors. The behavior of veterans needs to be researched as veterans transition from different situations throughout their military career. The military culture emphasizes on keeping soldiers to a standard and constantly change them from locations. While moves might not make a big change in their behavior, deployments cause soldiers to experience a different situation they were not previously exposed to. After spending a minimum of six months, which does impact the environmental changes and affects the behavior, in a deployment, veterans struggle to return to a similar state they were before the event.
**Recommendations**

Limited data exists on veterans, causing gaps on how to approach when trying to help veterans as they exit the military. As a veteran and a researcher, I was able to have a view of both perspectives and be able to understand both sides. On the veteran side, veterans are guarded causing them to close off and not want to participate. As a researcher, I saw the difficulties being faced when collecting data. Having veterans participate in research is hard as there are many barriers that prevents research to be produced.

My first recommendation that I would make is for researchers to learn the culture of veterans and learn ways on how to approach veterans. Communication is one of the barriers that prevents research on veterans to be produced. The way veterans are being approached determines the outcome of a research. Being able to understand the language of a veteran can improve participation as veterans would not feel as they are being misunderstood.

The second recommendation I would make is to not make the research seem as veterans are just a number. Veterans have already felt that way in the military, so when a researcher tries to make them a number, veterans do not want to participate. Approach veterans based on wanting to gain their perspective and have veterans teach the researcher on their views of said research.

A third recommendation I would make is to design measurement tools specifically designed for veterans. Due to the acculturation veterans experience during the military, veterans are adapted to a different perspective. In the military, the mission comes first, so when a veteran is asked questions that do not relate to themselves, they would tend to get discouraged from participating.
Another recommendation that I would like to make to other researchers is to study the behavior changes on soldiers when they go through deployments and when they return. Being separated for months with little to no contact with their family can have an impact and affect them when they begin to process the event that occurred. Veterans are exposed to different environments constantly through their military careers giving them little time to process what is happening. Since soldiers are told that they are to follow the mission and put it first, soldiers are not given enough time to process the changes occurring. Once soldiers leave the military and are not hold to a certain standard, veterans began to process their career in the military causing them to have a delay reaction from their moments in the military. As they began to process their military career, accountability has not been developed on themselves causing them to resort to unhealthy coping mechanisms as they are not aware on how to deal with the situation at hand.

Conclusion

To conclude the current research, there is a lot of work that needs to be done when working with veterans and their mental health. Veterans experience many transitions in their lives but the hardest one is when they transition back home. The accountability that once held them to a standard is no longer offered thus leading them to turn to unhealthy methods of coping. While there is research on post-traumatic stress disorder on veterans and traumatic brain injury, little research has been done on researching the behavior changes that affect veterans when their environment changes. While veterans do form resiliency through their military career, their reintegration back to society has not been properly evaluated.

Accountability is a form of method that can help veterans achieve self-efficacy and reintegrate back into society. With the military constantly having accountability as a form of maintaining the behavior of veterans a similar method should be applied in their treatment for
veterans to develop the accountability towards themselves and not to something other than themselves.
INFORMED CONSENT

You are being asked to participate on a research study. Please read the following information regarding the study. If you choose to participate, please sign the informed consent and date.

Participants: Veterans in Harris County Misdemeanor and Felony Veterans Court.

Purpose: The research is being conducted to support the course, Research Thesis, for MA in Psychology for Houston Baptist University.

Procedure: Each veteran will receive a questionnaire packet to be completed and returned to the researcher.

Risks and Benefits: The method of research poses minimal risk. The information data gathered will not be linked to any individual. The data collected will help higher education and help contribute to research for veterans.

Liability: The researcher is being aware of their ethical responsibility to ensure no consequences occur during the research. Houston Baptist University will NOT be held liable in case of any consequence during the research. HBU will NOT offer financial assistance in an event that produces damages.

Right to Decline: This survey is completely voluntary and can decline participation. You have the right to decline any further participation at any moment.

Contact Information for Researcher: The researcher, Jonathan Bohannon, can be reached at 346-265-1197. You can also contact the faculty supervisor, Dr. Joseph Pelletier, at 281-649-3051.

Informed Consent: By signing below, you are agreeing to have read and understood the informed consent and agree to participate in the following research. Any questionnaires with no signed consent form will not be included in the research.

Signature: __________________________________________ Date: ____________________
# Quality of Life Questionnaire

1. **How satisfied are you with your quality of life?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

2. **How satisfied are you with your health?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

3. **Do you have enough energy for everyday life?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

4. **How satisfied are you with your ability to perform your daily activities?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

5. **How satisfied are you with yourself?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

6. **How satisfied are you with your personal relationships?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

7. **Have you enough money to meet your needs?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much

8. **How satisfied are you with the conditions of your living place?**
   - 1: Not at All
   - 2: A little Bit
   - 3: Somewhat
   - 4: Quite a Bit
   - 5: Very Much
Coping Mechanisms Questionnaire

1. What coping strategies have you applied when dealing with stressful situations?

2. Before participating in Veterans Court, what coping strategies were you applying?

3. In what ways has Veterans Court improved or worsen your coping strategies?

4. How do you feel on applying coping strategies when faced with stressful situations?

Accountability Questionnaire

1. How does it feel to be held accountable?

2. What does your support system consist of?

3. How has accountability helped you with your commitments?

4. Aside from treatment, how has accountability impacted your life?
Please answer the following demographics-related questions.

1. Age: _________

2. Gender (Please Circle One):
   Male  Female  Prefer not to Answer

3. Ethnicity (Please Circle One)
   Caucasian  Latino  African American  Asian/Pacific Island  Other  Prefer not to answer

4. Employment: __________________________

5. Highest level of Education: _____________________

Please answer the following military-related questions.

1. Name of Branch (Please Circle One):
   Army  Air Force  Navy  Marines  Coast Guard

2. Job in the military: _________________________________

3. Type of Discharge (Please Circle One);
   Honorable  Other than Honorable  General under Honorable Conditions  Dishonorable

4. Number of Deployments: ________

5. Years served in Military: _________

6. Date of Discharge (Year only): ______
References


EUROHIS-QOL 8-item index (WHOQOL-8) in a Brazilian sample. Brazilian Journal of Psychiatry, 40 (3). Retrieved from


https://www.nhpr.org/post/veterans-struggle-transition-civilian-life-after-service#stream/0


