Instructor Resource Guide

# Interacting with Veterans in a Jail Setting

Course ID# 4902

Continuing Education Requirement

Created: October 2025

# ABSTRACT

This course is designed to meet the legislative mandate established by SB 1563, in accordance with Chapter 1701 of the Texas Occupations Code. The course provides country corrections officers with the knowledge and practical skills needed to effectively and respectfully interact with justice-involved veterans. The Interacting with Veterans in a Jail Setting course introduces military culture, the unique experiences and mental health challenges faced by veterans, and how to apply trauma-informed communication and de-escalation techniques.

**Instructor Resource Guide:**

This is an Instructor Resource Guide (IRG), not a lesson plan. The purpose of the IRG is to outline the minimum state requirements of what must be taught for a course to be considered compliant and receive TCOLE credit. The learning objectives provided in this IRG are the minimum state requirements for the training and must not be changed or altered.

- A qualified instructor **shall** develop the IRG into a lesson plan that meets their organization and student needs and must be kept in a training file for auditing purposes.

Please note: It is the responsibility of the Academy and/or Contractual Training Provider to ensure the IRG is developed into a complete lesson plan based on the requirements outlined in the IRG for a particular topic**.**

**Lesson Plan:**

Each organization is charged with creating their own lesson plan for how the organization will disseminate the information in the IRG.

- The IRG is designed to assist the instructor/subject matter expert in developing comprehensive lesson plans. The use of current statistics, best practice models, and scenario-based training should also be included in the lesson plan development. Instructors are encouraged to add additional activities.
- The institutions and instructors will determine how much time is spent on each topic/module, how many/what kind of examples or exercises are used during their presentation, and how in-depth they review each topic in the course they present.
- Any activity that is **suggested** is just that, an example or suggestion, and is not mandated for inclusion.
- Anything that is **required** must be included in the instructor's lesson plan.

**Note to Trainers: This curriculum must be implemented by (Date Pending).**

It is the responsibility of the Academy and/or Training Coordinator to ensure this curriculum, and its materials are kept up to date. Refer to curriculum and legal resources for changes in subject matter or laws relating to this topic as well as the Texas Commission on Law Enforcement website at www.tcole.texas.gov for edits due to course review. Training providers must keep a complete training file on all courses reported for TCOLE credit.

**Student Prerequisites:**

- This course is mandated for county corrections officers who are appointed or will be appointed.
- This course may be taken by other law enforcement professionals to include telecommunicators and peace officers.

**Instructor Prerequisites:**

An instructor must be a subject matter expert in the topic and must have documented knowledge/training/education and provide an instructor's biography that documents subject matter expertise. It is the responsibility of the training academy/training coordinator to select qualified instructors. A TCOLE instructor certification does not certify someone to teach any topic. If a documented subject matter expert does not hold a TCOLE instructor certification, the instructor must be approved in writing by the department's training coordinator or chief administrative officer and kept in the training file for the course.

- This course may be instructed by a licensed law enforcement professional that has documented experience working with veterans and has at least three (3) years of experience instructing law enforcement professionals.

- This course may be instructed by a documented subject matter expert with at least three (3) years of experience instructing law enforcement professionals and is actively involved in working with veterans.

- It is highly encouraged to include a co-presenter/co-instructor/guest speaker from the mental health community who specializes in working with veterans.

**Length of Course:**

It is the training coordinator's responsibility to ensure the minimum hours are met. Students are required to attend all classroom hours as listed in this instructor resource guide, there is no 10% attendance rule. TCOLE Rule 218.1 (C)(4) states that failure to meet the minimum course length may be grounds for denial of training. This course shall be taught the minimum hours that are listed in this guide and the student shall attend the entire class to receive credit.

- 4 hours, minimum.

**Assessment:**

- Training providers are responsible for creating student assessments and documenting the mastery of all objectives in this course using various testing assessment opportunities.
    - Assessment opportunities include oral or written testing, interaction with instructor and learners, case study and scenario, and other means of testing student's application of skills taught.
- The minimum passing score shall be 70%.

**INSTRUCTOR NOTE:**

**Unit 1 The Veteran Experience**

This unit explores the demographics, culture, and experiences of veterans, with a focus on how military service shapes their worldview and behavior.

**INSTRUCTOR NOTE:**

Introduce the lesson with national, state, and local area statistics for veterans. Include information on the veteran population, rates of substance use and abuse, rates of mental health conditions or disorders, and rates of incarceration.

- Discuss the statistics with learners to give a clearer understanding of veterans, how likely they are to be at risk of these issues, and the extent to which these issues are present within the populations the students serve.
- Resources for Unit 1 can be found in Appendix A.
- Use local statistics from the area in which the course is being taught or, if local statistics are not available, use statistics for a demographically similar area.
- It is the responsibility of the instructor and/or training provider to ensure the data used for statistics is current.

**1.1 Identify the veteran population in Texas.**

A. Texas currently leads the nation with the number of veteran residents with approximately 1.6 million.
   i. Killeen and Harker Heights have the highest veteran population as of 2022.

**1.2 Identify common elements of military culture.**

A. Chain of Command
   i. Fosters clear rank structure
   ii. Establishes clear authority
   iii. Creates structured decision-making process

B. Communication Style
   i. Direct and structured
   ii. Efficient and purposeful
   iii. Frequent use of acronyms and verbal deference
   iv. Formal protocols expected.

C. Discipline Through Training
   i. Basic training is between eight and twelve weeks.
   ii. Every service member goes through this training.
      1. Initial indoctrination training.
      2. Well refined process of stripping away individuality and civilian mindset.
      3. Physically demanding.

D. Misson Focused Mentality
    i. Team-oriented approach
    ii. Goal completion priority
    iii. Trained for survival in high-stress situations.
E. Respect is a Core Value
    i. Every military branch includes respect as a foundational value.
    ii. Instilled from beginning of basic training
    iii. Respect is earned and expected
    iv. Often tied to roles, ranks, and performance
    v. Veterans may respond positively to authority figures who demonstrate competence and fairness.
    vi. Veterans may react defensively or shut down when they feel disrespected, dismissed, or treated unfairly.

**1.3 Describe the impacts of military deployments.**

A. Duration and Frequency
    i. Deployments: 4 months to 18 months
        1. May be back-to-back and common since 9/11.
    ii. Federally activated Reservists or National Guardsman are deployed for 12 months, plus a 3-month stand-down phase.
    iii. Active Duty Deployment Length:
        1. Marines: 9 months
        2. Air Force: 4 months
        3. Navy: 6 months
        4. Army: 9-12 months
    iv. Global Presence
        1. U.S. forces currently deployed to more than 150 counties.
        2. Extensions possible per Theater Forces Commander needs: 3-6 months additional.
B. Redeployment Challenges
    i. Reintegration training may be 2-3 weeks.
    ii. Begins in combat theater
    iii. Can be distracting if action is still happening
    iv. Service members focused on going home
    v. May forget life continued without them
        1. Family dynamics have changed

vi. Can lead to conflict upon return

**1.4 Identify common challenges veterans face when transitioning to civilian life.**

A. Identity loss
   i. Military service provides structure and purpose.
   ii. Leaving can trigger a crisis of identity and belonging.
   iii. Sudden need to make independent decisions after years of structured life.

B. Isolation
   i. Loss of close-knit camaraderie
   ii. Feeling misunderstood by civilians
   iii. Social disconnection from community

C. Stigma and Stereotypes
   i. Veterans may encounter negative stereotypes
   ii. May internalize shame about their experiences
   iii. Disconnect between civilian and military experiences

**INSTRUCTOR NOTE:**

Some veterans face increased justice system contact due to a mix of pre-service trauma, service-related injuries, and post-service stressors.

**Unit 2 Mental Health Conditions in the Veteran Population**

This unit examines how trauma and mental health conditions impact veterans, particularly in correctional environments, and offers tools for understanding their behaviors in context.

**INSTRUCTOR NOTE:**

It is important to note that both depression and substance abuse may mask deeper struggles, delay help-seeking, and increase while in high-stress environments like jails.

**SUGGESTED ACTIVITY:** The purpose of this activity is to gauge learners' present knowledge about veteran trauma and mental health conditions. Learners may hold preconceived notions about upcoming topics, so facilitating conversation through discussion can help them reflect and learn as they progress through the course. Discussion topics may include but are not limited to:

- What is trauma? When thinking of trauma and veterans, what comes to mind?
- How might military conditioning affect a veteran's behavior within a correctional setting?
- What comes to mind when you hear "PTSD"? How might this manifest?
- What comes to mind when you hear "TBI"? Why is this relevant to the veteran population?

**2.1 Explain how military conditioning affects behavior in correctional settings.**

A. Veterans may display behaviors shaped by military training that can be misinterpreted in correctional settings.

B. Hypervigilance
    i. What it looks like:
        1. Heightened sense of danger
        2. Constant scanning of the environment
        3. Sitting with their back to the wall
        4. May have difficulty relaxing
        5. May appear jumpy or paranoid
    ii. Why it happens:
        1. The military instills heightened awareness as a survival skill.
    iii. In a correctional setting:
        1. May be mistaken for paranoia or suspicion.

C. Perceived Disrespect or Loss of Control.
    i. What it looks like:
        1. Agitated behavior
        2. Confrontational responses
    ii. Why it happens:
        1. The military instills respect for hierarchy.
    iii. In a corrections setting:
        1. Ambiguity or inconsistent authority may trigger defensiveness.

D. Avoiding Eye Contact or Over-Formality
    i. What it looks like:
        1. Address staff a “sir” or “ma’am”
        2. Appearing robotic or overly stiff
    ii. Why it happens:
        1. The military instills values, discipline, respect, and formal communication.
    iii. In a corrections setting:
        1. May come across as distant, rigid, or insincere.

E. Difficulty Asking for Help
    i. What it looks like:
        1. Refusing services
        2. Denying mental health needs
        3. Downplaying symptoms
    ii. Why it happens

1. Mental health issues are often stigmatized in the military.

iii. In a correctional setting:

1. Seeking help may be viewed as weakness.

F. Startle Responses or Reactivity to Noises

i. What it looks like:

1. Jumping or flinching
2. Freezing or sudden alertness

ii. Why it happens

1. Conditioning in combat or high-stress environments trains service members to react quickly to sudden sounds.

iii. In a correctional setting:

1. Reactions may be triggered by loud noises, slamming doors, yelling, etc.

G. Chain of Command Focus

i. What it looks like:

1. Only responds to certain staff.
2. Frequently asks, "Who's in charge?"
3. Reluctant to engage with lower-ranking personnel.

ii. Why it happens:

1. Military culture emphasizes following orders from higher-ranking individuals.

iii. In a corrections setting:

1. May be perceived as defiant or uncooperative.

**2.2 Describe how trauma across the military lifecycle influences behavior and contributes to incarceration risk.**

A. Behavioral patterns are not just rooted in training, they may also reflect trauma and mental health conditions that are common among veterans, particularly those involved in the justice system.

B. Trauma

i. Trauma is an emotional or physical response to a deeply distressing event, often outside of the range of normal human experience.

C. Behavioral Responses to Trauma

i. Trauma responses are automatic and adaptive during the traumatic event but may persist in ways that are maladaptive in non-threatening environments.

D. Common behavioral outcomes of trauma:

i. Emotional numbness

ii. Fight/flight/freeze responses

iii. Avoidance or withdrawal

iv. Aggression or defensiveness

E. Types of trauma common in the veteran population:

i. Physical Trauma

1. Traumatic Brain Injuries (TBIs)
2. Severe physical injuries
3. Chronic pain

ii. Moral injury

1. Emotional distress from violating deeply held moral beliefs.
2. Not always clinical, but can lead to:
   a. Guilt
   b. Shame
   c. Spiritual conflict
   d. Self-sabotage

iii. Military sexual trauma

1. Includes sexual assault or repeated sexual harassment during service.
2. Male survivors may experience added stigma and be less likely to seek help.
3. May result in:
   a. Trust issues
   b. Guilt
   c. Shame
   d. Low self-esteem
   e. Depression

F. Trauma Across the Military Lifecycle

i. Pre-military factors

1. Adverse Childhood Experiences (ACEs)
   a. ACEs are difficult experiences children face or witness before they develop effective coping skills.
      - Can highly influence how a person responds to trauma.
      - ACEs are associated with a higher likelihood of complex trauma symptoms.
2. Poverty
   a. Some may join the military to escape poverty or unstable housing.
3. Prior justice involvement
   a. Increase risk of reoffending post-service.
4. Recruitment at a young age

a. Recruitment stations at high schools and colleges.
b. The brain is still forming and is malleable.

ii. During military service
1. Combat exposure
a. May lead to PTSD, depression, or anxiety disorders
2. Military Sexual Trauma
3. Traumatic Brain Injury
4. Culture that discourages help-seeking.

iii. Post military service
1. Untreated conditions
2. Identity loss
3. Economic instability
4. Isolation
5. Barriers to care
6. Substance misuse

G. Pathways from Trauma to Incarceration
i. Cumulative impact of untreated and instability.
ii. Maladaptive behaviors interpreted as threats or non-compliance.
iii. Lack of trauma-informed interventions can lead to system involvement.

**INSTRUCTOR NOTE:**
Understanding the pathways from trauma to incarceration highlights how deeply trauma can affect veterans' lives and behaviors. To fully grasp the challenges veterans face in correctional settings, it is essential to recognize the common mental health conditions that often result from or coexist with their traumatic experiences. The following section will explore these mental health conditions, their symptoms, and how they may present in veterans.

**INSTRUCTOR NOTE:**
These conditions require clinical treatment and should be approached using trauma-informed care practices. Trauma-informed care will be covered in more detail in Unit 3.

**2.3 Identify common mental health and neurological conditions that affect veterans.**

A. Roughly 31% of veterans are receiving care through the VA have a confirmed mental health diagnosis.

B. Post Traumatic Stress Disorder (PTSD)
i. A prolonged response to trauma.
ii. Veterans may struggle with symptoms long after service.
iii. Symptoms
1. Flashbacks

2. Hypervigilance
3. Avoidance
4. Emotional numbness
5. Sleep issues

iv. Behavioral Presentation
1. May appear as aggression, withdrawal, or mistrust.
2. Veterans may perceive everyday corrections cues as threats.

v. Correctional Considerations
1. Misinterpretation of symptoms can lead to escalation or disciplinary action.
2. Requires trauma-informed communication.

C. Traumatic Brain Injury

i. Results from head trauma that disrupts the normal function of the brain.
1. May range from mild to severe

ii. Challenges
1. Often underdiagnosed or reported
2. Symptoms may appear months or years later.

iii. Symptoms
1. Confusion
2. Memory loss
3. Mood swings
4. Impulsivity

iv. Functional impacts
1. Impaired memory, reasoning, communication, and emotional regulation.
2. Behavioral issues such as irritability, lack of inhibition, or poor judgement.

D. Depression

i. A common and serious medical illness that negatively affects how a person feels, the way they think, and how they act.

ii. Symptoms
1. Sleep and eating disruptions
2. Low energy and motivation
3. Feelings of hopelessness and guilt
4. Suicidal thoughts
5. Physical complaints without medical cause
6. Difficulty concentrating

iii. Correctional Considerations

1. May present as withdrawal, low motivation, or disengagement, which may be misinterpreted as laziness.

**2.4 Identify how comorbidity affects veteran mental health presentation and behavior in corrections settings.**

A. Comorbidity in the context of veteran mental health is two or more medical or mental health conditions occurring simultaneously.

B. Symptoms of one condition can worsen or trigger symptoms of another.

C. Creates more complex behavioral presentations.

D. Common comorbid combinations in justice-involved veterans:

i. Chronic pain + depression

ii. PTSD + depression + substance use disorder

iii. TBI + PTSD

iv. Moral Injury + Depression

E. How comorbidity impacts jail behavior:

i. More severe symptoms than single conditions

ii. Unpredictable responses to triggers

iii. Increased difficulty with coping strategies

iv. Higher risk for crisis situations and suicide

## Unit 3 Trauma-Informed Practices in a Correctional Setting

This unit introduces trauma-informed care, focusing on understanding trauma's impact and applying key principles in correctional settings. It covers recognizing trauma triggers and using tactical empathy to promote safety and trust.

**INSTRUCTOR NOTE:**
It is recommended that instructors emphasize the importance of understanding trauma's impact on veterans and correctional settings throughout this unit. Instructors should encourage active discussion and reflection to deepen learners' empathy and skills.

**3.1 Identify principles of trauma-informed care.**

A. A trauma-informed approach begins with understanding the physical, social, psychological, and emotional impact of trauma.

B. Individuals, groups, organizations, and systems can all be trauma informed.

C. The approach incorporates four (4) key assumptions, the "4 Rs"

i. Realize the widespread impact of trauma and understand potential paths to recovery.

ii. Recognize the signs and symptoms of trauma in others.

iii. Respond by fully integrating knowledge of trauma into policies, procedures, and practices.

iv. Resist re-traumatization actively through trauma-informed and compassionate responses.

**3.2 Illustrate the key principles of trauma-informed approach.**

A. Incorporating a trauma-informed approach takes into consideration the following six key principles:

i. Safety:

1. Ensure immediate safety and address any medical concerns.
2. Reduce unpredictability.

ii. Trustworthiness and transparency:

1. Clear communication
   a. Rules
   b. Procedures
   c. Consequences
2. Staff consistency
   a. Keep promises
   b. Explain why things happen

iii. Peer support:

1. Facilitate access to assistance support.
2. Allow for support groups
3. Peer-led programs

iv. Empowerment

1. Providing small choices helps restore a sense of control

v. Cultural, historical, and gender issues:

1. Recognize and address cultural, historical, and gender-related factors that can influence trauma and their process of healing.
2. Understand how trauma can influence behavior and trust.

**3.3 Recognize trauma triggers in a jail environment.**

A. A trauma trigger is anything – a sound, smell, visual cue, or interaction that reminds someone of a traumatic experience and causes a stress response.

B. Loud noises

i. Slamming doors

ii. Yelling

iii. Radios squawking

iv. Sudden alarms

C. Aggressive posture or tone

i. Shouting
ii. Pointing
iii. Physical intimidation

D. Isolation or Confinement
i. Solitary cells
ii. Time in segregation

**3.4 Recall how traditional correctional practices may unintentionally retraumatize veterans.**

A. While correctional settings have necessary security protocols, some traditional practices can unintentionally trigger trauma responses, especially in veteran populations.

B. Authoritarian structures
i. Command style orders may mimic military command.
ii. In a corrections setting, this may be triggering if a veteran experienced abuse by an authority figure.

C. Use of force
i. Being restrained can mimic combat experiences.
ii. In a corrections setting, sudden physical contact can provoke panic or flashbacks.

D. Noise and sensory overload
i. Loud alarms and crowded spaces may mimic combat experiences
ii. In a corrections setting, this may lead to emotional shutdown or aggression as a survival response.

## Unit 4 Communication Strategies and De-escalation Techniques

This unit covers effective communication strategies and de-escalation techniques tailored for veterans. It highlights how to avoid retraumatization and manage conflict through clear, respectful interaction.

**4.1 Identify effective communication skills.**

A. Be transparent
i. Open and honest communication
ii. Inspire trust through consistency

B. Be assertive, not aggressive
i. Use clear, concise language
ii. Reduce misunderstandings with direct communication.
iii. Use “I” statements
iv. Key distinction:
1. Assertive is respectful boundary setting

a. Example: “I need you to return to your cell now. I understand you’re upset, and we can talk more once things are settled.”

2. Aggressiveness is intimidation or hostility
   a. “Get back in your cell now or you’ll regret it.”

C. Be aware of verbal and nonverbal cues.
   i. Verbal fundamentals:
      1. Speak calmly and evenly.
      2. Use clear, respectful, neutral phrasing.
      3. Avoid slang, confrontational questions.
         a. Example: Replace “What’s your problem?” with “Can you help me understand what’s going on?”

D. Non-verbal fundamentals:
   i. Maintain open, relaxed body language.
   ii. Avoid pointing or clenched fists.
   iii. Keep hands visible and respect personal space.

E. Practice active listening
   i. Avoid interruptions and allow the speaker to finish their thoughts.
   ii. Listen to understand, not just to respond.

**4.2 Identify strategies for building rapport.**

A. Why it matters:
   i. Veterans’ identity is rooted in discipline, purpose, and camaraderie.
   ii. Misunderstanding or disrespect can trigger shame or defensiveness.

B. Acknowledge their service
   i. Use simple, respectful phrases like “thank you for your service.”
   ii. Establishes a positive connection and shows respect for their past identity and discipline.

C. Recognize their rank
   i. If a veteran offers their rank, acknowledge it.
   ii. Shows respect for their history of responsibility.
   iii. Helps them feel seen as a person, not just an inmate.

D. Maintain professional boundaries
   i. Avoid asking about combat experiences because it can be triggering.
   ii. Focus on respectful, professional interactions.
   iii. Honor the rank, not the behavior by separating identity from current actions.

**4.3 Demonstrate de-escalation techniques tailored to veterans.**

A. Crisis-specific tone and posture
    i. Lower voice when emotions are high
    ii. Avoid sarcasm, threats, or vague comments
    iii. Stand with confidence, not dominance
    iv. Keep a safe distance and maintain exit awareness
    v. Use slow, deliberate movements
B. Veteran-specific crisis language
    i. Use mission-based language: “I need your help to resolve this.”
    ii. Apply military metaphors: “This is a team effort. We need your cooperation to keep things calm.”
    iii. Avoid power struggles and redirect rather than confront
        1. Give clear expectations: “Here’s what needs to happen next…”
C. Managing escalated situations
    i. Offer limited choices when possible: “You can return to your cell now, or we can talk in the office first.”
    ii. Acknowledge their feelings while maintaining boundaries
    iii. Use structured, predictable responses
    iv. Focos on immediate safety and next steps.
        1. Use time and space as an advantage, don’t rush the resolution.
D. Tactical empathy techniques
    i. Tactical empathy is the ability to understand and acknowledge another's emotions and perspectives strategically to build trust, de-escalate tension, and guide behavior toward safer outcomes.
    ii. Tactical empathy is not about agreement or approval. It’s about connection with boundaries.
    iii. Tactical empathy techniques
        1. Label emotions
            a. Acknowledge their emotions without assigning blame.
            b. Example: “I see how this situation has been frustrating for you.”
        2. Use reflective listening
            a. Listen for understanding and then reflect.
            b. Example: “I understand you don’t feel heard.”
        3. Turn accusations into constructive dialogue.
        4. Avoid judgement while address the issue.
        5. Set boundaries while showing understanding.
            a. Example: “I hear you, but we still need to follow this process.”

6. Guide toward mutually agreeable solutions.
    a. Example: “What’s one thing you feel ready to do right now?”

iv. Why tactical empathy works in crisis situations:
1. Builds psychological safety without compromising accountability
2. De-escalates conflict by making people feel seen and heard.
3. Encourages self-regulation and problem-solving.

**4.4 Identify veteran specific resources.**

A. Veterans Reentry Search Service (VRSS)
i. Legal Requirement
1. Verify veteran status during intake process (required by Senate Bill 2938)
2. Submit daily reports to Texas Veterans Commission
3. Give jail cards (provided by Texas Veterans Commission) to identified veterans

B. Veterans Justice Outreach (VJO)
i. 28 VJO specialists serve Texas county jails
ii. Call when: Veteran in crisis, needs immediate mental health assessment, or requests VA services.
iii. They provide: Direct assessment and connection to VA services

C. Know These Exist (for referral purposes)
i. Veterans Treatment Courts: Available in 42 Texas counties
ii. Veteran Housing Pods: Some jails have veteran-specific housing units

**4.5 Apply trauma-informed communication and de-escalation strategies involving veteran inmates.**

**Required Activity:** Learners will complete two scenario-based exercises designed to recognize and apply effective de-escalation techniques using trauma-informed communication strategies.

- **Scenario 1:** Features Officer Martinez demonstrating best practices in trauma-informed communication and verbal de-escalation with an agitated combat veteran during jail intake.
- **Scenario 2:** Presents a similar situation where communication techniques need improvement, allowing participants to identify what went wrong and propose better approaches**.**

**Scenario 1: Intake Scenario: Veteran in Crisis**
**Scenario Context**
**Setting:** Jail intake area, late evening
**Profile:** Mid-40s, combat veteran with PTSD history. Pacing, agitated, loud, refusing to answer intake questions.
**Objective:** De-escalate the situation and establish safety without escalating force.

**Dialogue Transcript for Analysis**
OFFICER MARTINEZ enters the intake area and approaches the INDIVIDUAL who is pacing rapidly near the far wall, breathing heavily.

OFFICER MARTINEZ: *calm, steady tone, non-threatening stance* "I see you're having a rough time right now. I'm going to take a step back and give you some space. My name is Officer Martinez. I'm not here to judge you— I'm here to help you get through this process safely. Can I stand right here and talk with you?"

INDIVIDUAL: *pacing, loud, defensive* "I don't belong here. You don't know what I've been through. Just leave me alone."

OFFICER MARTINEZ: "You're right, I don't know your story. I see how much stress you're under right now. I can see this is overwhelming. Late evening intakes are tough on everyone."

INDIVIDUAL: *agitated* "Tough? You have no idea what "tough" is. I don't want to be here. You're just going to lock me up and forget about me."

OFFICER MARTINEZ: *maintains distance, steady tone* "I understand that you feel uneasy in this room. That feeling is valid. Right now, I just need your help working through a couple of things. We don't have to do it all at once. Let's take it one step at a time – let's start with one thing."

INDIVIDUAL: *pauses pacing, makes eye contact* "What is it?"

OFFICER MARTINEZ: "You've been pacing for a while. Before we do anything else, would you prefer to sit here on the bench or stand by the wall while we talk? It's your choice."

INDIVIDUAL: *slightly calmer* "Bench, I guess."
OFFICER MARTINEZ: "I appreciate you working with me. I'll stay right here while you sit down."

INDIVIDUAL: *takes a deep breath* "Sure, okay. Let's just get this done."

OFFICER MARTINEZ: *affirming* "I know this isn't easy. My job is to keep you safe while you're here. First, we will get you through intake. Next, I'll also note that you're a veteran so our staff can check in and connect you with support."

**Activity 1: Identify De-escalation techniques**
**INSTRUCTOR NOTE:**
Instructors may choose the analysis method that best fits their learners' needs, learning environment, and available resources. The goal is to help participants actively engage with the dialogue and identify specific de-escalation techniques.

**Working individually:**
**Analyze the transcript:**

1. **Underline** each statement or action that demonstrates effective communication for de-escalation.
2. **Circle** "I" statements.
3. **Star** (★) tactical empathy techniques.
4. **Box** (▭) veteran-specific crisis language

**Answer Guiding Questions:**

- What tone is Officer Martinez using?
- What do you think Officer Martinez's body language looked like during the interaction?
- Did Officer Martinez offer choices? If yes, when?
- Did Officer Martinez validate the individual's emotion at any point? If yes, when?

**Activity 2: Group Discussion**
**Share ideas and discuss:**

1. What specific phrases were most effective? Why?
2. How did Officer Martinez avoid a power struggle?
3. Which statement seemed to shift the veteran's behavior?
4. What challenges might officers' face using these techniques when stressed?

**Scenario 2: Screening Scenario: Resistant Veteran**
**Scenario Context**
**Setting**: Medical unit, scheduled medical screening.
**Profile**: Veteran, early 30s, sarcastic, dismissive, refusing to engage. "I don't need help. This is a joke."
**Objective**: Build rapport and gently challenge avoidance.

**Dialogue Transcript for Analysis**
INDIVIDUAL is seated, arms crossed, refusing to make eye contact and looking annoyed. OFFICER MARTINEZ is seated across from the individual, appearing mildly impatient but trying to keep things professional.

INDIVIDUAL: *sarcastic tone, smirking* "Oh great, another one of these. Look, I'm fine. I don't need help. This whole thing is a joke - you people just want to check a box."

OFFICER MARTINEZ: *defensive tone* "I don't know what you've heard, but these aren't optional - we are required to do them. You can choose to answer the questions or not, but if you don't cooperate, the screening will be documented as a refusal. It's your choice."

INDIVIDUAL: *mutters* "Yeah, sure. Like I have a choice in this place. Document away, then."

OFFICER MARTINEZ: *irritated* "Look, being dismissive isn't helping anyone. You made choices

that got you here. I'm not here to argue with you— I just need to get through the form."

INDIVIDUAL: *louder* "So, what's the point? People ask questions, check boxes, nothing changes. They ask the same questions, write down the same notes, and then I go back to the same place. It's just paperwork for you."

OFFICER MARTINEZ: *impatiently* "Actually, it's not just paperwork. Maybe if you actually answered the questions, we could get somewhere. Look, I understand you're frustrated but you need to understand that the system works differently now and your attitude isn't helping your situation."

INDIVIDUAL: *annoyed* "Why should I believe you?"

OFFICER MARTINEZ: *leaning forward, slightly confrontational* "Because I'm telling you. I'm trying to help you here. You need to trust the process and stop being so negative."

INDIVIDUAL: *looks away* "I don't trust *any* process in this place."

OFFICER MARTINEZ: *condescendingly* "By now, you know how things work in here. I need you to fill out these forms and answer my questions truthfully. The sooner you cooperate, the sooner this is over."
*pushes papers aggressively across table*

INDIVIDUAL: *pushes the papers back, frustrated* "Whatever. I've heard all this before. Just give me the refusal form."

OFFICER MARTINEZ: *slams the refusal form on the desk* "Fine. You're missing out on a chance. Don't complain later that nobody offered you any help."

**Activity 1: Identify communication techniques in need of improvement**
**INSTRUCTOR NOTE:**
Instructors may choose the analysis method that best fits their learners' needs, learning environment, and available resources. The goal is to help participants actively engage with the dialogue and identify specific de-escalation techniques.

**Working individually:**
**Analyze the transcript:**

1. **<u>Underline</u>** each statement or action that shut down communication between the Individual and Officer Martinez.
2. **Circle** "you" statements (accusatory language).
3. **Star (★)** control-based language that created a power struggle.
4. **Box** (▭) potential trauma triggers during the interaction

**Answer Guiding Questions:**

- Describe the statements that made the veteran more defensive.
- How does the Individual respond to judgmental statements?
- What tone or body language adjustments could improve trust?

**Activity 2: Group Discussion**

**Share ideas and discuss:**

1. How did the officer's focus on "procedure" rather than "person" affect the interaction?
2. What is one specific action the officer could have taken to transition the interaction from a power struggle to a moment of collaboration?
3. What communication adjustments could the officer make to acknowledge the veteran's trauma history without giving up authority?
4. What challenges might officers face for not using appropriate de-escalation communication techniques?

**SUGGESTED ACTIVITY:** Learners will build a personal, practical checklist of "DOs and DON'Ts" to use as a reference when interacting with veterans.

**Instructions:**

- Review the types of behaviors veterans may display (ex: avoidance, sarcasm, aggression, shutdown).
- Based on the previous scenarios, work individually or in pairs to fill in the checklist below.
- Focus on actions and attitudes you can control that support trauma-informed, direct, and professional communication.
- Think of things that help you de-escalate, build rapport, and maintain safety and boundaries.

**INSTRUCTOR NOTE:**

Share the examples below to guide learners as they create their own prompts. These serve as models to illustrate effective structure and content.

**Quick Reference Guide (Example Template)**

**DO:**

- Pause and explain procedures before touching or searching.
- Use clear, calm, and confident voice tone, not overly soft or aggressive.
- Name what you're seeing and offer options when able: "You look uncomfortable, want to pause a sec?"
- Respect autonomy: "You're not required to share anything, but I'm here if you want to."

**DON'T:**

- Don't take sarcasm or avoidance personally, it's likely a defense, not about you.
- Don't argue or "prove a point" if a veteran challenges you, redirect instead.
- Don't say "calm down" or dismiss feelings, it usually escalates the situation.
- Don't assume you know what they need, ask.

- Don’t try to fix their whole story in one interaction, focus on today.

**Now You Try – Fill in Your Own:**

**DO:**

- _____
- _____
- _____

**DON’T:**

- _____
- _____
- _____

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**Wrap-Up Discussion**

- Ask: Which item on your DO list feels most important to you today?
- Ask: Which DON’T has tripped you up before — and how can you handle it differently next time?

# APPENDIX A

- Texas Workforce Investment Council – Veterans in Texas: A Demographic Study (2024 Report)
    - https://gov.texas.gov/uploads/files/organization/twic/Veterans_Summary_2024.pdf
- Texas Health and Human Services – Report on the Mental Health Program for Veterans – FY 2024 Report.
    - https://www.hhs.texas.gov/sites/default/files/documents/mental-health-program-veterans-2024.pdf
- Veteran Addiction – Statistics on Veterans and Substance Abuse
    - https://veteranaddiction.org/resources/veteran-statistics/
- Veteran Addiction – Veterans' Mental Health Issues
    - https://veteranaddiction.org/mental-health/
- Veteran Addiction – Veterans and Substance Use Disorders
    - https://veteranaddiction.org/substances/
- Charlie Health – 7 Alarming Veteran Mental Health Statistics (and Tips for Support)
    - https://www.charliehealth.com/research/veteran-mental-health-statistics
- U.S. Department of Veterans Affairs – 2024 National Veteran Suicide Prevention Annual Report
    - https://www.mentalhealth.va.gov/suicide_prevention/data.asp
- U.S. Department of Veteran Affairs – State-Level Veteran Suicide Data: Texas
    - https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022_State_Data_Sheets_Texas_508.pdf
- U.S. Department of Veteran Affairs – How Common is PTSD in Veterans?
    - https://www.ptsd.va.gov/understand/common/common_veterans.asp
- Texas Veterans Commission – Needs Assessment of Texas 2024 Findings
    - https://tvc.texas.gov/wp-content/uploads/2024/08/TVC-Needs-Assessment-2024-Report-Final-8-15-2024.pdf
- Texas Veterans Commission – Veterans Treatment Court Report 2024

- https://tvc.texas.gov/wp-content/uploads/2024/11/2024-VTC-Report.pdf
- Texas Veterans Commission – Suicide and Suicide Prevention in Texas
  - https://tvc.texas.gov/wp-content/uploads/2024/10/Update-Suicide-and-Suicide-Prevention-in-August-2024.pdf

# APPENDIX B

**Resources that can help both veterans and jail staff**

- National Institute of Corrections
  - https://nicic.gov/resources/collection/nic-vet-net/resources/veterans
- Texas Health and Human Services
  - https://www.hhs.texas.gov/services/mental-health-substance-use
- Texas Veterans Commission
  - https://www.tvc.texas.gov/partners/
  - https://tvc.texas.gov/mental-health/
  - A Guidebook for Veterans Incarcerated in Texas: https://tvc.texas.gov/wp-content/uploads/2025/08/TX-Guidebook-Nov-2024-Master.pdf
- Texas Commission on Jail Standards
  - Home - Texas Commission on Jail Standards
- Texas Department of Criminal Justice – Rehabilitation and Reentry Division
  - https://www.tdcj.texas.gov/divisions/rrd/index.html
- TEXVET – VHA Veterans Justice Outreach
  - https://texvet.org/resources/vha-veterans-justice-outreach
- U.S. Department of Veterans Affairs
  - Understanding Peer Support Services Brochure: https://www.va.gov/files/2023-03/Peer%20Support%20Brochure_1.pdf
  - Incarcerated Veterans: https://www.benefits.va.gov/persona/veteran-incarcerated.asp
  - VA Disability Compensation: https://www.va.gov/disability/
  - VA Homeless Programs: https://www.va.gov/HOMELESS/VJO.asp
- Veterans Crisis Line
  - https://www.veteranscrisisline.net/
  - Dial 988 and Press 1 for Veterans or text 838255

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