Identifying and treating PTSD and Complex-PTSD in correctional settings: A Quality Improvement project.

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Introduction

Incarcerated populations have high rates of trauma and Post-Traumatic Stress Disorder (PTSD), which is associated with increased impulsive aggression, recidivism and high rates of comorbidities. Complex PTSD has been proposed as a syndrome with a more severe impact on personality and emotion self-regulation thought to arise following exposure to repeated traumatic experiences. **Despite the salience of trauma within incarcerated persons, there are few systematic programs to deal with trauma.**

This QI project has two Phases:

- Phase 1: Training the clinical staff to identify symptoms of PTSD/CPTSD in a correctional facility.
- Phase 2: Implementing a brief intervention (BREATHE) to treat symptoms of PTSD and CPTSD.

Methods

Clinical characterization of a subset of incarcerated persons will be accomplished through chart review and self report. In parallel, mental health staff will receive training to improve their diagnostic abilities (Phase one) and training to implement a brief intervention for PTSD and CPTSD (Phase two). Prior to Phase two, we will elicit feedback from the clinical team as to how to best integrate the intervention into the workflow.

Chart reviews will collect data on:

- Demographics
- Legal variables (e.g., # of years incarcerated)
- Disciplinary reports, health service utilization
- Clinical variables (e.g., diagnosis)

Self-reports will be completed pre/post intervention:

- PTSD screening questionnaire (TLEQ)
- International Trauma Questionnaire (ITQ)

Staff self-assessed competence to treat CPTSD will be collected pre-post training.

BREATHE intervention

Session 1

- Overview
- Complete and discuss measures
- Breathing retraining- practice in session
- Psychoeducation of core PTSD symptoms

Session 2

- Breathing retraining – practice in session
- Psychoeducation for CPTSD symptoms

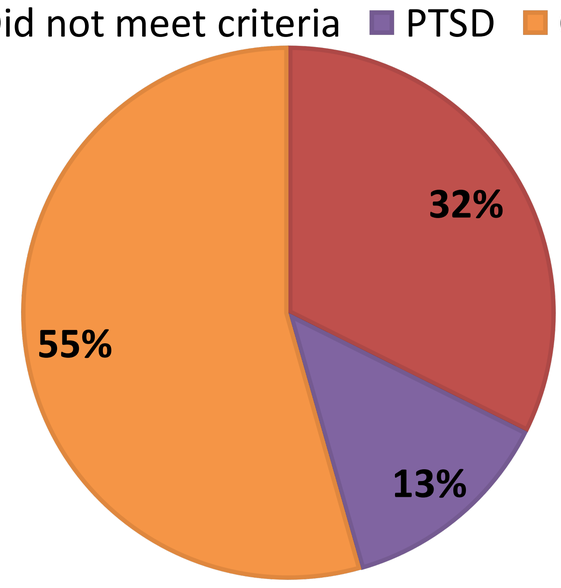
Pilot results

68 patients referred to psychiatry at the SCHOC were administered the TLEQ and ITQ as part of their psychiatric evaluation (mean age=34.3, 57% female, 52% White). **55% met criteria for CPTSD, 14% met criteria for PTSD**, (see figure 1).

The most common type of events endorsed included:

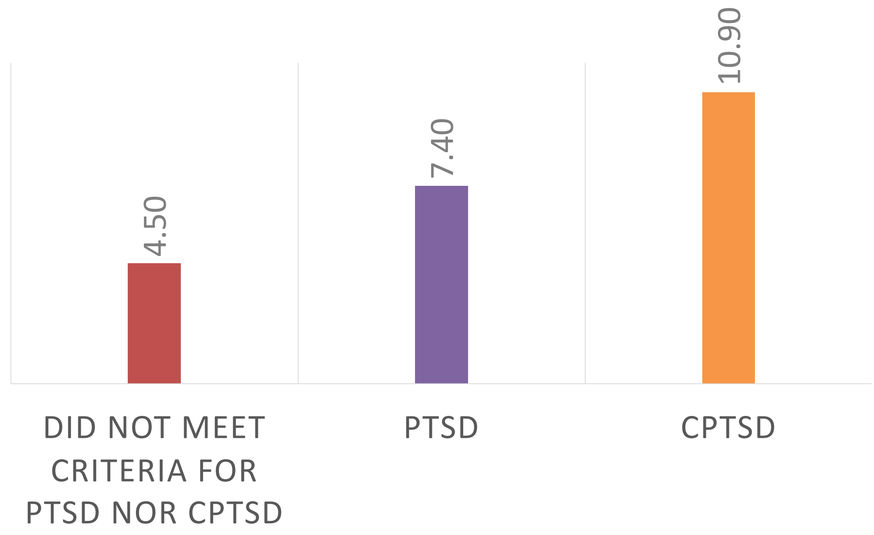
- Experienced sudden and unexpected death of loved one (90%)
- Been hit or beaten up and badly hurt by a stranger (74%)
- Been threatened with death or serious violence (74%)
- Witnessed family physically fighting (71%)
- Been physically attacked by spouse or partner (72%)

Figure 1: Pie chart for rates of PTSD or CPTSD.



The average number of traumatic events = 8.4 (SD=3.5).

Figure 2: Chart review for # traumatic events for each group.



Conclusion

1) CPTSD is the most common traumatic stress presentation (55%) and it is often unrecognized.
2) Experiencing death and witnessing or being a victim of violence were commonly reported.

This is a pilot feasibility project and the findings have informed the next iteration of the project.