

### BACKGROUND

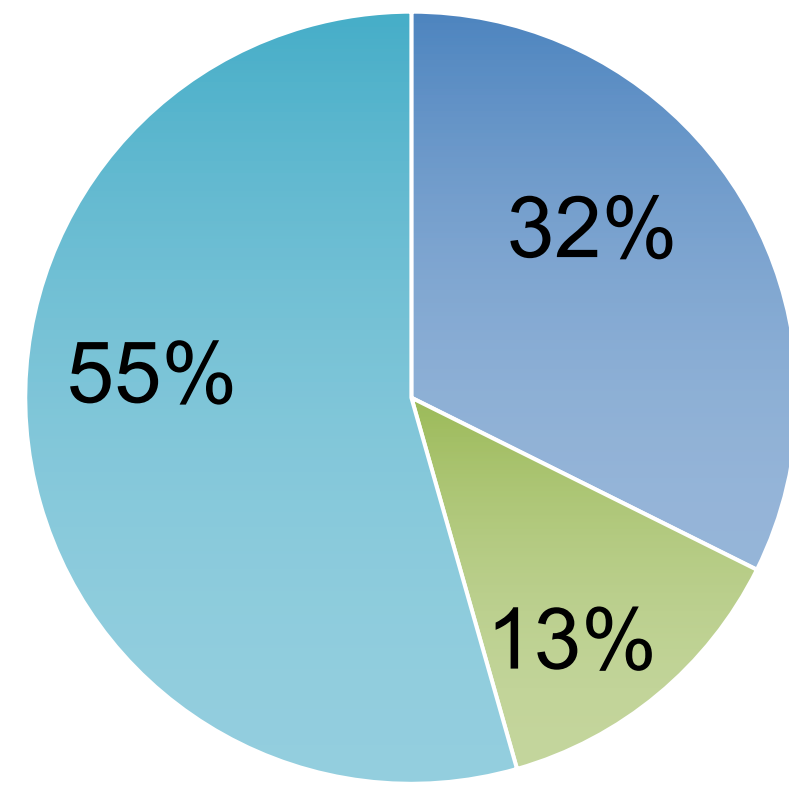
- Untreated post-traumatic stress disorders (C/PTSD), including PTSD and Complex PTSD, are underrecognized and untreated in correctional settings<sup>1</sup>.
- In addition to the distress associated with untreated C/PTSD, these disorders are also associated with increased rates of criminal recidivism<sup>2</sup>, as well as impulsive aggression<sup>3</sup> and comorbidity with other mental health disorders<sup>4</sup>.
- There is a clear need to improve accurate identification and implementation of evidence-based practices for C/PTSD.

**The objective of this quality improvement project is to improve providers' identification, diagnosis, and treatment of these disorders while also attending to clinician self-care and job satisfaction.**

### PRELIMINARY DATA

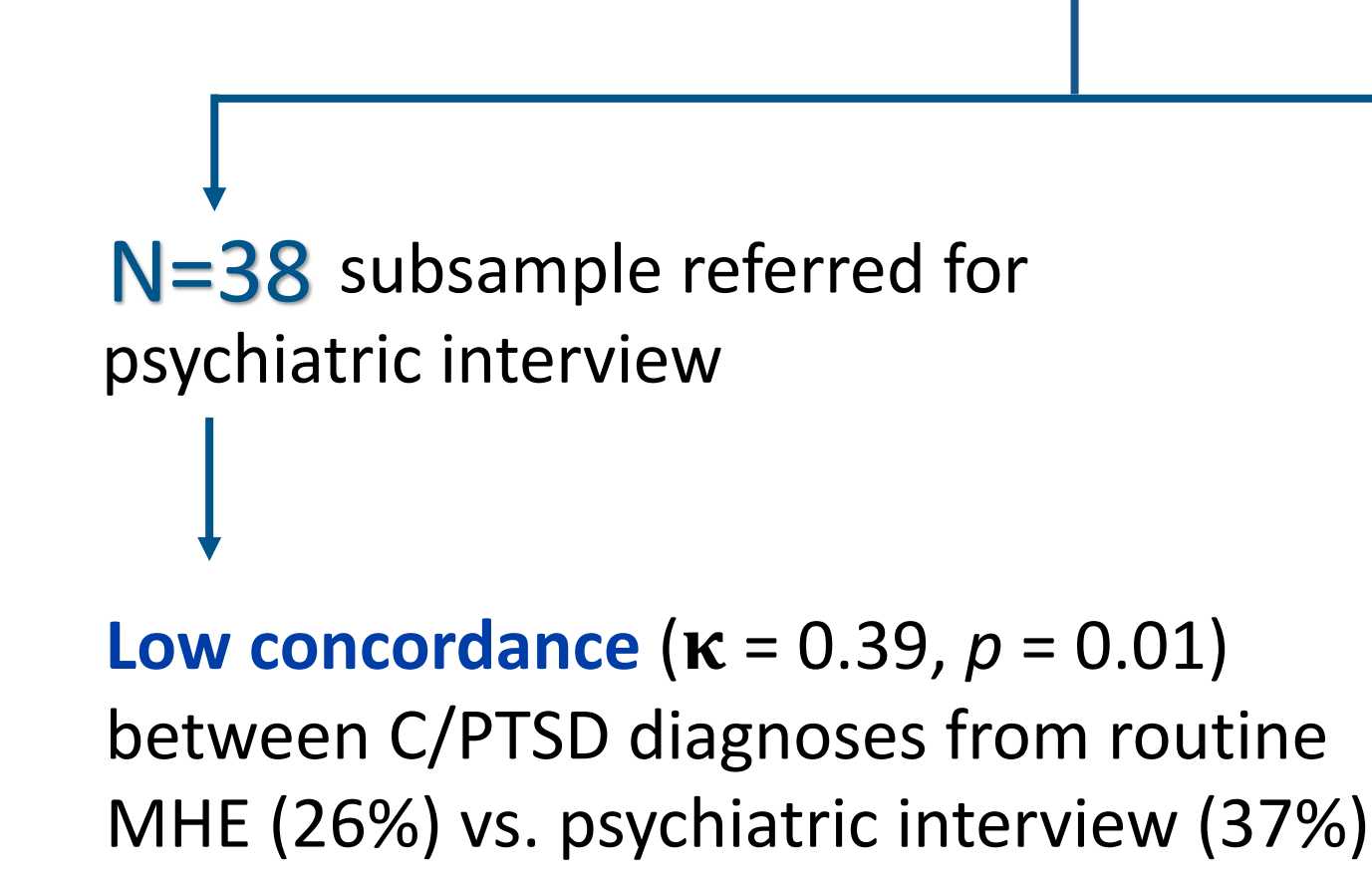
- Staff administered the International Trauma Questionnaire (ITQ) to 68 consecutive patients who were referred to psychiatric services at the Suffolk County Sheriff's Department (SCSD).

C/PTSD Prevalence: 68%



- Did not meet criteria
- PTSD
- CPTSD

Chart review of 78 consecutive patients who completed routine mental health evaluations (MHE):



Black individuals less likely to:

- report prior identification of mental illness
- receive prior substance use treatment
- And received fewer mental health services while incarcerated

**Important to standard the assessment and treatment process to mitigate racialized biases in prior MH treatment and receipt of MH services while incarcerated.**

### METHODS

**Study Setting:** SCSD has two facilities, the House of Correction (HOC) houses 600 male and 180 female pretrial detainees and inmates with sentences of 2 ½ years or less and the Suffolk County Jail (SCJ) houses 350 male pretrial detainees. On average, 55% of all inmates at both facilities receive mental health services. Medical, mental health, and substance use services are provided, as well as discharge planning services for continuity of care upon release.

#### Procedure and Measures:



8 LICSW at HOC and SCJ received training on the administration and scoring of two empirically-supported trauma measures and completed self-report questionnaires.

- Trauma Live Events Questionnaire (TLEQ):** 16-item measure of common traumatic events that may qualify for a PTSD diagnosis<sup>5</sup>
- International Trauma Questionnaire (ITQ):** 18-item measure evaluating the core diagnostic criteria for PTSD and CPTSD<sup>6</sup>.

#### Baseline Surveys Completed by Clinicians - Assessment Training

- Attitudes and Capacity Regarding PTSD – 26-item questionnaire
- Professional Quality of Life for Health Workers (ProQOL)<sup>7</sup> – 30-item scale with 5 subscales
- The Mindful Self-Care Scale (MSCS)<sup>8</sup> – 33-item scale with 6 subscales
- Training feedback survey – 7-item scale to gather feedback on training

#### Baseline Surveys Completed by Clinicians - BREATHE Training

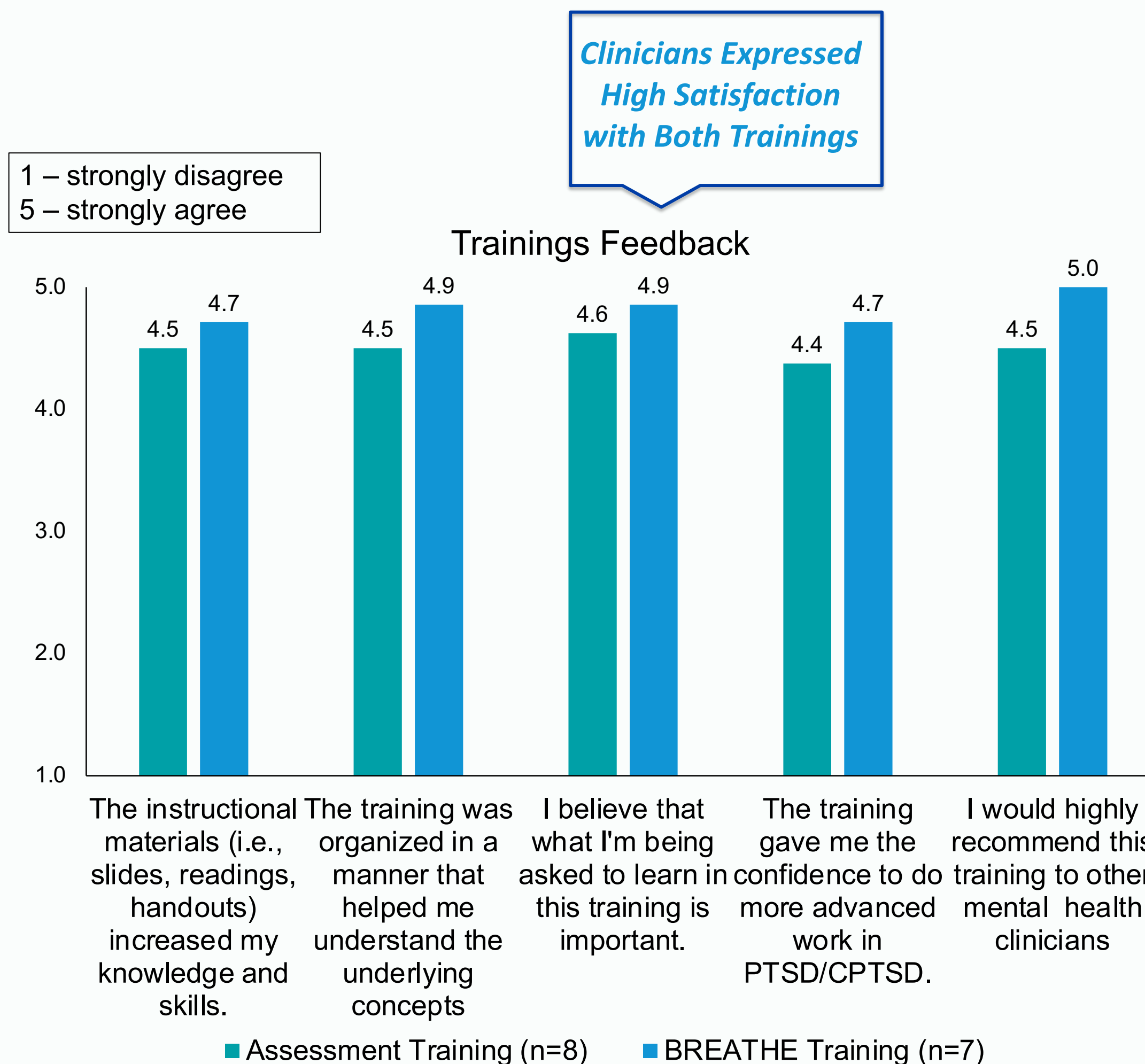
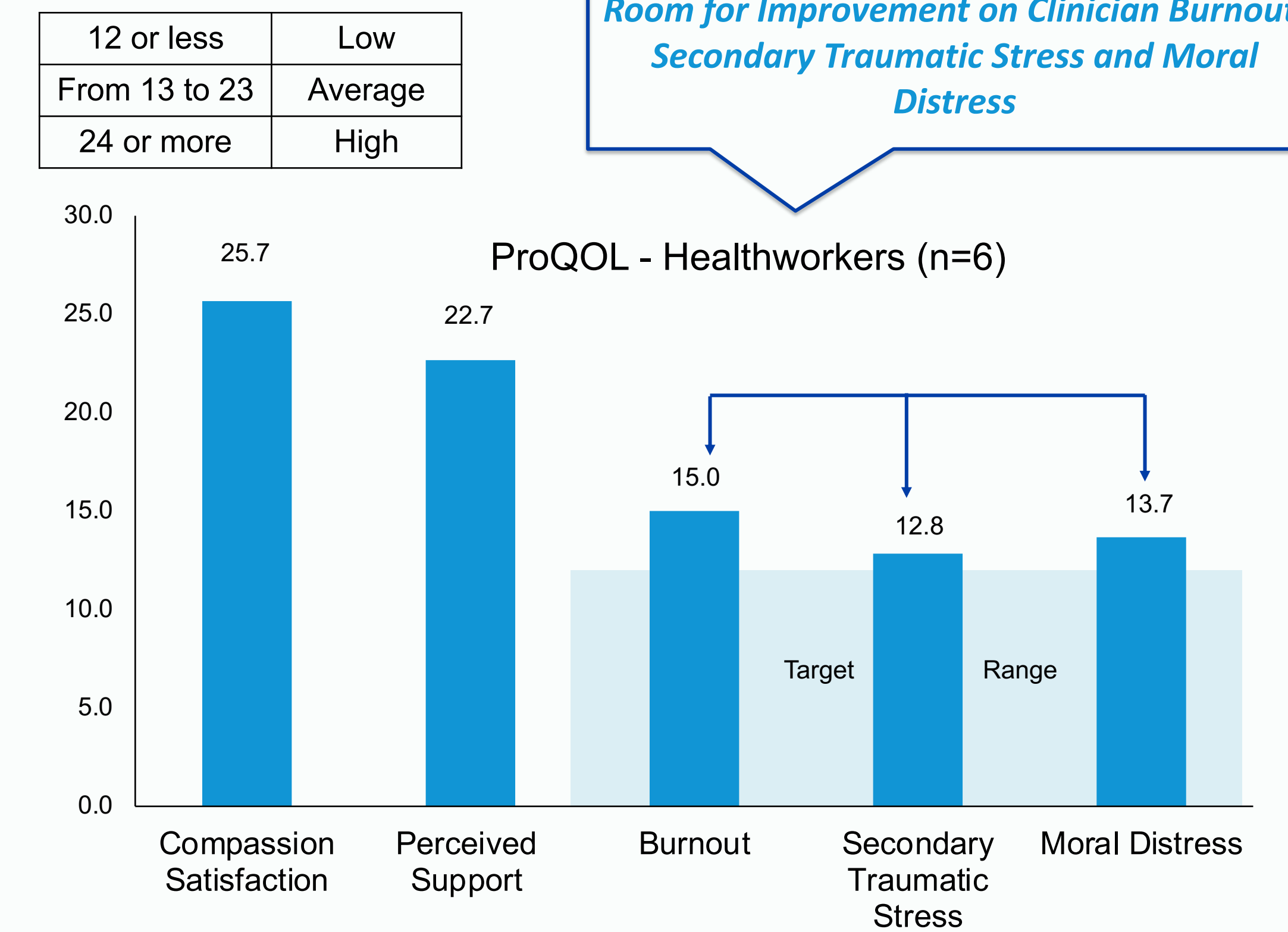
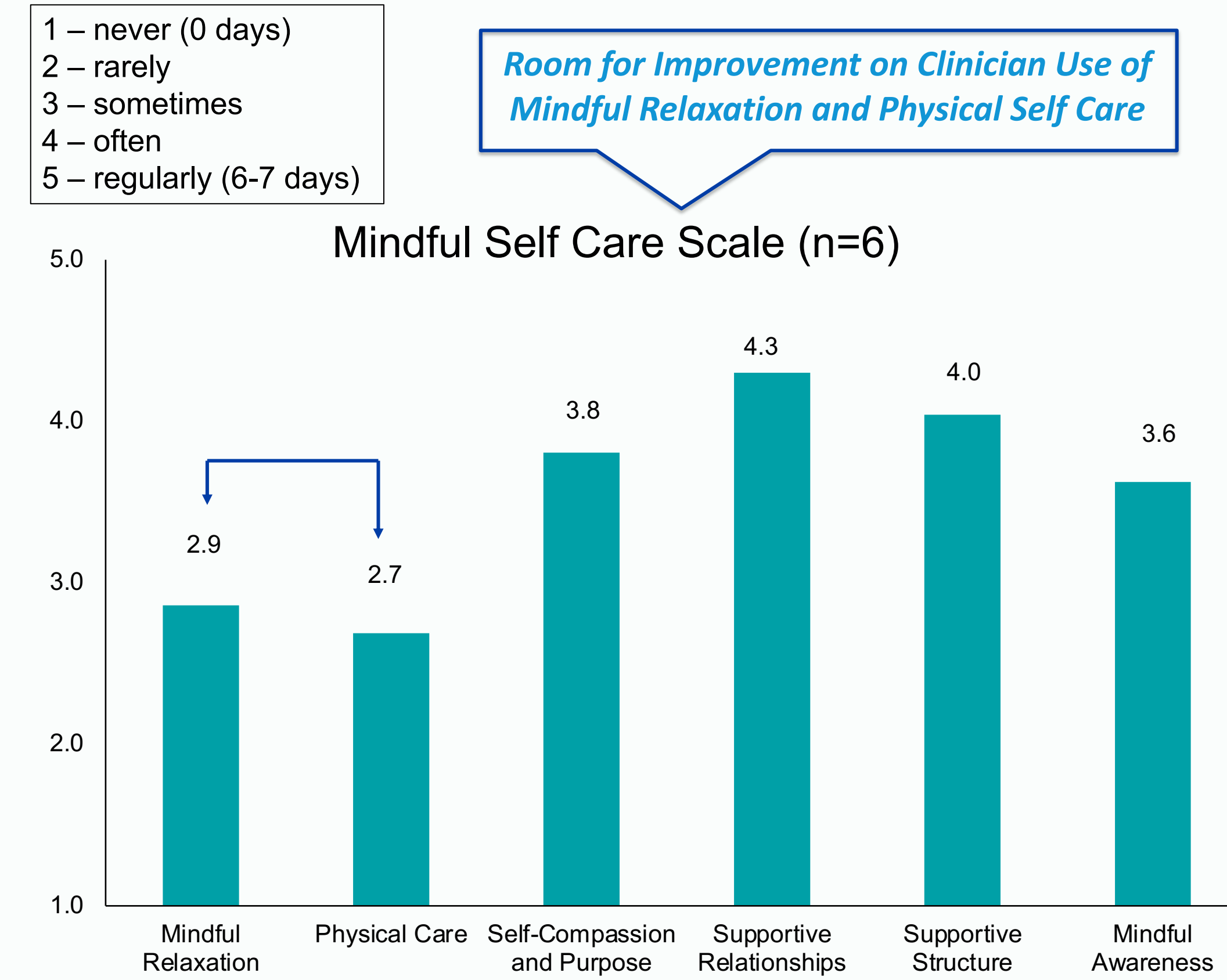
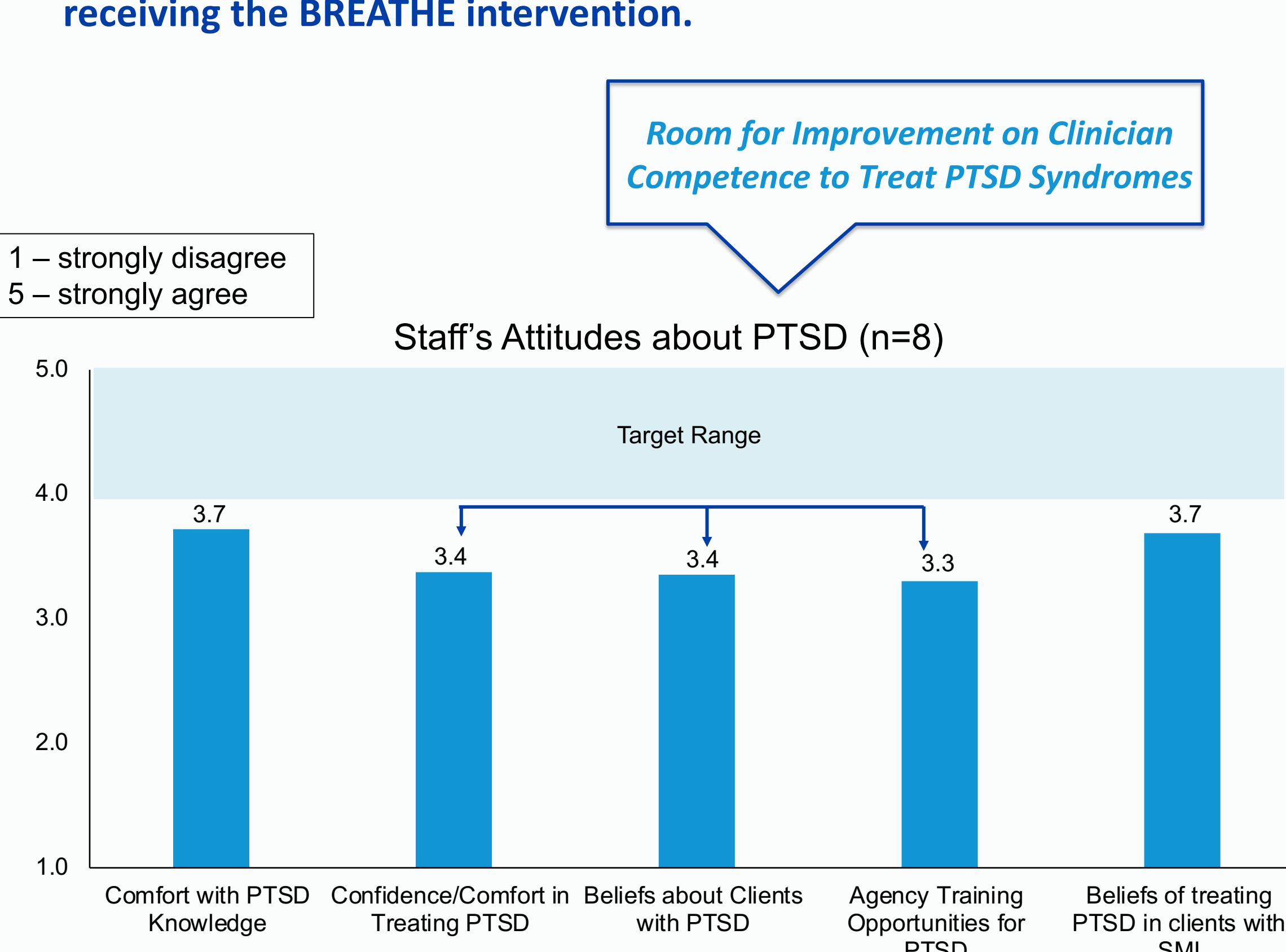
Training feedback survey

Follow up completion of clinician surveys and ITQ of participants that received BREATHE intervention

To be completed in Summer 2023

### RESULTS

- Eight clinicians completed the training; however, only one of the two sites (SCJ) is currently consistently administering the screening instruments and BREATHE – **at present, 25% of SCJ inmates under MH services are receiving the BREATHE intervention.**



### CONCLUSION

- Even though the trainings were well received and all clinicians completed them, only one of the two sites has been consistently administering the screening instruments and BREATHE. Since completion of BREATHE training, clinicians have received bimonthly coaching to incorporate the assessment and intervention as part of their workflow.
- Prior to training, clinician self-rated competence to treat C/PTSD was low, and clinicians reported mild elevation in burnout, secondary traumatic stress, and moral injury; future work will examine whether training and ongoing supervision may positively influence these clinician outcomes.
- There is a clear need for systematic assessment of traumatic stress disorders in correctional settings which includes attention to reducing racial disparities, as well as a need to support the well-being of staff working in these challenging places. Some implementation barriers include lack of time due to understaffing, clinician burden, and clinician discomfort with addressing trauma in correctional settings. Future work will evaluate the effectiveness of the BREATHE intervention in hopes of identifying a scalable practice to treat C/PTSD in this historically underserved population.

### REFERENCES

1. Gosein, V. J., Stiffler, J. D., Frascoia, A., & Ford, E. B. (2016). Life stressors and posttraumatic stress disorder in a seriously mentally ill jail population. *Journal of forensic sciences, 61*(1), 116-121. 2. Sadeh, N., & McNeil, D. E. (2015). Posttraumatic stress disorder increases risk of criminal recidivism among justice-involved persons with mental disorders. *Criminal justice and behavior, 42*(6), 573-586. 3. Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International journal of environmental research and public health, 9*(5), 1908-1926. 4. Mueser, K. T., Salyers, M. P., Rosenberg, S. D., Goodman, L. A., Essock, S. M., Osher, F. C., ... & 5 Site Health and Risk Study Research Committee. (2004). Interpersonal trauma and posttraumatic stress disorder in patients with severe mental illness: Demographic, clinical, and health correlates. *Schizophrenia Bulletin, 30*(1), 45-57. 5. Kubany, E. S., Leisen, M. B., Kaplan, A. S., Watson, S. B., Haynes, S. N., Owens, J. A., & Burns, K. (2000). Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: the Traumatic Life Events Questionnaire. *Psychological assessment, 12*(2), 210. 6. Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., Karatzias, T., Hyland, P. (in press). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. *Acta Psychiatrica Scandinavica*. DOI: 10.1111/acps.12956. 7. Center for Victims of Torture (CVT) (2021). *Professional Quality of Life: Health Worker, Version 1.0*. Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness, 9*(1), 161-175.