



### I28 The Treatment of PTSD in the Midst of Ongoing Trauma: Appropriate or Impossible?

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After attending this presentation, attendees will gain an understanding about current data available on the role and effectiveness of Post-Traumatic Stress Disorder (PTSD) treatment during ongoing trauma, with an emphasis on PTSD treatment in a jail setting.

This presentation will impact the forensic science community by providing information on the role of treating PTSD in a jail setting where there can be ongoing trauma.

According to the National Comorbidity Survey, the estimated prevalence rate of PTSD in the general population in 2008 was 6.8%.<sup>1</sup> While many individuals with PTSD experience a single, symptom-inducing traumatic event, others face repeated and persistent trauma such as recurring physical and/or sexual violence in domestic relationships or torture during wartime. Inmates are a particularly vulnerable population and have a relatively increased prevalence of trauma and PTSD. Recent studies indicate that the rates of PTSD in the incarcerated population have ranged from 10% to 21%, although details about the traumatic events—specifically whether they pre-dated incarceration—are less clear.<sup>2,3</sup> Incarceration presents a particularly stressful environment. It exposes inmates to restrictive and punitive housing, violence and victimization from other inmates and correctional officers, and deprivation of one's usual social supports. For those individuals who already suffer from PTSD, living in a correctional environment can continually expose them to traumatic events and make the provision of mental health care challenging.

There is a dearth of studies which examine the role of treating PTSD in the midst of ongoing traumas such as incarceration, combat, or even domestic violence. One available study examined the role of Cognitive Behavioral Therapy (CBT) in the treatment of traumas in incarcerated women with comorbid substance-use disorders. This study found CBT to be helpful in reducing traumatic stress symptoms.<sup>4</sup> Another study examined the efficacy of exposure therapy versus communication skills training in a group of women who were victims of intimate partner violence, many of whom were still experiencing abuse. All subjects also received other forms of treatment, such as self-esteem training, cognitive restructuring, and coping techniques. This study found that all subjects benefited from treatment and demonstrated a reduction in post-traumatic and depressive symptoms.<sup>5</sup>

In the present study's sample of subjects, all are male patient-inmates hospitalized at the Bellevue Hospital Forensic Inpatient Psychiatric Service. Approximately 48% met criteria for the diagnosis of PTSD, with many of these individuals indicating the jail environment to be particularly stressful and traumatic. However, less than 10% of them were actually diagnosed with PTSD by their clinical teams. Findings from this study, including detailed demographic, clinical, and trauma-exposure characteristics, will be presented. These initial findings highlight the extent of traumatic exposure in this population.

Despite the limited knowledge about the role and effectiveness of PTSD treatment during ongoing trauma, the available studies indicate that recipients of treatment experience a reduction in symptoms of PTSD. This suggests that a greater emphasis on treating individuals with ongoing trauma can be valuable. Given the high rates of PTSD in inmates, interventions such as cognitive behavioral therapy, exposure therapy, and skills training are logical considerations when directing treatment for symptoms associated with ongoing trauma.

#### References:

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### **PTSD, Trauma, Incarceration**