



## Probable posttraumatic stress disorder in a sample of urban jail detainees



Dawn Ruzich <sup>a,\*</sup>, Jessica Reichert <sup>b</sup>, Arthur J. Lurigio <sup>c</sup>

<sup>a</sup> WestCare Foundation, 1100 Cermak Road, Suite B414, Chicago, IL 60608, United States

<sup>b</sup> Research and Evaluation Center, Illinois Criminal Justice Information Authority, 300 West Adams Street, Suite 200, Chicago, IL 60606, United States

<sup>c</sup> College of Arts and Sciences, Loyola University Chicago, 1032 West Sheridan Road, Sullivan Center, Room 230, Chicago, IL 60660, United States

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### ABSTRACT

This study examined the nature and extent of probable posttraumatic stress disorder (PTSD) among men in a substance abuse treatment program in a large urban jail. Specifically, it explored the prevalence of probable PTSD and other psychiatric problems among jail detainees, the types of trauma detainees experienced during different phases of their lives, and how those experiences might have contributed to the development of probable PTSD. Results showed that psychiatric problems were quite serious; nearly one-quarter of the sample reported previous psychiatric hospitalization, and nearly 10% were being currently treated with psychiatric medication. In addition, 21% of the sample met the criteria for probable PTSD, a rate five times greater than that in the general population. The current study suggests that the presence of probable PTSD among male detainees should be incorporated into the creation and implementation of jail-based behavioral healthcare services, including screening, assessment, and clinical interventions. Furthermore, in-custody drug treatment programs should adopt trauma-informed strategies for all program participants as the expected standard of care.

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### 1. Introduction

Jails in the United States house large numbers of detainees who have urgent public and behavioral healthcare needs as well as various serious social, economic, and personal problems. Jails are often the primary (or only) settings for medical, psychiatric, and substance abuse treatment (McDonnell et al., *in press*). These settings provide unparalleled opportunities for studying and treating some of the most troubled and troublesome concentrations of people in the country (Watson, Hanrahan, Luchins, and Lurigio, 2001).

The earliest epidemiological studies of psychiatric disorders in the United States found an overrepresentation of people with severe mental illness living in underclass communities, stemming in part from the stressors that arise from poverty and its onerous sequelae (e.g., Hollingshead and Redlich, 1958). Detainees generally live in decidedly disorganized and disorderly environments that are plagued by unemployment, housing instability, crime, violence, and other adverse conditions that can precipitate episodes of psychiatric illness among those with genetic or other susceptibilities (Lurigio, 2012). These overwhelmingly impoverished communities place detainees at high risk of exposure to a host of events that can lead to trauma and its psychiatric

concomitant known as posttraumatic stress disorder (PTSD). This study is one of the few to investigate probable PTSD among men in jail.

#### 1.1. Occurrence and prevalence of PTSD

Long recognized as a condition afflicting war veterans, PTSD first appeared as a formal diagnosis in the third edition of the *American Psychiatric Association* (1980). PTSD is classified as an anxiety disorder and can only be diagnosed following direct or vicarious exposure to a traumatic event. Research on PTSD has suggested varying degrees of vulnerability to the disorder (i.e., reasons why some trauma victims develop PTSD and others do not) (Astur et al., 2006). Pre-existing conditions (e.g., psychological adjustment) as well as factors that are present during (e.g., the degree to which a person's life was threatened, actual loss, pain) and after the occurrence of the traumatic event (e.g., the availability of crisis services) play a role in whether a trauma victim experiences the symptoms of PTSD or not (Schnurr, Lunney, and Sengupta, 2004; Taylor, 2010). Hence, a complicated interaction of variables predisposes a victim to PTSD.

Experiences in the aftermath of trauma can protect victims from PTSD; specifically, trauma-related treatments and interventions as well as a strong network of social support immediately following the event can decrease the likelihood of PTSD (Litz and Maguen, 2007). Early interventions, however, are often unavailable or unfeasible. Nevertheless, psychotherapeutic and psychopharmacological strategies can be effective in reducing the symptoms of PTSD in both acute and

\* Corresponding author. Tel.: +1 312 568 7051x53102.

E-mail addresses: dawn.ruzich@westcare.com (D. Ruzich), jessica.reichert@illinois.gov (J. Reichert), alurigio@luc.edu (A.J. Lurigio).

chronic cases (Gulliver and Steffen, 2010). Therefore, the implementation of such interventions in jails, where rates of PTSD are elevated, could be effective in alleviating PTSD symptoms among detainees already in treatment for related psychiatric and substance use disorders.

Studies have employed various screening tools to estimate the prevalence of PTSD in different populations. Lifetime prevalence for PTSD in the general population ranges from 1% to 14%, depending on the population sampled and data collection methods utilized (e.g., Astur et al., 2006; Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995; Kessler et al., 2005). In general, investigations have shown that women, racial minorities, urban dwellers, and substance users have elevated rates of PTSD. For example, data suggest that women have at least double the rate of PTSD as men (e.g., Komarovskaya, Loper, Warren, and Jackson, 2011). One prevalence study reported a lifetime PTSD rate of 33% among African Americans (Alim et al., 2006). Other prevalence studies have reported a lifetime PTSD rate of 24% among urban populations (Breslau and Davis, 1992; Breslau, Davis, Andreski, and Peterson, 1991). Moreover, PTSD is often found among people with substance use disorders. Specifically, estimates suggest that nearly 40% of men in substance abuse treatment programs have a diagnosis of PTSD (Najavits, 2006).

Rates of PTSD in criminal justice populations are higher than in the general population, which is attributable, in part, to several risk factors that are common among criminally involved people such as minority status, childhood abuse and neglect, poverty, and drug-seeking behavior (Kubiak and Rose, 2007; Schnurr et al., 2004). The rate of current PTSD among male adult prisoners ranges from 4% to 21% (e.g., Brink, Doherty, and Boer, 2001; Butler and Allnut, 2003). The rate of current PTSD is even higher among female inmates, ranging from 15% to 61% (Butler and Allnut, 2003; Hutton et al., 2001; Reichert and Bostwick, 2010). One study found that 79% of female inmates had co-occurring PTSD and substance use disorder (Wolff et al., 2011). Studies of veterans in jails have reported current PTSD rates that vary between 17% and 39% (Saxon et al., 2001; White, Mulvey, Fox, and Choate, 2011).

### 1.2. Overview: current study

The present study was undertaken to fill the gap in knowledge and understanding of probable PTSD among jail detainees. Trauma research in the field of criminal justice and corrections has been conducted largely among women, combat veterans, and victims of criminal sexual assault. Scant research has explored the prevalence of PTSD in non-veteran jail populations. In contrast, the current research focused on civilian men and explored, in depth, the effects of trauma in a sample of male detainees in a jail-based drug treatment program located in the Cook County Department of Corrections (CCDOC), which is the second-largest single-site jail facility in the United States. This study was designed to contribute to knowledge in the area of addiction and trauma, and to suggest new directions in treatment for detainees with substance use problems. The present research also was undertaken to foster the creation of strategies for trauma-informed drug assessment and treatment services in jails and in-custody therapeutic community (TC) programs.

The participants in this study were clients in the Integrated Multi-stage Program of Assessment and Comprehensive Treatment (IMPACT), which is based on a TC model that was modified for implementation in a secure jail setting. Administered by the WestCare Foundation, the IMPACT program is a short-term, jail-based TC that provides intensive substance abuse treatment and other services to male detainees. These interventions are intended to help clients become sober, eschew contact with antisocial members of the community, develop more effective communication skills, and learn pro-social behaviors in order to reduce rates of substance use disorders, criminal activity, and recidivism. The IMPACT program is funded through the CCDOC and licensed by the Illinois Division of Alcohol and Substance Abuse. Data for the current study included demographic characteristics and criminal histories

as well as results from the administration of three established psychometric tools: the Brief Jail Mental Health Screen, the PTSD Checklist—Civilian Version, and the Life Events Checklist. Qualitative interviews were also conducted with a sample of six detainees who completed these tools.

## 2. Materials and methods

### 2.1. Participants

Participants were men enrolled in the CCDOC/IMPACT program, which serves approximately 168 detainees daily. Most of these detainees are awaiting court appearances to determine their case dispositions. Participants may volunteer for the IMPACT program; however, nearly all (95%) are mandated by the court to receive services as a condition of pretrial detention. Successful completion of the program could be regarded as a mitigating factor at sentencing. All IMPACT program clients have been assessed with a substance use disorder and meet the standards to be housed in the jail's minimum or medium security divisions. Detainees with previous or pending charges for murder or sexual offenses are ineligible for the program.

A total of 117 detainees participated in the study. The typical participant was 33 years old (average age), unmarried (70%), and unemployed (55%). Most were African American (73%), with a high school diploma or GED (62%). The vast majority (78%) reported that they were in excellent or good health. Participants had an average of

**Table 1**  
Sample demographics.

Characteristics	Total (n = 117)
Mean age (years)	33
Race	
White	10.3%
Black	72.6%
Asian	0.0%
American Indian or Alaska Native	0.9%
Other	11.1%
Unknown	5.1%
Ethnicity	
Latino/Hispanic	17.1%
Non-Latino/Hispanic	79.5%
Unknown	3.4%
Marital status	
Never married	63.2%
Married	12.8%
Separated	4.3%
Divorced	4.3%
Widowed	2.6%
Unknown/other	12.9%
Education	
Elementary (1–8)	7.7%
Some high school (9–12)	23.9%
High school graduate	13.7%
GED degree	18.8%
Some college or some vocational school	14.5%
Diploma or certificate trade school, community college	12.8%
Four-year college degree	2.6%
Some graduate school	0.0%
Graduate or professional degree	0.0%
Unknown	6.0%
Current employment	
Yes	42.7%
No	54.7%
Unknown	2.6%
Self-report health	
Excellent	21.4%
Good	56.4%
Average	15.4%
Below average	4.3%
Very poor	0.9%
Unknown	1.7%

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