Similarities and Disparities Between Available Interventions for PTSD in Veterans and the Formerly Incarcerated

James Mackey  
*University of the Pacific, j_mackey1@u.pacific.edu*

Richard Oliva  
*University of the Pacific, r_oliva2@u.pacific.edu*

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Introduction

The purpose of this study is to highlight the similarities in symptoms and disparities in treatment for PTSD in veterans and individuals who were formerly incarcerated (FI). Veterans who have been in combat may have been exposed to war and the constant possibility of killing and dying while serving their country, and the FI may have faced the same while serving time for their alleged crimes. Both populations face barriers and challenges as they try to reintegrate back into mainstream society (DeFreitas et al., 2018). There is evidence that symptoms of PTSD were present in ancient Mesopotamia and Greece (Hamid and Hughes, 2014), and in prisoners during the Civil War.

Method

- The capstone project uses the mixed method data collection and analysis to conduct the study.
- Surveys were used to assess for study inclusion. Inclusion criteria were:
  - must answer “yes” to at least 4 survey questions
  - over the age of 18
  - past incarcerated
  - women
- The instruments were disseminated at local VA and transitional housing facilities and collected via email.
- Thematic analysis was used to analyze data, code questionnaire answers, and create themes which relate to the existence of trauma, treatments available and barriers to treatment.

Findings

- All participants were found to experience significant trauma and have met the minimum DSM-5 criteria for PTSD (APA, 2013).
- Three significant common themes were identified regarding similarities in symptomology since returning to the community:
  - psychological effects
  - somatic effects
  - emotional effects.
- Participant responses regarding symptoms were nearly 80% “yes.”
- Although veterans and FIs have access to treatment, some self-imposed barriers exist between them and care.
- The study revealed that all participants had developed coping skills to reduce the intensity of PTSD symptoms.

Discussion

- Understanding what these populations have in common, the barriers they face, and the treatments available to both are essential in improving outcomes and identifying and challenging disparities.
- The study highlighted the participants’ perspectives on how their traumas have manifested after returning to the community.
- To the best of our knowledge, this is the first study to contrast and compare veteran and FI populations’ experiences, perspectives, and attitudes towards trauma and symptoms.
- Additionally, it may help us understand why many individuals these populations may not seek help.
- A larger, more comprehensive study of this kind is preferable because with studies of this size there is the risk of undermining “the internal and external validity of a study” (Faber and Fonseca, 2014, p. 29).

Findings and discussion in the context of the study.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example</th>
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<tbody>
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<td>In this first example, study participant #1 describes how watching boxing or other fighting matches trigger bad memories.</td>
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<tr>
<td>Recurrent bad dreams</td>
<td>In the first example of this subtheme, participant #3 shares how talking about the trauma he experienced while incarcerated causes bad dreams.</td>
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<tr>
<td>Flashbacks</td>
<td>In the following subtheme, participant #2 shares how the smell of rotten fruit is able to transport her mind back to trauma.</td>
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<td>Somatic effects</td>
<td>I really didn’t think I needed any kind of mental health treatment. But I went to Danny’s with my wife and kids a few weeks ago and I tried to sit with my back to the door. It lasted about 7 minutes, then I had to move (Participant #1).</td>
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<td>Hypervigilance</td>
<td>I have my family, but they don’t get it. My brothers’ answer to me not being able to sleep is to take pills. They know I’m an addict and they try to give me pills (Participant #2).</td>
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<td>Insomnia</td>
<td>If someone yells at me or even talks bad to me, I just start shaking, and it’s not from fear. I start breathing like I’m running a marathon, too (Participant #3).</td>
</tr>
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<td>Cardiovascular effects</td>
<td>I never thought of myself as angry, but hell, it’s either be angry or whine and cry about the stuff I seen and done (Participant #4).</td>
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<td>Emotional effects</td>
<td>Trauma can emerge at any time, as participant #1 found out. When he no longer wore the stuff I seen and done.</td>
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