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

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

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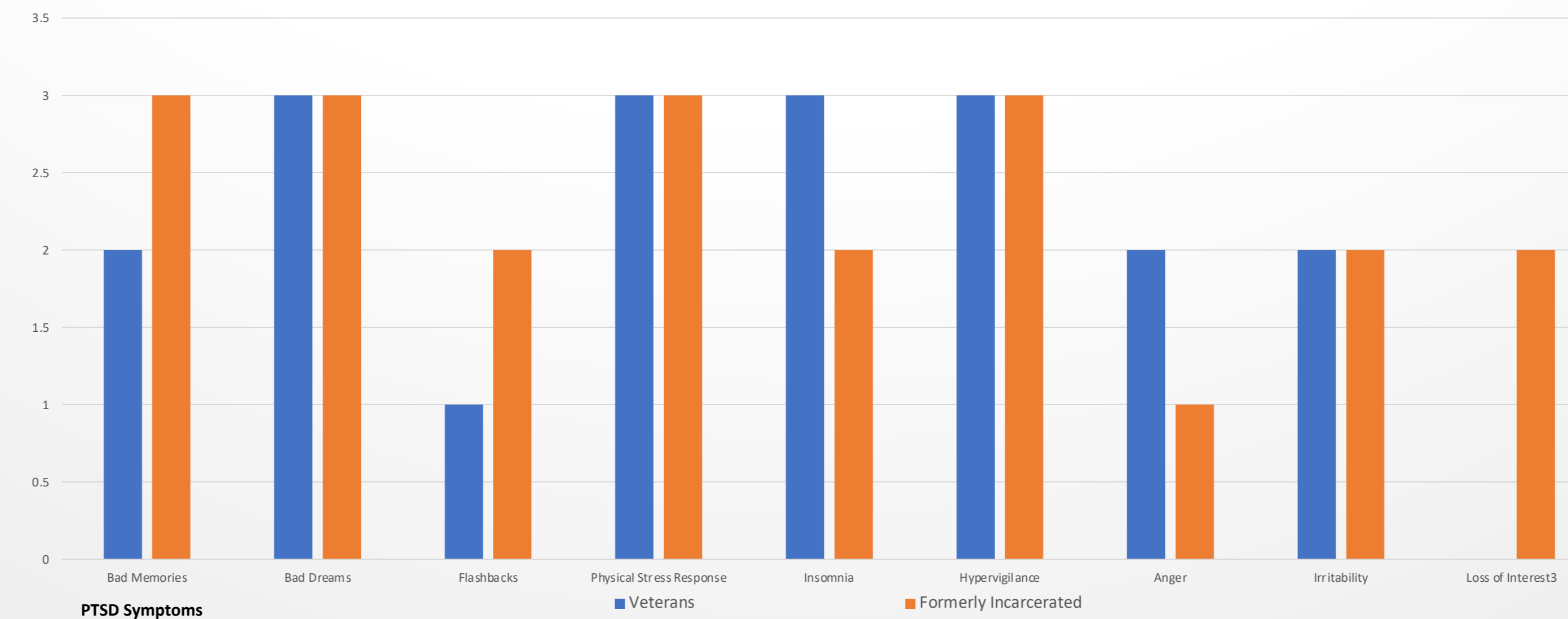


Introduction

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:
 - military service
 - past incarcerated
 - over the age of 18
 - must answer “yes” to at least 4 survey questions
- 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.



Theme	Example
Psychological effects	
Recurrent bad memories	In this first example, study participant #1 describes how watching boxing or other fighting matches trigger bad memories.
Recurrent bad dreams	In the first example of this subtheme, participant #3 shares how talking about the trauma he experienced while incarcerated causes bad dreams.
Flashbacks	In the following subtheme, participant #2 shares how the smell of rotten fruit is able to transport her mind back to prison.
Somatic effects	
Hypervigilance	I really didn't think I needed any kind of mental health treatment. But I went to Denny'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).
Insomnia	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).
Cardiovascular effects	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).
Emotional effects	
Anger	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).
Guilt/Shame	Trauma can emerge at any time, as participant #1 found out. When he no longer wore the armor of ignorance and callousness, the trauma he was exposed to surfaced and led to feelings of guilt and shame

References

- Abdul-Hamid, W. K., & Hacker Hughes, J. (2014). Nothing new under the sun: Post-traumatic stress disorders in the ancient world. *Early Science & Medicine*, 19(6), 549–557. <https://doi.org/10.1163/15733823-00196P02>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental health disorders, 5th Edition. *American Psychiatric Association*.
- DeFreitas, S.C., Crone, T., DeLeon, M., & Ajayi, A. (2018, February 26). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in Public Health*, 6. <https://doi.org/10.3389/fpubh.2018.00049>
- Faber, J. and Fonseca, L.M. (2014, July-August). How sample size influences research outcomes. *Dental Press Journal of Orthodontics*, 19(4):27-9. <http://dx.doi.org/10.1590/2176-9451.19.4.027-029.ebo>
- [https://www.behance.net/gallery/15341583/\(de\)facings-ptsd](https://www.behance.net/gallery/15341583/(de)facings-ptsd)
- <https://advice.cdn.betterhelp.com/cro-ptsd-in-women-different-than-ptsd-in-men-3.jpg>

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).