

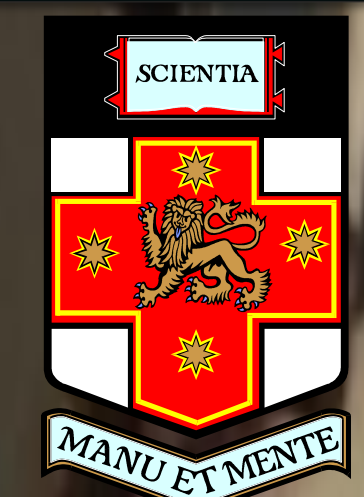
Breaking the cycle: Treating substance use and trauma among prisoners

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JUSTICE HEALTH
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Background

Despite the significant numbers of prisoners in custody, relatively little attention has been paid to the mental health needs of this population. This is concerning, given that mental health disorders are considerably more prevalent among prisoners than the general population. The two most prevalent disorders among prisoners are substance use disorders (SUDs) and post traumatic stress disorder (PTSD) (see Fig 1). In fact, prisoners are **11 times more likely to have SUD** and are **10 times more likely to have PTSD** compared to the general Australian population (Butler et al., 2006).

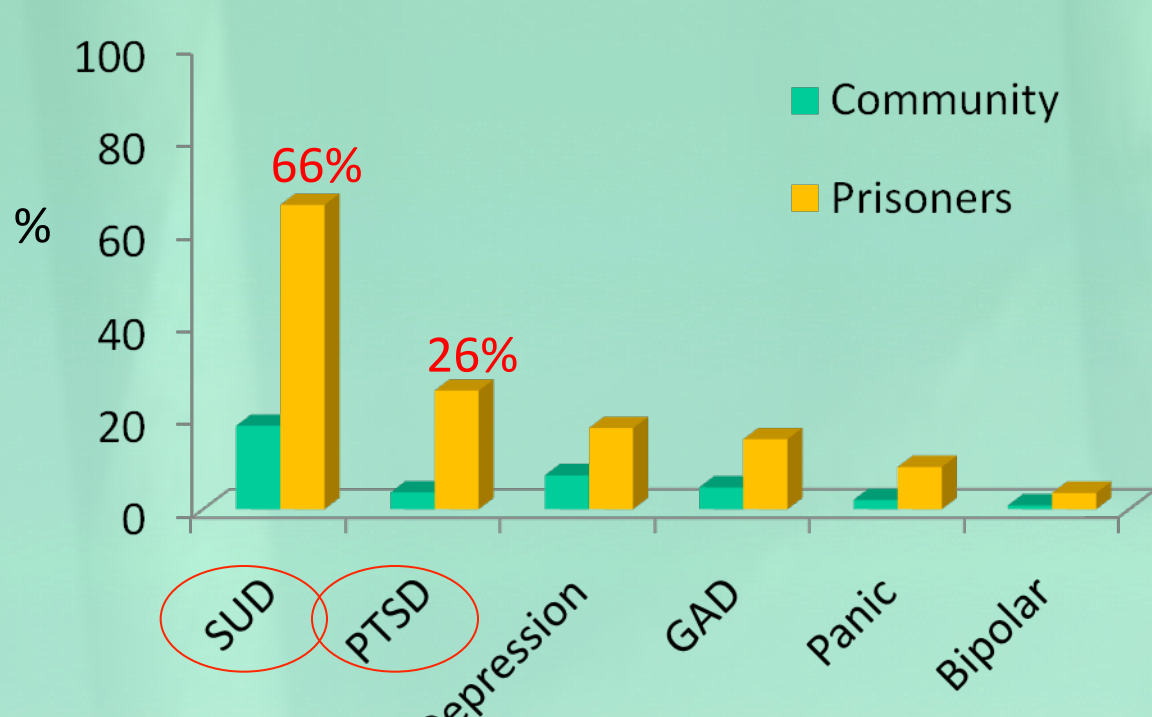


Figure 1. Rates of mental health disorders in Australian prisoners compared to the general population (Butler et al., 2006).

SUD and PTSD are extremely disabling disorders which frequently co-occur. Over half (55%) of prisoners with SUD also meet criteria for PTSD (Kubiak et al., 2004). Compared to those with either disorder alone, those with comorbid SUD+PTSD have more extensive polydrug use histories, poorer general physical and mental health, and attempt suicide at higher rates (Mills et al., 2005; 2006). Among prison samples, SUD+PTSD has been linked to relapse and criminal offending post-release. Prisoners with this comorbidity can find themselves in a destructive **cycle of trauma, substance use and crime** (see Fig 2).

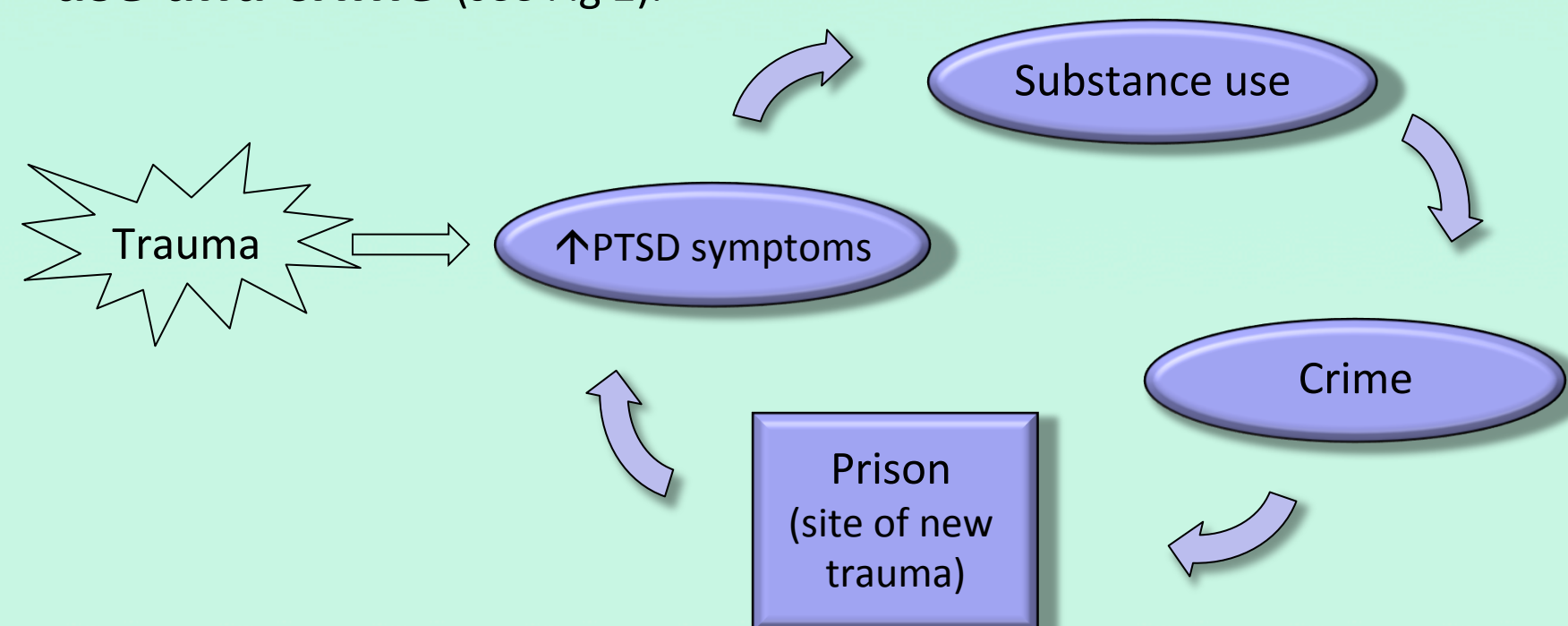


Figure 2. The cycle of trauma, substance use and crime among prisoners

It is not surprising that offenders with co-occurring disorders are considered to be **one of the most challenging groups** in the criminal justice system.

Treating SUD+PTSD may address the suffering experienced by a considerable number of prisoners and may reduce the risk of relapse and re-offending post-release. Prison-based treatment may also reduce the burden this comorbidity has on correctional staff by addressing behavioural dysfunction such as harm to self or others, vulnerability, or loss of impulse control.



There is, however, very little research into how to best treat this comorbidity in this population. Only one psychological treatment for comorbid SUD+PTSD (*Seeking Safety*) has been trialled in prison samples to date (Zlotnick et al., 2003). This therapy has evidenced promising results, but it has only been trialled among female offenders in the US. The feasibility of the *Seeking Safety* treatment program in male prison populations is therefore unclear.

Aim

To present the preliminary findings of a study evaluating the feasibility of a psychological treatment for SUD+PTSD (*Seeking Safety*) among male prisoners.

Method

Participants

Male participants were recruited from two correctional centres in Sydney. Eligibility criteria included a history of trauma and of problematic substance use. We aim to recruit 30 participants in total and to randomise 50% to receive the *Seeking Safety* treatment. Currently 10 participants have been recruited into the study and six individuals are in the treatment group. The remaining four participants received treatment as usual.

Assessment

A structured face-to-face interview was administered to all participants. The interview addressed demographics, criminal history, substance use, trauma and PTSD.



Treatment

The *Seeking Safety* therapy program focuses on coping with SUD and PTSD symptoms and is based on cognitive-behavioural therapy (CBT) techniques. The intervention included eight 60min sessions of *Seeking Safety* delivered weekly by a psychologist. Session topics included: (1) *Regaining control over substance use*; (2) *PTSD psycho-education*; (3) *Managing symptoms of PTSD*; (4) *Coping with triggers*; (5) *Dealing with anger*; (6) *Helpful thinking*; (7) *Acceptance*; (8) *Asking for help*.

(For more information on Seeking Safety visit <http://www.seekingsafety.org/>)

Preliminary Results

Participant characteristics

Participants had a median age of 38.1 yrs (range 22-65). The sample completed a mean of 9.1 yrs (SD=1.29) of schooling, and the majority (70%) were unemployed prior to their incarceration. One-third of the sample were married, and 30% were of Aboriginal descent.

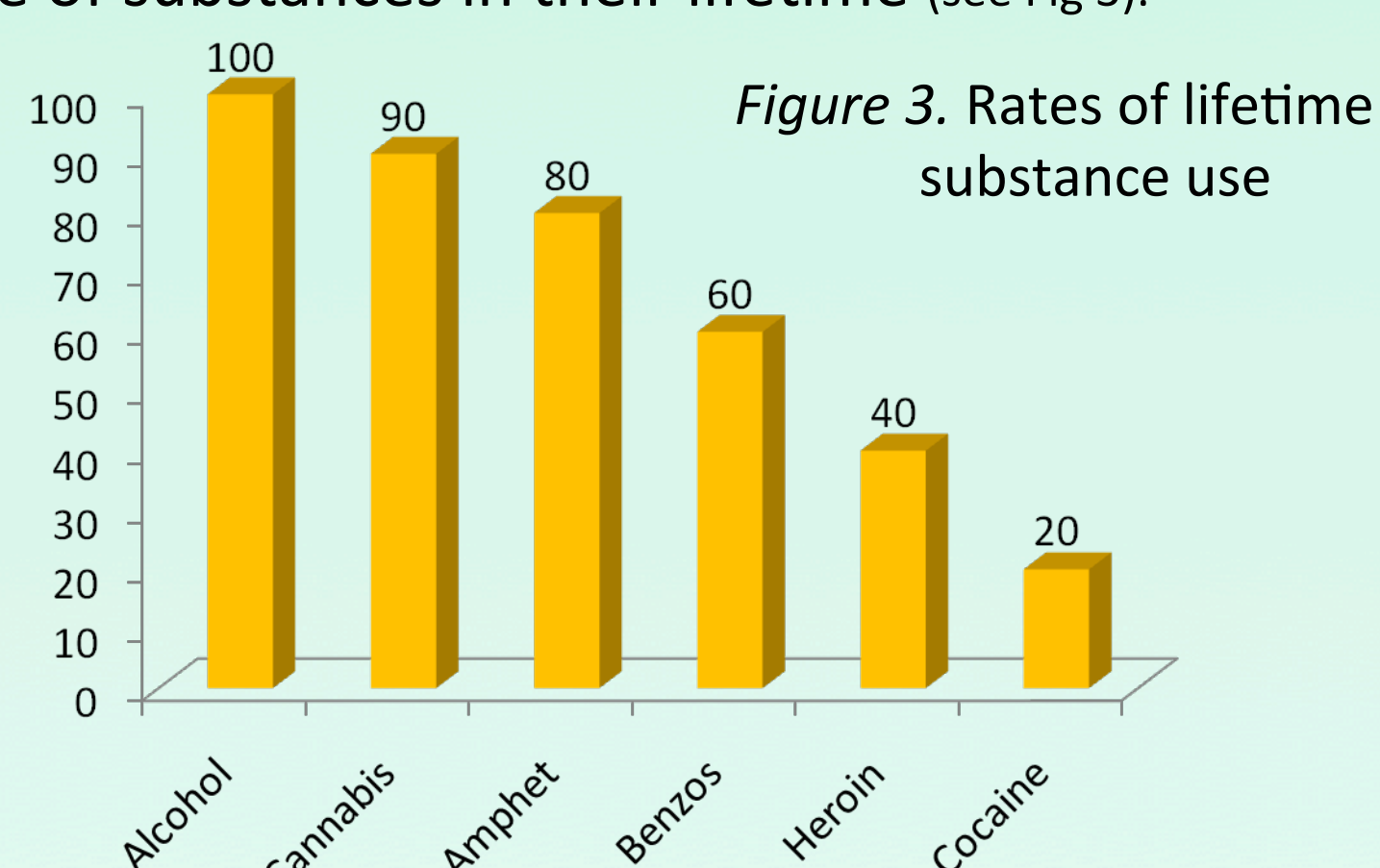
Criminal Involvement

Participants had been incarcerated an average of 4 times (range 1-5) in their lifetime. Almost half (45.5%) had been detained in juvenile detention, with the median age of first time in custody being 13.5 yrs (range 9-58). The participants had committed a variety of crimes in their lifetime (see Table 1).

Crime	Percentage
Bought illegal drugs	90%
Break, enter and steal	80%
Stolen something from person/place	70%
Sold, bought stolen goods	70%
Physically assaulted someone	70%
Committed fraud	40%
Sold illegal drugs	30%
Robbed someone with a weapon	30%

Substance use

The mean age of first intoxication on alcohol or drugs was 13.9yrs (SD 2.92). All participants met DSM-IV criteria for substance dependence and had used a range of substances in their lifetime (see Fig 3).



Trauma and PTSD

The mean age of first trauma was 14.5yrs (SD 6.29). Participants had experienced a range of traumas in their lifetime (see Table 2). Over half the sample (60%) met full DSM-IV criteria for PTSD. Severity of PTSD in the sample ranged from extreme (20%), through to severe (30%), moderate (30%), and mild (20%).

Trauma	Percentage
Seriously attacked or assaulted	80%
Witnessed serious injury or death	70%
Raped	60%
Threatened with a weapon	60%
Life threatening accident	50%
Sexually molested	20%
Witnessed sexual assault	20%
Tortured	10%
Combat exposure	10%

* 30% had experienced a trauma in prison

Treatment Implementation and Feasibility

There have been some obstacles:

- General issues related to attrition in prison-based research (lock downs, movements of offenders).
- Tape recording of sessions for treatment fidelity not allowed at some correctional centres.
- Potential contamination of the non-treatment group via treatment participants during homework tasks.

Despite these obstacles, preliminary results have indicated that *Seeking Safety* is a feasible treatment option for males in the adult prison setting:

- Treatment retention is excellent: All participants in the treatment group completed all 8 sessions.
- The participants were very satisfied (see Table 3): The Client Satisfaction Questionnaire (CSQ; Attkisson & Zwick, 1982) mean score = 28.6 (SD=3.13) out of 32.

Table 3. Ratings by participants for two items of the CSQ

CSQ Item	Rating by participants (N=10)
Has the treatment helped you deal more effectively with your problems?	40% Yes, a great deal 60% Yes, helped somewhat 0% No, didn't help 0% No, made me worse
If a friend was in need of similar help, would you recommend our program to them?	80% Yes, definitely 20% Yes, generally 0% No, not really 0% No, definitely not

Some comments from the participants:

"It was helpful. I've started moving in the right direction".

"All useful, it came at the right time for me".

"It was well structured and an achievable level program for inmates".



Conclusions

These preliminary findings show promise for *Seeking Safety* as a feasible intervention for SUD+PTSD among male prisoners. Such treatments not only have the potential to improve psychosocial and criminogenic outcomes for these marginalised individuals, but to also create a safer environment in our communities.

Acknowledgements

This study was funded by NSW Health. The authors would like to thank Julia Rosenfeld, Natasha Sindicich, Shalin Kumar, Phe Affleck, NSW Corrective Services and the participants.