

Co-Morbidity of Post-Traumatic Stress & Related Disorders in Forensic Mental Health

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Clinical Practice

Michael Musker September 2013

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& Related Disorders in Forensic Mental Health

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Abstract

This study examines the South Australian Forensic Mental Health population in the context of Post-Traumatic Stress Disorder (PTSD), and other comorbid disorders such as illicit substance use, depression, and childhood trauma. A cohort of 39 forensic patients were interviewed using many internationally recognised tools such as the Clinician Administered PTSD Scale (CAPS), the PTSD Checklist (PCL), the Centre for Epidemiological Studies on Depression (CES-D), and many others. There are 23 research tools in total and each one is described in detail, describing cut-off scores and how they are used in practice. The results showed that patients identified on average 8 major stressful events; 33% (n=13) of patients had PTSD and 21% (n=8) severe PTSD. Most patients had comorbid symptoms with 90% (n=35) having tried drugs, and 72% (n=28) had taken drugs more than 100 times. A high number of patients actively sought help prior to committing their offence 44% (n=17).

The thesis provides the reader with some current and historical information about the concept of PTSD; how it developed in the literature; and its clinical history. Further to this it relates Forensic Mental Health issues such as homicide, acts of harm, and prison health. The author explores the role of crime types and how these relate to trauma, for example killing strangers, or killing a family member, or perhaps one of the most traumatic of events; killing your own child. Statistically the most common method of harming others is using knives, and the act of stabbing someone as part of a traumatising event from the perpetrator's perspective is explored.

The ethical issues; patient participation; interviews and data collection method are described to enable the reader to consider the same process for future studies. Then a descriptive analysis of the data is provided for each tool, listing the data in two formats; as it was collected by the tool; then in a sorted table to highlight the most frequently selected answers by the cohort. Issues of interest and notable data differences are discussed after each tool is presented.

A series of case studies are provided to bring the data to life, providing more detailed information about five selected patients. A brief de-identified description of the offence, the patient's experiences and their answers to the interview questions are woven into a case study format. The author provides some phenomenological viewpoints from issues raised and looks at some individualised risk issues that are indicated by each case. One particular issue that was of note across many cases was how memory of the offence is affected and this is discussed as a specific topic.

Finally, there is a discussion about the author's perspective of the research. Of particular interest is how we can use these research tools for risk assessment, to reduce future risk and prepare the patient for rehabilitation into the community.

Suggestions are made about offence work that should be completed prior to releasing patients into the community, and these recommendations are based on the attitudes, and patient's experiences discussed in over 250 hours of interviews across 350 research sessions. This is rounded off with a conclusion about some of the interesting points raised by this piece of research.

A comprehensive discussion and explanation of Post-Traumatic Stress Disorder (often shortened to PTSD) can be read in the Literature Review (section 2.2 Clinical History and Definition of PTSD).

Declaration

I Michael Musker certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I Michael Musker certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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NB: There is material referenced in this thesis, such as confidential audio recordings, original contemporaneous notes during interviews, and completed research tools that will not be available to the general public. The information was made available to supervisors for academic rigour only. Everything included within this submission may be made public.

Signed:

Michael Musker

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