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PTSD/SUD in Individuals with Physical Disabilities: Identifying Problems and Promising Interventions

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ABSTRACT

Co-occurring posttraumatic stress disorder (PTSD) and substance use disorder (SUD) is common, affects multiple domains of functioning, and presents complex challenges to recovery. Initial research indicates that individuals with physical disabilities experience higher rates of lifetime trauma and PTSD, and exhibit more severe SUD compared to non-disabled individuals. To expand upon these initial findings, we conducted a series of two studies on PTSD and SUD among individuals with physical disabilities:

STUDY 1

METHOD

- Data from the 2001-2003 administration of the National Comorbidity Study Replication (NCS-R), a national epidemiological study of mental disorders, were analyzed.
- Variables analyzed: Demographics, DSM-IV PTSD/SUD diagnoses, characteristics of trauma and substance use, help-seeking.
- Physical disability status = “Do you have any of the following conditions? Any physical handicap or disability?”
- Weighting/stratification/clustering applied as recommended by NCS-R analysts.

SUBJECTS

- 10.1% of the sample had a physical disability, weighted n = 491 (of n = 4,883).
- Subsample of individuals with physical disabilities were: 8 years older, reported a lower yearly income, more likely to be divorced/separated/widowed, less likely to have a high school diploma, less likely to be employed.
- These disparate variables were entered as covariates in all analyses.

SELECTED RESULTS

- Intersectional minority identities had the highest rates (but lowest help-seeking).

CONCLUSIONS

- Initial evidence of PTSD, SUD, and PTSD/SUD disparities among individuals with physical disabilities.
- Ongoing epidemiological efforts should:
  - Apply clearer definitions of disability
  - Include more meaningful disability variables
  - Recruit/provide access to individuals with disabilities.
- Justifies need to direct prevention and intervention efforts to this population, especially those with intersecting minority identities.

STUDY 2

METHOD

- Data from a NIDA Clinical Trials Network study, collected at 7 community-based substance abuse treatment programs: 6 weeks of group sessions (2/week).
- Assessed at baseline and reassessed at 1 week, 3, 6, and 12 months post-treatment.

SUBJECTS

- Nondisabled group: 333 women
- 164 assigned to SS and 169 assigned to WHE
- Participants with disabilities group:
  - 20 women (5.7% of the total sample)
  - 12 assigned to SS and 8 assigned to WHE
- Reported physical disabilities included orthopedic problems (i.e., back, wrist, ankle, foot), chronic pain, asthma, HIV, and heart conditions.

SELECTED RESULTS

- 20 women (5.7% of the total sample)
- 12 assigned to SS and 8 assigned to WHE
- Reported physical disabilities included orthopedic problems (i.e., back, wrist, ankle, foot), chronic pain, asthma, HIV, and heart conditions.

CONCLUSIONS

- Our main finding, that participants with disabilities had better outcomes in SS than WHE, speaks to the genuine need to address trauma and PTSD more directly with this group.
- The SS model may be particularly relevant for this population by providing a trauma focus without requiring clients to delve into painful trauma memories, and instead offering a present-focused, optimistic focus on coping skills and education.

In contrast, nondisabled participants showed decreases in PTSD over time, regardless of enrollment in SS or WHE.