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

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ABSTRACT
Using data from the National Comorbidity Study Replication, a national epidemiological study of mental disorders, we identified the prevalence of PTSD and SUD, the symptom presentation of these disorders, and help-seeking behaviors in relation to PTSD and SUD among individuals with physical disabilities. Results indicated that individuals with physical disabilities exhibited higher rates of PTSD, SUD, and comorbid PTSD/SUD, reported more lifetime trauma events, and endorsed more recent, severe PTSD symptoms than non-disabled individuals. No significant pattern of differences was noted for SUD symptom presentation, nor for receipt of lifetime and past-year PTSD and SUD treatment.

METHOD
- Data from the 2001–2003 administration of the National Comorbidity Study Replication (NCS-R), a national epidemiological study of mental disorders, were utilized.
- 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

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 1

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

STUDY 2

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

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:
  - Variables analyzed:
    - Clinician-Administered PTSD Scale (CAPS)
    - Physical disability status = “Do you receive a pension for a physical disability?”

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

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