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

Identifying Problems and Promising Interventions
Background

Co-occurring PIND/SUD
- Common
- Affects multiple domains of functioning
- Presents complex challenges to recovery

Individuals with Physical Disabilities
- Higher rates of lifetime trauma
- Higher rates of PTSD
- More severe SUD...
  compared to non-disabled individuals.
Co-occurring PTSD/SUD

- Common
- Affects multiple domains of functioning
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Individuals with Physical Disabilities

- Higher rates of lifetime trauma
- Higher rates of PTSD
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compared to non-disabled individuals.
**Study 1: Identifying Problems**

Using data from the National Comorbidity Study Replication (NCS-R):

- Identify the prevalence of PTSD and SUD,
- Identify the symptom presentation of PTSD and SUD, and
- Identify help-seeking behaviors in relation to PTSD and SUD among individuals with physical disabilities.
**Study 1: Identifying Problems**

**Method**
- Data
  - From the 2010-2012 administration of the NCSH, a national epidemiologic study of mental disorders
  - Integrating, standardizing, and refining applied to NCS data
- Variables analyzed:
  - Demographics
  - DSM-IV-TR/PD/P credit diagnoses
  - Characteristics of trauma and substance use
  - Help-seeking behaviors

**Subjects**
- 10:
  - All the sample reported having a physical disability, weighted n = 495 (total n = 4,889)
  - Subjects with physical disabilities were:
    - More likely to be divorced, separated, or widowed
    - Less likely to have a high school diploma
    - Less likely to be employed
  - These disparate variables were entered as covariates in all analyses

**Conclusions**
- Initial evidence of PTSD, SUD, and PTSD/SUD disparities among individuals with physical disabilities
- Justifies need to design prevention and intervention efforts for the population
- Ongoing epidemiologic efforts should:
  - Apply clearer definitions of disability
  - Include more encompassing disability variables
  - Ideally, provide access to a range of interventions for individuals with disabilities

**Selected Results**
- Individuals with physical disabilities exhibited higher rates of PTSD, SUD, and combined PTSD/SUD than non-disabled individuals
- Also:
  - Reported more lifetime trauma events
  - Endured more recent, more severe PTSD symptoms
  - Those with intersecting minority identities had the highest rates of PTSD/SUD, but the lowest rates of help-seeking
Method

Data:
- From the 2001-2003 administration of the NCS-R, a national epidemiological study of mental disorders
- Weighting, stratification, and clustering applied per NCS-R analysts

Variables analyzed:
- Demographics
- DSM-IV PTSD/SUD diagnoses
- Characteristics of trauma and substance use
- Help-seeking behaviors
Subjects

• 10.1% of the sample reported having a physical disability, weighted $n = 491$ (total $n = 4,883$)

• Subjects with physical disabilities were:
  • 8 years older
  • Receiving a lower yearly income
  • More likely to be divorced, separated, or 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

Individuals with physical disabilities exhibited higher rates of PTSD, SUD, and comorbid PTSD/SUD than non-disabled individuals.

- Also:
  - Reported more lifetime trauma events
  - Endorsed more recent, more severe PTSD symptoms
  - Those with intersecting minority identities had the highest rates of PTSD/SUD, but the lowest rates of help-seeking
Conclusions

- Initial evidence of PTSD, SUD, and PTSD/SUD disparities among individuals with physical disabilities

- Justifies need to direct prevention and intervention efforts to the population

- Ongoing epidemiological efforts should:
  - Apply clearer definitions of disability
  - Include more meaningful disability variables
  - Recruit/provide access to a range of individuals with disabilities
Study 2: Identifying Interventions

Using data from the NIDA Clinical Trials Network:

- Investigate the impact of *Seeking Safety* on reducing PTSD symptoms in a sample of women with physical disabilities versus non-disabled women

- *Seeking Safety*:
  - Evidence-based manualized therapy for PTSD and SUD
  - Provides clients with psychoeducation and coping skills
Study 2: Identifying Interventions

Method
- Data from the NIDA Clinical Trials Network, collected at community-based treatment programs.
- 185 participants randomized to receive Seeking Safety or Women's Health Education
- 6 weeks of group sessions (weekly)
- Assessed at baseline and post-intervention (1 week, 3 months, 6 months, 12 months)
- Variables analyzed:
  - Clinician-Assessed PTSD Scale (CAPA)
  - Physical Disability Status: "Do you need a person to assist or assume a physical disability?"

Conclusions
- Participants with physical disabilities had better outcomes in Seeking Safety than Women's Health Education
- Seeking Safety model aligns with best practices for individuals with disabilities:
  - Treatment flexibility
  - Case management and coordination of services
  - Setting goals on positive health
  - Developing a healthy support network
  - Empowerment and giving clients control
  - Encouraging a spirit of perseverance

Subjects
- Non-disabled individuals:
  - 150 women
  - 190 assigned to Seeking Safety
  - 190 assigned to Women's Health Education
- Individuals with physical disabilities:
  - 35 women (20.5% of total sample)
  - 12 assigned to Seeking Safety
  - 12 assigned to Women's Health Education
- Reported disabilities include orthopedic problems, e.g., back, wrist, foot, chronic pain, HIV, heart conditions, and asthma

Selected Results
- Non-disabled women: [Graph]
- Women with disabilities: [Graph]
Method

Data from the NIDA Clinical Trials Network, collected at 7 community-based SUD treatment programs:

- 353 participants randomly assigned to Seeking Safety or Women's Health Education group therapy
- 6 weeks of group sessions (2x per week)
- Assessed at baseline and post-treatment (1 week, 3 months, 6 months, 12 months)

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

Non-disabled individuals:
• 333 women
  • 164 assigned to Seeking Safety
  • 169 assigned to Women's Health Education

Individuals with physical disabilities:
• 20 women (5.7% of total sample)
  • 12 assigned to Seeking Safety
  • 8 assigned to Women's Health Education

Reported disabilities included orthopedic problems (e.g., back, wrist, foot), chronic pain, HIV, heart conditions, and asthma
Selected Results

Non-disabled women:

Women with disabilities:
Conclusions

Participants with physical disabilities had better outcomes in Seeking Safety than Women's Health Education.

Seeking Safety model aligns with best practices for individuals with disabilities:

- Therapist flexibility
- Case management and coordination of services
- Framing goals as positive ideals
- Developing a healthy support network
- Empowerment and giving clients control
- Encouraging a spirit of perseverance
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