

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

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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

### 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.

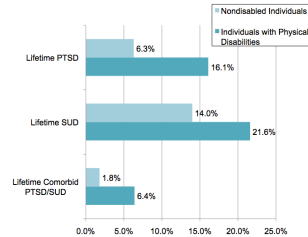
### METHOD

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

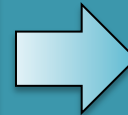
### SELECTED RESULTS



- Intersecting 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

### ABSTRACT

This secondary analysis investigated the impact of *Seeking Safety* on reducing PTSD symptoms in a sample of women with physical disabilities versus non-disabled women. *Seeking Safety* is an evidence-based manualized therapy for PTSD and SUD, and provides clients psychoeducation and coping skills to manage symptoms of PTSD and SUD. As part of the National Institute on Drug Abuse Clinical Trials Network, 353 participants were randomly assigned to either *Seeking Safety* or *Women's Health Education* group therapy conducted in community-based substance abuse treatment programs. Participants with physical disabilities experienced sustained reductions in PTSD symptoms when treated with *Seeking Safety* but not *Women's Health Education*.

### 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?"

### 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

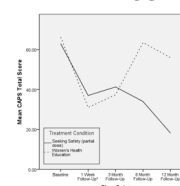


Figure 1. Women with Disabilities: Change in PTSD Symptoms Over Time, SS vs. WHE  
 \*1-week follow-up line point closest to end of treatment

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

### 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