

THE RELATIONSHIP BETWEEN COMMUNITY-FOCUSED METRICS AND PTSD IN YOUNG ADULTS

Bianna Cerrito, MS ¹, Jamie Xiao ¹, Alexa Connors, LCSW ¹, Amanda Fialk, Ph.D., LCSW, LICSW ¹, & Frank D. Buono, Ph.D. ²

¹ The Dorm, New York City and Washington, D.C.

² Department of Psychiatry, Yale University School of Medicine, New Haven, CT



INTRODUCTION

- Emerging adulthood (ages 18-29) is a significant period of development in which individuals are particularly vulnerable to the effects of PTSD (Bürgin et al., 2021).
- PTSD places young adults at risk for negative outcomes and maladaptive coping (i.e., mental health issues, suicide attempts, mortality) (Facer-Irwin et al., 2022; Kratovic et al., 2021).
- Thus, there is a strong need for the protective benefit of increased peer connection and community during this time (Perry et al., 2023).
- PTSD can be exacerbated by rejection or lack of social support, further emphasizing the importance of quality and quantity of social connections during young adulthood (Matud et al., 2020).
- Skills that contribute to stronger social relationships, such as personal self-efficacy, have also been shown to mediate the effects of psychological distress, adversity, and PTSD (Sundborg, 2019).

METHODS

Sample:

- The present study evaluates a long-term, community-based model of mental health treatment for young adults, 18-35, with a history of PTSD (mean age = 22.32; SD = 3.62).

The Dorm Model:

- The Dorm is an intensive outpatient program for young adults, ages 18-35, located in New York City and Washington DC.
- Program duration is approximately one year, on average.
- Treatment includes:
 - Empirically-supported behavioral psychosocial methodologies (i.e., Cognitive processing therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Trauma-Informed Group Programming, Individual Therapy and Clinical Coaching with Trauma-Informed Clinicians).
 - Alternative and complementary modalities (i.e., exercise, yoga, reiki, horticulture, community service, social clubs, meditation, mindfulness).
 - A community clubhouse model that fosters socialization, learning, and relationship-building.

ASSESSMENTS

- Structured Interview for PTSD (SIP)** is a 4-part interview that measures the 17 PTSD criteria according to the DSM-IV, including survival and behavioral guilt. Items in this assessment rate frequency and intensity of symptoms. Cronbach's alpha is high (.80) (Davidson et al., 1997)
- PROMIS Ability to Participate in Social Roles and Activities** is an 8-item self-report PROMIS questionnaire that assesses the perceived ability to perform one's usual social roles and activities.
- PROMIS General Self-Efficacy** is a 10-item measure used to assess a person's belief in their capacity to manage daily stressors and have control over meaningful events. Cronbach's alpha is high (.91) (Kupst et al., 2015).
- PROMIS Friendship (Ages 18+)** is an 8-item scale evaluating the perceptions of the availability of friends or companions with whom to interact or affiliate with in the past month. Cronbach's alpha is high (.95) (Cyranowski et al., 2013).
- PROMIS Perceived Rejection (Ages 18+)** is an 8-item scale evaluating how often people perceive others to be arguing/yelling at them and perceived insensitivity over the past month. Cronbach's alpha is high (.93) (Cyranowski et al., 2013).

DATA ANALYSIS

- A Multivariate General Linear Model (GLM) of type of assessment (time point) and SIP-Total on community-based metrics (Ability to Participate, Rejection, Self-Efficacy, Friendship) was performed.

TABLE 1

Demographics

Gender	Mean	Percentage
Male	195	38%
Female	245	48%
Transwoman	18	4%
Transman	35	7%
Non-binary	8	2%
Queer	2	<1%
Two-Spirit	1	<1%
Unknown/exploring	3	<1%

TABLE 2

Test of Between Subjects for SIP-Total and Type of Assessment on Community Metrics

Source	Dependent Variable	F	Sig	Partial Eta Squared
SIPTotal	Ability to Serve	3.010	.000	.278
	Friendship	1.476	.026	.159
	Rejection	1.945	.000	.199
	Self-efficacy	1.519	.018	.163
Typeofassessment_A	Ability to Serve	1.885	.046	.048
	Friendship	.441	.926	.012
	Rejection	3.493	.000	.085
	Self-efficacy	2.267	.014	.057
SIPTotal * Typeofassessment_A	Ability to Serve	.856	.850	.226
	Friendship	.877	.808	.230
	Rejection	1.029	.412	.260
	Self-efficacy	1.112	.224	.275

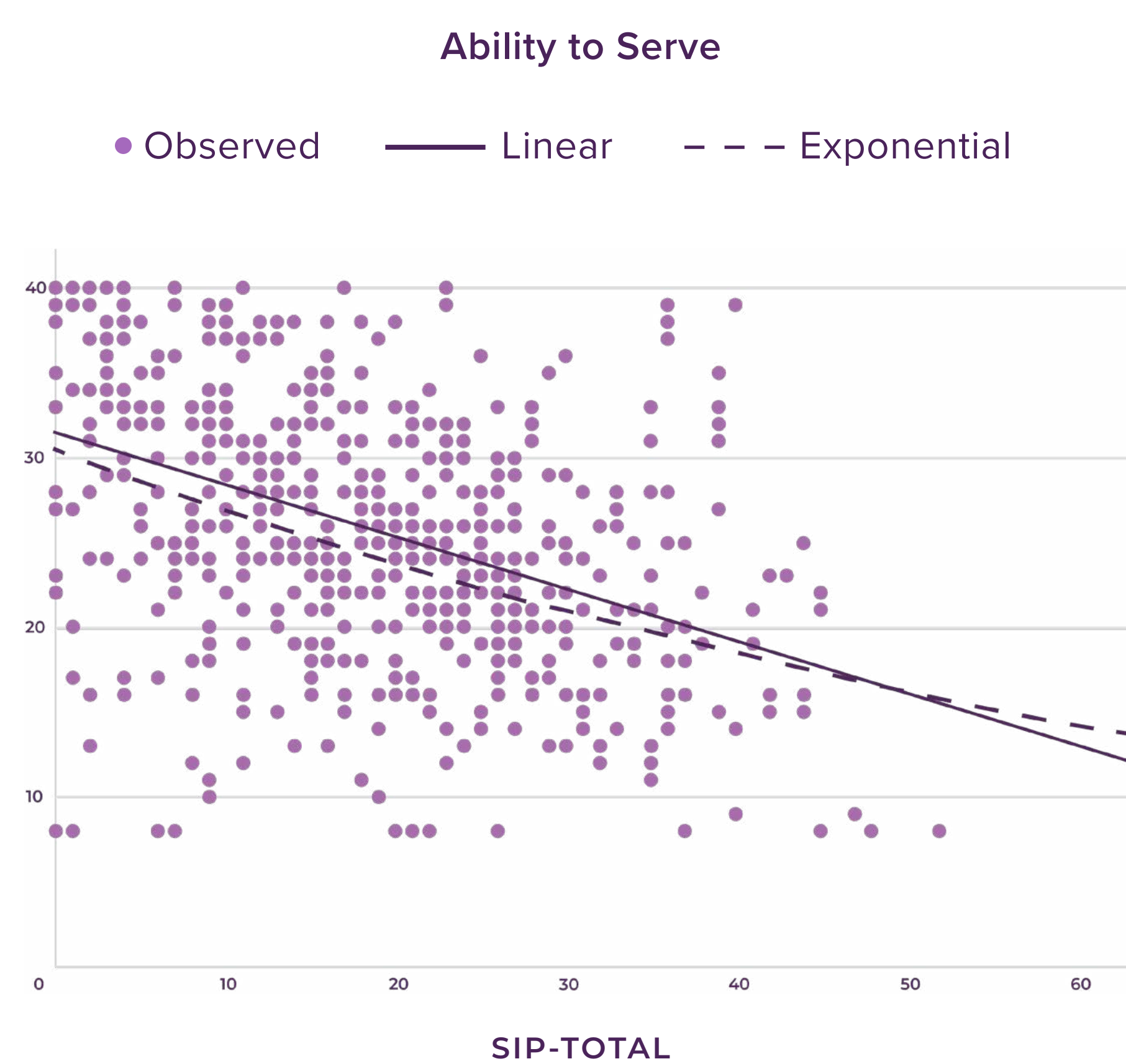


Figure 1. Curve Estimation of Ability to Participate and Structured Interview for PTSD Total

RESULTS

- A significant effect was observed for the relationship between SIP-Total and Ability to Participate in Social Roles and Activities ($p < .01$), General Self-Efficacy ($p = .02$), Friendship ($p = .03$), and Perceived Rejection ($p < .01$).
- Significant effects were also observed for the relationship between type of assessment and rejection ($p < .01$) as well as self-efficacy ($p = .01$).
- A non-significant interaction was found between SIP-Total and type of assessment in relation to the dependent variables.
- There is a significant linear relationship between Ability to Participate and PTSD scores indicating that community-involvement may contribute to reduced scores on SIP-total.

DISCUSSION

- These results provide a preliminary understanding of the pervasive impact of community-focused metrics (i.e., friendship, rejection) on PTSD.
- It can be understood that engagement in community (i.e., ability to participate in social roles and activities) contributes to improvement in PTSD symptoms.
- Future research is warranted to understand the relationship of social support and its direct effects on PTSD-based care.

CLINICAL IMPLICATIONS

- The current study highlights the importance of social relationships on young adults with PTSD, and the comorbidity of a multi-faced treatment.
- Treatments that target social aspects of functioning may contribute to symptom reduction and provide beneficial implications for those with trauma related psychopathology.

LIMITATIONS

- The present population is a sample of young adult clients in intensive outpatient mental health treatment at a private pay program in New York, New York and Washington, D.C., thus due to the specificity of this sample, the findings may not be generalizable to other populations. It is important that future research seeks to validate the present survey in diverse populations.
- Additionally, clinical acuity was not accounted for in this sample. It is important to note that clients at The Dorm are admitted with varying acuity, which ranges from severe to mild.

REFERENCES

- Bürgin, D., Boonmann, C., Schmeck, K., Schmid, M., Tripp, P., Nishimi, K. and O'Donovan, A. (2021). Compounding Stress: Childhood Adversity as a Risk Factor for Adulthood PTSD Exposure in the Health and Retirement Study. *Journal of PTSD & Stress*, 34, 124-136. doi: 10.1002/jts.22617.
- Cyranowski, J. M., Zill, N., Bode, R., Butt, Z., Kelly, M. A. R., Pilkonis, P. A., Salsman, J. M., & Cella, D. (2013). Assessing social support, companionship, and distress: National Institute of Health (NIH) Toolbox Adult Social Relationship Scales. *Health Psychology*, 32(3), 293-301. doi: https://doi.org/10.1037/a0028586
- Davidson, J.R.T., Malik, M.A., & Travers, J. (1997). Structured interview for PTSD (SIP): Psychometric validation for DSM-IV criteria. *Depression and Anxiety*, 5(3), 115-152. doi: https://doi.org/10.1002/(SICI)1520-6394(1997)5:3<127::AID-DA3>3.0.CO;2-B
- Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2022). PTSD and complex PTSD in sentenced male prisoners in the UK: prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, 52(13), 2794-2804. doi: 10.1017/S0033291720004936
- Kratovic, L., Smith, L.J., & Vujanovic A.A. (2021). PTSD symptoms, suicidal ideation, and suicide risk in university students: The role of distress tolerance. *Journal of Aggression, Maltreatment & Trauma*, 30(1), 82-100. doi: 10.1080/10926771.2019.1709594
- Kupst, M.J., Butt, Z., Stoney, C.M., Griffith, J.W., Salsman, J.M., Folkman, S., & Cella, D. (2015). Assessing stress and self-efficacy for the NIH toolbox for neurological and behavioral function. *Anxiety Stress Coping*, 28(5), 531-544. doi: 10.1080/10615806.2014.994204
- Matud M. P., Díaz A., Bethencourt J. M., Ibáñez I. (2020). Stress and Psychological Distress in Emerging Adulthood: A Gender Analysis. *J Clin Med*, 9(9), 2859. doi: 10.3390/jcm9092859.
- Perry, N. S., Goetz, D. B., & Shea, M. T. (2023). Longitudinal associations of PTSD and social support by support functions among returning veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(8), 1346-1354. doi: https://doi.org/10.1037/tra0001190
- Sundborg, S. A. (2019). Knowledge, principal support, self-efficacy, and beliefs predict commitment to PTSD-informed care. *Psychological PTSD: Theory, Research, Practice, and Policy*, 11(2), 224-231. doi: 10.1037/tra0000411.



HELLO@THEDORM.COM | WWW.THEDORM.COM