

Clinical Correlates of Educational Barriers Among PSE Students with PTSD

Weili Lu¹; Carolyn Bazan¹; Ke Wang¹; Jeganee Srijevanth¹; Krista Rogers²; Serena Lamacchia²; Kaillee Philleo²; Chloe Chong²; Zara Adams²; Adrian Stone²; Oscar Russi²; Connor Fleischacker²; Jiwoo Choi²

¹Rutgers University; ²CUNY; Funded by NIDILRR#90IFRE0038.

Introduction

Post Traumatic Stress Disorder (PTSD) is an acquired psychiatric disorder with functionally impairing physiological and psychological symptoms following a traumatic exposure (Blacker et al., 2019). However, PTSD and its impact on post-secondary education (PSE) have rarely been examined.

In this study series, study 1 examines the predictors for drop-out among 114 post-secondary education (PSE) students with PTSD. Additionally, study 2 presents preliminary findings on an integrated CBT and SEd program to improve educational functioning among PSE students with PTSD.

Study 1 Method

PSE students with confirmed PTSD diagnosis (N=114, 15% male, 75% female, 10% other; 40% white vs 60% non-white; 69% undergraduate vs. 23% graduate/med/law students) completed surveys of Adverse Childhood Experiences, PTSD symptoms, Clinician-Administered PTSD Scale (CAPS), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Brief Psychiatric Rating Scale (BPRS), Internalized Stigma of Mental Illness (ISMI), Posttraumatic Cognitions Inventory (PTCI), Work and Social Adjustment Scale (WSAS), Connor-Davidson Resilience Scale (CD-RISC), Sheehan Disability Scale (SDS), and their educational outcomes and experience.

Study 1 Results

Significant clinical correlates of educational barriers among PSE students with PTSD include exposure to ACEs, PTSD symptoms, depression, anxiety, psychiatric symptoms, internalized stigma and post traumatic cognitions, GPA, as well as engagement in physical exercise. A logistic regression was performed to ascertain the effects of PTSD symptoms, gender, minority status, educational barriers, depression and trauma exposure on the likelihood that participants ever dropped out of any PSE program.

The logistic regression model was statistically significant, $\chi^2(6) = 14.05, p < .05$. The model explained 26.5% of the variance in participants' previous dropouts and correctly classified 83.5% of cases. Exposure of greater than 7 types of trauma were the only significant predictor associated with an increased likelihood of leave of absence due to mental health.

Study 2 Method

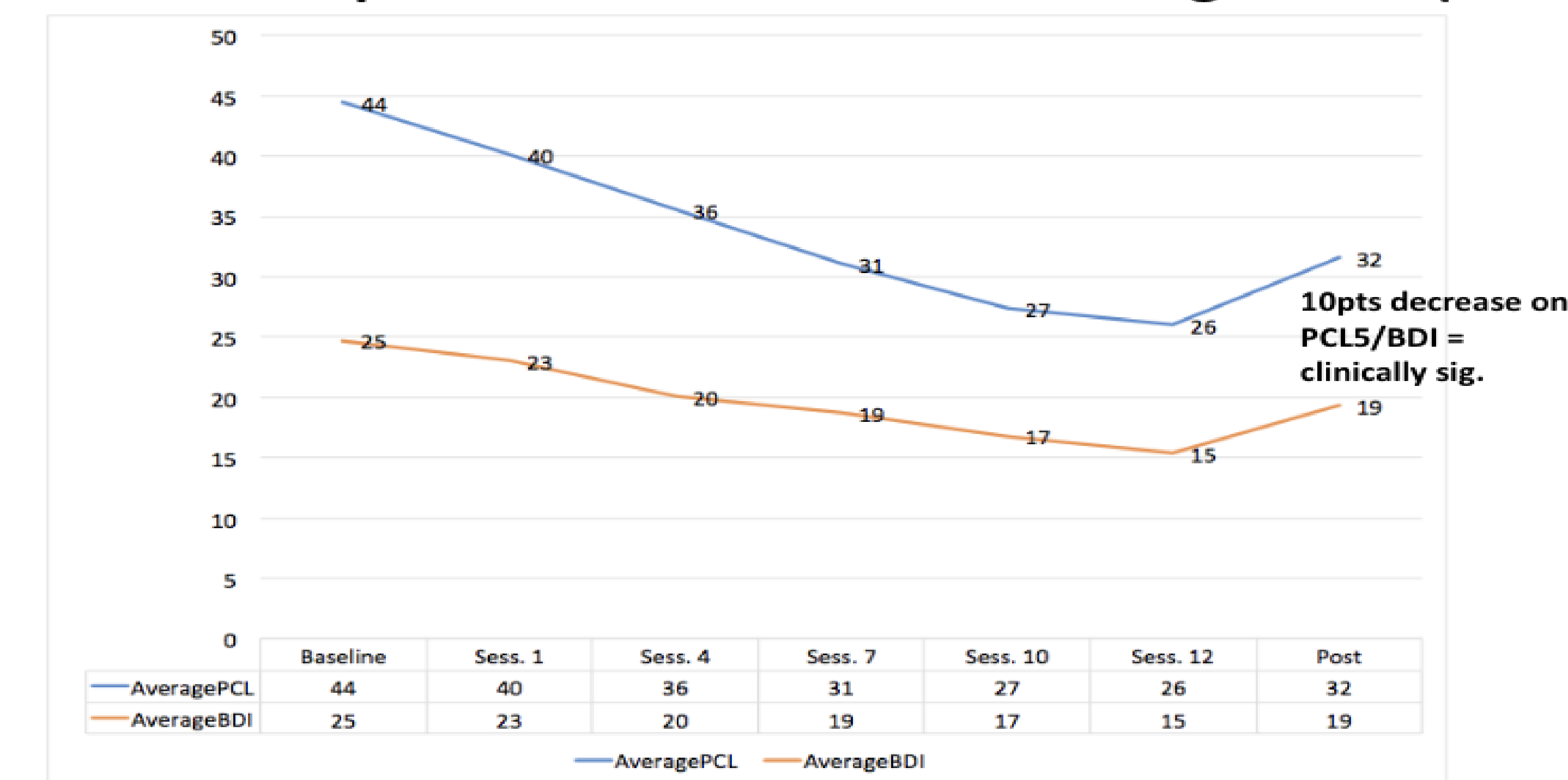
Of these 114 students, 30 completed an integrated 12-session telehealth CBT and Supported Education intervention. The intervention included psychoeducation of PTSD, breathing retraining, Cognitive restructuring and Supported education component of campus resources, disclosure preference, and requesting accommodations (optional). Sessions were 90-minutes long and delivered by a master level student intern. Participants were reevaluated at post intervention using the measures administered at baseline.

Study 2 Results

At post intervention students reported fewer educational barriers and improvements in depression and PTSD as treatment progressed. On average, PCL5 scores dropped 18 points between baseline and session 12 (last treatment session) and BDI scores dropped 10 points. At assessment post-intervention, participants' average scores on the PCL-5 and CAPS-5 (both measures of PTSD symptoms) improved and reached statistical significance with a large effect size (.77 and .90 respectively). Participants' average scores on the BDI-II, PTCI, CD-RISC, and ISMI also improved over time and with a moderate effect size. (ES ranged from .37 to .44). For the Educational Barriers Questionnaire, which assessed student's perceived barriers to education, participants reported a significant decrease in perceived barriers at post treatment.

Fig. 2 PTSD & Depression as Treatment Progressed (n=30)

PTSD & Depression as Treatment Progressed (n=30)



Selected References



Fig. 1 Baseline VS. Post CBT & SEd Treatment outcomes (Means; n=30)

Baseline vs. Post CBT & SEd Treatment Outcomes (Means; n=30)

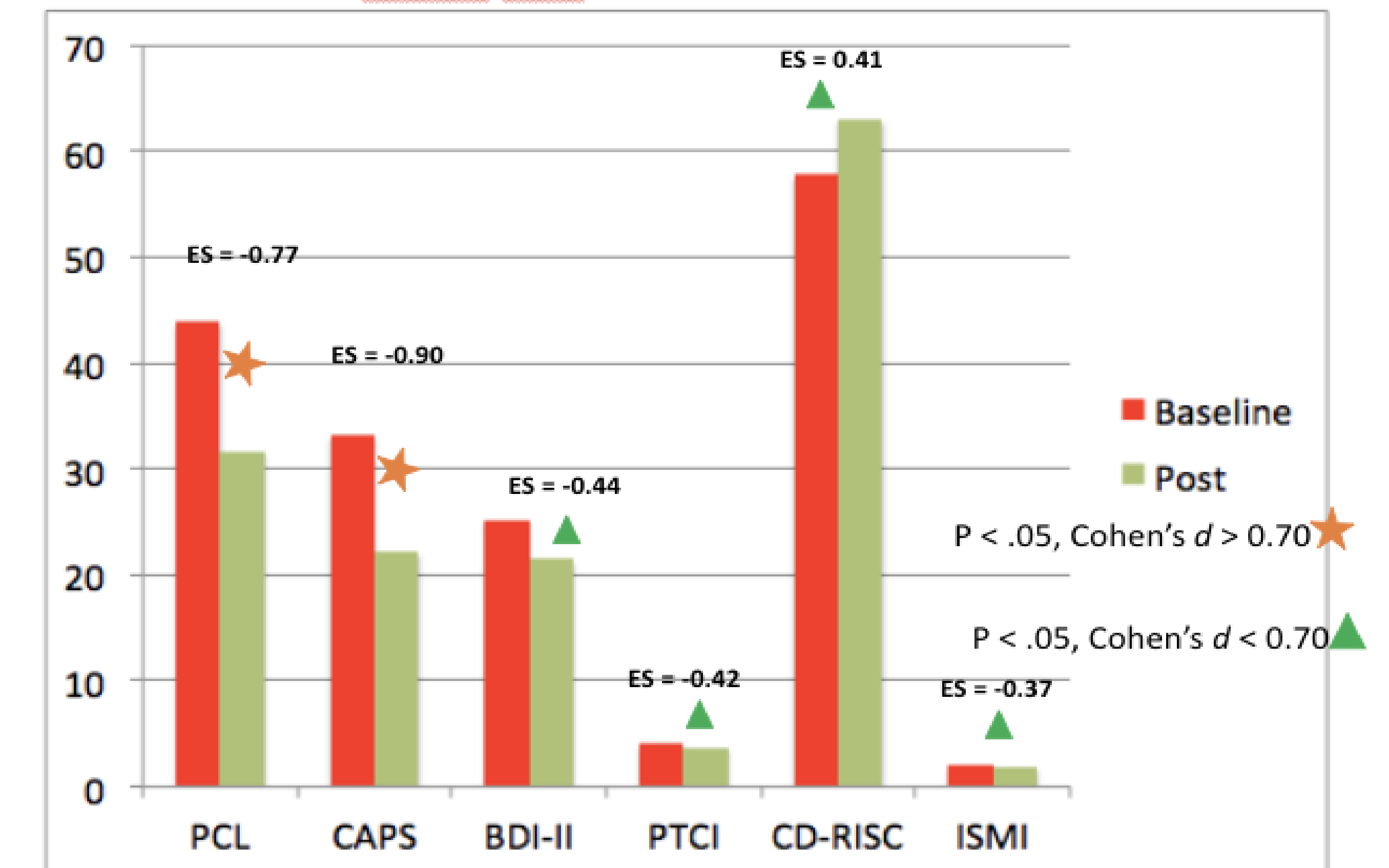
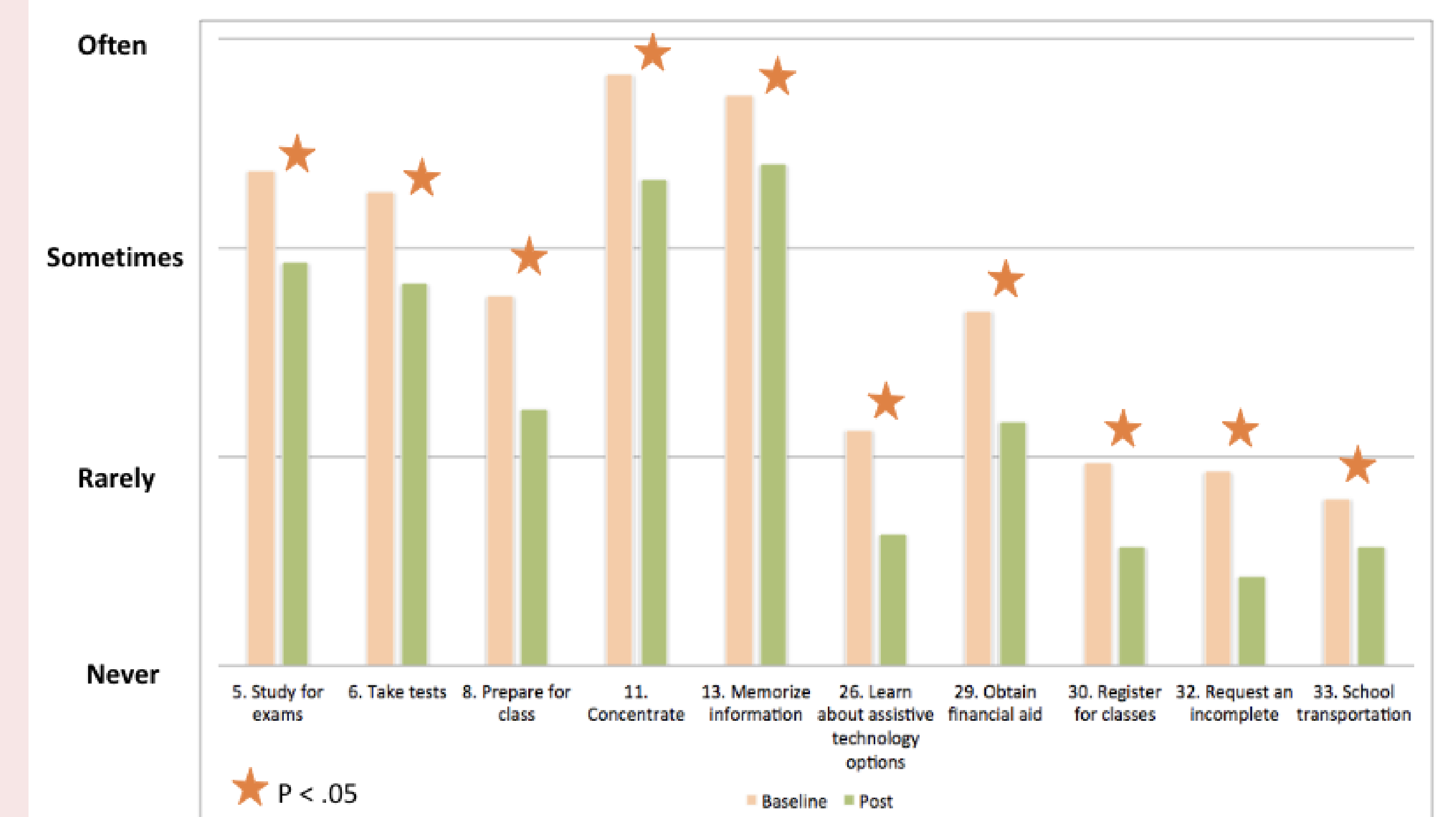


Fig.3 Students reported less Educational Barriers post treatment (n=30)

Students reported less Educational Barriers post treatment (n=30)



Discussion

Findings suggest that increased trauma exposure is associated with less retention in PSE students with PTSD. Preliminary findings support the potential for the CBT for PTSD intervention infused with Supported Education principles to manage mental health symptoms and improve educational functioning in PSE students with PTSD.