INTRODUCTION

Most individuals will experience at least one traumatic event in their lives. However, many individuals may develop maladaptive responses to these experiences which may contribute to the development of posttraumatic stress disorder. In recent years, there has been a move toward establishing evidence-based treatments for PTSD. The goal of this project was to examine what personal and behavioral health factors may be related to an individual’s likelihood of seeking an evidence-based treatment for PTSD. Most individuals will experience at least one traumatic event in their lives. Understanding this may help providers identify clients who may be more inclined to seek evidence-based treatment and provide appropriate care or referrals for clients. Future research should include a larger sample size and assessments of variables related to accessibility and stigma to examine what may increase an individual’s likelihood of seeking different forms of PTSD treatment.

METHODS

I ran a logistic regression with stepwise selection (entry criteria = .15 and stay criteria = .05) and then to see how other selection methods would perform, I ran a backward selection at .05. I computed various tests in SAS to determine the goodness of fit for the overall model. Deviance and Pearson Goodness-of-Fit Statistics 

Hosmer and Lemeshow Goodness-of-Fit Test

Global Null Hypothesis

I ran an independent samples t-test to examine any differences in treatment satisfaction across the two groups.

RESULTS AND DISCUSSION

Key Findings:

- Individuals who are younger are almost 45% more likely to seek an evidence-based treatment for PTSD.
- Psychosocial functioning impairment makes almost no distinction but is still a significant predictor of an individual’s likelihood of seeking evidence-based treatment.
- An individual with a history of more severe head injury is approximately 91% more likely than someone who does not have this medical history to seek an evidence-based treatment.
- Individuals without a history of suicide are 70% less likely to seek evidence-based treatment for PTSD.
- The model yielded good fit statistics (i.e., significant global null hypotheses), non-significant Deviance and Pearson statistics, and Hosmer and Lemeshow statistics. The model yielded good sensitivity and specificity.
- Participants in a non-evidence-based treatment reported lower treatment satisfaction than those who received an evidence-based treatment.

Discussion:

Understanding this may help providers identify clients who may be more inclined to seek evidence-based treatment and provide appropriate care or referrals for clients.

SAS CODE

```sas
proc logistic data=WORK.AnalyticsDay descending;
   class Gender Income Marital_Status Mil_civ ;
   model PTSD_treatmentseeking = Type_of_trauma Birth_Year HotTtot bIPF_Tot GSEQ_Tot APSF_D APSF_R hx_head_injury_severity IJS_Tot Hx_Suicide_Y_N ;
   selection = stepwise slentry = .15 slstay = .05;
   run;
```

CONTACT INFORMATION