TREATING YOUTH WITH EARLY PSYCHOSIS & TRAUMA-RELATED DISORDERS

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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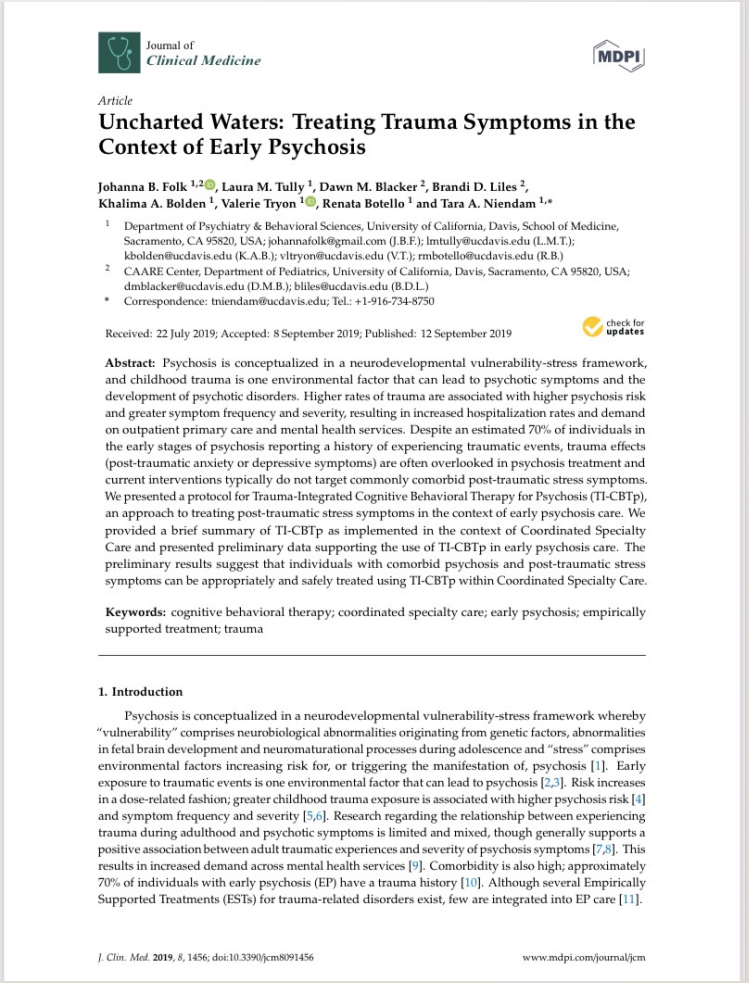

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Article

Uncharted Waters: Treating Trauma Symptoms in the Context of Early Psychosis

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Abstract: Psychosis is conceptualized in a neurodevelopmental vulnerability-stress framework, and childhood trauma is one environmental factor that can lead to psychotic symptoms and the development of psychotic disorders. Higher rates of trauma are associated with higher psychosis risk and greater symptom frequency and severity, resulting in increased hospitalization rates and demand on outpatient primary care and mental health services. Despite an estimated 70% of individuals in the early stages of psychosis reporting a history of experiencing traumatic events, trauma effects (post-traumatic anxiety or depressive symptoms) are often overlooked in psychosis treatment and current interventions typically do not target commonly comorbid post-traumatic stress symptoms. We presented a protocol for Trauma-Integrated Cognitive Behavioral Therapy for Psychosis (TI-CBTp), an approach to treating post-traumatic stress symptoms in the context of early psychosis care. We provided a brief summary of TI-CBTp as implemented in the context of Coordinated Specialty Care and presented preliminary data supporting the use of TI-CBTp in early psychosis care. The preliminary results suggest that individuals with comorbid psychosis and post-traumatic stress symptoms can be appropriately and safely treated using TI-CBTp within Coordinated Specialty Care.

Keywords: cognitive behavioral therapy; coordinated specialty care; early psychosis; empirically supported treatment; trauma

1. Introduction

Psychosis is conceptualized in a neurodevelopmental vulnerability-stress framework whereby "vulnerability" comprises neurobiological abnormalities originating from genetic factors, abnormalities in fetal brain development and neuromaturational processes during adolescence and "stress" comprises environmental factors increasing risk for, or triggering the manifestation of, psychosis [1]. Early exposure to traumatic events is one environmental factor that can lead to psychosis [2,3]. Risk increases in a dose-related fashion; greater childhood trauma exposure is associated with higher psychosis risk [4] and symptom frequency and severity [5,6]. Research regarding the relationship between experiencing trauma during adulthood and psychotic symptoms is limited and mixed, though generally supports a positive association between adult traumatic experiences and severity of psychosis symptoms [7,8]. This results in increased demand across mental health services [9]. Comorbidity is also high; approximately 70% of individuals with early psychosis (EP) have a trauma history [10]. Although several Empirically Supported Treatments (ESTs) for trauma-related disorders exist, few are integrated into EP care [11].

TRAUMATIC EVENTS

- "Actual or threatened death, serious injury, or sexual violence" (APA, 2013, p. 217)"
  - Direct Exposure
  - Indirect Exposure
  - Witnessing
  - Learning about
    - Personal
    - Professional

- Abuse
- Neglect
- Domestic, school, or community violence
- Natural disasters
- Accidents
- War, terrorism, or refugeeism
- Medical trauma
- Traumatic grief

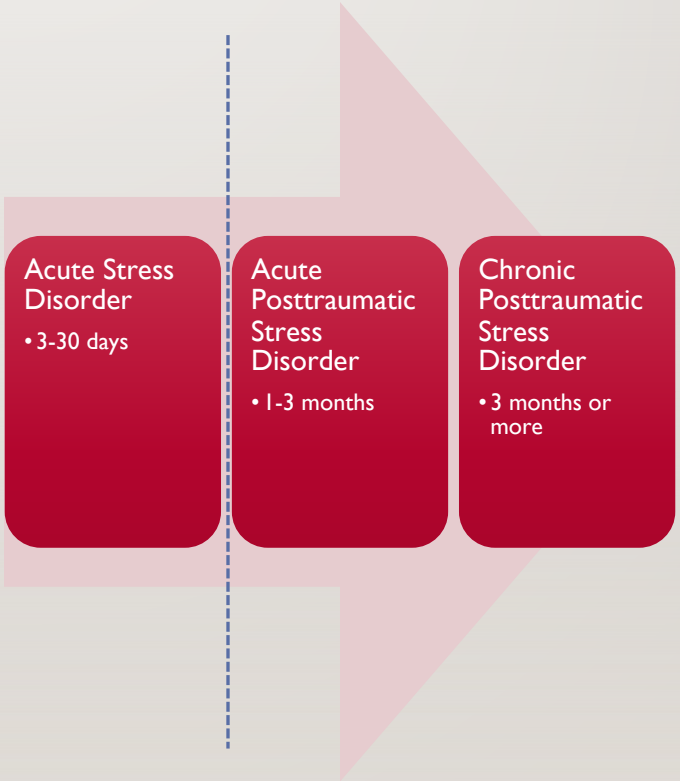
PREVALENCE OF TRAUMA EXPOSURE

- 70% of Americans are exposed to at least one traumatic event by age 18 (Finkelhor et al., 2013)
  - Equivalent rates in individuals with early psychosis (Neria et al., 2002)
- 30% of people exposed to a traumatic event develop PTSD (Kessler et al., 1995)

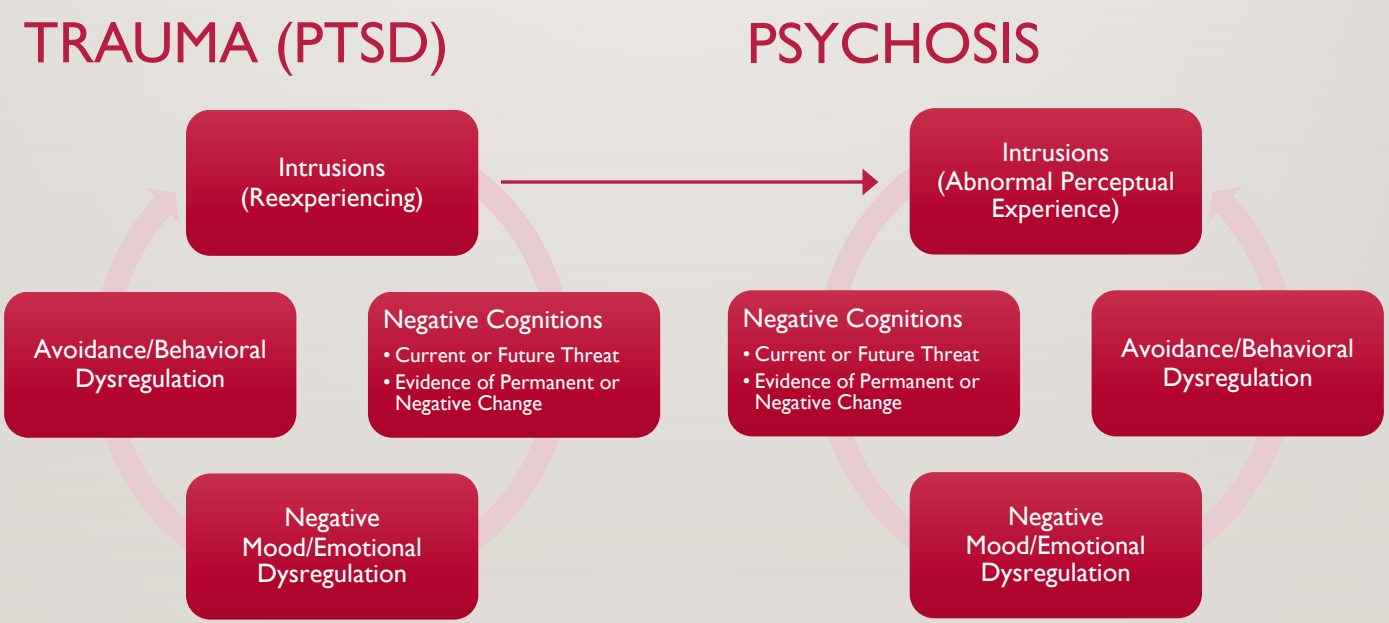
- The estimated lifetime prevalence of PTSD is:
  - 6.8% in the general population (Kessler et al., 2005)
  - 12.4% among individuals with chronic psychosis (Achim et al., 2011)
  - 23% among individuals with first-episode psychosis (Strakowski et al., 1995)

TRAUMA-RELATED DISORDERS

- Posttraumatic stress symptoms
  - Re-experiencing or intrusions
  - Avoidance
  - Negative cognitions or mood
  - Hyperarousal

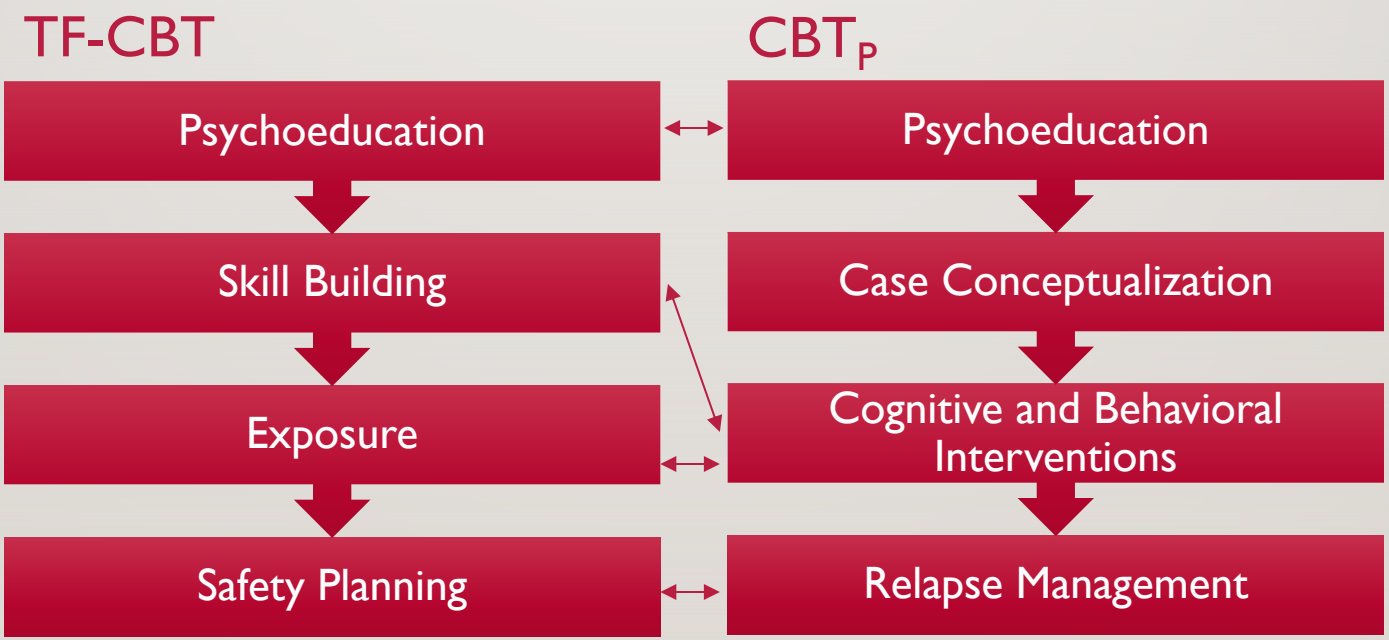


COGNITIVE THEORY OF TRAUMA & PSYCHOSIS



(Ehlers & Clark, 2000; Morrison et al., 2003)

COMMON COMPONENTS OF TRAUMA & PSYCHOSIS ESTS



TI-CBT$_P$: STAGES WITHIN CSC

Stage	Goal	Description	Duration
1	**Engage in coordinated specialty care model**	Apply CSC elements	~3-6 months
2	**Targeted empirically support treatment (EST)**	CBTp, EST for trauma (e.g., TF-CBT, PE, CPT), and/or other EST (e.g., FFT) as needed Continue applying CSC elements	~12-18 months
3	**Discharge**	Terminate and link to community services	~1-3 months

(Folk et al., 2019)

CASE EXAMPLE

- 19-year-old female
- Chronic exposure to domestic violence in the context of maternal alcohol use disorder
- Symptom onset during summer after 1st year of college
  - Social isolation
  - Hypersomnia
  - Missing work
  - Expressing distress and asking father for treatment
  - Paranoid ideation
  - Auditory hallucinations
  - Disorganized behavior
  - Suicidal ideation and risky behavior
- Arrest, incarceration, and involuntary psychiatric hospitalization prior to referral to early psychosis program

TI-CBT$_P$: STAGE 1

- Engage client and family in CSC model
  - Psychoeducation about psychosis
  - Risk management and safety planning
  - Ongoing assessment and case conceptualization
- ~3-6 months

(Folk et al., 2019)

TI-CBT$_P$: STAGE 2

- Determine whether psychosis or trauma-related symptoms are primary or equally distressing
  - Identify and address factors that could impede or enhance treatment
    - Achieve one month of relative stability
  - Delivery of targeted empirically supported treatment
    - TF-CBT, PE, or CPT
- ~12-18 months

(Folk et al., 2019)

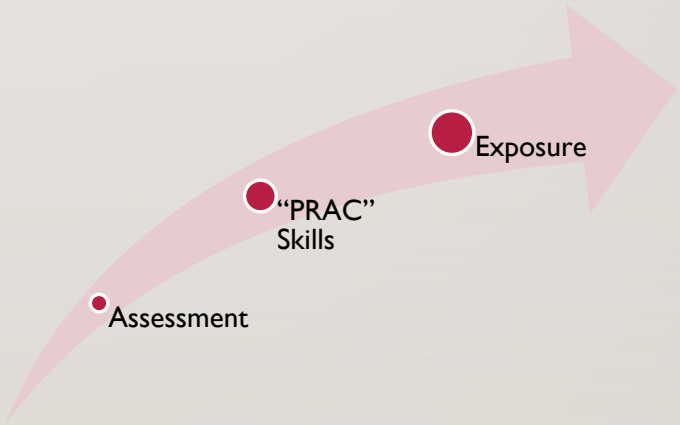
ASSESSMENT

- Assessment can help determine:
  - Role of trauma exposure in client's clinical presentation
  - Relationship between trauma exposure and psychosis (timeline)
  - Presence and severity of posttraumatic stress symptoms
  - Need for trauma-focused treatment
  - Timing of trauma-focused treatment (relative to psychosis-focused treatment)
  - Monitoring on-going treatment progress

TRAUMA-FOCUSED CBT

- (Assessment)
- Psychoeducation
- Relaxation
- Affect Modulation
- Cognitive Coping
- Trauma Narrative
- In Vivo Exposure
- Conjoint Sessions
- Enhancing Safety

GRADUAL EXPOSURE



TF-CBT "PRAC" SKILLS

- Psychoeducation
  - Learn accurate information about trauma and posttraumatic stress symptoms
- Relaxation
  - Develop 1-3 relaxation skills that can be used to effectively reduce physical tension
- Affect Modulation
  - Accurately identify affective states and develop 1-3 affect modulation skills to reduce emotional arousal and/or increase positive mood
- Cognitive Coping
  - Learn to distinguish thoughts, feelings, and behaviors, and about the relationship between and relative changeability of thoughts, feelings, and behaviors
    ***Do not address trauma-related cognitions until you reach the exposure phase*

TF-CBT: EXPOSURE

- Trauma Narrative (Imaginal Exposure)
  - Expose the client to details of the traumatic event across all sensory domains in the form of a written narrative
- In Vivo Exposure
  - Expose the client to non-threatening trauma cues when the avoidance of those trauma cues interferes with self-efficacy and/or developmentally appropriate functioning
- Conjoint Sessions
  - Assist the client to share their written trauma narrative with a non-offending caregiver

TF-CBT: ENHANCING SAFETY

- Enhancing Safety
  - Teach skills needed to reduce risk of revictimization and/or to increase rate of response in the case of revictimization

QUESTIONS?

ADDITIONAL RESOURCES & TRAINING

- Children & Adolescents
  - TF-CBT Web: www.tfcbt.musc.edu
  - *Treating Trauma and Traumatic Grief in Children and Adolescents* (Cohen, Mannarino, & Deblinger, 2016)
  - *Trauma-Focused CBT for Children and Adolescents: Treatment Applications* (Cohen, Mannarino, Deblinger, 2013)
  - The National Child Traumatic Stress Network: https://www.nctsn.org/
- Adults
  - US Department of Veterans Affairs: www.ptsd.va.gov

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MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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