



FACT SHEET

# Trauma, PTSD, and First Episode Psychosis

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**Authors**

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Technical Assistance Material Developed for SAMHSA/CMHS under Contract Reference: HHSS283201200002/  
Task Order No. HHSS28342002T

A significant number of individuals experiencing early psychosis also have experienced trauma. Although Coordinated Specialty Care (CSC) treatment models for early psychosis do not explicitly address trauma, understanding the impact of trauma and knowing how to respond may help to increase engagement and improve treatment effectiveness in first episode psychosis programs. *This fact sheet provides FEP program directors and administrators with a brief introduction to the intersection of trauma and psychosis and an overview of a trauma-informed approach.*



### SAMHSA'S DEFINITION OF TRAUMA: THE 3 E'S

Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.<sup>1</sup>

### HOW ARE PSYCHOSIS AND TRAUMA CONNECTED?

There are many ways in which trauma and psychosis may be connected. Prevalence data suggests that psychosis and trauma, including PTSD, frequently co-occur.<sup>2</sup> Some studies suggest that trauma exposure may contribute to the development of psychosis, although more research is needed to explain how and why this happens.

In addition, research suggests that people with psychosis are at high risk for traumatization, both through victimization and because psychotic symptoms and some forms of treatment may be experienced as traumatizing.<sup>3</sup>

Without effective treatment, trauma and psychosis can interact in a cycle of increased vulnerability, leading to an altered developmental trajectory and less successful outcomes. Both may need to be addressed in order for full recovery to be possible.<sup>4</sup>

### HOW CAN ADDRESSING TRAUMA HELP?

- Inquiring about what happened to people rather than what is wrong with them can facilitate engagement.
- People with trauma histories may be less responsive to some forms of treatment, including medications.
- Recognizing when symptoms reflect trauma histories can provide clinical insight and reframe treatment.
- Acknowledging and addressing trauma can open the door for post-traumatic growth.

*“As a trauma-informed provider, it’s important to understand the intricate ways psychosis and trauma overlap, how one informs another, and its impact on the person so we may effectively support people in their recovery.”*

—FARIA KAMAL, PH.D., STEP CLINIC, YALE UNIVERSITY SCHOOL OF MEDICINE

<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>2</sup> Mayo, D., Corey, S., Kelly, L. H. et al. (2017). The role of trauma and stressful life events among individuals at clinical high risk for psychosis: A review. In K. V. Hardy and K. T. Mueser, Eds., *Trauma, Psychosis and Post-Traumatic Stress Disorder*. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

## PREVALENCE OF TRAUMA IN INDIVIDUALS SERVED IN FEP PROGRAMS

- Studies report trauma exposure rates of 49 to 100 percent among people with psychosis.<sup>5</sup>
- PTSD among people with psychosis is almost 10 times higher than in the general population.<sup>6</sup>
- In one study, 23 percent of people with first episode psychosis presented with co-morbid PTSD, compared to a 15 percent lifetime prevalence rate in people with chronic psychosis.<sup>7</sup>
- Trauma may predict transition to psychosis in clinical high-risk populations.<sup>8</sup>
- Childhood trauma is correlated with severity of hallucinations and delusions; neglect with negative symptoms.<sup>9</sup>
- Multiple studies have shown that both the experience of psychosis and negative treatment experiences may contribute to PTSD.<sup>10</sup>

*“After being savagely attacked by construction workers, our daughter’s hallucinations started as she ran home. It was progressive and severe. The FEP program helped our family learn how to help her. After intensive therapy and missing a year of school, she was able to finish high school and is doing well in college. The program was life changing for our daughter.”*

**—FAMILY MEMBER  
IN FEP PROGRAM**

## SAMHSA’S DEFINITION OF A TRAUMA-INFORMED APPROACH: THE 4 R’S

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.<sup>11</sup>

## ORGANIZATIONAL BENEFITS OF A TRAUMA-INFORMED APPROACH

### Consistent with core FEP principles...

Trauma-informed approaches are consistent with many of the core elements of coordinated specialty care models. Common principles include collaborative decision-making, ensuring safety for clients and staff, communicating with transparency, and providing ongoing education and supportive supervision for staff.

<sup>5</sup> Grubaugh, A. L., Zinzow, H. M., Paul, L. et al (2011). Trauma exposure and posttraumatic stress disorder in adults with serious mental illness: A critical review. *Clinical Psychological Review*, 31, 883–899.

<sup>6</sup> Kessler, R. C., Berglund, P., Demler, O. et al (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593–602.

<sup>7</sup> Cragin, C. A., Straus, M. B., Blacker D. et al (2017). Early psychosis and trauma-related disorders: Clinical practice guidelines and future directions. In K. V. Hardy and K. T. Mueser, Eds., *Trauma, Psychosis and Post-Traumatic Stress Disorder*. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>8</sup> Mayo, D., Corey, S., Kelly, L. H. et al (2017). The role of trauma and stressful life events among individuals at clinical high risk for psychosis: A review. In K. V. Hardy and K. T. Mueser, Eds., *Trauma, Psychosis and Post-Traumatic Stress Disorder*. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>9</sup> Bailey, T., Alvarz-Jimenez, M., Garcia-Sanchez, A. M. et al (2018). Childhood trauma is associated with severity of hallucinations and delusions in psychotic disorders: A systematic review and meta-analysis. *Schizophrenia Bulletin*. doi: 10.1093/schbul/sbx161.

<sup>10</sup> Lu, W., Mueser, K. T., Rosenberg, S. D. et al (2017). Posttraumatic reactions to psychosis: A qualitative analysis. In K. V. Hardy and K. T. Mueser, Eds., *Trauma, Psychosis and Post-Traumatic Stress Disorder*. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>11</sup> Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

### Supports program engagement and effectiveness...

FEP programs treat psychosis. But if clinicians are not successfully engaging their clients, the likelihood of relapse increases. It is essential that clinicians have the training and skills to hear and validate clients' experiences, even those that are traumatic, in order to build a strong therapeutic alliance and decrease client drop-out and no-show rates.

### Has the potential to reduce overall cost of care...

Evidence from health and behavioral health settings suggests that addressing trauma can reduce the overall cost of care, especially among people who are heavy users of services. People with trauma histories or PTSD often have complex needs and may have significantly higher health and mental health costs than other groups.<sup>12</sup> Programs that address trauma can reduce costs by improving engagement and reducing inpatient and emergency department visits.<sup>13</sup>

### Focuses on staff support and wellness...

Working with first episode psychosis can be challenging. Staff as well as clients may have experienced traumatic events, and secondary traumatic stress can take a toll. By providing staff support and emphasizing self-care and resilience, trauma-informed approaches have the potential to increase staff satisfaction, lower turnover rates, and reduce burnout.<sup>14</sup> Using a trauma-informed approach also can strengthen the Coordinated Specialty Care team. When staff understand and recognize the consequences of trauma, they become more compassionate with each other and better team members.

## TOOLS FOR IDENTIFYING AND TREATING TRAUMA IN FEP PROGRAMS

- Validated measures for assessing trauma and PTSD exist and can be used in FEP programs.<sup>15</sup>
- There is growing evidence that PTSD can be effectively treated in people with psychotic disorders using interventions adapted from PTSD treatments developed for the general population.<sup>16</sup>
- Preliminary clinical practice guidelines have been developed for the treatment of co-occurring early psychosis and trauma-related disorders.<sup>17</sup>
- Commonly used interventions such as the NAVIGATE Individual Resiliency Training (IRT) Program address traumatic experiences and build resilience in the context of comprehensive FEP psychosocial treatment.<sup>18</sup>

<sup>12</sup> Walker, E. A., Katon, W., Russo, J. et al. (2003). Health care costs associated with posttraumatic stress disorder symptoms in women. *Archives of General Psychiatry*, 60, 369–374.

<sup>13</sup> Vartarian, K., Tran, S., Wright, W. et al. The Health Resilience Program. A program assessment. Portland, OR: The Center for Outcomes Research & Education.

<sup>14</sup> Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review*, 49, 54–61. Retrieved from [https://oregon.providence.org/~media/files/providence%20or%20pdf/core\\_health\\_resilience\\_program\\_report.pdf](https://oregon.providence.org/~media/files/providence%20or%20pdf/core_health_resilience_program_report.pdf)

<sup>15</sup> Material in this section is based in part, with permission, from the following publication: Loewy R. L., Niendam T., & Wadell P. (in press). *Assessing and treating trauma in team-based early psychosis care*, in *Intervening Early in Psychosis: A Team Approach*. Edited by Hardy, K. V., Ballon, J. S., Adelsheim, S., & Noordsy, D. L. Washington, DC, American Psychiatric Publishing.

<sup>16</sup> Hardy, K. V. & Mueser, K. T., Eds. (2017). Trauma, Psychosis and Post-Traumatic Stress Disorder. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>17</sup> Cragin, C. A., Straus, M. B., Blacker D. et al (2017). Early psychosis and trauma-related disorders: Clinical practice guidelines and future directions. In K. V. Hardy and K. T. Mueser, Eds., Trauma, Psychosis and Post-Traumatic Stress Disorder. *Frontiers in Psychiatry and Frontiers in Psychology*.

<sup>18</sup> Penn, D. L., Meyer, P. S., & Gottlieb, J. D. (2014). Individual Resiliency Training (IRT). A Part of the NAVIGATE Program for First Episode Psychosis: Clinician Manual.

## RECOMMENDED CITATION

Blanch, A. K., Hardy, K., Loewy, R., & Niendam, T. (2018). *Trauma, PTSD, and First Episode Psychosis*. Alexandria, VA: National Association of State Mental Health Program Directors.

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## ACKNOWLEDGMENTS

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under Contract No. HHSS283201200002I/Task Order No. HHSS28342002T with SAMHSA, U.S. Department of Health and Human Services (HHS). Jeanette Miller served as the Contracting Officer Representative. Monique Browning served as the Task Lead.

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