- **Consider this pathway if young person presenting with:**
  - Intrusive symptoms (flashbacks, nightmares)
  - Avoidant symptoms (places/people that remind of trauma
  - Hyper arousal symptoms (on guard to next trauma)

Trauma Pathway

	Assessment phase	Working phase	Preparing for discharge or transfer
Nursing	Discussion with young person about previous stabilisation /grounding skills learnt and what can be used on the ward. Introduce basic grounding techniques & distress tolerance skills.	Grounding and stabilisation care plans should be formulated for the young person that can be used on the ward and when the young person is on leave. Care plan & PBS should outline therapeutic boundaries to encourage a healthy rapport between staff & young person Care plan & any specific preferences, needs & triggers & how these can be managed on the ward. Sleep hygiene care plans and support should be implemented. Opportunities to use the sensory room should be offered. Liaising with families/carers/community teams.	As per the core pathway.
Occupational Therapy	Sensory screening to assess impact of trauma on arousal levels & physiological responses (ASH, SPM, ASP, Clinical Observations, Sensory Attachment Assessment).	Pairing sensory approaches with cognitive approaches to teach how to calm bodies & minds. Assisting to develop daily routine & structure to promote a sense of safety & control. Consider triggers for substance misuse if relevant. Promoting the use of distress tolerance skills including developing a personalised distress scale e.g. sensory ladder.	Consider factors which may trigger relapse & support predictability in the transition process via timetabling/ written materials to promote a sense of safety & control.
Psychological Therapies	Assessment of traumatic experiences, post trauma symptoms and comorbidities. Psychoeducational sessions with written and amination materials for young people and carers.	• **Safety and Stabilisation strategies** to bring down young person's arousal system e.g. FLASH • **Grounding techniques** to bring mind and body back to the present if the young person dissociates • **Resource building/ installation** to strengthen a young person's mastery of their emotions, of situations and relationships. • **Case conceptualisation** e.g. Ehler and Clarke PTSD formulation. • **Behavioural activation and exposure** graduated care plans to target avoidant behaviour and social withdrawal. • **Symptom reduction work** including a flashback diary and nightmare re-scripting • **Family therapy to include** psychoeducation / discussions around impact of trauma on family life & young person's support needs. • **DBT for CPTSD TF-CBT & EMDR** processing interventions to be offered if indicated and can be completed within the likely time of admission	Share trauma assessment (if young person consents) with family /community professionals. Recommendations to be made for ongoing trauma focused work from community mental health teams including processing treatments and family therapy.
Medics	As per the core pathway.	Prescribe NICE guidelines recommended medication if appropriate for post trauma symptoms Diagnosis of PTSD or Complex PTSD to be given if clinically indicated.	As per the core pathway.
Social Work	Clarification regarding the investigation status of the trauma should be gained, and the trauma should be reported to the relevant agencies if necessary. Assessment of any current risks related to the trauma should be made.	A relationship-focused and trauma informed response when recording, managing and sharing safeguarding information with carers and other agencies during assessments and treatments.	As per core the pathway.
Education	Consideration for managing & post trauma symptoms in class.	Use of Heartmath (bio-feedback system). Additional interventions may include exposure work to triggers, relaxation techniques, coping strategies, supporting future thinking. Implement strategies from Trauma Perceptive Practice framework.	As per the core pathway.

Care to be co-ordinated by ATP at SAC & Key Nurse at Poplar