

TSC plan for re-opening to referrals

The TSC re-opened to referrals from mid May 2021 in a limited way. We are a very small team with a waiting list of up to 3 years for treatment. The pandemic has caused delays in treatment for patients who have struggled with remote therapy or wearing a mask for face to face treatment, which has had a further impact on our waiting times. We have no capacity to case manage patients on our treatment waiting list.

Whilst a large proportion of service users in secondary care have histories of trauma and present with complex trauma reactions, not all of them are suitable for the TSC. We are a trauma processing service with an explicit focus on helping SU's address symptoms of PTSD such as flashbacks and nightmares using EMDR, trauma focused CBT and NET interventions. This requires a high degree of motivation to face memories which they have been avoiding and being stable enough to manage the distress associated with this work.

We only have capacity to offer up to a maximum of 5 assessment slots each month. SU's accepted for treatment will be placed at the bottom of our treatment waiting list and will be offered a slot when they get to the top of the waiting list.

We will therefore only be able to consider referrals meeting the following criteria:

Referral Criteria

- The person has experienced multiple/prolonged traumatic events and PTSD is the primary diagnosis
- They can identify clear traumatic memories which they want to process - these must include visual flashbacks and/or nightmares
- Clear motivation for seeking help now and willingness to talk about the past
- Can be seen remotely and open to receiving support with technology if needed or can tolerate being seen face to face wearing a mask
- No current self-harm or history of recurring crises in response to stress or history of not engaging or benefitting from an intervention focused on emotion regulation difficulties
- No crisis admission in the last 1 year or multiple contacts with crisis teams
- Abstinence from harmful alcohol/drug use which would interfere with treatment for at least 6 months and unlikely to relapse whilst waiting for treatment
- Stable housing (if temporary need assurance they will be housed there for duration of treatment) and housing and welfare concerns must not be a dominant concern
- No planned major health procedures which would interfere with treatment anticipated during course of therapy
- SU's who have already completed a full course of trauma focused treatment in the TSC or a similar service in another Trust in the past will not be eligible for re-referral.

Referral Pathway:

- See attached decision tree – the TSC does not accept direct GP referrals. Referrals come through iCope, practice-based teams and secondary care mental health services.
- Ideally, a referral should be discussed with a TSC clinician first to see if it is appropriate and likely to be accepted
- SU's must **NOT** be discharged from secondary care services until the TSC has completed the assessment and accepted for treatment.
- When making a referral, please consider other options in addition to the referral as you cannot assume that your client will be accepted for assessment /treatment.

Consultation/Joint assessments:

- We have some capacity to offer joint assessments and consultation to teams where there is need for clarification regarding treatment suitability or advice on management.

Other measures:

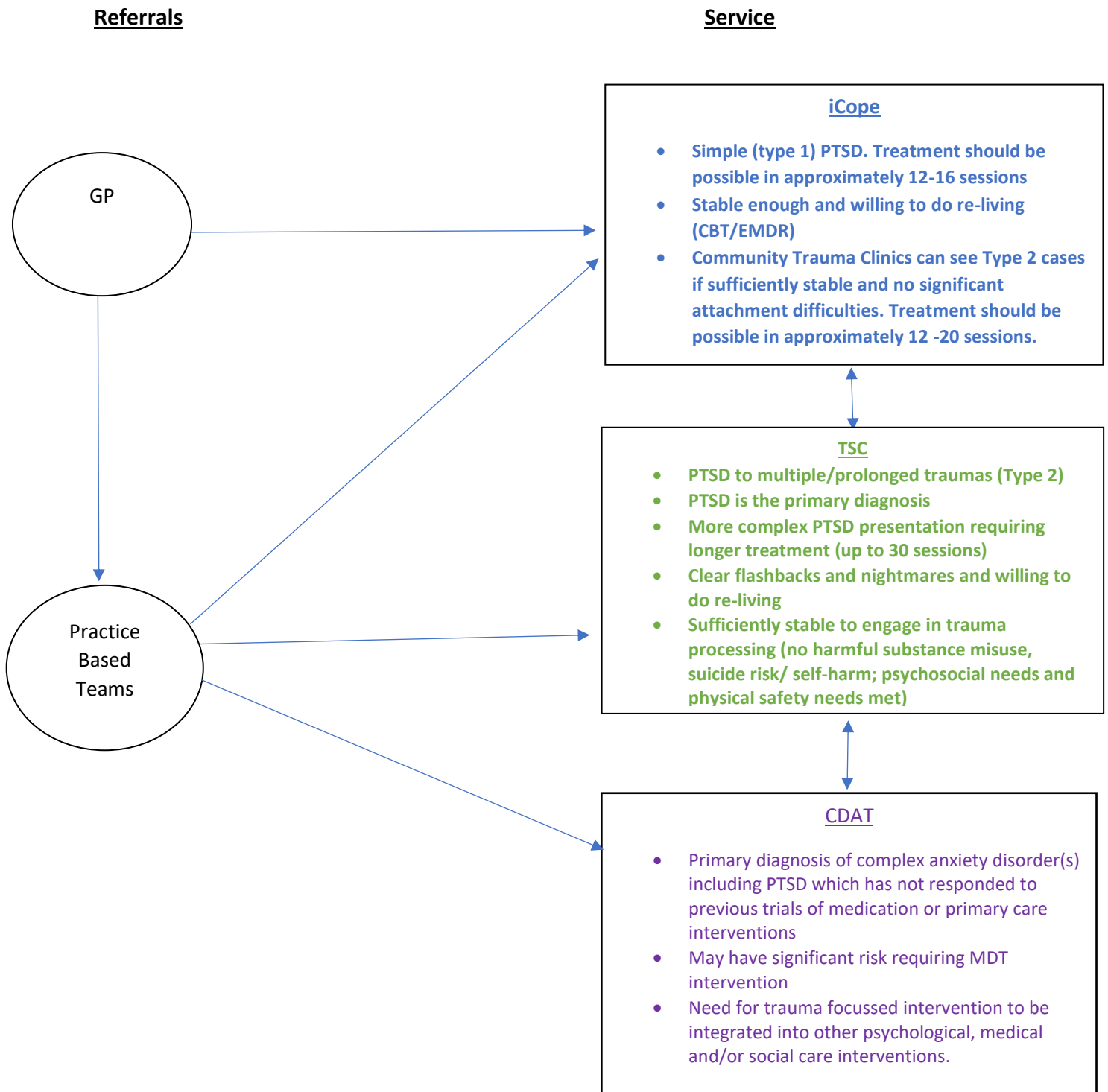
- We will no longer offer stabilisation/symptom management groups. Clients accepted for treatment will be offered a brief (1 – 2 sessions) symptom management intervention as part of their assessment
- The team will operate a very strict team review process at session 6, and at frequent treatment intervals thereafter. Anyone who is not engaging or benefiting from treatment will be discharged.
- We are reviewing all SU's on our current waiting list and considering alternative treatment options for SU's who are no longer suitable for the treatment we offer.

Review:

This will be reviewed after 3 months to ensure that referral numbers are manageable as it would be unsafe to build up an assessment waiting list.

This is an interim position based on our current capacity and will be further reviewed when the new core teams are in place. If the core teams offered symptom management/stabilisation interventions, this could potentially improve SU readiness to engage in trauma focused treatment, reduce length of treatment and improve throughput in the TSC.

Stepped Care Pathway for PTSD in Camden & Islington



Type 1 PTSD
Type 2 PTSD

Single incident trauma
Prolonged and repeated trauma usually in the context of an attachment relationship e.g. childhood abuse, organised violence, torture, trafficking, domestic violence.