* **Consider this pathway if young person presenting with:**
  + Unstable emotions and moods
  + Relationship problems
  + Impulsiveness
  + Confusion about self

**Assessment phase**

**Working phase**

**Preparing for discharge or transfer**

Introduce basic grounding techniques & distress tolerance skills

Sensory screening to assess impact of trauma on arousal levels & physiological responses (ASH, SPM, ASP, Clinical Observations, Sensory Attachment Assessment).

Attendance to DBT skills groups is essential. Young people to have committed to the DBT group programme (Longview/Poplar).

If an emerging EUPD diagnosis is given, extensive psychoeducation on the diagnosis should be provided (this may form part of DBT pre-treatment in individual DBT informed sessions).

Consider DBT informed individual interventions focused on reduction of life threatening behaviours and reinforcement of skilful coping behaviour. Pre-treatment sessions may be required initially to assess commitment and motivation.

Family Therapy Sessions are indicated when there is family crisis, family conflict, or reinforcing contingencies in the family. Sessions might include Double Chain Analysis, skills training and DBT Family Interventions. Parent/carer attendance to ward support group recommended. Parent/Carer to be invited to Re-Connect parent group wherever possible.

Consider factors which may trigger relapse & support predictability in the transition process via timetabling/ written materials to promote a sense of safety & control.

Focus on providing consistent and validating care, and reinforcing DBT skill use, on the ward.

Ensure a thorough PBS is in place if a young person is having multiple destructive incidents, particularly to help prevent reinforcement of incidents.

Nursing team to conduct chain and solution analyses with young people following incidents to help identify skill deficits & possible reinforces to incidents.

Ensure care plan contains interventions outlined in PBS as therapeutic.

Teaching & enabling the young person to take responsibility for & manage their self-harm (by self-cleaning & dressing wounds where appropriate) & encouraging this behaviour.

As per the core pathway.

Focus on facilitating a smooth discharge to the next therapist via providing a comprehensive handover.

If an emerging EUPD diagnosis has been given, or symptoms are particularly debilitating, & the young person has had multiple tier 4 admissions, community team to refer young person to local or national community DBT service.

Administer the MacLean screening questionnaire.

If meet threshold on the MacLean consider completing a SCID for (emerging) BPD assessment depending on age of young person and perceived usefulness of diagnosis.

Consider whether diagnosis of (emerging) EUPD / BPD is indicated.

Extended inpatient admissions are rarely indicated for young people with (emerging) BPD as their main presentation – consider a short crisis admission if this is the case.

Gather background information and history including requesting further information to support with referrals for further support with any unmet needs.

As per the core pathway.

Focus on distress tolerance skills including developing a personalised distress scale e.g. sensory ladder/ zones of regulation, building a distress tolerance /sensory box.

Support to access meaningful occupations to complement individual therapeutic work focused on building a ‘life worth living’ & a non-mental health identity.

Diagnosis & psychoeducation of emerging EUPD if clinically indicated.

Support with ongoing assessments, formulations and diagnoses including completing referrals for further assessments of support from Local authority for any unmet needs.

As per the core pathway.

As per the core pathway

As per the core pathway.

**Nursing**

**Occupational Therapy**

**Psychological Therapies**

**Medics**

**Social Work**

As per the core pathway

**Education**