**Supervision Tool Assessing Readiness for Trauma Therapy (STARTT): ACTION PLAN**

*Consider if there are any areas that MUST be prioritised first* ***(RED),*** *or if any additional work needed can be adapted or carried out in parallel with trauma therapy* ***(AMBER)****, or if an issue is present doesn’t require adaptations* ***(GREEN)****. The aim is to move to the trauma therapy (memory, meaning and management) work as soon as possible, as we know this is where the most change occurs. If additional work is required first or in parallel, please agree in supervision what needs to be done, how, and the timeframe for this to avoid any delays or therapist drift.*

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| **What is the specific concern in the following four categories** | **Detail the barrier affecting/complicating either:**  **1. Access to the trauma therapy**  **2. Motivation & readiness**  **3. The therapeutic relationship**  **4. The usual PTSD treatment** | **Is this RED, AMBER or GREEN? (Pre-supervision rating)** | | **Is this RED, AMBER or GREEN? (Post-supervision rating)** | **What is the specific plan for working with this barrier and the timeframe for doing this?** | |
| **1) PSYCHOLOGICALe.g., unusual experiences, emotion dysregulation, body/eating difficulties, depression, anxiety, behaviour problems, addiction/habit difficulties** | | | | | | |
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| **2) DEVELOPMENTAL OR PHYSICAL e.g., sleep difficulties, neurodivergence, developmental, physical disability, illness and pain, head injuries** | | | | | | |
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| **3) SOCIAL CONTEXT e.g. living situation, engagement with school/work, family difficulties, peer problems, legal difficulties, issues related to accessing help** | | | | | | |
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| **4) RISK e.g., risk to self; vulnerability from others; to others; risk taking behaviour.** | | | | | | |
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| **Strengths and CDI (Culture, Diversity & Identity) Considerations and Adaptations** | | | | | | |
| **Strengths and resources:** | | | **Culture, Diversity and Identity (CDI) Considerations and Adaptations:** | | | |
|  | | |  | | | |
| Therapist initials: | Supervisor initials: | Case name initials: | | Supervision Date: | | Future review date: |