Can the person tell you what is wrong?

**Yes**
- Have they been able to identify the issues, prioritise and make informed decisions about supports that would help?

**No**

Is it due to:
- **A communication issue** (e.g., thought disorder, psychosis)
- **Deliberate withdrawal of information**
- **Secondary gain**
- **Emotional distress** ‘The distressed patient’
- **Psychologically unaware** ‘The avoidant patient’

**Not understanding the issues**

Is it due to:
- Does the story make sense?

**Yes**
- ‘The informative patient’
- What are the developmental issues/personality factors?

**No**
- Acute stressor/social factors: Social (e.g., housing), financial, work, isolation

**Management**
Using a biopsychosocial framework, consider focused psychological strategies such as cognitive behavioural therapy or interpersonal therapy. If complex post-traumatic stress disorder, consider prioritising and managing symptomatology.

**Management**
Consider biopsychosocial therapies such as smoking cessation, alcohol cessation, pharmacotherapy.

**Management**
Consider psychological therapies such as smoking cessation, alcohol cessation, pharmacotherapy.

**Management**
Consider psychoeducation or family systems therapy if there are family dynamic issues. If these are inaccessible, most clinicians can provide supportive therapy.

**Figure 2.** Roadmap to recovery: A flowchart for the management of adult survivors of childhood trauma