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Nottinghamshire Healthcare **NHS**
NHS Foundation Trust

Centre for Trauma Resilience & Growth (CTRG)
Nottinghamshire Healthcare NHS Foundation Trust
The Mandala Centre
Gregory Boulevard
Nottingham
NG7 6LB

Tel. ++ 44 (0)115 8542225 (Internal - ext. 12025)



www.nottinghamshirehealthcare.nhs.uk/trauma

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Nottinghamshire Healthcare **NHS**
NHS Foundation Trust

Coping With The Effects of a Traumatic Event

Specialist Services



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Coping with the effects of a traumatic event

Introduction

Most of the time, our lives seem safe and predictable. Serious car accidents, criminal assaults, plane crashes, train accidents, natural and man made disasters and other sorts of traumatic events seem to happen to other people, not us. We often read about them in the papers, watch them on TV, but we do not expect to experience them directly ourselves.

Sadly however, any of us can also be the victims of sudden and unexpected tragedies or losses. They can, and sometimes do happen to us, or to people we are close to, and not just to other people in other places. If they do, we are likely to experience a range of unfamiliar feelings and reactions associated with the shock of the event and may have some difficulty in collecting our thoughts and handling our feelings about what has happened.

This leaflet is designed to outline some of the ways you might be feeling or reacting as regrettably, you or a loved one has been a victim of a traumatic event. It is meant to be a brief overview of what can be considered 'common' reactions to traumatic events and bereavement and will depend on what is common for a particular individual, couple or family at any given time.

Firstly, there are no 'right' or 'wrong' ways to react, and different people exposed to the same trauma may respond in quite different ways. Although your own experience will be unique and personal to you, this booklet will give you some idea of common reactions and how others have sometimes reacted in similar situations. We hope the information will help you to understand and handle any feelings of shock you may have, and will help you with the process of psychological adjustment and recovery.

How Do People Usually React After a Traumatic Event?

While most people involved in a traumatic incident will be shaken by what has happened, some adjust to their experiences with little or no apparent distress and emerge emotionally unscathed. This would be considered a quite common response. Sometimes people may in fact feel satisfied by the way that they have acted when faced by the traumatic event (for example if they have been able to help others who have been involved). Some survivors have for example, spoken of feeling euphoric or elated at the realisation they survived or that they were able to help others.

Other people, however, are shocked and stunned by the traumatic event, and have difficulty believing what has happened to them. In the days following an event, some people will feel confused, distressed and fearful, or experience other emotions or reactions which can themselves be unpleasant and worrying. Even though such reactions can seem strange, it is important to understand that they are also entirely common and understandable responses to severe stress and shock. In most cases the reactions (which are sometimes called an 'Acute Stress Response') are short-lived and pass after a few days or weeks. However, depending on the magnitude or meaning of the event and the possible constant reminders through the media, it may be common for these reactions to go on for longer than what can be considered a common time frame for psychological recovery. This will be discussed in more depth later.

Because they can be unfamiliar, it may be helpful to describe the feelings, emotions and behaviours sometimes experienced or displayed by victims (and sometimes also by relatives and those who have witnessed the event), in the hours and days and in some cases weeks following a traumatic event. These can include any of the following:

- Becoming jumpy** - easily startled by loud noises, sudden movements, etc.

Some Do's and Don'ts to Remember

- Do**
 - Express your emotions, take the opportunity to review the experience within yourself and with others, let your family share in your grief.
 - Express your needs honestly and clearly to your family, friends and managers and colleagues at work.
 - Take time out to sleep, rest, think and be with your close family and friends.
 - Try to keep your life as common as possible after the initial period of often intense acute distress
- Don't**
 - Bottle up feelings, avoid talking about what has happened, or let your embarrassment stop you giving others the chance to talk.
 - Expect the memories to go away quickly; they may stay with you for some time.
 - Forget that others will be experiencing similar feelings to you.

Whilst people often say that after a traumatic event 'Things will never be the same again...', to some extent this may be true but do remember that you are basically the same person that you were before the incident and that if you feel unable to cope with your feelings and reactions, support and advice is available.

CBT is conducted over a relatively short space of time, usually 8-12 sessions, over a period of months. It is an active and directive form of therapy, aimed at teaching individuals how to confront and eventually overcome their fears, avoidances and anxious thoughts. Techniques include challenging anxious thoughts, confronting feared situations in a graded way and diary keeping.

Other psychological techniques are also helpful. A technique known as Eye Movement Desensitisation and Processing (EMDR) and which is often included as part of CBT can be effective in dealing with many trauma symptoms. The technique will be explained by your therapist if they are considering its use. This is not a 'stand alone' technique and should be used as part of the course of CBT.

In many cases, it is common for people to suffer from low mood and depression and in these instances we would recommend that you discuss the possibility of taking a course of anti-depressants with your therapist, GP or counsellor. They may of course suggest this to you in the first instance if appropriate or if they feel that it is indicated. Please discuss this with them and do not be put off by some the stories you may have read or heard about taking such medication. If prescribed appropriately and monitored closely, anti-depressants are a safe and effective addition to psychological treatments such as CBT.

- ☑ **Sleep disturbances** - difficulty in getting off to sleep, restless sleep, vivid dreams or nightmares. At first these may be about the incident itself or the experience, but they can change to be less specific, where the content can just be unsettling or generally disturbing.
- ☑ **Intrusive memories** - intrusive thoughts/images of the traumatic incident, which can appear to 'come out of the blue', without any triggers or reminders. Other thoughts, images or feelings may be prompted by media triggers, sounds, a song or piece of music, the sound of water or people running.
- ☑ **Re-experiencing the event as if it were happening again** – this may feel as if the trauma is recurring all over again (these latter feelings may be accompanied by sensory perceptions such as taste, smell or touch).
- ☑ **Guilt** - feelings of regret, shame or embarrassment about not having acted or coped as well as you would have wished, about letting yourself or others down, about being in some way responsible. Other feelings of guilt may be present because you survived, whilst a friend or loved one died – again, this is a common phenomenon and is known as 'survivor guilt'.
- ☑ **Sadness** - feelings of depressed mood and tearfulness.
- ☑ **Anger** - at what happened, the injustice; "Why me?" at those you feel are responsible for some of the things that happened either during or after the event, wanting somebody to accept responsibility or blame.
- ☑ **Emotional numbness or blunting** - feeling detached or unable to experience any feelings of love or anger.
- ☑ **Withdrawal** - tending to retreat into yourself, avoiding company.

- ☑ **Disappointment** – thinking that people (including family) do not really understand how you are feeling.
- ☑ **Cognitive (mental) avoidance** – of thoughts and memories associated with the event.
- ☑ **Behavioural avoidance** – of activities, places, people and situations which remind you of the incident.

Cognitive and behavioural avoidance is very common in the early stages following exposure to a traumatic event and a certain degree of avoidance is adaptable and helps you cope and gradually come to terms with the experience, for example, not wanting to watch TV footage, talk about the experience etc in the early stages. However, this must be carefully monitored as if it continues for many weeks or even months it may lead to other problems and inhibit coming to terms with the event.

Physical Reactions

You may also have certain bodily sensations, with or without the psychological reactions described above. Many of these symptoms are signs of anxiety, tension, or stress. For example:

- ◆ Shakiness, trembling.
- ◆ Tension and muscular aches (especially in the head and neck).
- ◆ Insomnia, tiredness, lethargy and fatigue.
- ◆ Poor concentration, forgetfulness.
- ◆ Palpitations, shallow rapid breathing, dizziness.
- ◆ Gastrointestinal symptoms such as nausea, vomiting and diarrhoea.
- ◆ Disturbance of menstrual cycle or loss of interest in sex.

Other options are to seek support from organisations such as Cruse and Victim Support.

You may wish to seek help privately from a therapist or counsellor. Don't hesitate to ask them about their experience, qualifications and most importantly their experience of working with psychological trauma or traumatic bereavement. This is especially important if you are seeing them in the early stages after experiencing an event, say within the first 4-6 weeks. Also if you are seen within that time frame, ensure you are offered a follow-up appointment.

In addition, if you decide to pursue this as an avenue of help, it is acceptable to try out a few in order to find someone with whom you feel comfortable and safe.

What sort of professional help is the most effective?

There are many forms of 'talking therapies' and you should ask your therapist or counsellor to describe and explain the type of therapy they offer, what it involves, how long it will last and most importantly what is the research evidence for the effectiveness of the type of intervention they are proposing.

Many types of therapy can be helpful, but if you are experiencing a marked and prolonged reaction i.e. the feelings and reactions mentioned above have become progressively worse or the common support mechanisms are becoming ineffective, then research suggests that a type of psychological therapy, known as Cognitive Behavioural Therapy (CBT) can be very effective. It is especially effective for the treatment of psychological trauma or a condition known as Post Traumatic Stress Disorder (PTSD).

If you are suffering from PTSD, then talking about the problem will help, but only up to a point.

Important Points to Remember

- ◆ If you have experienced a personal loss as a result of the incident, then this recovery may take considerably longer e.g. months, sometimes years.
- ◆ In addition, changes in outlook and attitude towards others and the world are common; these may be lasting and will fluctuate over time, but in most cases they are for the better and the effects are positive. However, if they are becoming problematic, confusing or distressing they can be addressed with professional help.
- ◆ Anniversaries will be coming up, as will be birthdays and other memorable occasions. Whilst these will be distressing, try and commemorate them in your own way. Inevitably there may be family tensions and disagreements (this is very normal!), aim for compromise and agree to differ. If needs be, hold separate small personal ceremonies.

Where To Seek Professional Help

If you wish to find out more about the availability of confidential counselling you should in the first instance approach your own G.P, who will be able to advise you on options and put you in touch with someone who can help. This may be:

- ◆ A counsellor in the GP surgery
- ◆ A mental health professional from the local community mental health team (psychiatrist community mental health nurse, social worker, psychologist, specialist therapist or occupational therapist)
- ◆ Some areas have specialist trauma and bereavement services and these can be accessed by your GP
- ◆ If there are no specialist services locally, your local Primary Care Trust (PCT) can fund you to attend specialist services for assessment and treatment in another part of the country.

Impact on Relationships

In many cases a shared sense of adversity or loss can bring people closer together, help create new bonds or strengthen relationships. Although family and friends are usually understanding and supportive, the experience of trauma and bereavement can sometimes place strains on relationships. You may feel that too little, or the wrong sort of help and support, is offered or that others do not appreciate what you have been through and expect too much of you. Sometimes, when relationships become strained, there is a tendency for people to rely on drink or drugs as a means of coping.

Families

In cases where families have been bereaved, it is worth pointing out that different members of the family may and can grieve at different times and in different ways. It will depend on a variety of factors, such as individual relationships with the deceased, whether or not the person's death was witnessed by their family or family members, individual coping styles and previous individual experiences of bereavement.

The Effect of Traumatic Injury and Coping Responses

'Traumatic' injury usually refers to injuries which have been sustained in circumstances which are sudden, unexpected, often violent and sometimes life threatening e.g. road traffic collisions, industrial accidents, workplace violence and transportation accidents. These may involve multiple fractures, serious lacerations and amputations. Serious injuries can impact on psychological recovery. This can happen because of the repeated visits to hospital for surgery, physiotherapy and other treatments. It can also impact upon work and employment prospects and also affect levels of social and leisure activity. On occasions 'enforced avoidance' because of practical reasons can lead to further problems later.

The individual can experience a loss of confidence and self esteem as a result. Sleep patterns alter because of the loss of routine and activity. Irritability, frustration and low mood are common problems. Therefore, by understanding these reactions as being a 'common' process brought about by their circumstances, you can start to consider ways of tackling difficulties when they arise.

Is The Way I'm Feeling and Reacting Common?

It is again important to emphasise that there are no right or wrong ways to react after a traumatic experience or bereavement. Everyone's reactions will be individual and not everybody will experience all of the feelings described above, nor experience them to the same degree.

Your reactions will vary from those of other people for a number of reasons, including differences in personality, in ways of expressing emotion, and in styles of coping. People also vary in terms of their previous experiences of adversity or trauma, as well as in the extent to which there are existing stresses and strains in other areas of their lives. The exact nature of the traumatic event and of your experiences as it happened will also make a difference – feelings of distress may be particularly pronounced because the incident was completely extraordinary and unexpected, it was also extremely violent, you may have seen people who were dead, dying or injured. If you were seriously injured, this can also effect your reactions, by numbing or delaying the psychological impact, though this is often helped by following some of the 'do's' and 'don'ts' below.

While most people will have at least short-lived feelings of shakiness, jumpiness, anxiety or anger, your own response may therefore involve none, a few, several or most of the features of an Acute Stress Reaction. Similarly your responses may be 'mild' or more intense.

If however, in the immediate aftermath and following days you do have intense or unpleasant physical reactions, sleep disturbance, intrusive memories, feelings of fear or guilt, or other reactions of the type described above, it cannot be over-emphasised that these are entirely common reactions to abnormal events and in most cases are not long-lasting.

You should not feel frightened or embarrassed about their occurrence, or worry that they are in any way abnormal or signs of weakness. Expression of feelings related to the incident will not lead to loss of control and in most cases will in fact help you come to terms with what has happened.

When To Seek Professional Help

It is important that you allow yourself to talk to your family or friends about your experiences and feelings at the earliest opportunity. If, however, some of the common reactions described above are particularly intense and distressing, or if they persist or have persisted for a long time (for more than about 6 to 8 weeks), it is advisable to seek professional help. Some of the pointers which suggest you should consider asking for help include:

- ☑ If you feel that you are overwhelmed by and cannot handle intense feelings and bodily sensations.
- ☑ If you have no one to share your emotions with and you feel the need to do so.

If, now 6 months after the incident:

- ☑ You continue to feel numb and empty, or have persistent feelings of tension, confusion, exhaustion, or other unpleasant bodily sensations.
- ☑ You have to keep overactive in order not to focus on your feelings.
- ☑ You continue to have intrusive thoughts or recollections of the traumatic experience.
- ☑ You continue to have nightmares or poor sleep.
- ☑ Your relationships seem to be suffering badly, or sexual problems develop.
- ☑ You are drinking to excess.
- ☑ Your work performance suffers, you make mistakes or you have accidents associated with poor concentration.

Over-activity or excessive use of distraction can, for example, be unhelpful if it prevents you confronting the reality of the event.

Your recovery may be delayed if you suppress your feelings too much or for too long (numbness), or if you become preoccupied with repeated thoughts of the event. Gradually confronting the reality of what has happened, accepting support from others, and talking through your feelings are particularly important ways of gaining emotional release and coming to terms with your experiences.

Who Should I Talk To?

Generally speaking it is 'good to talk' about your reactions and feelings about what has happened. In the main it is probably best to talk to people who you know, trust and feel comfortable with - usually this will be with members of your family or with close friends.

Sometimes however this may not be possible - you may be away from your family and friends, your family or friends may themselves have been involved, or you may find it difficult to talk about your feelings within your family (because you do not wish to upset them, or because relationships are strained). If this is the case you might find it helpful to talk to colleagues at work, to your G.P, a member of the clergy, or seek professional mental health advice and support – details of these are included at the end of the booklet.

Remember though that you do not 'have' to talk to a counsellor or therapist if you don't want to, and that where possible it is usually enough to draw upon usual forms of support, your family or significant others.

Some useful strategies are as follows:

- ☑ Establish a routine as soon as possible
- ☑ Draw up an activity schedule for each week and if necessary break each day into one hour time slots
- ☑ Don't be over ambitious at the start, pace yourself, a little is better than too much
- ☑ Don't sleep during the day – keep a sleep diary
- ☑ Think of things you used to like doing, but are not able to do now
- ☑ Think of things you have perhaps always wanted to do, but never had the time to try
- ☑ Incorporate these into your schedule for the week, be practical, don't overdo it, start with 10 – 15 minute periods – don't attempt activities for unreasonably long periods e.g. An hour or more – you'll set yourself to fail!
- ☑ Be consistent; Remember! It is better to do something, for a brief period of time than nothing at all!

The Process of Recovery

Just as there are many common ways of reacting to traumatic experiences, so too there are many ways of dealing with the impact of these events. One way of understanding this, is to consider the following analogy.

When someone is exposed to, or experiences a traumatic event, they experience a range of thoughts and emotions which they are unable to deal with, or make sense of at the time of the trauma, for various reasons. For example, they may be frightened, in pain, worried about loved ones, shocked or numb. As a result, these thoughts or emotions are often hurriedly packed in an imaginary bag and taken away with them from the scene of the trauma. However, this 'emotional luggage', because it has been badly

packed, may frequently burst open from time to time or when it is 'knocked against' something. This is often experienced as distressing thoughts, images and feelings, which they have tried to push out of their mind because they find them so upsetting. Common examples would be when they are exposed to situations or events which resemble aspects of the trauma or the trauma itself.

What most people do over time is unpack and repack the bag thereby helping them to come to terms with and make sense of their traumatic experience. Inevitably there are things they have to keep, for example the traumatic experience. Eventually they will be able to dispense with some items e.g. guilt and anger and re-arrange others, this might involve having different perceptions of their experience. The aim is to eventually, be able to carry the bag without it bursting open unexpectedly and that you can open it and view the contents at any time without undue distress. In addition, because this act of 'bursting open' is happening much less frequently, the bag becomes hardly noticeable. However, whilst the unpacking and repacking is a painful process, this becomes easier over time.

Ways of facilitating this process are discussed below.

'Natural' forms of self protection

Some of the reactions to trauma are themselves ways of protecting a person and of coping with distressing experiences. These include:

Numbness

You may find that initially your feelings seem blocked off and that the event seems very distant or dream-like. This can be a way of allowing the distress of the incident to be felt only slowly and gradually. Others around you may (wrongly) think you are 'unfeeling' or 'being strong'.

Going over the event

Letting the experience enter your mind and thinking about it can allow you to try to make sense of what has happened.

Things You Can Do To Promote Recovery

Accessing and accepting support from others

It is very comforting to receive physical and emotional support from other people. It is important not to reject support by trying to appear strong, or trying to cope completely on your own. Talking to others who have had similar experiences, or understand what you have been through, is particularly important - it can allow you to release pent up feelings and enable barriers to come down and closer relationships to develop. Some friends may be reluctant to push their support forward even though they would like to help - do not be afraid to ask and say what you want. Research has shown that social support and community networks are important and can facilitate psychological recovery.

Taking time out for yourself

In order to deal with your feelings, you will however at times find it necessary to be alone, or just be with close friends or family.

Confronting what has happened

Confronting the reality of the situation, e.g. by talking to a friend, will help you come to terms with the event.

Staying active

Helping others, keeping busy, maintaining usual routines where possible and distracting yourself through other activities can give some temporary relief.

Returning to your usual routine

It is usually advisable to return to your usual routine as soon as possible after the event in order to avoid incubation and magnification of fear while away from the situation.

All of the above can prove very helpful and make your experience easier to bear. However, over-use of some coping mechanisms can be counter-productive and even detrimental if they divert you away from getting the help and support you need.