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NHS Foundation Trust

Coping with the Effects of a Traumatic Event



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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 happen to us, we are likely to experience a range of unfamiliar feelings and reactions associated with the shock of the event and we 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.

It is meant to be a brief overview of what can be considered 'common' reactions to traumatic events.

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 the thoughts and feelings you might experience.

How Do People Usually React After a Traumatic Event?

While most people involved in a traumatic incident will be shaken by what has happened, many will 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, may not be so fortunate and can be shocked and stunned by the traumatic event and have difficulty believing what has happened to them.

In the days following an event, people will feel confused, distressed, angry 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.
- 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, or cues which prompt memories of the event such as sounds, sights or smells.
- Re-experiencing the event as if it was 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 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. This is a common phenomenon and is known as 'survivor guilt'.
- Sadness - feelings of depressed mood and tearfulness.
- Anger - at what happened to you or anger at those you feel are responsible for some of the things that happened (either during or after the event).
- 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.

Avoiding thoughts about the event and avoiding places which are a reminder of the event are a common reaction.

A certain degree of avoidance may help 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

Impact on Relationships & Families

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 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. 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.

This 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.

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.

All reactions will be individual and not everyone 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 when the incident was completely extraordinary and unexpected or when it was extremely violent.

If you were seriously injured, this can also affect your reactions, by numbing or delaying the psychological impact, though this is often helped by following some of the 'dos' and 'don'ts' on page 19.

While most people will have at least short-lived feelings of shakiness, jumpiness, anxiety or anger, your own response may 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 in the 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 overemphasised 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.

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 be removed 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 at times find it necessary to be alone, or just be with close friends or/and 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 can be helpful.

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.

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 and 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.

When someone is exposed to or experiences a traumatic event, they experience a range of strong thoughts and emotions which may be difficult to make sense of at the time.

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. However, eventually they will be able to dispense with some items e.g. guilt and anger and re-arrange others such as looking at the event from a different point of view.

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.

Whilst initially the unpacking and repacking is a painful process, this becomes easier over time.

Ways of helping with the process are discussed below.

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.

Over-activity or excessive use of distraction can, for example, be unhelpful if it prevents you thinking about what happened. 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 your feelings about what has happened. In the main, if possible it is probably best to talk to people who you know and with whom you feel comfortable with.

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 GP, 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. Where possible it is usually enough to draw upon usual forms of support, such as from your family or significant others.

Important Points to Remember

- If you have experienced a personal loss as a result of the incident, then recovery may take considerably longer.
- 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.

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, 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

What sort of professional help is the most effective?

There are many forms of 'talking therapies' and you should ask the therapist or counsellor to whom you have been referred 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. 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 Reprocessing (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.

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.

Some Dos and Don'ts to Remember

Do

- Express your emotions, take the opportunity to review the experience yourself and with others. 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 settled as possible after the initial period of often intense acute distress.

Don't

- Bottle up feelings
- Avoid talking about what has happened
- 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.

For further information please contact

Lancashire Traumatic Stress Service

18 Euxton Lane, Chorley, Lancs, PR7 1PS

Telephone: 01772 647071

www.lancashiretraumatic stressservice.nhs.uk

Email: LTSS@Lancashirecare.nhs.uk

Other sources of information:

The Wellbeing and Mental Health Helpline

This provides an information and listening service for people in Lancashire. It is available between 7:00pm and 11:00pm Mondays to Fridays and from 12:00 noon until 12:00 midnight on Saturdays and Sundays. **Freephone: 0800 915 4640.**

Hearing Feedback Team

If you would like to share feedback on your experiences with us, please contact the Hearing Feedback Team on: **01772 695315, freephone: 0808 144 1010** or email: **hearing.feedback@lancashirecare.nhs.uk**

Contacts and social media:

☎ **01772 695300** ✉ **communications@lancashirecare.nhs.uk**

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এই ডকুমেন্ট অনুব্রোখে বাংলায় পাওয়া যায়।

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Date Produced:
March 2019

Review Date:
March 2021

Leaflet Code:
LAN15

Name of Leaflet:
Coping with the Effects of a Traumatic
Event