



What's going on in our beautiful minds?
Only we know.
So be brave and let someone in.
Don't let the past beat you.
Fight back and survive.

Taylor Nixon-Lawler
Service user

Forensic services

Post-traumatic stress disorder (PTSD)

A self-help guide for patients

What is a traumatic event?

A traumatic event is an event which is or could be perceived as a threat to life, serious injury or sexual violation.

You can be affected by a traumatic event in different ways, for example if you:

- are a victim
- are an eye-witness
- learn that a traumatic event occurred to a close family member or friend
- are repeatedly exposed to details of traumatic events, such as hearing someone talk about traumatic experiences

Most people feel upset, have bad dreams and cannot get bad memories out of their minds for a few days or weeks after the event.

Some people who experience a traumatic event develop longer-lasting problems, including post-traumatic stress disorder (PTSD).

What is post-traumatic stress disorder (PTSD)?

People who experience PTSD may experience some of the following:

- re-experiencing symptoms such as nightmares and sudden vivid images (it feels as if it's happening now), racing heart, feeling anxious for no obvious reason and even experiencing aches and pains
- avoidance, for example not talking about the event, avoiding people, staying away from certain things or places and not reading or watching television about certain events which are reminders of the traumatic experience
- feeling numb
- feeling unable to relax, for example having trouble sleeping, feeling angry, being alert to danger and not being able to concentrate

PTSD affects not only the individual but also the people around them, such as family and friends.

How PTSD can affect your memory, thinking and behaviour

Traumatic memories are stored differently in the brain to normal memories. They have no time or context attached to them, which can mean the brain thinks the event is happening here and now.

Memories are often patchy, jumbled up and difficult to put into words. Even a small trigger (for example, a certain smell or a look somebody gives you) can activate a whole network of memories, including images, sounds, body sensations and smells.

Traumatic events can lead to unhelpful or unrealistic beliefs and thoughts both:

- during the time of the event (for example, *"I am going to die"; "I am going to get seriously hurt"*)
- after the event (for example, *"It was all my fault"; "I can't trust anyone"; "Nowhere is safe"; "I'm a bad person"*)

To manage these symptoms and thoughts people use different coping strategies. Some of these, such as avoiding close relationships or using drugs or alcohol, can seem to work well in the short-term but keep the trauma memories stuck and frozen in time.

Why do some people get PTSD and others don't?

Anyone who has experienced a traumatic event can develop PTSD. The more traumatic events somebody experiences, the more likely they are to develop PTSD.

People are also more likely to develop PTSD depending on the type of event they experience. Events involving people, such as rape, childhood abuse and war, are more likely to lead to the development of PTSD than natural disasters like tsunamis and earthquakes.

The more traumatic events somebody experiences, the more likely they are to develop PTSD.

Social support can help protect from developing PTSD and help with recovery.

Do people get better?

A majority of people get better, but may need some professional help with recovery.

People who have had more than one traumatic event, and especially if traumatic events happened in childhood, can get a lot better, but not always completely.

The severity of symptoms can vary over time. They usually get worse around the anniversary of the trauma or when people are stressed.

Recovering from PTSD

Managing unwanted images and flashbacks

- The more you try and block out an image, the more you will end up thinking about it. Instead, notice that it happens without attempting to change it: watch it like a train passing through a station, or leaves floating on a river.
- Try and identify any triggers. This can make the experience seem less frightening because you understand better why it happens.
- A flashback occurs when your brain believes the past is happening in the here and now, so try to pull yourself back to the present.

You can do this by focusing in detail on what is around you using:

- **sight** - what you can see in your room or on the corridor
- **sound** - what you can hear around you right now, for example, keys, doors banging, music
- **smell** - what your toothpaste smells like and what food you can smell coming from the dining room
- **touch** - what you feel on the soles of your feet and what the texture of the chair you're sitting on feels like

Focus on how these things are **different** to your past traumatic experiences.



Focusing on what you can see around you in your bedroom or on the corridor might help bring you back to the present.

Managing your ruminating (worrying a lot) about the traumatic event(s)

Ruminating is very common but the more you worry, the more you end up going round in circles which can make your flashbacks worse.

- Try to notice when you are doing it.
- Try and find answers to the questions which have answers (for example, ask for your medical records if you want to know details of your injuries after an assault).
- If you are unable to get an answer, or if there are no easy answers (like asking, “*why me?*”), then try distraction.
- Distract yourself by doing something that involves making your brain work hard so it has no space to ruminate. For example, play a game with another patient, arrange to go to the gym, read a book, do a puzzle or write a letter.





Managing your nightmares

- Check your room for possible reminders of past traumatic events and make changes to these things so that they are different to the past. This might include the way the light falls, certain television programmes and the way your bed is made up.
- Arrange your room so that you can easily see things that remind you that the traumatic events are not happening anymore. Try putting pictures on the wall, having a calendar and keeping the curtains slightly open for some light.
- If you wake up due to a nightmare, do something that will remind you it was only a dream. This might include looking around the room and at the things you have put on your wall, scrunching up a piece of paper or having a warm drink (try to avoid caffeine drinks and cigarettes though as these will keep you awake).

Helping the brain to process the memories

This is often seen as the scariest part, as it involves putting your experiences into words. It can be done in different ways:

- You could write down in detail what happened.
- You could talk to a friend, family member, staff member or a chaplain. It may not be appropriate to talk to other patients.
- In therapy you might be asked to deliberately relive or re-experience what happened.

Processing your memories in this way is not the same as providing a report, for example for the police or for solicitors. It is about your personal experiences, not about facts. The aims are to:

- put your memories in order
- link them to the time and context they belong to
- step back and question your beliefs and thoughts associated with the traumatic events

This helps to put the traumatic memories in the place where normal memories are stored.

The memories won't go away, and you may still feel sad or angry thinking about them, but they will no longer feel as intense and will be easier to manage.

Managing unhelpful and unrealistic beliefs and thoughts

- Try to identify what you were thinking at the time of the traumatic events, for example *"I will die"* or *"I will get seriously hurt"*.
- Try to identify what you started to believe after the traumatic events, for example *"I am weak because I can't cope"*; *"I am a bad person"*; *"It was all my fault"*; *"I can't trust anyone"*.
- Question your beliefs and thoughts. Are they accurate? What is the evidence for them?
- Ask yourself how you might see things if this had happened to another person.
- Try and link the more accurate beliefs into your memories of the traumatic events.
- If you are certain your beliefs and thoughts are realistic, or if you are unable to remember or find out more detailed information about the event, try and accept what happened and what you think.
- If you have done something that you now regret, this does not mean that you are a bad person. Think about how you could make amends for what has happened.

- Think about how you can use your experiences in a constructive way, for example by doing volunteer work, writing a letter of apology and making future plans, using what you have learnt from your experiences.

Getting the rest of your life going again

- Test out your thoughts and fears once you have questioned them. For example, instead of staying in your bedroom for fear of being attacked, go to the television room and talk to somebody you trust a little.
- Start doing things you used to enjoy, or try something new such as going to the gym, joining an occupational therapy group, applying for an education course or applying for a job, either on your ward or elsewhere.
- If you have not been in contact with others, think about who you would like to be in touch with again, for example family members or friends.
- If you are close to your discharge date, start planning what you would like to do next.



Words associated with PTSD and recovery.

Other sources of help

If you want to read more about PTSD or other mental health problems, have a look on the internet or go to the public library. You can also talk to a member of staff or ask them to help you find more information.

Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the Patient Advice and Liaison Service on freephone 0800 328 7971.

Please note:

The advice and information contained in this booklet is the best we can give based on research evidence and clinical experience at the time of writing. However, the author cannot know the individual circumstances of readers, and therefore cannot accept liability to readers or others for the consequences of following this advice.

If you are in any way uncertain about the best course for you, you should consult your doctor or mental health professional for an individual assessment of your needs.

The content for this leaflet was provided by Dr Claudia Koch, principal clinical psychologist, and was adapted from Martina Mueller, [Recovering from Post Traumatic Stress Disorder](#) (Oxford Cognitive Therapy Centre: 2007).

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If you need the information in another language or format please ask us

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