

Helping PTSD and Complex PTSD

Information on assessment, treatment and practical advice for individuals, partners, families and friends

NCMH

National Centre for Mental Health
Canolfan Iechyd Meddwl Genedlaethol



Straen
Trawmatig
Cymru

Traumatic
Stress
Wales

Helping people with PTSD and CPTSD



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

Common reactions to traumatic stress

Many people who have experienced a traumatic event will experience some traumatic stress symptoms in the first few weeks, but most people will recover without developing Post-traumatic Stress Disorder (PTSD).

Certain types of traumatic event are associated with a higher risk of developing PTSD, and other factors such as having good social support around you are associated with a lower risk of developing PTSD.

Tips for people who have been through a traumatic event

- Give yourself time and space to acknowledge what you have been through, and the strong emotional reactions that you are having.
- Avoid being self-critical about the problems that you are having. Many people experience similar problems, and it is not a sign of weakness.
- You may be tempted to withdraw from social activities and your loved ones, but it's important to stay involved with the people who care about you. Support from other people is vital to your recovery from traumatic stress.
- Avoid using alcohol and drugs to make you feel better. Although these may make you feel better in the short term, it can cause serious problems for you and your loved ones. They can also worsen symptoms and interfere with treatment.

- Try to be healthy. Do what you can to eat a balanced diet and get some regular exercise – even if it's just going for a walk.
- Stick to normal routines as much as possible. If you have problems with sleep try to keep to a regular time when you wake and get up, and avoid caffeinated drinks after 4pm.
- Set yourself small daily goals and challenges to confront the things that you avoid.
- Remember the strengths that you have. It's important to remind yourself that you have strengths and coping skills that can get you through tough times.
- Don't be afraid to seek help. Discuss your problems with someone that you can trust. Make an appointment to see your GP. There are a range of treatments that may be able to help you.

Tips for partners, families and carers

- Try to be patient and understanding with the person who has been through a traumatic event.
- Avoid being critical of how the person is coping. Remember that they have been through some extremely distressing experiences.
- Try not to take symptoms like emotional numbness, anger, and withdrawal personally. If the person who has been through a traumatic event seems distant, irritable, or closed off, remember that this may not have anything to do with you or your relationship.
- Don't put pressure on the person who has been through a traumatic event to talk about their experience, but do allow them time and space to talk about it if they want to.
- People who have been through traumatic events sometimes feel hopeless or ashamed of how they are coping. Try to help the person to recognise their strengths and positive qualities.
- Try to encourage the sufferer to establish normal routines; this helps to restore a sense of order and control in their life. Help them to start with small daily goals and to recognise each success.
- If they haven't done so, try to encourage them to seek professional help. A good place to start is discussing things with your GP.

Getting help

A person might have PTSD if a month has passed since the trauma and they are struggling with:

- distressing memories, feelings or nightmares of
- avoiding thinking, remembering or reminders of the trauma
- still feeling in danger after the trauma.

Please read our **Understanding Post-traumatic stress disorder (PTSD) and Complex Post-traumatic Stress Disorder (CPTSD)** leaflet for more information on what this can look like.

The first important step is to get in touch with their GP surgery and arrange an appointment to talk about their symptoms.

People who have been through a traumatic event are often anxious about having an assessment to talk about their trauma; it is important to know that lots of details about the traumatic event are not necessary to go into at the first visit, or indeed until you are ready, and that the assessment will focus more on their symptoms and how the trauma is affecting their life and relationships.

Remember that PTSD and CPTSD are treatable, and that you will be understood, supported and cared for by health professionals who will be able to discuss with you the best available treatments.

Treatments for PTSD and CPTSD

PTSD and CPTSD are mental health conditions, and like any other mental health condition they can be very complex.

We need to be aware of and be able to treat all the factors in someone's life that might be contributing to their condition in a positive or negative way.

We break these down into social, psychological and biological factors.

Social factors are things like whether a person with PTSD or CPTSD has a safe place to live that is free from ongoing danger or risk of sudden change, access to financial support to make sure their basic needs are being met, and that they have a social network of support around them via friends, family or the wider community.

These social factors are the most crucial things to address first, where necessary.



Once social factors are as good as they can be, there are several treatment approaches that are supported by research evidence as being effective in helping PTSD and CPTSD; psychological factors are things that can be treated with talking or psychological therapies, and biological factors are things that can be helped with medications.

Psychological therapies are the most effective treatments for PTSD and CPTSD.

Some people choose not to access psychological therapies, or are unable to access them.

They may also have tried psychological therapies and found that they have not helped them as much as hoped; they may also be on a waiting list and wish to start medication before therapy.

Therefore, medications can be a really helpful alternative, or addition, to psychological therapies.

Psychological therapies

There are some really effective psychological therapies available for treating traumatic stress.

Psychological therapies are talking therapies which are usually delivered to a person with PTSD via a therapist over 60-90-minute weekly appointments over 8-16 weeks.

Often longer courses of therapy are needed to help people with CPTSD because of the broader range of longer-lasting and pervasive symptoms they experience.

The first few sessions are spent building up therapeutic goals and trust, understanding more about their condition and its symptoms and ensuring the person with PTSD or CPTSD has skills to help manage their symptoms before the trauma is focused on.

Homework is usually set at the end of each session for the person to complete before the next session. Examples of effective psychological therapies for traumatic stress are Eye Movement Desensitisation Reprocessing (EMDR) and Trauma-focused Cognitive Behavioural Therapy (CBT-TF).



In EMDR, or eye movement desensitisation and reprocessing, you bring to mind a traumatic event whilst using eye movements to stimulate the left and right parts of brain.

This can really help to reduce the emotional and physical distress associated with the memory, and helps to change your most upsetting beliefs about yourselves and the traumatic event. Trauma-focussed CBT is another very effective approach, which helps change the meaning of the trauma memory and its impact.

Common elements across trauma therapies are addressing trauma-related beliefs, such as challenging the belief that the world or a situation will always be dangerous because of the traumatic event.

Engaging with and activating the traumatic memory, such as actively turning towards the avoided trauma memory and exploring all aspects of it in a safe and controlled way, and addressing avoidance in other experiences, such as learning how to overcome avoiding situations and reminders of the trauma in daily life.

The trauma-focussed work can be difficult, but the vast majority of patients who attend their sessions and complete their homework tasks will see an improvement in their symptoms.

Unfortunately, waiting lists for psychological therapies can be long and patients may need ongoing support from their GP or Community Mental Health Team whilst they are waiting.

People with PTSD and CPTSD may be offered treatments that do not focus on their traumatic event first but instead can help them develop emotional safety and stabilisation first.

Another new type of treatment is called Guided-Self-Help (GSH) which uses web programmes based on cognitive behavioural therapy with a trauma focus. GSH is an evidence-based intervention for people who have mild to moderate PTSD following a single traumatic event.

A therapist will meet with a patient to introduce them to the computer-based application and then guide them through the application as the patient completes trauma-focussed tasks in their own time.

Medication

The antidepressants paroxetine, sertraline, fluoxetine and venlafaxine, and the medication quetiapine can reduce the overall severity of PTSD symptoms. A medication used for high blood pressure called prazosin can also help PTSD symptoms, in particular it can help with nightmares.

Medications are taken as a daily tablet over the course of months and longer. It can sometimes take 6-8 weeks and medications, if tolerated, often need to be taken at higher doses for the best effect.

If one medication or combination has not worked, others can be tried; the Cardiff Post-Traumatic Stress Disorder Prescribing Algorithm has been created to aid doctors and patients in deciding what medication choices are best for them.

Useful websites

■ Traumatic Stress Wales

Traumatic Stress Wales is funded by Welsh Government and aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD)

traumaticstress.nhs.wales/

■ National Center for PTSD

Tools and information to help with a range of PTSD related symptoms and problems

ptsd.va.gov

■ NICE

Information on recommended treatments and downloadable leaflets

guidance.nice.org.uk/CG26

■ Royal College of Psychiatrists

Information about PTSD with versions in other languages.

Search PTSD from the homepage

rcpsych.ac.uk

■ All Wales Veterans Health and Wellbeing Service

Support for military veterans and those trying to help them

veteranswales.co.uk

■ International Society for Traumatic Stress Studies

Information and resources for the public, for professionals and those involved in research.

istss.org

Help with our PTSD research

The National Centre for Mental Health (NCMH) is working to better understand PTSD. The aim of our research is to improve diagnosis, treatment and support for the future.

But to do this we need **your** help.

Helping with our research is easy - it involves completing an online survey which should take around 10-15 minutes to complete. It asks questions about your:

- personal information, like date of birth and ethnicity
- mental and physical health
- lifestyle

To take part, visit www.ncmh.info/help or contact us:



info@ncmh.info



/walesmentalhealth



029 2068 8401



@ncmh_wales



youtube.com



@thencmh

Produced by the National Centre for Mental Health.

The information in this leaflet is correct at the time of printing. Printed September 2022.

NCMH is funded by Welsh Government through Health and Care Research Wales.

Mae'r wybodaeth hon hefyd ar gael drwy gyfrwng y Gymraeg. I ofyn am gopi, cysylltwch â ni: info@ncmh.info

