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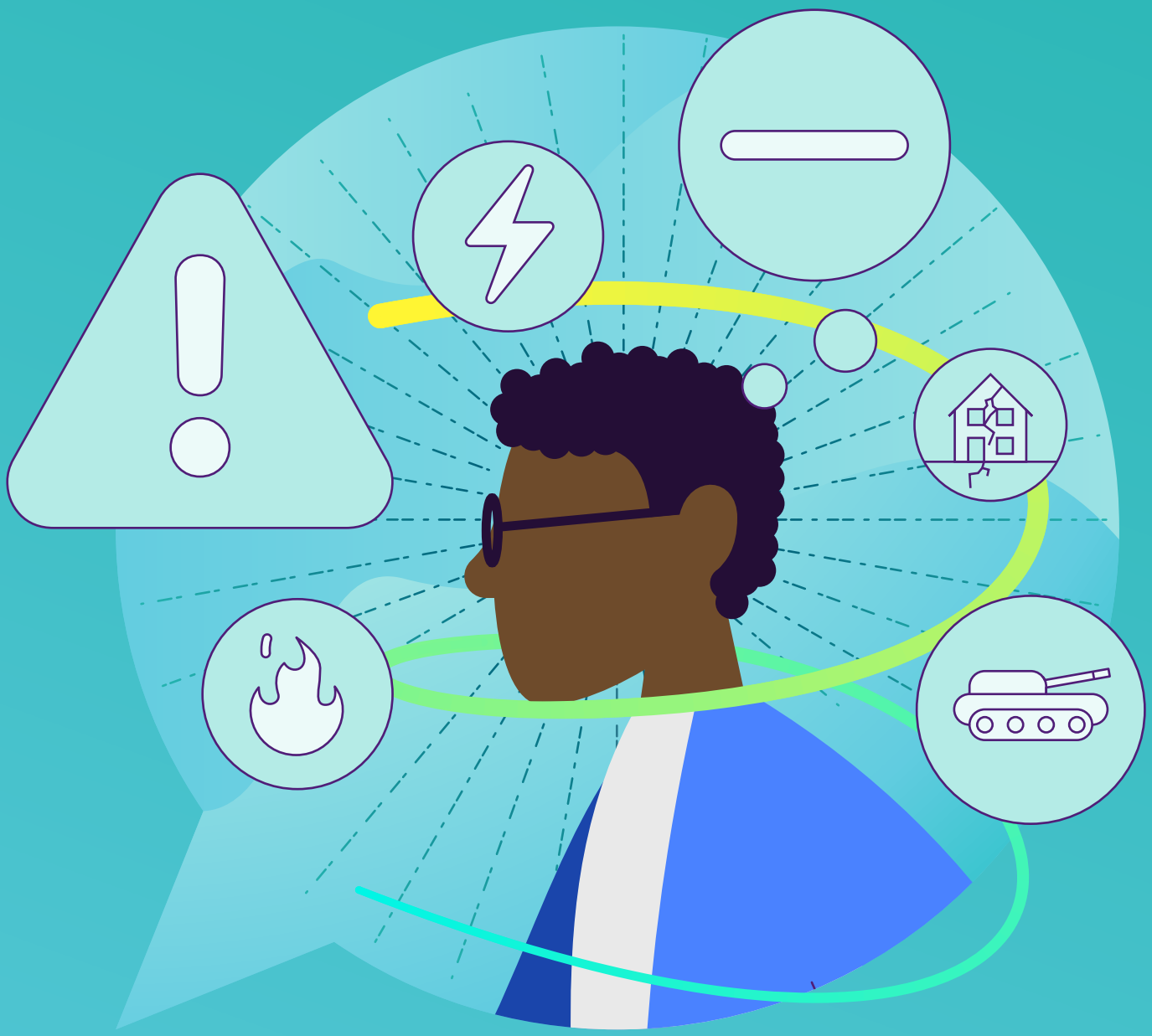

An Essential Guide to Trauma and PTSD

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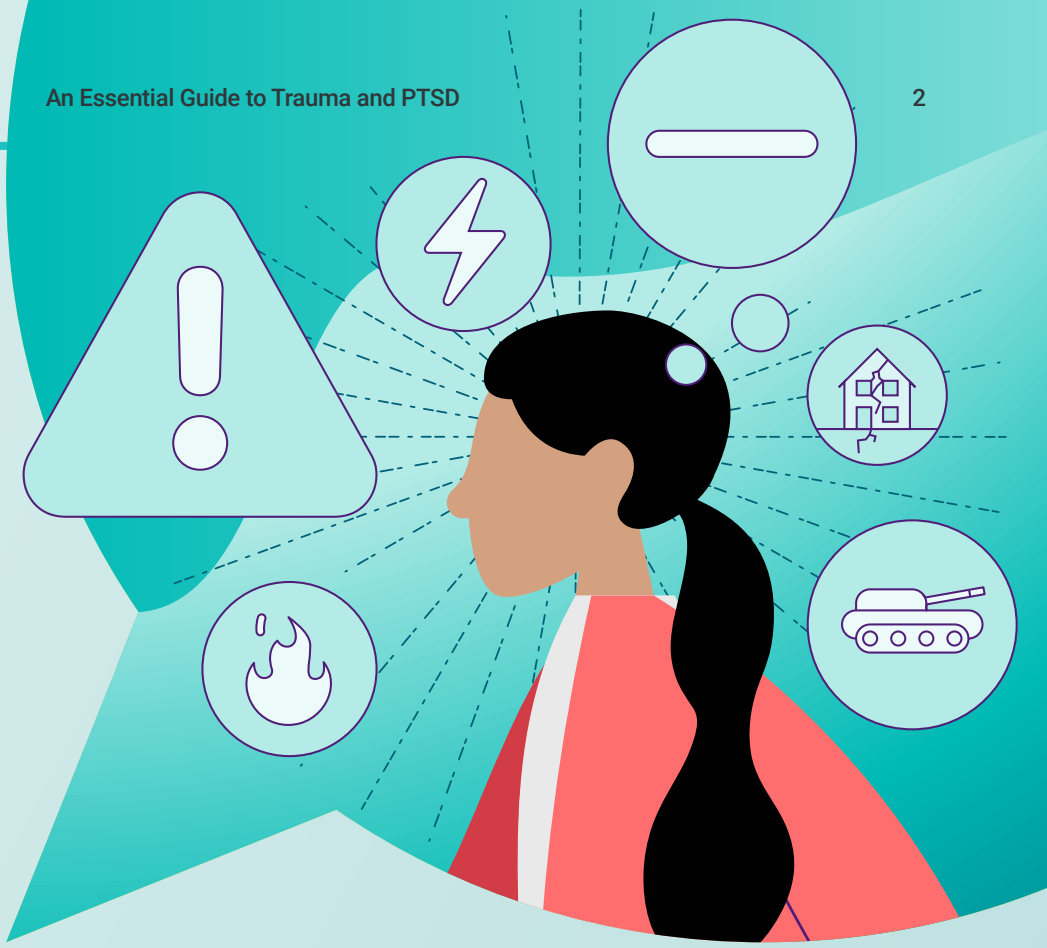
Introduction



Many of us will experience a traumatic event at some point in our lives. The recent events surrounding the COVID pandemic and now the war in Ukraine, can be described as ‘traumatic’ for those directly or indirectly affected by them. With time, most people can recover fully from their experiences without needing professional help. However, for a significant proportion of people, the effects of trauma last for much longer and can develop into a condition called post-traumatic stress disorder (PTSD). It is thought that between 3 and 5 people out of every 100 will experience PTSD every year[1]. Fortunately, there are a range of excellent psychological therapies to treat PTSD.

This guide will help you to understand what PTSD is, why it might not get better by itself and what evidence-based treatments for PTSD are available.

1 Defining Trauma

Defining trauma

We may go through life events that we find stressful, overwhelming, threatening, frightening, or out of our control. Sometimes, our response to such events can cause trauma. Trauma is an emotional response to a situation that we find difficult to cope with.

Common traumas include:

- Being in a life-threatening situation, such as a war and civil unrest, a natural disaster, or a health emergency
- Being the victim of violence, such as being physicaly or sexually asaulted, imprisoned or tortured
- Being in an accident, such as a road traffic accident, or an accident at work
- Witnessing violence towards another person, or witnessing death.

Other causes of trauma include:

- Global health pandemics e.g. Covid-19
- Childbirth, including pregnancy loss
- Death of a loved one
- Physical illness or injury
- Verbal domestic abuse

Some traumas are isolated one-off events that are unexpected and happen ‘out of the blue’. Other traumas are frightening in different ways: they are expected, anticipated and dreaded. Some people’s jobs expose them to trauma, for example military or emergency service personnel often experience, or witness distressing events. Children can experience trauma too. The effects can be even more profound and long-lasting if the people who were supposed to care for them were responsible for causing harm.

2

Understanding the different Trauma response levels

Understanding the different Trauma response levels

1. Acute Stress Response

Symptoms usually develop quickly over minutes or hours in reaction to a highly stressful or traumatic event. The symptoms usually settle fairly quickly but can sometimes last for several days or up to 6 weeks. Symptoms of acute stress reactions may include the following:

Psychological symptoms such as:

- Anxiety, low mood, irritability, emotional ups and downs, poor sleep, poor concentration, wanting to be alone
- Recurrent dreams or flashbacks, which can be intrusive and unpleasant
- Avoidance of anything that will trigger memories (people, conversations, or other situations)
- Reckless or aggressive behaviour that may be self-destructive
- Feeling emotionally numb and detached from others

Physical symptoms such as:

- A ‘thumping heart’ (palpitations)
- A feeling of sickness (nausea)
- Chest pain
- Headaches
- Abdominal pains
- Breathing difficulties.

Understanding the different Trauma response levels

2. Post-traumatic Stress - (PTS)

PTS is a common response to experiencing a traumatic or stressful event. Common but unexpected occurrences, like car accidents, where there is risk of harm, injury or death to yourself or a significant other, can trigger PTS. More rarely, threats of abduction, aggressive confrontations and witnessing or hearing about traumatic scenes can also cause PTS. A person who experiences acute stress symptoms listed above, which persist for longer than 6 weeks after a traumatic event, can be described as having post-traumatic stress response. The symptoms have to include flashbacks or nightmares to be diagnosed with PTS.

The symptoms will overlap with those of acute stress response and PTSD, but may resolve within 6 months and may not cause the same level of functional impact across areas of the sufferer's life.

3. Post-Traumatic Stress Disorder – (PTSD)

It is normal to be affected by traumatic experiences. If you have been through a trauma you might feel shocked, scared, guilty, ashamed, angry, vulnerable or numb. With time most people recover from their experiences, or find a way to live with them, without needing professional help. However, for many people the effects of trauma last for much longer and may develop into post-traumatic stress disorder (PTSD). Symptoms may continue to be present or escalate after the acute stress response period has passed and for a smaller group of people, the symptoms may be absent and appear after 6 months.

Symptoms of PTSD can be split into groups which relate to cognitions, intrusions, emotions and behaviours [2]. People with PTSD describe having negative thoughts and mood, re-experiencing what happened, hyper-arousal, hyper-vigilance and avoidance of situations or circumstances that cause reminders. The next section explores causes and risk factors for PTSD.

Understanding the different Trauma response levels

4. Complex PTSD – (CPTSD)

Research has shown that the kinds of symptoms that survivors of trauma have differ depending on the level of trauma that a person has experienced. A bigger 'dose' of trauma tends to result in more complex symptoms. In addition, the type of trauma e.g. interpersonal trauma (trauma deliberately inflicted by another human being) tends to have more complicated effects compared to trauma that occurs as the result of accidents.

The time, or stage of life when the trauma happens, can be significant. Trauma that is experienced earlier in life can have significant effects upon what happens to you later on. People who experienced a lot of trauma, have experienced trauma early in their lives, or have experienced trauma as a result of things that were done by their parents or caregivers, often have extra symptoms in addition to PTSD. For example, some people who have PTSD may also be diagnosed with Emotionally Unstable Personality Disorder (EUPD), as the symptoms often overlap.

CPTSD symptoms can include:

- Severe problems in managing your emotions. Psychologists call this a problem of 'affect regulation' or 'emotion regulation'
- Strong beliefs about yourself as diminished, defeated, or worthless. These might be accompanied by deep feelings of shame, guilt, or failure related to your traumatic experiences
- Difficulties in sustaining relationships and in feeling close to others. This makes sense if you have experienced trauma at the hands of others.

When people experience these symptoms as well as PTSD, mental health professionals might label it Complex PTSD [3, 4].

3 Identifying the Causes and Risk Factors for PTSD

Identifying the Causes and Risk Factors for PTSD

The main cause of PTSD and Complex PTSD is being exposed to traumatic, life-threatening or frightening events. It is important to note that not everybody who experiences a trauma goes on to develop PTSD. If you think you may be currently suffering from it, or have done in the past, it certainly does not mean you are weak or have done anything wrong.

The level of support you receive directly after the traumatic event can influence whether you go on to experience PTSD and if so, to what degree. Psychologists have found that people with higher levels of social support are less likely to develop PTSD following a trauma. If you have people to talk to, with whom you can make sense of and accept that a trauma happened, it can act as a 'protective shield' from the effects[5].

Another risk factor is the way your brain processes memories of your trauma.

Memories in PTSD are different from 'normal' memories. They are usually much more vivid and intense and have the ability to 'trick' you into thinking that the trauma is happening again, even many years after the trauma is over[6]. Scientists think that there are differences in the way that your brain encodes, stores, and retrieves trauma memories, which mean that some people are more likely to develop PTSD than others[7].

There is also some evidence that genetic and biological factors can influence who develops PTSD following a trauma. For example, some psychologists argue that the size of the **hippocampus and amygdala** (highlighted in blue and red respectively in the diagram) is thought to influence whether trauma memories cause you to develop PTSD[5].

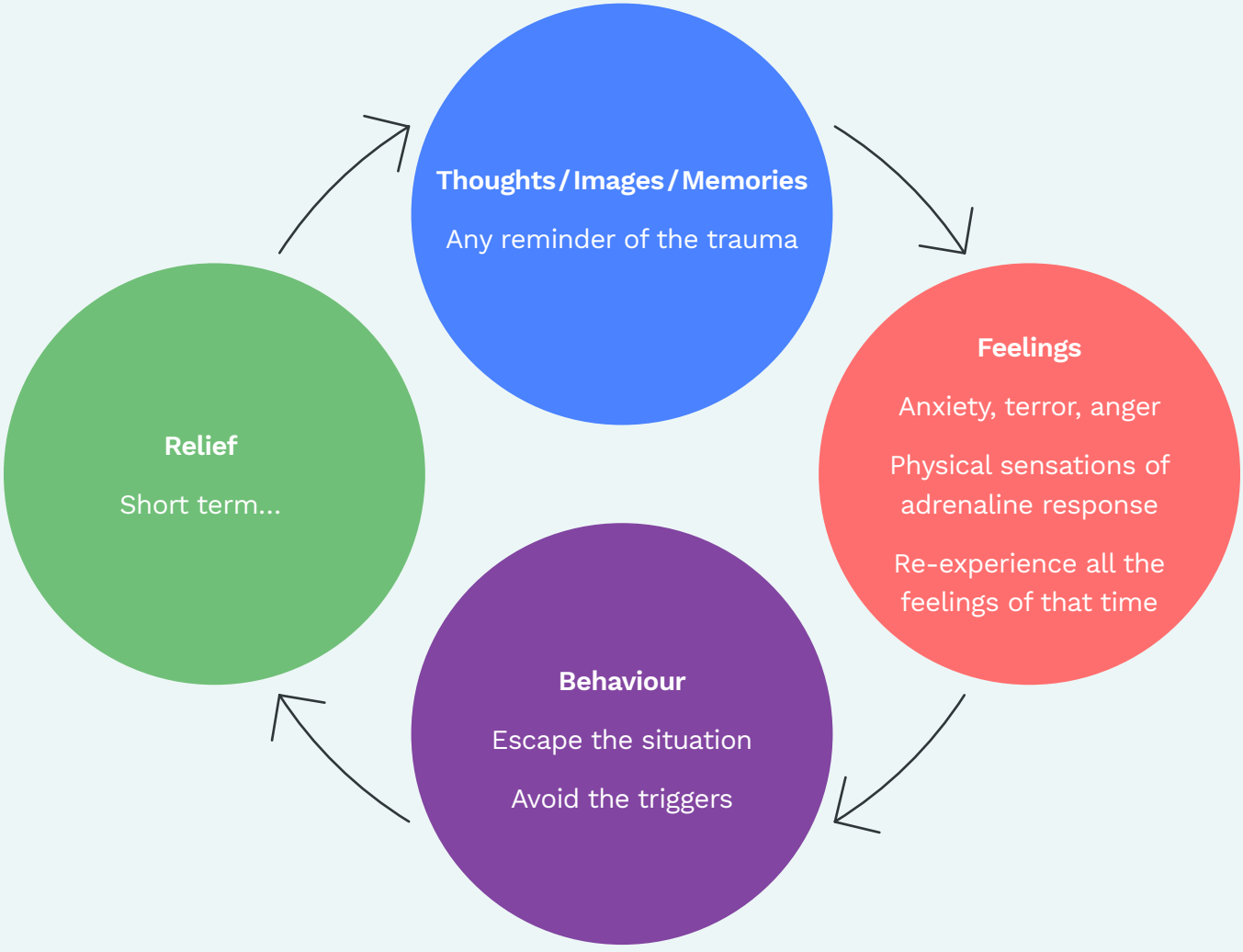
4 Combatting long-term effects of PTSD

Combatting long-term effects of PTSD

By working out what factors contribute to keeping problems going, we can use we can use self-help or treatments to break this vicious maintenance cycle. Psychologists Ehlers and Clark researched what it is that causes PTSD to endure. They focused on understanding why people with PTSD feel a current sense of threat even though the terrible thing has already happened.

The three main reasons identified were[8]:

- Unprocessed memories
- Beliefs about trauma and its consequences
- Coping strategies, including avoidance

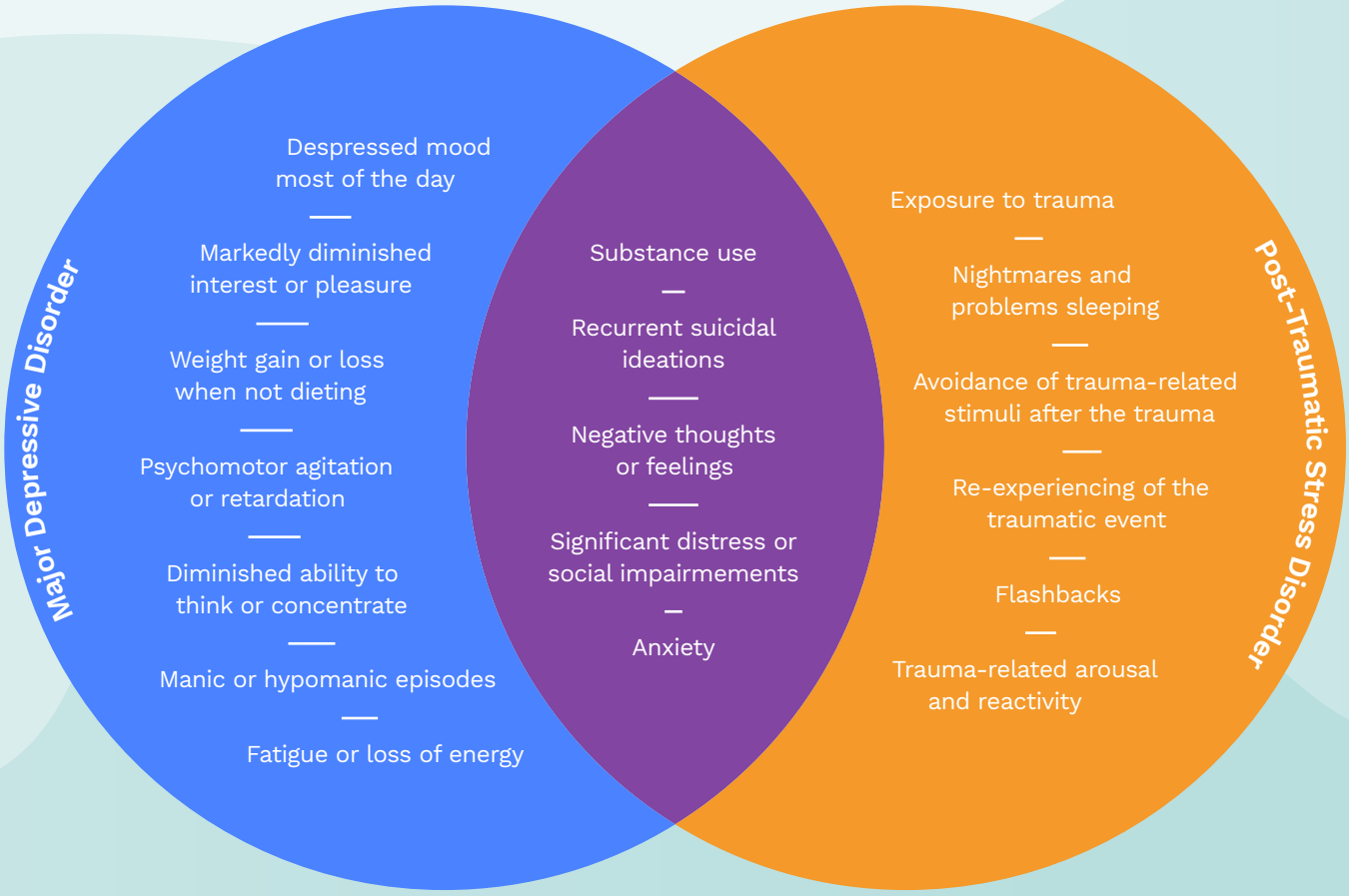


Combatting long-term effects of PTSD

In order to accept aspects of the trauma we often try to make sense of what has happened to us. You will have beliefs about yourself, what you or others involved did and what others might think of you. If you have PTSD, your beliefs might keep you feeling threatened. Your memories of the trauma can be so strong that they make you believe the danger is still present. You might blame yourself for things that are not your fault. You might think that the symptoms of PTSD mean that you are unable to cope and are “losing your mind”.

Psychologists think that memories of traumatic events are processed and stored in the brain differently to non-traumatic memories. The result is that memories of your trauma can enter into your mind uninvited while you are awake or asleep. They may be vivid and emotionally powerful. They may make you think and feel that the trauma is happening again right now, and that you are in danger.

How PTSD overlaps with depression and anxiety



Combatting long-term effects of PTSD

The trauma memories of people who have PTSD have some unique qualities.

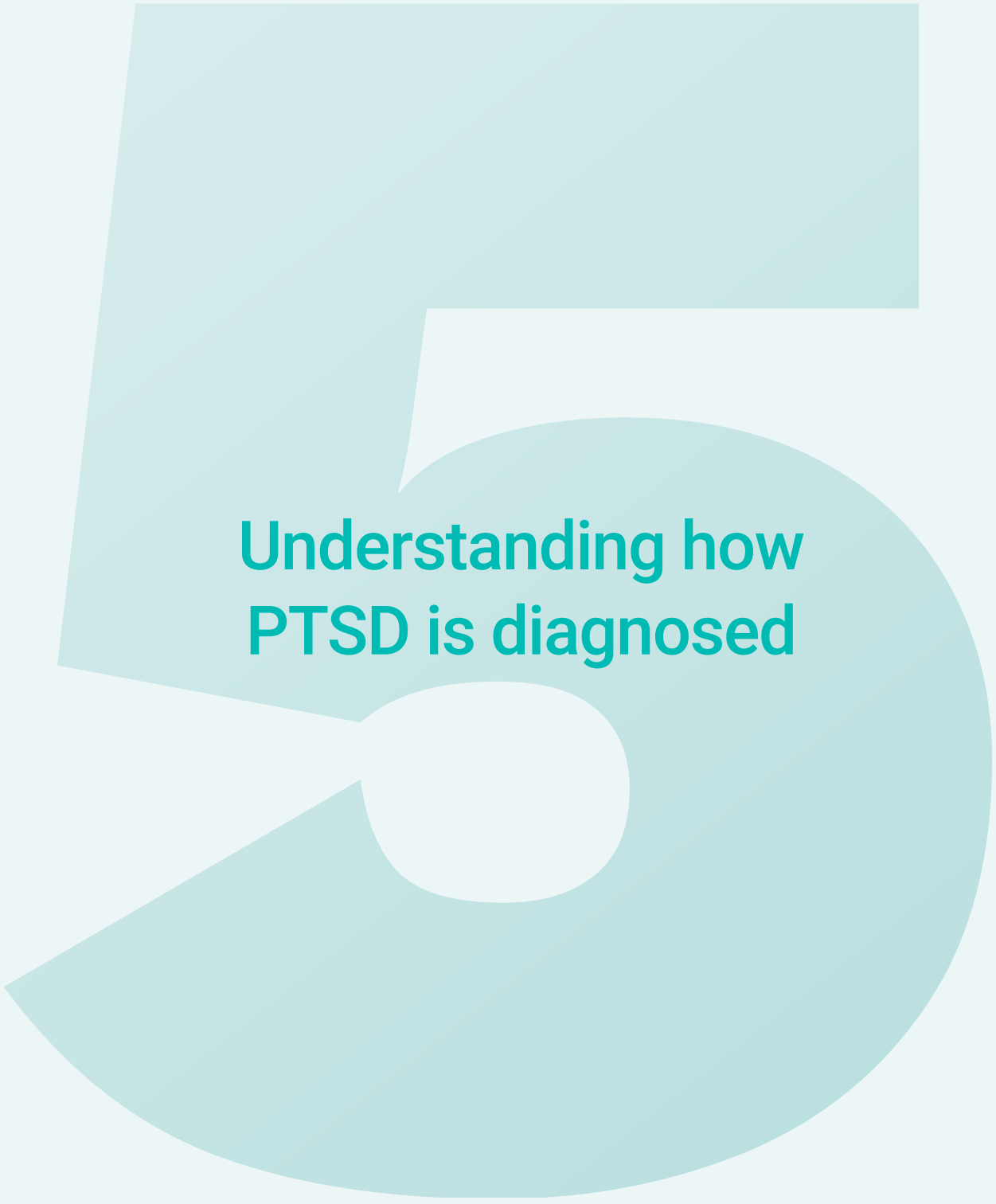
These include:

- Feeling like they are happening right now in the present moment. Psychologists sometimes call this 'nowness'
- They are intrusive and involuntary. They pop into your mind unexpectedly and are unwanted. They are easily triggered by things around you
- They are especially detailed and vivid. You might re-experience trauma memories in any of your senses: sight, sound, touch, smell or taste
- They are often fragmented. You might only remember parts of the trauma, or even just an image or a feeling.

Psychologists think that trauma memories have these special properties because your brain did not have a chance to 'process' and store them properly at the time[7]. Until your brain has completed the job of 'processing' your trauma memories, you might continue to suffer from re-experiencing symptoms.

Some psychological theories say that the way we think and act affects the way we feel. Strong events, like traumas, can produce equally strong beliefs, which result in strong feelings. Psychologists believe that one of the most important jobs of trauma therapy is working with the meaning that you made of your trauma[9].

As always, it is important to talk and open up about how you are feeling and what you have experienced. The sooner you do, the less likely you are to experience PTSD. Journaling, drawing and writing may also help lessen symptoms. That said, you should always seek professional support if you feel you or someone close to you is experiencing PTSD. Signposting channels are available at the end of this guide.



Understanding how PTSD is diagnosed

Understanding how PTSD is diagnosed

A diagnosis of PTSD can only be confirmed by a specialist mental health professional, a GP, or a psychiatrist. However, answering validated screening questions can give you an idea of whether you might find it helpful to have a full professionally administered assessment.

First ask yourself this

Have you ever experienced something unusually or especially frightening, horrible or traumatic?

If you answered yes, now think about whether, in the last month, you have had flashbacks (triggered by your 5 senses — sight, smell, sound, touch and taste) or nightmares? If you have answered yes to both questions, you can check if you might have PTS or PTSD by doing this online tool, 'Impact of Events Scale'.[9] If you score 33 or above, you may wish to speak to your GP, healthcare professional or a mental health professional about how you are feeling. We have included a copy in the appendix if you would prefer to print a copy to do this today.

To diagnose PTSD, doctors and healthcare professionals will use The Diagnostic Statistical Manual (DSM)[10].This diagnostic guide lists a set of criteria from A to H (see below). The healthcare professional will ask a series of questions and will use the answers you provide to diagnose whether or not you have PTSD.

Understanding how PTSD is diagnosed

To diagnose PTSD, doctors and healthcare professionals will use The Diagnostic Statistical Manual (DSM)[10].This diagnostic guide lists a set of criteria from A to I (see below). The healthcare professional will ask a series of questions and will use the answers you provide to diagnose whether or not you have PTSD.

A. A Stressor or Trauma Has Occurred
One or more of the events must have occurred either:

1. directly to the person, or
2. they witnessed it directly, or
3. they heard a close relative or friend was exposed to the trauma, or
4. the person is indirectly exposed to the details of the trauma — through their occupation or seeing/ hearing it via the media.

B. Re-experiencing
Re-experiencing the trauma means that memories of the event play over and over in your mind. These memories can come back as 'flashbacks' during the day, or as nightmares at night. The memories can be re-experienced in any of your five senses – you might see images of what happened, or experience sounds, smells, tastes, or body sensations associated with the trauma. Emotions from the trauma can also be re-experienced and trauma survivors say that it can feel as though the events are happening over and again.

Re-experiencing symptoms include:

- Upsetting memories of the event intruding into your mind
- Having nightmares about the event
- Feeling physical reactions in your body when you are reminded of the event
- Dissociation and feeling disconnected from the present moment.

C. Avoidance Behaviours
A normal human way of dealing with physical or emotional pain is to avoid it, or to distract ourselves. When you have PTSD you might try to avoid people, places, or any other reminders of your trauma. You might try very hard to distract yourself in order to avoid thinking about what happened.

Avoidance symptoms include:

- Avoiding reminders of the trauma
- Trying not to talk or think about what happened
- Feeling 'numb' or like you have no feelings.

D. Negative thoughts and mood.
Trauma has a powerful effect on how we think. Many people with PTSD blame themselves for what happened, even when it was not their fault. They might replay parts of the trauma and think "what if ...?", or "if only ...". Many people with PTSD also experience depression.

Negative thoughts and low mood related to the trauma might include:

- Thinking negatively about yourself
- Feeling guilty or ashamed about what happened or blaming someone else
- Feeling helpless or withdrawn
- Feeling that no-one can be trusted.

Understanding how PTSD is diagnosed

E. Hyper-Arousal
In relation to excessive nervous system arousal symptoms, it is common to feel 'on edge' or 'on guard'. For people who have PTSD, these feelings tend to persist for even longer than normal. You might find it very difficult to relax, or find that your sleep is affected.

Hyper-arousal symptoms include:
- Always looking out for danger. Psychologists call this 'hypervigilance'
- Feeling 'on edge' or easily startled
- Having difficulty falling or staying asleep
- Having difficulty concentrating.

F. Duration & Onset
Symptoms last longer than 1 month. For some people the PTSD starts within weeks. In the case of delayed on-set PTSD the symptoms remain dormant for 6 months or more (sometimes years) before appearing

G. Disorder
There is significant impairment of social, occupational or relational functioning.

H. Exclusion of other causes
Symptoms are not caused by medication, substance or other illness,

I. Specific Dissociation Sub-Types
There are two specific sub-types of this PTSD symptom category that can be diagnosed.

PTSD with dissociation is diagnosed and sometimes referred to as complex PTSD, if one of these types of dissociation symptoms occurs:
1. Depersonalisation - feeling of being an outside observer of yourself, like being in a dream.
2. Derealisation - experience of unreality as though things are distorted or unreal.

6

Living with PTSD: Case Study Examples

Living with PTSD: Case Study Examples

Word of warning

Some people find that reading about other people's trauma can be upsetting, so feel free to skip this section until a time comes when you feel more able. Remember, though, that learning about trauma cannot harm you — it is the first step in overcoming PTSD.

People with PTSD experience strong unwanted memories of their trauma, to the point where it can feel as though the trauma is happening again right now in the present moment. As a result, people with PTSD often feel on-edge and on the lookout for danger.

Case study

...My mind seemed to switch off when I needed it most...

...I couldn't keep eye contact. I had to know what was happening around me...

...Everyday felt surreal...

...Sometimes I would become so angry. Why did this have to happen to me?...

...I felt like I was watching from the sidelines...

...I felt like I was watching things from above...

...It was as though I wasn't there...

...time was standing still...

...I was so tired all of the time...

...My legs would start to tremble and giveway...

Case study

Jared, 45

Jared was diagnosed with delayed onset PTSD 9 months after a (no fault) car accident where his young son had been seriously injured.

I was incredibly nervous the first time I sought help for my PTSD. I was really doing it for my family and didn't see how talking would help, but when I spoke to my counsellor and met other people with my diagnosis, I realised I wasn't the only one. My counsellor taught me how to relax when I got scared or angry, and gave me the tools to deal with everyday life. I was then referred to an EMDR specialist where we started talking about what happened. Mapping out my trauma events was really hard to start with, but it got easier after a while. While we were doing the eye-movement treatment, I talked a lot about the flashbacks I was having and how that made me feel angry. We worked on resolving or accepting some of the unanswerable questions that had been plaguing me, such as: How could this have happened to me? Why couldn't I sleep? Why couldn't I stop the nightmares and thinking about the accident, the burning wreckage and the chaos of the aftermath? These were not the kind of questions I could talk to my friends or partner, about, but it felt good talking to someone about it and each time we used talking therapy and EMDR, my distress began to drop away. It's been a difficult road for me and my family, but the treatment has worked and at last my future is looking brighter.

Case study

Deb, 35

Deb, is a 35-year-old Afghanistan war veteran, who had been experiencing PTSD symptoms for many years after witnessing the death of her comrade who had stepped on a mine.

I constantly went about avoiding all the triggers I could like any images related to the army, and warzones. I came off social media and was not watching the news. Even then I was really badly disturbed by a repeating nightmare where I could see the trauma again and again from various angles as though it was through a drone. Over the years, I became extremely withdrawn and began using alcohol on a daily basis to help mask the PTSD symptoms. I was so exhausted from lack of sleep and rest that I missed many days off work and lost my first civvy job. I also felt very numb around my wife and disconnected from the loving feelings I had before. When my wife Lynn told me I was having many night terrors, where I would call out and thrash around in my sleep, I knew it was time to get help.

Deb was able to use a combination of medication to help her sleep, Trauma-Focussed CBT to desensitise her from triggers and reduce her alcohol consumption, and Art Therapy to assist her in reaching some closure around the horrors she had witnessed. Part of this required her to relinquish her feelings of self-blame and accept there was nothing she could have done to prevent it.

Unhelpful Coping Strategies: Safety Behaviours

Unhelpful Coping Strategies: Safety Behaviours

Avoidance is a natural response to things that we find anxiety provoking and upsetting, but that doesn't mean that it is helpful.

People with PTSD tend to avoid things such as:

Avoiding your memories of the trauma (which means they stay 'unprocessed')

Avoiding reminders of the trauma

Using alcohol or other substances to block out memories or feelings

Not talking about what happened.

Although these choices can feel helpful in the short-term, it means that your trauma memories don't get a chance to be 'processed', and your negative beliefs about your trauma don't tend to change. Here, your safety behaviours only offer you very short-lived bursts of perceived safety and do not address the underlying cause. In the next section, we have detailed how our "BEST-SELF"© model offers you plenty of healthy ways of recovering from PTSD.

Treatments for PTSD

Crisis Support

Word of warning

If you or anyone you know is in a crisis or immediate danger related to PTSD, please call emergency services, or help get them to the nearest A&E department.

For urgent psychological support in the UK, please call one of the numbers here:

Samaritans
116 123

The Samaritans are available 24 hours a day, 365 days a year. If you need a response immediately, it's best to call them on the phone: 116 123. Alternatively, writing an email can be a calm and safe way to work through what's on your mind. Especially if it feels too upsetting to talk about on the phone. Samaritans volunteers answer each email that comes through to jo@samaritans.org.

Shout
CONTACT to 85258

A free, confidential, 24/7 text messaging support service for anyone who is struggling to cope. Shout launched publicly in May 2019 and they have had more than 500,000 conversations with people who are anxious, stressed, depressed, suicidal or overwhelmed and who need immediate support.

Mind
0300 123 3393

The team at Mind (mind.org.uk) provide information on a range of topics including: types of mental health problems, where to get help and medication and alternative treatments. They will look for details of help and support in your own area. The lines are open 9am to 6pm, Monday to Friday (except for bank holidays)

ASSIST Trauma Care
01788 551919
assisttraumacare.org.uk

Experienced therapists who are trained to work with Post Traumatic Stress Disorder (PTSD) and the after-effects of trauma in line with current evidence-based practices. If you or a member of your family have experienced a traumatic incident and would like to discuss whether therapy from ASSIST can help you.

Self Help

If the symptoms are brief (less than 14 days), acute stress episodes are best managed by watchful waiting and self-care.

Mind – PTSD and Complex PTSD

If you are worried that you or someone you know might have any of the trauma responses you have read about here, you might benefit from reading this information leaflet by the charity Mind.

Please see the appendix (p.32) for a self-help tool to aid you in capturing and making sense of and intrusive thoughts or images.

PTSDUK.org

This is also a great website resource that you can visit for information about accessing treatments and support for any of the symptoms or conditions.

InsideOut's BEST-SELF© Model

Understanding the links between our physical, nutritional, environmental, financial and psychological health allows for a proactive and preventative approach to be taken to managing our wellbeing.

At InsideOut we use our proprietary BEST-SELF© model to help you consider the holistic components that can contribute to enhancing your recovery from mental illnesses such as PTSD. Visit the InsideOut App to access self-help tools.

Psychological Therapy Treatments

If PTS symptoms persist for longer than two weeks, trauma debriefing may be helpful to prevent escalation to a more chronic level of distress. However, if PTSD symptoms last for longer than 6 weeks and impair the functioning of the sufferer, professional help should be sought. There are several, evidence-based, psychological and psychotherapeutic treatments which can be highly beneficial.

These include:

- Cognitive Behavioural Therapy (CBT) Trauma-focused CBT[12,13]
- Eye Movement Desensitisation and Reprocessing (EMDR)[12]
- Cognitive Processing Therapy (CPT)[13]
- Prolonged Exposure (PE)[13]
- Narrative Exposure Therapy (NET)[14]

Although the specifics of these therapies differ slightly, they all contain similar components:

- **Exposure to memories**
  Trauma therapists sometimes call this 'trauma memory processing'. Almost all evidence-based treatments for PTSD include at least some talking about (or facing) what happened to you, although they can differ in terms of how this is done. It is suggested that exposure may allow "aspects of the trauma to become clearer, new pieces of the puzzle may emerge, and new perspectives may be gained" At the same time the flashbacks and nightmares become less frequent and the distress they cause diminishes[15].

- **Work to change meanings**
  This means examining how you made sense of what happened to you and seeing whether these perspectives are fair or helpful. Research into trauma-focused therapies shows that if we can change the meaning of the trauma, we can change how we feel [15, 17, 18].

- **Reduction of unhelpful coping strategies**
  Reducing avoidance helps you to challenge unhelpful beliefs, gain new 'data' to reappraise your ability to cope and to begin reclaiming your life.

Any of the treatments that are effective for PTSD are also effective for people with Complex PTSD.

Whilst there is a less substantial research body on creative therapies for trauma treatment, some people find these more creative techniques are helpful, especially if they struggle to talk about the trauma. Techniques developed for trauma work with children can also benefit adult PTSD sufferers too. Art Therapy should be delivered by a registered professional but many other therapists are skilled in techniques such as narrative therapy, sand tray work and empty chair work which may also be helpful techniques.

Medical Treatments for PTSD

The UK National Institute of Health and Care Excellence (NICE) guidelines for PTSD[12] found that there is evidence that an antidepressant class of medications called selective serotonin re-uptake inhibitors (SSRIs) e.g. sertraline and other types, such as venlafaxine, are effective in treating PTSD. However, these medications are less effective than psychological treatments and the NICE guidelines recommend that they should not be offered as a first-line treatment for PTSD. The NICE guidelines also found some evidence that antipsychotic medication may be helpful as an adjunct to psychological therapy in some cases, e.g. where there are dissociation episodes. Some people find that medications prescribed to help with sleep can alleviate nightmares and the associated exhaustion from lack of quality sleep.

Medication can be taken on its own to alleviate symptoms, however there is evidence that it is most effective when used in combination with talking therapies. Taking medication alone is like putting a plaster on a deep physical wound. If you take the plaster off, it may need to start healing all over again. Talking therapy helps to process the trauma, be free of/minimise symptoms and find a way towards a happy and positive future.

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Appendix: Impact of Events Scale

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you during the past seven days.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	**Any reminder brought back feelings about it**	0	1	2	3	4
2	**I had trouble staying asleep**	0	1	2	3	4
3	**Other things kept making me think about it**	0	1	2	3	4
4	**I felt irritable and angry**	0	1	2	3	4
5	**I avoided letting myself get upset when I thought about it or was reminded of it**	0	1	2	3	4
6	**I thought about it when I didn't mean to**	0	1	2	3	4
7	**I felt as if it hadn't happened or wasn't real**	0	1	2	3	4
8	**I stayed away from reminders about it**	0	1	2	3	4
9	**Pictures about it popped into my mind**	0	1	2	3	4
10	**I was jumpy and easily startled**	0	1	2	3	4
11	**I tried not to think about it**	0	1	2	3	4
12	**I was aware that I still had a lot of feelings about it, but I didn't deal with them**	0	1	2	3	4
13	**My feelings about it were kind of numb**	0	1	2	3	4
14	**I found myself acting or feeling like I was back at that time**	0	1	2	3	4
15	**I had trouble falling asleep**	0	1	2	3	4
16	**I had waves of strong feelings about it**	0	1	2	3	4
17	**I tried to remove it from my memory**	0	1	2	3	4
18	**I had trouble concentrating**	0	1	2	3	4
19	**Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart**	0	1	2	3	4
20	**I had dreams about it**	0	1	2	3	4
21	**I felt watchful or on-guard**	0	1	2	3	4
22	**I tried not to talk about it**	0	1	2	3	4
					Total	

Appendix: Intrusive image and thought tracker

Practice noticing the moment and our coping strategy helps us figure out what emotions or feelings we are disconnecting FROM, and what different coping strategies we might try instead.

Situation / Trigger/ Cause	Units of distress 0–10 (0: none, 10: worst)	What was the intrusion (Event, feelings, thoughts, body reaction)	Coping strategy/ Reaction (Behavioural strategies, thoughts, feelings, analysis of the situation)
Walked down a dark alley	7	Flashback to the time I was robbed; became nauseous; tingling in my hands and arms; felt “on alert”; anxious; wanted to turn around and leave.	Left, knocked someone over on the way out by accident; felt guilty; felt like a failure.

Appendix: Intrusive image and thought tracker

Notice any patterns?	Overall themes based on the patterns	What can you learn from this?
Being out alone triggers me; dark spaces trigger me; I have always left/escaped. My body reacts very strongly.	Environment triggers me; I feel alone and vulnerable; this never triggers when I am with someone else; I feel overwhelmed very quickly; I don't like feeling anxious.	I don't deal well with feeling anxious and I beat myself up for this. I feel guilty about my reactions more than the actual event that first happened. If I can react differently I might be able to get it under control

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Personalised

Integrated interactive tools and exercises, personalised to the employees' needs help to minimise symptoms and prevent chances of relapse.

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