

Post Traumatic Stress

A self help guide



	Page
Introduction	4
What is a traumatic incident?	4
How do people react after a traumatic incident?	5-7
Why do we react so strongly to trauma?	8
What can I do to help overcome the trauma?	8
Making sense of the trauma?	9
Dealing with flashbacks and nightmares?	10-11
Overcoming tension, irritability and anger	12-17
Overcoming avoidance	17-19
Overcoming low mood	19-20
Further help	20
Useful organisations	21-24
Useful books	24-25
References	26

These are the thoughts and feelings of two people who have experienced traumatic incidents.

“I feel terrible, very restless and irritable. This is not like me at all. The car crash happened six months ago but I still can't feel safe in a car, I feel so fearful I avoid travel wherever possible. Pictures of the accident come flashing into my mind, they won't go away and even at night my dreams are more like nightmares with scenes of the crash happening again and again ... I'm exhausted by it ...”

“My whole view of life has changed, I keep thinking why us? I feel very guilty thinking that I could have done more to save my friend who died in the fire. I relive the experience all the time, I keep thinking, “if only I had done this”, “if only I had done that” ..., I am very low and depressed some of the time..., I think I could have died ..., I can't think of the future ..., I feel helpless ...”

If you have suffered from a traumatic experience yourself you may have had similar feelings.

This booklet is written by psychologists and aims to help you understand these reactions and offers some practical suggestions to help you cope.

What is a traumatic incident?

A traumatic incident can be anything that is out of the ordinary range of daily events and is deeply distressing to someone.

Many things can have this impact. It could be a fire, an accident, a robbery or burglary, an attack, being a witness to a traumatic event such as a death. It can be large scale such as a major disaster involving many people or a personal event involving yourself, friends or family members.

How do people react after a traumatic incident?

The following are some of the reactions you may experience after a traumatic event. In general people's reactions will fall into the following groups:

- Re-experiencing the trauma in your mind.
- Avoiding things to do with or related to the trauma.
- Feeling more tense, irritable or over-alert than usual.
- Feeling depressed, crying.

It may help you to check to see if you are experiencing any of these symptoms.

- Re-experiencing the trauma in your mind
 - Having unwanted pictures or images of the trauma (often called flashbacks) coming into your mind.
 - Having upsetting dreams about the trauma or dreams about other things that frighten you.
 - Feeling that the trauma is happening again – strong sensations of reliving the trauma.
 - Feeling very distressed at coming across situations or feelings that remind you of the trauma.
 - Experiencing distressing physical reactions, e.g. heart beating faster, dizziness etc. when you are faced with memories of the trauma or situations that remind you of it.
- Avoiding things related to the trauma and numbing
 - Trying to avoid thoughts, feelings and conversations about the trauma.
 - Avoiding activities, places or people that remind you of the trauma.
 - Being unable to remember things about the trauma.
 - Losing interest in life, feeling detached from others or not having your usual feelings.
 - Not feeling you will have a normal future – you may feel as though you are 'living on borrowed time'.

- Feeling more tense and irritable than usual
 - Feeling angry or irritable.
 - Not being able to concentrate.
 - Finding it difficult to fall asleep.
 - Feeling over-alert all the time and easily startled.

Post-traumatic stress reactions can affect you in at least four different ways:

- How you feel.
- The way you think.
- The way your body works.
- The way you behave.

It may help you understand how you are feeling by placing a tick next to those symptoms you experience regularly:

How do you feel?

- Anxious, nervous, worried, frightened
- Feeling something dreadful is going to happen
- Tense, uptight, on edge, unsettled
- Unreal, strange, woozy, detached
- Depressed, low, at a loss
- Feel angry
- Feel jumpy or restless
- Easily startled/on guard

What happens to your body?

- Heart races and pounds
- Chest feels tight
- Muscles are tense/stiff
- Feel tired/exhausted
- Body aching
- Feel dizzy, light headed
- Feel panicky
- Cry
- Stomach churning

How do you think?

- Worrying constantly
- Can't concentrate
- Experience flashbacks – pictures of the trauma coming into your mind
- Blame yourself for all or part of the trauma
- Unable to make a decision
- Feel regret, shame or bitterness
- Thoughts racing
- Have sleep problems/nightmares

What you do

- Pace up and down
- Avoid things that remind you of the trauma
- Can't sit and relax
- Avoid people
- Avoid being alone
- Are snappy and irritable
- Spoil relationship
- Drink/smoke more
- Depend on others too much

Common thoughts

“It was my fault”

“I'm cracking up”

“I'm going to have a heart attack”

“It's controlling me”

“I can't cope”

“I should have died”

“Why did it have to happen?”

“I can't see the point anymore”

Why do we react so strongly to trauma?

There are many reasons why trauma leaves such a strong impact on us emotionally.

Firstly, it often shatters the basic beliefs we have about life: that life is fairly safe and secure, that life for us has a particular form, meaning and purpose. It may be that the image that we have of ourselves is shattered, we may have responded differently in the crisis from how we expected or wanted to behave.

Secondly, trauma usually occurs suddenly and without warning. We have no time to adjust to this new experience. It will usually be outside our normal range of experience and we are faced with not knowing what to do or how to behave. You may have felt you were going to die, people around you may have died, you are shocked. In the face of this danger your mind holds on to the memory of the trauma very strongly, probably as a natural form of self protection to ensure you never get into that situation again. The result of this is that you are left with the post-traumatic reactions described above.

What can I do to help myself overcome the trauma?

It is important to understand that the reactions you are experiencing are very common following trauma, they are not a sign of 'weakness' or 'cracking up'. The following suggestions may help you begin to cope with the post-traumatic reactions.

Things that we describe which may help you are:

- Making sense of the trauma
- Dealing with flashbacks and nightmares
- Overcoming tension, irritability and anger
- Overcoming avoidance
- Overcoming low mood

Making sense of the trauma

Try and find out as much as you can about what really happened. This will allow you to piece together a picture and understanding of the event more clearly. This can help you in your recovery.

If others were involved, talk to them and ask them their views of events. Other victims, helpers from the rescue service, or passers-by, may all be people who would help you gain a broader view of what happened. The rescue services are usually happy to help you in these circumstances.

It may help you to think it through with other people. You may feel the trauma has altered your whole view of life, it is helpful to try and clarify how you now feel and talking can help you do this.

Some people talk to a friend, family member or partner, others may approach their doctor to seek some counselling. Other people have found that it helps to write down their experiences.

Try to spend a few minutes thinking of ways that you may be able to make sense of what you have been through. Try and jot down some ideas:

- People to speak to in order to find out more.
- People to talk it over with.
- Things you may do yourself, e.g. write down your experiences.

.....

.....

.....

.....

.....

.....

.....

Flashbacks and nightmares

Many people try to put the experience of trauma behind them by attempting not to think of it. Although this may seem a natural thing to do, it does not always help them to overcome the problem. People may find that they continue to be troubled by intrusive unwanted pictures of the trauma in their mind (flashbacks) and by unpleasant dreams or nightmares related to the trauma.

One of the best approaches which has been found to reduce flashbacks and nightmares is to make time each day for reviewing and going over and facing the unpleasant memories or nightmares.

You could put 20 minutes aside each day to calmly think over, talk over or jot down notes on the trauma. Unwanted flashbacks and nightmares should gradually become less powerful and less frequent. If you have nightmares, it may help to do this soon before you go to bed. You could do this until the memories or nightmares are less strong.

This process can allow you to regain some control over these thoughts rather than them intruding upon you. It is important to try and remember to focus on some of the positive parts of your current situation when looking back over the trauma you have experienced.

Try the following approaches:

1. Write down details of the flashbacks or nightmares you experience.

.....
.....
.....
.....
.....
.....
.....
.....

2. Find a time of day when you could think over what has happened. This should be in a safe calm environment.

.....
.....
.....
.....
.....
.....
.....

3. Think of some positive things about your current situation: for example, "I survived it and I'm still here", "I have good friends to support me", "I can now begin to plan for a new future".

.....
.....
.....
.....
.....
.....
.....

Overcoming tension, irritability and anger

Tension, irritability and anger are common aspects of a post-traumatic reaction. There may be physical symptoms too including breathlessness, heart racing, over-breathing, dizziness and muscle tension. Try the following ways of reducing physical symptoms.

In order to reduce the severity of physical symptoms it is useful to 'nip them in the bud', by recognising the early signs of tension.

Once you have noticed early signs of tension you can prevent anxiety becoming too severe by using relaxation techniques. Some people can relax through exercise, listening to music, watching TV, or reading a book.

For others it is more helpful to have a set of exercises to follow. Some people might find relaxation or yoga classes most helpful, others find CDs useful. You may be able to obtain a relaxation CD from your GP, and there are also a wide number of relaxation CDs available in the shops.

Relaxation is a skill like any other which needs to be learned, and takes time. The following exercise teaches deep muscle relaxation, and many people find it very helpful in reducing overall levels of tension and anxiety.

Deep muscle relaxation - it is helpful to read the instructions first and eventually to learn them. Start by selecting a quiet, warm, comfortable place where you won't be disturbed. Choose a time of day when you feel most relaxed to begin with. Lie down, get comfortable, close your eyes. Concentrate on your breathing for a few minutes, breathing slowly and calmly: in, two-three and out, two-three. Say the words "calm" or "relax" to yourself as you breathe out. The relaxation exercise takes you through different muscle groups, teaching you firstly to tense, then relax. You should breathe in when tensing and

breathe out when you relax. Starting with your hands, clench one tightly. Think about the tension this produces in the muscles of your hand and forearm.

Study the tension for a few seconds and then relax your hand. Notice the difference between the tension and the relaxation. You might feel a slight tingling, this is the relaxation beginning to develop.

Do the same with the other hand.

Each time you relax a group of muscles think how they feel when they're relaxed. Don't try to relax, just let go of the tension. Allow your muscles to relax as much as you can. Think about the difference in the way they feel when they're relaxed and when they're tense. Now do the same for the other muscles of your body.

Each time tense them for a few seconds and then relax. Study the way they feel and then let go of the tension in them.

It is useful to stick to the same order as you work through the muscle groups:

- **Hands** – clench fist, then relax.
- **Arms** – bend your elbows and tense your arms. Feel the tension, especially in your upper arms. Remember, do this for a few seconds and then relax.
- **Neck** – press your head back and roll it from side to side slowly. Feel how the tension moves. Then bring your head forward into a comfortable position.
- **Face** – there are several muscles here, but it is enough to think about your forehead and jaw. First lower your eyebrows in a frown. Relax your forehead. You can also raise your eyebrows, and then relax. Now, clench your jaw, notice the difference when you relax.

- **Chest** – take a deep breath, hold it for a few seconds, notice the tension, then relax. Let your breathing return to normal.
- **Stomach** – tense your stomach muscles as tightly as you can and relax.
- **Buttocks** – squeeze your buttocks together, and relax.
- **Legs** – straighten your legs and bend your feet towards your face. Finish by wiggling your toes.

You may find it helpful to get a friend to read the instructions to you. Don't try too hard, just let it happen.

To make best use of relaxation you need to:

- Practice daily.
- Start to use relaxation in everyday situations.
- Learn to relax without having to tense muscles.
- Use parts of the relaxation to help in difficult situations, e.g. breathing slowly.
- Develop a more relaxed lifestyle.

This relaxation exercise may be available on CD from your GP.

Remember, relaxation is a skill like any other and takes time to learn. Keep a note of how anxious you feel before and after relaxation, rating your anxiety 1-10.

Controlled breathing

Over-breathing is very common when someone becomes anxious, angry or irritable. This means that changes occur in their breathing. They can begin to gulp air, thinking that they are going to suffocate, or can begin to breathe really quickly. This has the effect of making them feel dizzy and therefore more anxious.

Try to recognise if you are doing this and slow your breathing down. Getting into a regular rhythm of "in two-three and out two-three" will soon return your breathing to normal. Some

people find it helpful to use the second hand of a watch to time their breathing. Other people have found breathing into a paper bag or cupped hands helpful. For this to work you must cover your nose and mouth.

It takes at least three minutes of slow breathing or breathing into a bag for your breathing to return to normal.

Mindful Breathing

This is a different approach to managing the symptoms of post traumatic stress disorder. The goal of mindful breathing is calm, non-judging awareness, allowing thoughts and feelings to come and go without getting caught up in them. The aim is to concentrate only on the present moment, not the past and not the future. Much of our anxiety is linked to thoughts and feelings about the past and the future. Follow these instructions:

Sit comfortably, with your eyes closed or lowered and your back straight.

- Bring your attention to your breathing.
- Imagine that you have a balloon in your stomach. Every time you breathe in, the balloon inflates. Each time you breathe out, the balloon deflates. Notice the sensations as the balloon inflates and deflates. Your chest and stomach rising with the in-breath, and falling with the out-breath.
- Thoughts will come into your mind, and that's okay, because that's just what the mind does. Just notice those thoughts, then bring your attention back to your breathing.
- You can notice sounds, physical feelings, and emotions, and again, just bring your attention back to your breathing.
- Don't follow those thoughts or feelings, don't judge yourself for having them, or analyse them in any way. It's okay for the thoughts to be there. Just notice those thoughts, and let them drift on by; bring your attention back to your breathing.

- Whenever you notice that your attention has drifted off and is becoming caught up in thoughts or feelings, simply note that attention has drifted, and then gently bring the attention back to your breathing.

Thoughts will enter your awareness, and your attention will follow them. No matter how many times this happens, just keep bringing your attention back to your breathing. The more you can practice this exercise the more it will help you to manage symptoms.

Distraction

If you take your mind off your symptoms you will find that the symptoms often disappear. Try to look around you. Study things in detail, registration numbers, what sort of shoes people are wearing, conversations. Again, you need to distract yourself for at least three minutes before symptoms will begin to reduce.

If you are struggling with flashbacks and feeling detached you can use **grounding techniques** to keep you in the present moment. Use the five senses - sight, sound, touch, smell, taste. The aim is to bring your attention on to the present moment.

- **Sight** – you could focus on things around you, the colors and the textures.
- **Sound** – you could listen to loud music and focus on it.
- **Touch** – you could touch something soft and silky or something smooth and cold and focus on this.
- **Smell** – sniff a strong smell which can bring you in to the present – perfume or nice smelling oils can be a good choice.
- **Taste – try tasting something strong** – a strong mint or chilli or lemon can bring you in to the here and now.

Whilst relaxation, breathing exercises and distraction techniques can help reduce anxiety it is vitally important to realise that anxiety is not harmful or dangerous. Even if we did

not use these techniques, nothing awful would happen. Anxiety cannot harm us, but it can be uncomfortable. These techniques can help reduce this discomfort.

Anger

It may be worth talking over your feelings of anger with those around you. Your anger is not really directed at them but may at times be 'taken out' on them. Let them know that the anger is because of what you have been through. Ask for their patience until the anger and irritability passes, tell them not to 'take it personally'.

Overcoming avoidance

Avoidance following a traumatic experience can take many forms. It can involve avoiding talking about the trauma, avoiding becoming upset about the trauma, it can also be that you avoid anything, anyone or any situation that reminds you of the trauma. This avoidance prevents you from 'moving on' from the trauma and in some cases it can prevent you getting on with your life in a normal way.

Try to recognise the things you are avoiding, it may help to write them down:

.....
.....
.....
.....
.....
.....
.....
.....

Set yourself very small goals to tackle these fears. We call this an 'anxiety ladder'. Those situations that we only fear a little are at the bottom and our worst feared situations are at the top.

It may help to look at this example.

Mary was held up at gunpoint when she worked as a cashier at a bank. She can no longer go into small offices in public places, she avoids all television programmes and newspapers where there may be reports about violent incidents. She has made up the following anxiety ladder.

Most feared

7. Going into bank where attack occurred.
6. Going into bank in busy area.
5. Going into local building society.
4. Standing outside local building society.
3. Watching 'Crime Watch'
2. Looking at the 6 o'clock news.
1. Looking at newspaper reports about the attack.

Least feared

She will begin with step 1 and gradually work towards step 7. She will find that her anxiety will gradually reduce as she tackles each new step and she begins to overcome her avoidance.

It may help to try and make your own anxiety ladder:

Most feared

- 10.....
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

Least feared

Remember you may feel anxious at first, but if you are able to stay in the feared situation you will gradually begin to feel calmer. It is important not to leave the feared situation until you feel calm.

Overcoming low mood

People often experience low mood following trauma. This can sometimes give rise to feelings of low self-worth, reduced confidence, helplessness and guilt.

It is important not to let any gloomy or negative thoughts go unchallenged. Following trauma people tend to think and expect the worst of themselves, their life and the future. Don't just accept these thoughts. Try to:

- Identify when your mood is very low.
- Jot down the unpleasant thoughts you are having during that time.
- Try and counter these thoughts by writing down arguments against them. Imagine what you would say to friends if they had such negative thoughts about themselves. This is particularly important if you are feeling guilt.

It may help to keep a diary of things you have enjoyed or achieved during the week. This can help you to concentrate on the good things rather than the bad things in your life.

Do something active

Physical activity is particularly helpful. Walk, run, cycle, skip; anything which begins to increase your activity can help to improve how you feel. Plan 15 or 20 minutes of activity every day, or every other day to begin with. This kind of physical activity can actually begin to make you feel less tired, and can lift your mood.

Find something that interests you and spend some time on it. Plan to focus on things you usually enjoy and build some time into each day for these activities. You might find it helpful to

take up a new interest. Some people find that creative activities that help them to express their feelings such as painting, writing poetry or playing music, can help them to feel better.

Look after yourself

Resist the temptation to cope with your low mood or anxiety by drinking alcohol, misusing medication or turning to illegal drugs. These may give some immediate relief but quite soon create further health and psychological problems for you to cope with. Eat well; a good diet can help to keep you in good health so recovery is easier. Try and 'treat' yourself to things you normally enjoy.

Should I consider taking prescribed medication?

NICE (National Institute for Health and Clinical Excellence) recommends that antidepressants should be considered for treating post traumatic stress disorder in adults. These would usually be prescribed by your doctor if talking therapies, such as cognitive behavioural therapy (CBT) have not been found helpful, or if you are very depressed.

When should I ask for further help?

We hope the suggestions made in this booklet have been helpful to you. Distress following trauma usually fades with time. However if you feel that you are making little progress then other help is available to aid you in overcoming your problems. Consider this in particular if your work performance or relationships are being badly affected, you feel you are no longer coping, or you have had any thoughts of harming yourself. It is also worth considering seeking further help if your feelings are not improving after some months.

Where can I find further help?

Your GP is the best person to talk to in the first instance. He or she will have information about local services which may be able to help. Your practice nurse or health visitor will also be able to help.

Useful organisations

- ASSIST

Tel: 01788 560 800

www.assisttraumacare.org.uk

11 Albert Street, Rugby, CV21 2RX

A support organisation for people suffering from post traumatic stress disorder.

- British Association for Behavioural and Cognitive Psychotherapies

Tel: 0161 705 4304

www.babcp.com

Imperial House, Hornby Street, Bury, BL9 5BN

The lead organisation for CBT in the UK.

- Combat Stress

Tel: 01372 841 600

Helpline: 0800 138 1619

www.combatstress.com

Tyrwhitt House, Oaklawn Road, Leatherhead, KT22 0BX

Provides outreach support to Ex-servicemen and women and their families.

- CRUSE Bereavement Line

Tel: 0844 477 9400

www.crusebereavementcare.org.uk

Cruse Bereavement Care, PO Box 800, Richmond, Surrey, TW9 2RG

Helpline for bereaved people and those caring for bereaved people.

- DIAL UK Network

Tel: 01302 310 123

www.scope.org.uk/dial

UK network of disability information and advice services run by people with direct experience of disability.

- Healthwatch

www.healthwatch.co.uk

Healthwatch England is the independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch, we ensure that the voices of consumers and those who use services reach the ears of the decision makers.

- Men's Advice Line

Tel: 0808 801 0327 (freephone)

www.mensadvice.org.uk

The Men's Advice Line is a confidential helpline for all men experiencing domestic violence. Freephone available Monday to Friday 10am -1pm and 2pm - 5pm.

- Mental Health Matters

Tel: 0191 516 3500

www.mentalhealthmatters.com

Avalon House, St Catherines Court, Sunderland Enterprise Park, Sunderland, SR5 3XJ

A national organisation which provides support and information on employment, housing, community support and psychological services.

- Mind Infoline

Tel: 0300 123 3393

www.mind.org.uk

15-19 Broadway, Stratford, London E15 4BQ

Provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy. Also provides details of help and support for people in their own area.

Helpline available Mon - Fri, 9am - 6pm.

- NHS Choices – Your health – your choices

www.nhs.uk

Information about conditions, treatments, local services and healthy lives.

- Rape Crisis Centre

Tel: 0808 802 9999

www.rapecrisis.org.uk

BCM Box 4444, London, WC1N 3XX

Helpline for women and girls who have been raped or sexually assaulted.

- Refuge

Tel: 0808 200 0247 (Freephone)

www.refuge.org.uk

4th Floor, International House, 1 St Katharines Way, London, E1W 1UN

24 hour crisis line providing practical advice and emotional support for women experiencing domestic violence.

- Relate

Tel: 0300 100 1234

www.relate.org.uk

Premier House, Carolina Court, Lakeside, Doncaster, DN4 5RA

Help with marital or relationship problems.

- Resolution 0845 0217873

- Rethink

Helpline: 0300 500 0927

www.rethink.org

89 Albert Embankment, London, SE1 7TP

Provides information and a helpline for anyone affected by mental health problems.

- Samaritans

Tel: 0845 790 9090

www.samaritans.org.uk

Email: jo@samaritans.org

Freepost: RSRB-KKBY-CYJK, Chris, P.O. Box 9090, Stirling, FK8 2SA

Confidential support for anyone in a crisis.

- Victim Support
Tel: 0845 30 30 900
www.victimsupport.org.uk
An organisation which offers support and practical help to people who have experienced trauma.

- Wyre Forest Multi Agency Group 01562 829792

Useful books

- **Overcoming traumatic stress**

C. Herbert and A. Wetmore
Robinson 1999

This book demonstrates, with practical advice and tested exercises, how to find new, effective ways of coping with, and finally overcoming traumatic stress.

- **Feeling good: the new mood therapy**

David Burns
HarperCollins 2000

A drug-free guide to curing anxiety, guilt, pessimism, procrastination, low self-esteem, and other depressive disorders uses scientifically tested methods to improve mood and stave off the blues.

- **Overcoming depression: a guide to recovery with a complete self help programme (2nd edition)**

Paul Gilbert
Constable and Robinson 2009

A self-help guide using Cognitive Behavioural Techniques, this book is full of step-by-step suggestions, case examples and practical ideas for gaining control over depression and low mood.

- **Coping with catastrophe (2nd revised edition)**

Peter.E. Hodgkinson and Michael Steward
Taylor and Francis 1998

Provides readers with information and skills to respond effectively and confidently to the needs of disaster survivors.

- **I can't get over it: a handbook for trauma survivors (2nd revised edition)**

Aphrodite Matsakis

New Harbinger (1992)

This work guides and supports readers through the healing process of recovering from post-traumatic stress disorder resulting from crime, accidents, rape, family violence, and sexual abuse.

- **Post trauma stress**

Frank Parkinson

Fisher 2000

For survivors of physical and emotional violence, advice from professionals on how to reduce the far-reaching effects of post-traumatic stress.

- **Understanding your reactions to trauma: a guide for survivors of trauma and their families**

Claudia Herbert

Blue Stallion 2002

This guide has been written to help you understand what goes on when you have been in a trauma and how to get over it.

- **Post traumatic stress disorder: the invisible injury**

David Kinchin

Success Unlimited 2004

A former sufferer of PTSD, David Kinchin tells his story and those of ten others. He describes in plain language what it is like to suffer from PTSD and explains all the complications the disorder can include. He gives advice on seeking help and the treatments available.

References

- Bisbey, S. & Bisbey, L.B. (1998) Brief Therapy for Post Traumatic Stress Disorder. Wiley
- Doane, L. S., Feeny, N. C., & Zoellner, L. A. (2010). A preliminary investigation of sudden gains in exposure therapy for PTSD. *Behaviour Research and Therapy*, 48, 55-560. doi: 10.1016/j.brat.2010.02.002
- Ehlers, A., Clark, D.M., Hackmann, A., McManus, F. & Fennell, M. (2005) Cognitive therapy for post-traumatic stress disorder: development and evaluation. *Behav Res Ther.* Apr;43(4):413-31.
- Foa, E. B, Hembree, E. A., & Rothbaum, B. O. (2007). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences (Therapist Guide). New York: Oxford.
- Friedman, M. J., Davidson, J. R. T. & Mellman, T. A. (2000) Pharmacotherapy. In *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies* (eds E. B. Foa, T. M. Keane & M. J. Friedman), pp. 84–105. New York: Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guilford.
- NICE (2006) Post-traumatic stress disorder (PTSD): full guideline, including appendices 1-13 NICE 28 September 2006
- Schauer, M., Neuner, F. & Elbert, T. (2005) *Narrative Exposure Therapy: A Short Term Intervention for Traumatic Stress Disorders after War, Terror or Torture*. Hogrefe.
- Vasterling, J.J. & Brewin, C.R. (2005) *Neuropsychology of PTSD*. The Guildford Press.
- Williams, M.; Cahill, S.; Foa, E. (2010) *Psychotherapy for Post-Traumatic Stress Disorder*. In *Textbook of Anxiety Disorders, Second Edition*, ed. D. Stein, E. Hollander, B. Rothbaum, American Psychiatric Publishing.

Written by Dr Lesley Maunder and Lorna Cameron, Consultant Clinical Psychologists, The Newcastle upon Tyne Hospitals NHS Foundation Trust.

Many thanks to voluntary sector groups, service users and healthcare staff in Northumberland, Tyne and Wear who have contributed to the review of this guide.

This leaflet is reproduced with permission from Northumberland, Tyne and Wear NHS Foundation Trust © 2013 www.nw.nhs.uk
A certified producer of reliable health and social care information
www.informationstandard.org

Patient Relations Team

Worcestershire Health and Care NHS Trust

Isaac Maddox House

Shrub Hill Road

Worcester

WR4 9RW

Telephone: 01905 681 517

Email: pals@hacw.nhs.uk

Chief Executive

Worcestershire Health and Care NHS Trust

Isaac Maddox House

Shrub Hill Road

Worcester

WR4 9RW