



## How to Support Adult Survivors of Trauma: A Guide for Non-Specialist Professionals

This is a resource to assist members of the community deal with people who have experienced traumatic events within their community.

Extreme stressors and traumatic events may include a serious accident or natural disaster, a sexual assault, a criminal assault, combat exposure, witnessing a traumatic event, sudden unexpected death of a loved one or being a hostage, being tortured or imprisoned.

Following the experience of a traumatic event, which by definition is beyond what the person would be used to, it is normal to experience certain psychological reactions. The reactions listed in the table below may either be experienced immediately, or may appear a long time after the event.

### Signs & Symptoms of Trauma

<i>Feelings</i>	Unpredictable, intense mood swings, anxiety, nervousness, depression
<i>Thoughts</i>	Flashbacks, vivid memory of the event, inability to concentrate, memory difficulties, guilt and self-doubt, confusion and disorientation
<i>Behaviours</i>	Withdrawal & isolation, reluctance to leave home, avoidance of reminders, apathy,
<i>Physical reactions</i>	Rapid heartbeat, sweating, headache, nausea, chest pain, digestive problems, sleep problems, fatigue, appetite change,
<i>Relationship problems</i>	Strained, frequent arguments, withdrawal and isolation from group activities

### A Word on Healing after Trauma

Traumatic experiences overwhelm the person as they are typically outside the expectation of normal life events. This creates confusion and difficulties in making sense of the experience. Attempts by people to resolve and understand what has happened to them underlie trauma symptoms such as nightmares, intrusive memories and intense emotions. At the same time, peoples' core beliefs about the world and the self may be destructed by the experience; this is particularly true in relation to beliefs about safety and security. It is for these reasons that accessing support systems is so vital in healing in the aftermath of trauma. Talking through the experience, sometimes repetitively, in as open a way as possible, and trying to express difficult emotions all support the mind in its efforts to resolve and make sense of the traumatic event. Talking things through also plays a role in rebuilding a sense of safety and security. When the person comes to make sense of their experiences, the frequency and intensity of traumatic emotions reduce, and the person may begin to feel and think about the event as something in their past life story, rather than something that is always in their present.

### How You Can Support a Person Who Has Experienced a Trauma

Healing in the aftermath of a trauma can take some time. It is normal in the aftermath of a very frightening event to experience symptoms such as nightmares, memories of the event, intense emotions including anxiety, anger and sadness. Gradually, for the majority of people, these symptoms will reduce in frequency and intensity. The person will begin to return to normal functioning with a decline in stress related symptoms over a period of 1-2 months after the event. These people may benefit from the support of friends, partners, family members, and from non-specialist professionals such as teachers, GPs, etc., and may never come into contact with specialist services as they gradually return to normal functioning. There are numerous ways non-specialist professionals can support someone who has experienced a trauma to adjust and cope.

- Encourage the person to return to normal routines as soon as possible. This helps to re-build a sense of security for the person.
- Encourage the person to access their support systems (family and friends) to discuss their experiences and their feelings emerging from the traumatic event. This will help the person make sense of their experiences.
- Normalise the person's post-trauma experiences. Nobody who experiences a trauma is untouched by it and it is natural that the person will feel or behave differently for a period. State clearly to the person that they are not "going crazy".
- The person may feel that they cannot cope. Promote resilience by asking them to think of previous stressful experiences and to consider how they coped then.
- Encourage the person to get a balance between solitary time and social time.
- Encourage the person to use positive coping strategies such as those delineated overleaf
- Some people may experience periods of confusion where they find thinking difficult. You can guide the person in a step-by-step problem solving exercise. Never try to take control or solve the problem, simply guide them in their efforts.
- Listen to the person in an open manner.

### A Word on Things to Say and Things Not to Say Do Say

- These are normal reactions to a trauma.
- It is understandable that you feel this way.
- You are not going crazy.
- It wasn't your fault, you did the best you could.
- Things may never be the same but they will get better and you will feel better.

### Do not say

- It could have been worse.
- You can always get another pet/car/house.
- It's best if you just stay busy.
- I know just how you feel.
- You need to get on with your life.

### *A Word on How to Listen Effectively*

Facilitating a person in feeling heard is an important tool in supporting him or her in recovering from their traumatic experience. Listening, in order to be effective, must be open, empathic and non-judgemental. You can demonstrate this using the following:

- Do not try to fill silences.
- Listen non-verbally i.e. eye contact, occasional 'uh-huhs', head nodding etc.
- Paraphrase at regular points the message the person is saying, without changing the meaning of what they are saying.
- Reflect feelings e.g. 'you sound sad/angry etc.'
- Allow the person to express intense feelings.  
*NEVER*  
➤ *Pressure the person into talking about their experiences.*

### *When to refer to a specialist service*

Referrals to specialist services should be made where a person is having difficulty returning to normal functioning, and where symptoms appear to be worsening rather than alleviating. A general rule of thumb for onward referral is 2 months post-trauma.

The following presentations may require onward referral to specialist services.

- Depression and anxiety is evident and the person experiences pervasive feelings of hopelessness /despair/ suicidal thoughts
- The person has difficulties caring for herself.
- Excessive guilt or shame is present.
- New difficulties are emerging such as increased use of alcohol/drugs.
- Difficulties are deteriorating rather than improving 2 months following the traumatic event.

### *Risk Groups*

A small minority of people will have more difficulty returning to normal functioning and may need the support of specialist services. This may be particularly the case for certain 'high risk groups', including

- Persons with limited social or emotional supports available to them.
- Persons with a history of mental illness prior to the trauma.
- Particular cultural and ethnic groups who may be isolated from support by virtue of geography or cultural norms of coping which may be maladaptive.
- Persons involved in rescue efforts.

It is important that non-specialist professionals who come into contact with persons from these groups be cognizant of the added difficulties these persons may have and the extra support that may be required. Such persons may need to be linked in with specialist services more readily than other groups.

### *Supporting the Survivor/Victims Family*

Following a trauma event the person's family may need guidance on how they can best support and help their family member. Discussing the following will be important.

- Educate: Discuss with the family normal responses to trauma and what they may expect as well as the range of emotions the person may experience.
- Social & Emotional Supports: Discuss the importance of social supports in recovery and the powerful role the family can have in this regard simply by listening and showing empathy to the person.
- Encouraging Connections: Encourage the family to plan family events that are aimed at enjoyment and connection.
- Return to Routines: Encourage the family to return to normal routines as soon as possible to support the rebuilding of a sense of safety and security.

- Self-Care: Discuss with the family positive ways that they can cope and care for themselves (see positive coping strategies below). It is normal that family members will themselves experience symptoms of stress and it is important that they focus on caring for themselves as well as the family member who has directly experienced a trauma.

### *Supporting Yourself*

Professionals who support persons who have experienced a trauma or have themselves been involved in rescue efforts are vulnerable to experiencing stress and burnout. Practicing self care such as those listed in the section below (positive ways to cope) is an essential component for positive mental health. In addition increasing your self awareness is vital. Self awareness involves recognising and heeding early warning signs of stress reactions. This awareness gives you the power to act on these signs and implement effective self care.

### *Positive Ways of Coping*

- Practice relaxation techniques such as deep breathing, meditation and gentle stretching.
- Eat regular nutritious meals.
- Avoid alcohol, tobacco, drugs and excessive caffeine.
- Stay in contact with family and friends.
- Pace self between high and low stress activities.
- Do things that help you relax e.g. walk, read a book.
- Spend time in the outdoors.
- Engage in regular aerobic exercise.
- Get enough sleep.
- Engage in activities that are fun and make you laugh.
- Accept help and support from others.
- Talk to people close to you about your stress.