IS THIS TRAUMA?

Part of the Trauma Recovery Starter Kit

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Introduction

If you've opened this guide, some part of you is wondering whether the thoughts and feelins that you are experiencing is trauma. Most people know what anxiety or depression looks or feels like, but trauma is quite different.

I'm Dr Rachel Lee. I'm a consultant clinical psychologist and a trauma specialist and I've been helping people overcome difficult thoughts, feelings and memories for over 25 years. I worked in the NHS for 20 years and I now have a private practice where I run a thriving clinic, supervise over 15 therapists, and provide trauma-informed training and consultancy into organisations.

Over the years, I found that many of my clients with trauma felt confused about the symptoms they were experiencing. Some people thought they were going crazy because they kept reliving what happened to them, or kept smelling things or hearing things that were present at the time of their distressing experience. Some people thought they were weak because they hadn't been able to "move on". Others thought that there was something wrong with their personality because they found it hard to trust people. And some of my clients asked me if I thought that they were permanently damaged or "broken".

I've written this guide, because when I explained to these clients that what they were experiencing was trauma, a natural and common response to abnormal situations. and that it was also changeable, this was a huge relief. Then, as we made links between their symptoms and their past experiences, it was like a light bulb had been switched on and they could see things more clearly. Everything started to make more sense to them.

Introduction continued

I believe that making sense of your symptoms is the first step towards your recovery, because when you can make sense of your symptoms and, importantly, recognise that they are understandable and valid responses, then you are no longer caught up in a struggle with them. This can start to reduce distress and self-blame. The next step is then discovering the coping strategies you need to start to regulate your nervous system when you experience a flashback, nightmare or high levels of distress.

I want to give you hope for change, because I know that lives can change dramatically with the right tools and support. Our bodies and minds are designed to heal from both physical and psychological wounds.

This guide and starter kit is designed to be the first step in your recovery and healing process.

I hope you find it helpful.

Best wishes,

Rachel

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“After trauma the world is experienced with a different nervous system that has an altered perception of risk and safety.”

Besel van der Kolk
in The Body Keeps the Score
(2014)

Part One:
Understanding your experiences.

What is trauma?

Most people think trauma is defined by the event, and assume that the event has to be something "big" or life-threatening, like a serious car accident, an assault, or a natural disaster. These events can certainly cause post-traumatic stress. But trauma is not limited to events like these, and it's important to remember that not everyone who goes through events like these develops trauma symptoms or post-traumatic stress.

I see trauma as the impact of an experience, not the experience itself. It refers to the effect of an experience (or series of experiences) on your sense of who you are, the way you experience and view the world, your thoughts, emotions, behaviours, and your nervous system. You can't tell whether someone has trauma by looking at what happened to them. Instead, trauma is defined by the ongoing psychological and physiological impact of what happened.

If you had a distressing experience that overwhelmed your ability to cope, or that left you feeling unsafe or alone, and that you re-experience in flashbacks, disturbing dreams or intrusive memories, that affects how you feel, think, act, sleep, or relate to others, you may be experiencing trauma. Even if you believe what happened to you "wasn't that bad."

In my clinical practice, I have helped people recover from trauma caused by a whole range of experiences, including bullying, workplace harassment, witnessing an accident, complex pregnancies and births, serious injuries, medical procedures, intensive care admissions, suicide, traumatic bereavements, childhood abuse and neglect, relationship betrayal, accidents, assaults and natural disasters and more. As you can see, there is a huge variety in the types of events that can lead to trauma.

Why do some people develop trauma when others don't?

Sometimes people can't understand why a particular event has caused trauma symptoms when they have been through worse events in the past and made a full recovery. At other times, people might compare themselves unfavourably to family members or friends, e.g. thinking "My friend went through a much more frightening experience and she's fine. What's wrong with me?". This can lead to self-blame, guilt and shame.

However, when we look at the scientific research, it confirms that experiencing trauma does not imply that there is something wrong with you or your ability to cope with life. Instead, it highlights that experiencing trauma says a lot more about what happened to you and the type of support you experienced at the time or afterwards.

It is entirely possible to go through highly distressing events and recover naturally over time, and many people do. However, post-traumatic stress is more common than most people realise. A large review of trauma research studies showed that the lifetime prevalence rate of post-traumatic stress disorder in civilian (i.e. non-military) populations varied from 3.4% to 26.9%, suggesting that roughly up to a quarter of people will experience post-traumatic stress disorder in their lifetime (Shein et al., 2021). Naturally, prevalence rates vary by setting, incident type and the population being studied, which is why there is a large range.

I've helped over hundreds of people recover from trauma-related difficultes. I notice that trauma tends to develop when an experience overwhelms our capacity to cope at the time, for example, when we experience a serious physical or psychological threat, when we feel powerless, humiliated or alone; when all of our resources go into simply surviving the moment, leaving nothing available to process what is happening. At times of severe threat, we will either fight, flee, freeze or fawn, depending on what our threat system in the brain decides is more helpful for our survival. These responses and how they link to nervous system dysregulation are discussed in detail in the **North Star Trauma Recovery Path**.

Research has shown that dissociating during the event, i.e., feeling unreal, detached, or disconnected, is a predictor of later post-traumatic stress because it interrupts the way our brain processes the experience, and this can leave us with fragmented memories that feel very vivid and current and have a "current" quality and cause us to feel like we are back there at the time.

A meta-analysis by Brewin and colleagues (2000) concluded that factors related to what happened during or after the trauma, such as the severity of the experience, lack of social support, and additional life stress were bigger predictors of post-traumatic stress than pre-trauma charactersitics. Similarly, a meta-analysis by Ozer and colleagues (2003) found that what happens psychologically around the time of the event, not a person's prior characteristics, was the strongest predictor of PTSD. This shows that trauma is more about what happened than who it happened to.

When trauma dysregulates your nervous system, the "window" within which you can comfortably handle stress, commonly known as the window of tolerance, narrows. With a narrower window, it takes much less to push you out of it. Above the window is hyperarousal. When we are in hyperarousal, we are more easily triggered into intense emotional states, such as feeling panicky or on edge, snapping at others, being more irritable, experiencing anger or road rage etc. Below the window lies hypoarousal. When we experience hypoarousal, which can happen when we feel overwhelmed, we experience shutdown or might feel like we are zoning out. We may feel numb, flat, exhausted, or disconnected from ourselves, other people or the world. Many people swing between the two, sometimes in the same day. This is the signature of a dysregulated nervous system. It suggests that we need to develop ways of widening the window.

To summarise, trauma dysregulates our nervous system. This is why you can't "just move on" or "think positive". Those instructions speak to your rational mind, but trauma responses are within the mind and body. Recovery usually involves working with your nervous system: first helping your body to feel safer, then helping the brain to process the memory and file it away with all your other long-term memories.

The good news is that a dysregulated nervous system can be retrained or recalibrated. I've included four strategies in this kit, which I think are a good place to start. In **The North Star Trauma Recovery Path**, I take this much further, with a whole module on understanding and regulating your nervous system. I discuss polyvagal theory, and share a model that will help you understand and recognise your own fight, flight and freeze responses. I also guide you through a wider set of strategies, so that you can choose the ones that will work best for the way your specific nervous system works.

What are the common trauma symptoms?

Trauma shows up differently in different people; some people feel on edge, panicky and/or anxious, others feel numb, disconnected and far away. Many people feel a mix of both.

Here are a range of experiences that people who are experiencing trauma might notice:

Re-experiencing symptoms: Flashbacks, intrusive memories and/or distressing dreams.

Avoidance: Avoiding reminders of you of what happened. Avoiding thinking or talking about it.

Changes in thinking: Beliefs like "I'm worthless", "It was my fault", "I'm not good enough", "I'm unsafe".

Hyperarousal: Feeling on edge, being easily startled, higher levels of irritability; trouble sleeping or concentrating.

Changes in mood: Emotions like sadness, anxiety, guilt, shame, and anger. Or emotional numbness.

An altered sense of identity: Feeling like a different person, or like you've lost touch with who you were.

Dissociation: Feeling detached from yourself, other people, or reality.

Difficulties regulating emotions: Having emotional reactions to situations that feel amplified and/or are more difficult to cope with.

If signs like these have lasted more than a few weeks and are interfering with your daily life, you may be experiencing trauma rather than ordinary stress and that distinction is important because the support that helps is different.
Stress often responds to strategies like rest, exercise, problem-solving and relaxation. Trauma usually needs trauma-specific approaches that work with the mind and the body. Part two of this guide includes four strategies that I regularly teach my clients.

Part Two:

Three strategies that will help you cope with anxiety and distress and regulate your nervous system

Strategies to help you regulate the stress response

The strategies that follow are the same ones I teach my therapy clients. They are drawn from trauma-focused therapies, including EMDR, and they all share a common principle: they work with your nervous system. I like to think of these body-based, experiential strategies as speaking the language of your nervous system.

Three suggestions before you begin:

1. Practise the strategies in a calm moment first. It is easier to learn a new skill when we feel calm and once you've learnt it you will then be able to use it at times of distress.

2. Experiment with using the audio files. Each of these strategies comes with a guided audio file. In the recording, I guide you through the strategy, as if you were in my therapy room with me. Reading about a technique and being gently guided through it are very different experiences. You might want to save the audio file to your phone, so that you've got it available for the difficult moments.

3. Be willing to try the strategy more than once. Learning a coping strategy is like learning any new skill, it takes practice. If a strategy doesn't work the first time for you, consider trying it a few more times. At the same time, if the strategy makes you feel worse or you really don't like it, leave it and try another one.

Different people prefer different strategies and some strategies suit particular situations, which is why I've given you a selection to try.

Diaphragmatic Breathing

Using the breath to regulate your nervous system if you are experiencing fight or flight.

What it is

Taking slow, deep breaths into the stomach rather than the chest, and focusing on having a longer or slower out-breath than your in-breath.

Why it works

Your breath is one of the few parts of your stress response you can control directly. When you breathe slowly into your diaphragm and extend your exhale, you activate the body's calming system (the parasympathetic nervous system). Our breathing rate is in synchrony with our heart rate, so when we slow down our exhale, this slows down our heart rate. Diaphragmatic breathing also sends a physiological signal to the threat system that we are safe and can calm.

How to do it

1. **Sit or lie somewhere comfortable.** Place one hand on your chest and one on your stomach.
2. **Breathe in slowly through your nose for a count of three or four**, letting the hand on your stomach rise while the hand on your chest stays fairly still. Imagine that there is a balloon in your tummy and as you breathe in the balloon inflates.
3. **Pause briefly for a second or two.**
4. **Breathe out slowly through your mouth** for a longer count than the in-breath. Aim for an outbreath that takes twice as long as the inbreath. Let your shoulders drop as you do. Imagine the balloon deflating on the outbreath.
5. **Continue for two to three minutes.** If your mind wanders to something unwanted, you can gently guide your attention to counting the length of the in-breath and the out-breath.

When to use it

You can use this anytime when you notice stress or tension in your body. For example, you might use it before going to sleep, before an important conversation, as a daily practice to widen your window of tolerance, or as the first step before any of the other strategies.

Dropping Anchor

A mindfulness practice to hold you stead in an emotional storm.

What it is

A mindfulness practice for those moments when our emotions, thoughts or memories feel overwhelming or when you're being pulled into a flashback, panic, or a wave of distress.

Why it works

The aim of Dropping Anchor is to (i) notice how you are feeling and what you are thinking and at the same time become aware of the present moment by (ii) connecting with your body and (iii) engaging with the external world through the five senses. Dropping anchor doesn't try to get rid of the emotional storm. Instead, it anchors part of you firmly in the present until the storm passes. You're showing your nervous system three things: you have a body you can move, you're having thoughts and feelings rather than being caught up in them, and you're here in the present (not the past or future), free to choose what to do next.

How to do it

A: Acknowledge what you are thinking and feeling, then label your internal experiences. E.g. "I am having the thought that I'm a failure" "I am having a flashback. This is a memory of my accident." "I notice that I am feeling sad, I can feel it in my stomach."

C: Come back into your body. Whilst acknowledging your thoughts and feelings, begin to connect with your body, by gently moving a part of your body that feels comfortable. You could wiggle your toes or tap your foot on the floor, or touch the tips of your fingers together, stretch, walk, take a steady breath or something else.

E: Engage in the world around you. Notice what is going on around you. Look around. Where are you? What can you see or hear? Use your senses. Then continue with your day. What would be a helpful thing to do now? What do you need?

You might need to cycle through these three steps more than once

When to use it

When you experience flashbacks or intrusive memories, when you get caught up in unhelpful thinking patterns, if you experience waves of panic or overwhelm, any moment you notice yourself drifting away from the present and experiencing unwanted emotions.

Calm Place Visualisation

Creating a soothing place in your imagination.

What it is

A guided visualisation in which you build a soothing place in your imagination, based on a real or imagined location, where you can feel calm.

Why it works

Your nervous system responds to vividly imagined experiences in much the same way it responds to real experience. This is why a memory of a past experience can make your heart race years later or why imagining biting into a lemon can create saliva (try it now). Calm place uses this mechanism in a way that can be physically calming. This practice is often used as a resourcing exercise at the start of EMDR therapy. I use it with all my EMDR clients.

How to do it

1. **Take a few steady breaths and release any tension that you have in your body.**
2. **Bring to mind a place where you feel calm and relaxed.** You might imagine yourself on a beautiful beach, snorkelling in the sea, walking along a forest path, lying in a hammock, sitting in a favourite room or by a campfire, on a boat out at sea or somewhere completely different. Choose somewhere that doesn't have any negative associations.
3. **Develop the image with all your senses, one at a time.** What do you see? Colours, light, shapes? What do you hear? What can you feel? Warmth, a breeze, the ground beneath you? Is there a scent?
4. **Notice how your body feels as you stand, sit or move in this place.** Let the calm feeling settle and spread. Allow yourself to enjoy the positive feelings.
5. **Give the place a single cue word "calm", "relief" or something like "beach" or "forest".** Say it silently as you imagine yourself relaxing in your chosen scene.
6. **Continue to imagine being there, noticing how this feels.**

When to use it

When you experience flashbacks or intrusive memories, when you get caught up in unhelpful thinking patterns, if you experience waves of panic or overwhelm, any moment you notice yourself drifting away from the present and experiencing unwanted emotions.

Come Back to Now

A grounding practice for flashbacks and nightmares

What it is

A guided visualisation in which you build a soothing place in your imagination, based on a real or imagined location, where you can feel calm.

Why it works

In a flashback, our brains lose a sense of time. A traumatic memory is often stored without a clear sense that it finished, so when something triggers the memory, your nervous system responds as though the threat is happening in the present. Come Back to Now works by helping you notice real, present-moment evidence of the fact that you are not back there at the time of the experience. By noticing where you are, and what's different now compared to back then, you help your brain update its information and recognise that experience is over and in the past.

How to do it

1. **Name it.** Say to yourself, I'm experiencing a flashback. This is a memory of a past experience.
2. **Ground yourself.** Press your feet into the floor, or feel the chair beneath you. Or move your body.
3. **Take steady breaths.** Breathe in through the nose, hold for a moment and then exhale slowly through the mouth.
4. **Orientate yourself to the present.** Look around. Notice what you can see. Notice what you can hear.
5. **Notice what is different now.** Look out for any signs that tell you that you are in a different place or situation, that you are no longer in the distressing experience. Also look out for and notice any signs that tell you that you are safer now.

When to use it

When you experience a flashback or when you wake up from a nightmare. The more you can practise it on calmer days, the more easily it will be to use it when you need it most.

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Part Three: What comes next?

Everything I've included in this kit fits in the first phase of trauma recovery, which is focused on developing the skills you need to help you manage distress and feel grounded and safer in the present.

This phase is very important and forms the foundations that everything else builds on. For some people, understanding and making sense of their symptoms plus developing a range of helpful strategies can bring a high sense of relief and help them to start doing more of the things they enjoy.

Some people will need more help to recover than is contained in this kit, which is why it's called a starter kit. Some people will benefit from help to understand how their nervous system is functioning and to develop skills to manage nervous system dysregulation. Some people are also looking to gain a range of tools to cope with flashbacks, nightmares, anxiety and avoidance, so that they can rebuild their lives, socialise more freely and re-engage in their favourite hobbies and interests. Some people find that trauma has had a negative impact on their relationships and want to help to change this. I've created a step-by-step self-help programme that includes a range of video modules to help you with all of these areas; the North Star Trauma Recovery Path.

Many people will also need help to process their trauma memories. This is best done within a course of therapy. The North Star Recovery Path can help you prepare for trauma therapy or can be used alongside trauma therapy.

The North Star Trauma Recovery Path

The North Star Trauma Recovery Path is a step-by-step online recovery programme that I've created to provide trauma-specific guided self-help, based on my experience of delivering therapy for anxiety and trauma over the past 20+ years.

The programme includes six video-based modules in which I guide you through the different aspects of trauma recovery:

1. The first module focuses on what happens in the brain and body when we experience a distressing or traumatic experience.
2. The second module focuses on coping with triggers.
3. The third module helps you understand how your nervous system is working and how to regulate strong emotional experiences.
4. The fourth module gives you coping skills for common trauma symptoms like flashbacks and nightmares.
5. The fifth module focuses gives you ways to start rebuilding your life and feeling more like yourself again, by helping you overcome patterns of anxiety and avoidance.
6. The sixth module focuses on improving your relationships. It also includes a video for loved ones, so that they can better understand the things you are struggling with.

Once you have completed all six modules you will unlock an integration module in which I help you pull everything together and apply it to your unique situation, so that you can create your personal recovery path based on the strategies that will work best for you.

The programme also includes audio files of a range of helpful strategies that I teach my trauma therapy clients, so that you can download them to your phone for use in difficult moments. Plus there are worksheets too.

When I've delivered live Coping with Trauma Workshops, participants have told me that understanding how trauma affects the brain and body and why different trauma symptoms persist is enlightening in itself. The reason why I see this as so important is because it helps people realise that it's not their fault that they are experiencing the symptoms they are experiencing, which helps them to stop blaming themselves and makes recovery much easier.

Click here to find out more

When to seek professional help

Self-help resources like this kit can give you some useful insights and coping strategies. At the same time, there are times when working with a trauma specialist is the most effective path.

I'd encourage you to seek professional support if:

- Your symptoms have lasted more than a few weeks and are interfering with daily life, work, relationships, or your ability to enjoy things.
- You're experiencing frequent flashbacks, nightmares, or intrusive memories.
- You're relying on alcohol, drugs, or other means to cope with how you feel.
- Your relationships are suffering, or you're withdrawing from the people around you.
- You feel persistently numb, hopeless, or disconnected from yourself.

Effective, evidence-based treatments for trauma exist, including EMDR and trauma-focused CBT, and people recover with them every day. Your GP can refer you within the NHS, or you can look for an HCPC-registered psychologist or an accredited EMDR therapist (see the EMDR Association UK website) for private support.

Where to find urgent support

Sometimes trauma brings very dark moments. If you are having thoughts of harming yourself, feel unable to keep yourself safe, or feel that life isn't worth living please let someone know and seek support straight away.

There are a number of ways that you can seek support and there are lots of people who would like to help you:

- Speak to your GP as soon as you can, and be honest about how bad you have been feeling.
- Call NHS 111. They are able to help you access mental health support.
- The Samaritans are available 24 hours a day, every day, on 116 123, are free to call. You don't need to feel suicidal to phone them.
- Text"SHOUT" to 85258 for free, confidential support by text.
- In an emergency, e.g. if you have seriously hurt yourself or feel unable to stay safe right now call 999 or go to your nearest A&E.

Disclaimer

This guide is a psychoeducational resource. It is designed to help you understand and begin to manage trauma symptoms, and it is not therapy or a substitute for professional assessment or treatment. If you find that any of these strategies are unhelpful or make you feel worse, please stop using them.

References

Brewin CR, Andrews B, Valentine JD. Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. J Consult Clin Psychol. 2000 Oct;68(5):748-66. (https://pubmed.ncbi.nlm.nih.gov/11068961/)

Ozer EJ, Best SR, Lipsey TL, Weiss DS. Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis. Psychol Bull. 2003 Jan;129(1):52-73. (https://psycnet.apa.org/record/2008-10829-002)

Schein J, Houle C, Urganus A, Cloutier M, Patterson-Lomba O, Wang Y, King S, Levinson W, Guérin A, Lefebvre P, Davis LL. Prevalence of post-traumatic stress disorder in the United States: a systematic literature review. Curr Med Res Opin. 2021 Dec;37(12):2151-2161. (https://www.tandfonline.com/doi/full/10.1080/03007995.2021.1978417)