



Berkshire Healthcare
NHS Foundation Trust

Supporting
your loved one through
trauma treatment

Produced by the Berkshire Traumatic Stress Service

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Berkshire Traumatic Stress Service asserts the moral right to be identified as the author of this work.

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Contents

- 2** About the service
- 3** What are PTSD and Complex PTSD?
 - 8** The threat reponse
- 12** What is trauma-focused therapy?
 - 16** Side effects of treatment
 - 17** Unhelpful coping strategies
 - 18** Reclaiming lives
- 19** Tips for supporting your loved one
- 22** Support for you
 - 25** Contact details

About the service

Berkshire Traumatic Stress Service is a specialist NHS out-patient service. We provide specialist assessment and psychological treatment for those who are experiencing symptoms of Post-Traumatic Stress Disorder (PTSD) or Complex PTSD following exposure to traumatic events.

Our service is led by a Consultant Clinical Psychologist and consists of a team of experienced clinicians who have expertise in working with people who have experienced trauma and in psychological treatments for PTSD, Complex PTSD and other trauma-related difficulties. Our team includes:

- Clinical Psychologists
- Counselling Psychologists
- CBT Therapists
- Trainee Clinical & Counselling Psychologists
- Assistant Psychologists
- Helpful and friendly admin staff

We offer a range of treatments for PTSD and Complex PTSD, including both group and individual therapy.

About this booklet

It can be really difficult to support a loved one who is experiencing PTSD or Complex PTSD. You might not know what's going on, why one minute they might be crying and the next they might look blank. You might not understand why you're arguing over something that seems irrelevant. You might not know what to say or what to do, and might avoid doing or saying anything for fear of doing the wrong thing.

This booklet is designed to help you understand what is going on for your loved one and how to support them through trauma treatment.

What are PTSD and Complex PTSD?

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a name used to describe a number of different symptoms that may be experienced after trauma.

Trauma can be caused by events that happened to someone directly, or by events that have been witnessed or that have occurred to a close friend or family member. The traumatic event(s) may have occurred at any point during the person's life, may have been a single incident, or may have been repeated or prolonged. These traumatic event(s) can have a devastating impact on a person's physical and mental health, even years after the actual events.

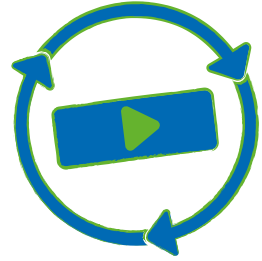
The symptoms of PTSD are re-experiencing, avoidance, and hyperarousal. Some examples of these are provided on the next page.

Not everyone with PTSD will experience all of these symptoms. People react differently. However, it is important to remember that these are very normal and understandable reactions to overwhelming and extremely stressful events.

These responses are automatic – that is, the person has these experiences, and reacts in these ways, without realising and without choosing.

Re-experiencing

- Reliving the traumatic events, for example through nightmares, flashbacks or vivid intrusive memories
- Feeling distressed when reminded of the traumatic events
- Strong physical reactions when reminded of the trauma, such as heart pounding, sweating and difficulties breathing



Avoidance

- Trying not to think about the traumatic events
- Pushing away feelings associated with the trauma and/or feeling emotionally numb and detached
- Staying away from reminders of the trauma, such as people, places or particular conversation topics



Hyperarousal

- Feeling very alert, jumpy or 'on edge'
- Feeling tense, angry or irritable
- Difficulties sleeping
- Difficulties concentrating
- 'Risky' behaviour



Complex PTSD

Complex PTSD features the core symptoms of PTSD – that is, re-experiencing, avoidance and hyperarousal, but also experience additional difficulties on top of these. These include difficulties with managing emotions, experiencing a negative sense of self, and finding it difficult to develop or maintain relationships. Examples of these are provided below:

Difficulties managing emotions

Emotions may feel uncontrollable. People may feel anxious, angry or overwhelmed, or feel numb, 'zoned out', empty or disconnected.



Negative view or sense of self

This is where people experience strong feelings of worthlessness, shame, guilt, self-loathing, or a critical 'inner voice'.



Difficulties in relationships

This can include feeling isolated, cut off or distant from others and experiencing problems trusting others and feeling safe in relationships.



Why might people develop Complex PTSD?

People who have been exposed to a prolonged, deliberate, anticipated trauma that was instigated by someone they know and was difficult or impossible to escape from are more likely to develop Complex PTSD.

These kinds of traumas, perpetrated by others, may make it hard for people with Complex PTSD to trust others, and may make relationships really hard, and emotions very difficult and overwhelming. People may want to have supportive and positive relationships, but may feel frightened of being hurt.

On top of this, people with Complex PTSD may become very self-critical, self-blaming or self-attacking, and may as a consequence feel shameful.

These experiences can also add to difficulties with relationships, as people who experience high levels of shame and self-criticism may not feel able to open up to their loved ones about their experiences. This may lead people to withdraw and push others away (this could be through criticising others), even if they want to be close to others.

The threat response

Why do people react automatically? After all, the trauma has passed and there's no threat now.

The answer to this is that our fear system is really strong. It's designed to help us survive. Because of this, people who have experienced a trauma associate reminders of the traumatic event (triggers) with fear too. Over time, people can even associate reminders of reminders with fear as well, to the point where people may not know what is triggering their automatic fear response.

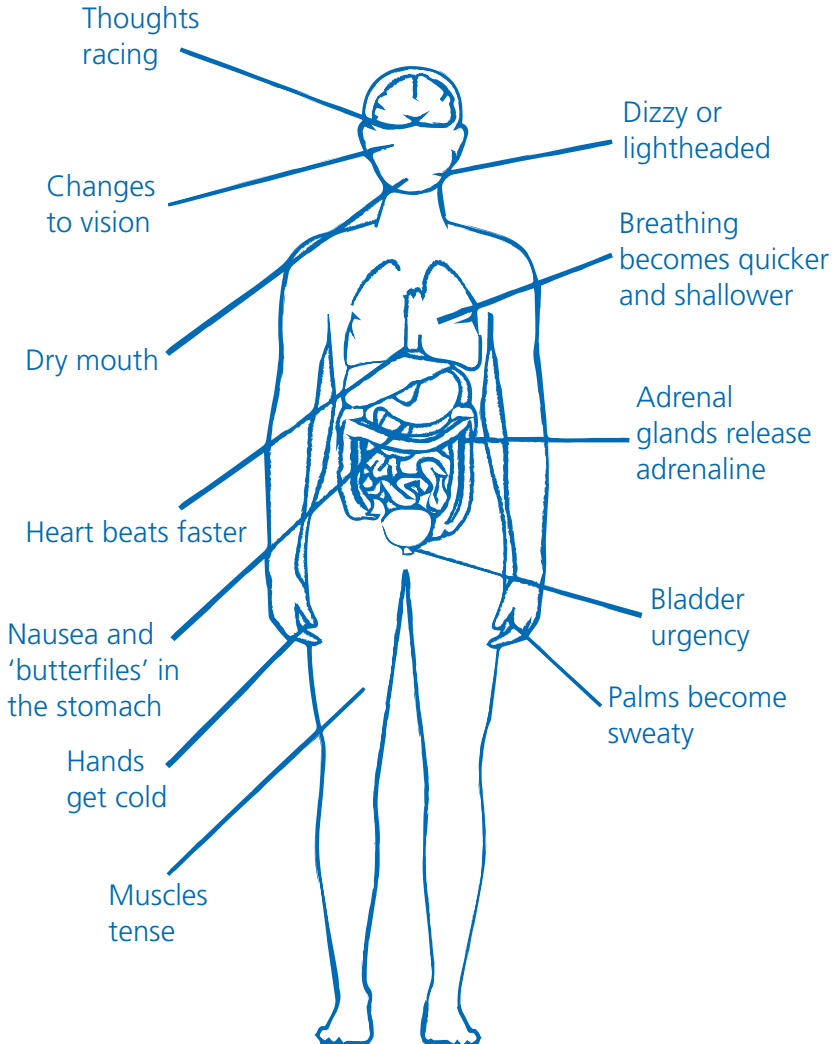
When a trigger registers in the brain, the brain responds automatically, as it does for any of us when we're faced with a threat. We'll go on to discuss what this may look like.

It's important to mention that we can override this automatic system, but this is hard, and even more so for people with PTSD or Complex PTSD, as the fear system of the brain becomes overloaded through constant use.



Bodily symptoms of the threat response

When the fear response is activated, the following bodily symptoms occur:



The threat response — what happens next?

These bodily symptoms occur as a result of the brain telling the body to react to a threat. Once the body is prepared, the person may then automatically respond in one of six ways:

- **Freeze** — The person is on guard and alert, hypervigilant and ready to take action
- **Fight** — The person may fight the threat. This may be physically, or mentally.
- **Flight** — The person may avoid the threat. This may be physically running away, or this might be avoiding triggers, or mentally pushing reminders away
- **Fright** — In this scenario, the body can't move – it's paralysed. On top of this, the person's voice doesn't work. The person may feel numb in this scenario but still aware of what is happening
- **Flag** — This is an extension of the fright response, where the person is not aware of what is happening and loses awareness of their surroundings. This may protect the person from the emotional pain of the trauma
- **Faint** — If the person's blood pressure and heart rate drops this may eventually cause them to faint

How does the body choose which response to activate?

The brain is very good at making quick judgements to try to keep us alive.

If the threat the person is up against is bigger and stronger than them, then the fight response is unlikely to be effective.

If the threat is faster, then the flight response is unlikely to be effective.

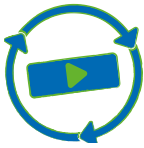
People whose fright responses are activated in response to a trauma may feel ashamed of not fighting or running away, which may lead to self-blame. However, it is important to know that this is a protective strategy for when fight or flight are unlikely to be effective, and is designed to help us survive.



What is trauma-focused treatment?

Trauma-focused treatment

Trauma Focused treatment targets the symptoms of the trauma through a number of stages, and a number of different interventions may be helpful. The interventions which are used depends on the person's needs and preference, alongside the therapist's clinical judgement and training.



Re-experiencing → Trauma memory processing



Avoidance



Exposure to the traumatic memory, understanding and exploring fears and reclaiming lives



Hyperarousal



Emotion regulation and distress tolerance skills development (e.g. deep breathing, grounding)



Difficulties managing emotions



Emotion regulation and distress tolerance skills development



Negative view or sense of self



Compassion-focused therapy techniques (e.g. increasing soothing activities, compassionate imagery)



Difficulties in relationships



Compassion-focused therapy techniques and involving loved ones in therapy

Types of treatment

There are three main types of treatments recommended and shown to be helpful for people with PTSD and Complex PTSD.

These are:

- Trauma Focused Cognitive Behavioural Therapy
- Eye Movement Desensitisation Reprocessing
- Narrative Exposure Therapy

Your loved one can talk about these with their therapist at the start of treatment to explore which may be most helpful.

Treatment within the Traumatic Stress Service

Treatment at Berkshire Traumatic Stress Service typically follows a phased approach, which is outlined opposite. Each phase may not be appropriate for everyone, so treatment is tailored to each individual, following an assessment, and is agreed between the person and their therapist.

Berkshire Traumatic Stress Services offers both group and individual therapy, however work on trauma memories is always completed in individual therapy. Therapy can be offered both remotely and face-to-face in the clinic.

We have also created a short video that explains the different types of therapy offered at BTSS, which you may find helpful to watch. You can access this video using the **link** or by **scanning the QR code**.



i.lead.me/BTSS-Therapy

Phase 1

Understanding and coping with Complex PTSD

To start with, we aim to help people understand more about PTSD and Complex PTSD and develop skills to manage the main symptoms.

Phase 2

Developing compassionate resilience

This phase is designed to support people who have difficulties with shame and self-criticism.

The best antidote to shame and self-attack is compassion. All human beings have the capacity to be self-compassionate but, sometimes, through no fault of their own, people may not have had the opportunity to practice it.

Phase 3

Working on trauma memories

This is the main component of treatment for PTSD. This phase of treatment aims to support people to process their trauma memories in a safe environment.

This phase of treatment can be difficult and upsetting, however, over time, it can lead to fewer distressing memories and nightmares, and less distress.

Phase 4

Living life after trauma therapy

In PTSD, often people can find that, over time, they are doing less of the things they value and enjoy.

This phase aims to help people think about, and reconnect with, what is important to them, what they value, and support them to live the life they choose.

What are the (temporary) side effects of treatment?

With any intervention there are side effects. You may be most used to thinking about side effects in relation to medication, but therapy also has side effects. These are temporary, but means that some people may feel worse before they start to improve, but the symptoms of PTSD do improve in the longer term.

For Trauma Focused therapy, this is because the person is encouraged to actively think about their traumatic experiences within therapy, rather than push them away.

As a result, you may notice a number of temporary side effects, including (but not limited to) increases in:

Flashbacks

Sadness

Isolation

Anger

Nightmares

Unhelpful coping strategies

When people experience symptoms of PTSD or Complex PTSD, or when people experience side effects of Trauma Focused treatment, they may engage in coping strategies that may feel helpful to them in the short term, but in the longer term keep their problems going and are really quite unhelpful.

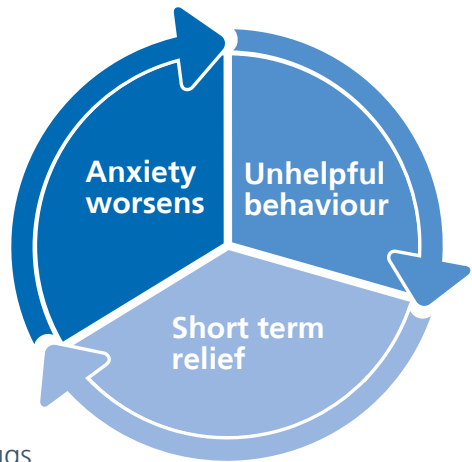
These may include:

- Drinking alcohol or taking drugs
- Harming themselves
- Avoiding triggers, people or activities
- Withdrawing from others, isolating, or pushing other people away

On top of this, loved ones may unknowingly keep unhelpful cycles going. Supporting a loved to avoid situations they would be able to manage with support is an example of this.

It may be done out of compassion for their suffering and wanting to reduce their distress, but it is important to encourage the person to take steps towards facing challenging situations (although it is also important not to push them - pressuring the person to improve is also unhelpful).

Additional mental health difficulties may also contribute to the person's experience, and may further exacerbate difficulties in relationships.



Rebuilding lives

Supporting people with PTSD or Complex PTSD to rebuild their lives is a really important part of trauma-focused treatment.

What are the person's goals?

What is important to them and what do they value?

What is a life worth living?

How can a person overcome avoidance, isolation and/or fear to start to live that life?

Similarly, reflecting on progress is also really important. It can sometimes be difficult to notice our own progress, or to notice the progress of someone we live with, so taking time to look back, or documenting achievements, can be helpful to see how far we have come. This can encourage us that we have made progress, and give us confidence to build on our successes.

In therapy this might involve encouraging the person to work towards purposefully exposing themselves to previously anxiety provoking situations that had been avoided, so that they can learn to cope and use strategies to manage anxiety in these situations rather than avoid them. This is particularly true if facing the situation is an important part of someone achieving their goal.

This may also involve documenting achievements either in photos, diary entries or letters.

Tips for supporting your loved one

Tips for supporting someone with PTSD or Complex PTSD

Here you can find some tips on how to support your loved one through trauma treatment. If you find other ways that are helpful, please do let us know, as it may help someone else.

- Be there, physically and emotionally
- Listen to what they feel comfortable sharing before problem solving
- Try to acknowledge the person's feelings
- Ask your loved one what you can do to support them after therapy sessions
- Encourage your loved one to keep to a healthy sleep routine
- If your loved one experiences a flashback, make sure they are safe and use your voice to try to bring them back to the here and now
- Ask them what support they would find helpful
- Suggest spending some time together
- Try not to take it personally, the person isn't purposely trying to hurt you or push you away
- Provide practical support and encouragement
- Avoid placing pressure on or blaming the person
- Understand therapy is hard and tiring work

It also be helpful to remember that people who have experienced trauma may have many unmet needs. However, they will first and foremost need their basic needs met before they start to address psychological needs and barriers to these. You can help them with this.

What people with PTSD or Complex PTSD want their loved ones to know

This section includes comments from people who have PTSD or Complex PTSD about what they would like their loved ones to know.

When we get angry with you, most of the time, it's nothing that you've done wrong. It is just a way to get the emotions we are feeling out in a safe space.

Nothing is their fault.

We may want to talk about what is upsetting us, but we don't know how to say it out loud, so sometimes just acknowledging that we probably aren't fine and just staying with us can be helpful.

It can be frightening to let our guard down.

I feel safe talking through things [during trauma therapy]. I don't feel pressure to say or remember anything I'm not ready for.

It might feel like we are pushing loved ones away and not showing any loving emotions towards them but please don't think it is because we don't love you. It is just a way of protecting ourselves from our own feelings about the past.

Support for you

Support for you

You may face challenges in supporting your loved one, and may struggle yourself with changes in your relationship, feelings of low self-esteem, low mood, anger, frustration, or anxiety. You may also experience guilt at not being able to do more to make things better, or for feeling angry at your loved one. It is just as important that you yourself are able to access care and support.

Self-care tips

- Loved ones of people experiencing PTSD or Complex PTSD may feel traumatised by hearing about their loved one's traumatic experiences. Seek help if you recognise any of the symptoms discussed earlier
- Make sure to tend to your own needs and take time for yourself
- Do things that you enjoy and which give you a sense of pleasure, or things that give you a sense of achievement
- Do things which are meaningful and valuable to you
- Ensure you also have a good sleep routine
- Remember that your loved one's anger is a symptom of PTSD, it's not personal
- Try to avoid burning out by doing too much – take time out to do things that are calming and relaxing. This might be having a bath, or sitting in a park enjoying the fresh air
- Talk to others who listen and who are supportive and understanding – we all need support from others! It is possible to talk about your experiences whilst also respecting the privacy of your loved one
- Burn off excess energy and adrenaline through exercise
- Be kind to yourself and recognise that you're doing your best. Break things down into what really needs to get done, and what can wait for another time

Additional support and resources

If you need additional support, here are some organisations that may help and offer further resources:

Carers UK

carersuk.org

0808 808 7777 (Monday to Friday, 9am - 6pm)

Mind UK

mind.org.uk

NHS 111

111.nhs.uk

Call **111** if you or your loved one are experiencing a mental health crisis out of hours

PTSD UK

ptsduk.org

Rethink Mental Illness

rethink.org

0300 5000 927

Samaritans

samaritans.org

Call **116 123** or text **07725 909 090**

jo@samaritans.org

UK Trauma Council - Childhood trauma and the brain

uktraumacouncil.org/childhood-trauma-and-the-brain

US Department of Veterans Affairs - National Center for PTSD

www.ptsd.va.gov

Contact details

If you have any questions, please feel free to contact us:



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Erleigh House main entrance (left) and one of our consultation rooms (right)

