

Rediscovering Hope: Understanding Difficult Life Experiences

An information booklet
on trauma for older
adults and carers

Throughout each section of this booklet, there are stories about the difficulties experienced by people who have experienced trauma and how they were able to understand, manage and develop different ways of coping.

At the end of the document, there is a list of **organisations and resources that provide relevant support** (Pages 31-32). Please see the Acknowledgments section for sources drawn on to develop this document (Page 33).

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1. Understanding Trauma

Trauma is an emotional response to a terrible event or series of events. These events may be sudden or more drawn out, and the same event may have different effects on different people, as we all handle things differently.

Researchers estimate that up to 90% of people have experienced at least one traumatic event in their lifetime. After experiencing a traumatic event, the effects may be seen immediately, or after a delay. This may be weeks, months, years or even decades later. People may not recognise the connection between traumatic events and the impact on their lives.

We can think about Trauma as three E's:

The Event, the Experience and the Effect.



The event

A one-off event could be any of the following:



A traffic accident



**A sudden bereavement
of a partner, close friend,
parent or child**



A serious injury



A natural disaster



A terrorist incident



A physical or sexual assault

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A series of events or circumstances could be:

Physical abuse

**Domestic violence or abuse,
including coercive control**

Sexual abuse

Psychological or emotional abuse

Neglect and self-neglect

Financial or material abuse

**Discrimination on grounds of age, race, ethnicity
or nationality, sex or gender (including gender
re-assignment), sexual orientation, disability, marriage or
civil partnership, pregnancy or maternity, religion or belief
etc.**

Having a serious illness

**Facing troubling situations in your line of work e.g. police,
fire service, health etc.**

Institutional or organisational abuse

**Being a refugee and possible experiences of war
and persecution, torture and displacement**

“These sorts of events could be experienced or witnessed at any age and will be experienced differently by each individual. In some cases, they are traumatic leading to experiences that are distressing and disturbing.”

The Experience

The experience of the event may affect the way a person feels about themselves, their view of the world around them and the assumptions they make about others.

Someone who has experienced trauma may feel:

**helpless lonely ashamed abandoned
betrayed guilty frightened rejected
isolated sad humiliated powerless**

Someone who has experienced trauma may see the world as changing around them in ways they find uncomfortable, for example:

- I no longer feel safe in the world
- I no longer feel able to talk to people I feel close to
- I find myself questioning whether my family loves me
- I find myself questioning my faith

The Effect

Everyone's experience of trauma is unique. The impact of trauma will vary; effects may be immediate or follow after a period of time, and will range in how long they last. Many people do not recognise the connection between traumatic events and their impact. The effects of trauma can include:

Struggling to cope with normal stresses of daily living (for example, running late in the morning).

Difficulty with trust and benefiting from relationships.

Not being able to take control of the expression of emotions, such as not being able to control your anger.

Struggling with memory, such as not being able to remember events or conversations.

Feeling numb or wanting to avoid people or situations.

Trauma can occur to people of all ages and affect them throughout their lifetime. As people get older, there is a tendency to look back and reflect more. Sometimes looking back at the past can lead to us thinking about events differently. This may be in a more positive light or more negatively. When we look back on things and see them as a negative experience, we can often spend time thinking, "if only that event did not happen...".



Pause for Thought

Have you noticed any of these effects in yourself or the person you care for?

Amar's story

Amar is a 75-year-old gentleman living at home with his wife. Amar had a successful career and enjoyed his life. He met his wife in his 20s and they had two children. After retirement, Amar developed a physical health condition which affected his mobility. This meant that he started to require support from carers for his personal care, including using the toilet and showering. Suddenly, Amar has found that he is starting to have difficult memories surface, and he remembers being sexually abused as a young child. These memories are starting to become very strong and are leading Amar to have vivid nightmares. He is spending a lot of time thinking about it. Amar is confused as he managed to get through his entire life without thinking about the abuse, but now it is taking over his life. This makes Amar really frustrated as he struggles to understand what is happening, and it makes him more irritable and it is starting to affect his relationship with his wife and children.



2. How do we respond to Trauma?

Some people want to talk about their experiences, while other people do not. This can be influenced by differences like age, culture, or gender. Whoever we are, we are deserving of access to support that meets our specific needs.

A person might lose confidence in their ability to do things independently and become increasingly reliant on trusted others to support them. They may feel anxious on their own.

A person might find that they are ruminating. This means they may spend a lot of time thinking about the event(s) that have happened to them. Or they might do the opposite and try very hard to do whatever they can to not think about what happened to them.

Some people may use alcohol or other substances to numb or distract themselves from the physical or emotional pain that trauma can cause.

They might avoid or withdraw from social situations. It may feel safer to spend time on their own in a familiar environment.

People may also use food as a mechanism to cope, whether it be eating more than needed, or not enough.

Some people may even harm themselves or their bodies in order to cope with the effects of traumatic events.

Changes in coping with Trauma

The way that we understand and view trauma, and how to manage it has developed over the years. If people have gone through a traumatic event, they may have been told to:



Some of these comments may stick with people throughout their lives.

In more recent years, research has helped to understand that this may not be the most helpful way to manage after a traumatic experience, and we have developed more helpful ways of supporting people to manage the impact of trauma.

Mary's story

As a young woman, Mary's dad worked long hours and would spend a lot of time in the pub. When he came home he would often argue with her mother and shout at Mary and her siblings. These arguments often became violent. She was told not to "air her dirty laundry" and for most of her life she believed that talking about what happened in her family home would bring shame on her.

Unable to voice her trauma, Mary withdrew from friendship groups and often kept to herself in order to keep the pain silenced. As Mary grew older and her own children had grown up, Mary's daughter shared that she was experiencing physical violence in her own relationship. Mary was surprised to hear her daughter had spoken to her doctor and was now seeing a therapist.

Initially, this frightened Mary as she wanted to protect her daughter from gossip and shame. However, as conversations flowed, Mary saw a new path. Mary started to share more with her daughter about her own experiences of domestic violence. Her daughter explained to Mary that therapeutic conversations are confidential, meaning, they were private, unless the therapist was concerned about risk. Mary started to think that there may be different ways to cope, rather than spending all of her time on her own, people could listen and not judge. Witnessing her daughter confront her pain head-on, she realized there were alternate avenues to healing. In their shared vulnerability, Mary discovered the power of dialogue and the strength in choosing healthier ways to cope, rather than silence.



3. Why might Trauma show up later in life?

For some people, distress related to trauma might show up again in later-life, or even show up for the first time, even if trauma was experienced many years ago.

Some people grew up in homes where they were taught not to show emotions, have a “stiff upper lip” and not “air your dirty laundry”. This might mean that they have never spoken to anyone about experiences of trauma before. We now know that speaking about our emotions and experiences can be helpful.

Lots of things can change in later life, for example retiring from work, changes in caring responsibilities, bereavement of loved ones, health changes etc. Sometimes these types of changes and transitions can bring up thoughts and emotions about previous experiences of vulnerability and trauma. These changes can trigger a traumatic stress response even for those who had previously been coping well.

As we age we tend to look back and reflect on the life we have lived. Both the positives and the negatives. Sometimes this natural process of reflection and reminiscence can stir up memories of traumatic events and distress.

People often find ways of coping with their thoughts and emotions about traumatic experiences. But because of a change in our circumstances as we age, sometimes they can no longer cope in the same way. For example, being really busy with work, family life and hobbies when young might have stopped someone from thinking about their past, but if they are no longer as busy as they used to be they can find themselves struggling with the past.

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So, as people who have experienced trauma become older, trauma symptoms can resurface and evolve because of major life changes and stressors such as:

Changes in Familial Roles

Changes in occupation

Health problems for themselves or loved ones

Several losses coinciding: death of friends and relatives, financial hardships, loss of home and possessions, frailty leading to lack of independence and feeling unsafe, poor health restricting activities.

Changes in circumstances leading to fearfulness e.g. moving to new accommodation with unfamiliar, unknown people, new environment, different routines.



Pause for Thought

To what extent do you identify with the changes listed above in yourself or in a loved one?

Seeking help for trauma

It can be hard to seek help for trauma symptoms or associated health consequences because:

- A person might not always recognise that trauma is playing a role in their current difficulties.
- A person may worry about the stigma associated with sharing their personal experiences.
- Some healthcare professionals may not recognise the signs or symptoms of trauma.
- A person's trauma symptoms can present differently than in younger individuals or be masked by other health conditions.



Sofia's story

When Sofia was growing up, her house wasn't the happy, safe place that it should have been. Sofia's parents were very strict, and she worried about stepping out of line or getting anything wrong, as it would lead to her being beaten or locked outside.

Sofia's parents also didn't get on with each other, and her dad used to beat her mum. Sofia saw how anxious her mum was and learnt from her mum that the best way to cope was to always be on guard, watching out for danger and trying to predict and prevent things that could go wrong. Sofia would hide in her room and be terrified, but sometimes she would have to sit and watch and was too afraid to move.

As Sofia grew up, she met a wonderful partner Gary and had a great life with him. They both worked and had children of their own. However, any arguments they had led to Sofia feeling extremely anxious. Sofia also finds that she always wants to be with Gary, and doesn't want to be left alone. She worries a lot about him leaving her. This has got worse since they retired, and Sofia has had fewer distractions with her job ending and her children having moved out. As a result, Sofia tries to keep Gary closer, which makes him feel suffocated so he needs more space, which causes problems in their relationship, and leads to Sofia feeling even more anxious, and they get stuck in a vicious cycle. When Sofia can't speak to Gary or feels highly anxious, she regularly calls her children and friends, who also start to become tired. She even calls services every day just because she needs someone to talk to and she feels frightened all the time.



4. Post-Traumatic Stress Disorder

It is normal to experience upsetting and confusing thoughts and emotions after a traumatic event, but most people improve naturally over time.

For a small number of people, distress related to trauma continues. This is called Post-Traumatic Stress Disorder (PTSD). It is an anxiety disorder that can affect anyone at any age.

PTSD is thought to affect 1 in 3 people who have experienced frightening, distressful events, but it's not clear why some develop the condition and others do not. Older people, having lived for longer, are more likely to have experienced a distressing event at some point in their lifetime, whether it be in a war, a serious accident or difficult personal event.



Symptoms of PTSD

Any situation that a person finds traumatic can cause PTSD. PTSD may develop immediately, over time, or years later. There are 4 types of PTSD symptoms, but they may not be experienced in the same way by everyone.

1. Reliving the event

Unwelcome memories of the event can show up at any time and are often unwanted. This can be in the form of flashbacks which can feel very real and frightening, and often people feel as if the trauma is happening again. Flashbacks can be 'triggered' by something in our environment for example a news report about a similar event, or they can be 'triggered' by something internal such as a thought or feeling. Another way reliving might be experienced is via nightmares of the event.

2. Avoiding things that remind you of the trauma

You may try to avoid certain things, people or situations that remind you of the event. It might be that you find yourself withdrawing from relationships or people as you worry they'll ask about how you are or about the trauma directly. Sometimes people may turn to alcohol or drugs to block out or numb distress related to the trauma.

3. Having more negative thoughts than before

How we view ourselves, the world and others may change because of the trauma. For example, seeing the world as dangerous and other people as threatening. We might feel sad, numb or lose interest in things we used to enjoy.

4. Feeling on edge

You might find that you feel on edge or like danger is around every corner. You might feel you need to be on the look out for threats. It can be hard to relax, difficult to concentrate and you might struggle with sleep. Sometimes people feel the need to be over protective of loved ones. Some people can experience anger or irritability.

David's Story

David is an ex-fireman and worked in the fire service for his entire life. Throughout his career, David was on the frontline of many difficult events, including being in many burning buildings, car accidents, and other disasters. Through his role, David had to help people out of life-threatening situations, including children. Sadly, on some occasions, the people David was trying to save did not survive.

David has been retired for a few years now, but he finds it incredibly difficult to watch any TV shows or films where there is a fire. If he finds he is in a situation where there is something on the TV with a fire, he finds he has to leave the room and compose himself. David also worries about his family when they are driving in bad weather or late at night and finds himself monitoring traffic apps to see if accidents are reported and asks them to let him know they're safe.

David's heart starts racing, he gets sweaty, restless, and sometimes he starts to see images in his head of real situations he had been in at work. David sometimes forgets where he is and it feels like he has been transported back to a different time. This also happens when he hears sirens.

To make it easier, David starts avoiding any shows or films with emergency vehicles or disasters. He no longer cooks, but watches his partner cook to make sure she is being safe with the hob, and he drinks alcohol to get him off to sleep, and to push the feelings and images in his head away.



5. Support for Trauma Experiences

'Support' can mean lots of different things to different people and covers a huge range of things. It is dependent on the person's needs, wishes and goals. Support can be quite informal, such as a cup of tea and a chat with a family member, a conversation with a neighbour, or a talk with someone from your place of worship. But support can also be more formal and structured such as regular counselling sessions or therapy from a mental health professional.



What can people do to support themselves?

If someone has experienced a traumatic event, most of the time, how they feel will improve gradually by itself. However, sometimes, the difficulties might continue, and extra support may be needed.

Some things that might help after a traumatic experience are:

- Being reminded that they are safe and that the traumatic experience is in the past.
- If feeling upset or distressed, being reminded that it can help to breathe deeply. Such as breathe in for 4 seconds and out for 6, or pretend to smell a flower and blow out a candle.
- If it feels like the difficult or upsetting thing is happening again, being reminded to come back to the here and now, such as noticing sights or smells or the smallest object in the room.
- If overthinking the situation try distraction with alternative thoughts.
- Talk to a trusted person about what happened, but only if they would like to do so.
- Try and go back to or develop a normal routine as soon as possible.
- Eat as healthily and as regularly as possible.
- Get plenty of sleep, rest, and relaxation.
- Do the things that matter, such as interests and hobbies, and spending time with loved ones.

Where can people access support from others?

It can be really scary to reach out for help, but there are people who will want to help. A person who has been supporting themselves for a long time may feel like they need more support to change the way they are coping. People don't have to go through this alone, there are professionals, services and organisations that specifically focus on helping people feel better if they are experiencing distress related to trauma.

- A trusted friend or family member may be able to provide support.
- The Local Authority (Council) will be able to support and direct a person to local services.
- A GP will be able to put a person in touch with the appropriate NHS professionals.
- The NHS has a range of professionals that can provide support. (See page 26)
- There are also peer support groups that they can attend.

When speaking with family, friends or professionals about your experiences, you might want to consider when, who and what you want to share, or what sharing your experiences may look like.



Thomas' Story

Thomas' main occupation through life had been as an army officer. He had witnessed many violent physical conflicts. This had seriously impacted Thomas, and he developed PTSD from his experiences. This made it hard for Thomas to participate in things that he used to enjoy.

Thomas' close friend, Gemma, noticed that he had become more withdrawn and that he was finding it difficult to cope with looking after himself. Gemma supported Thomas with his cooking and cleaning. Thomas trusted Gemma as they had been friends for years and felt able to open up about his experiences with PTSD and how he felt lost. Gemma thanked Thomas for sharing with her and asked Thomas if he would be up for going to visit Thomas' GP together to learn more about what support is out there. Thomas agreed to go to the GP with Gemma. They learned that there were specific organisations that supported veterans.

Soon, Thomas had a network of professionals around him that helped him to understand his experiences in the past and how they were impacting him in the present. With the support of professionals, Thomas learnt different relaxation strategies whenever he started to feel his PTSD symptoms become stronger. Gemma continued to be there for Thomas but he felt more able to manage on his own. Thomas was empowered by his friendship with Gemma to have the courage to speak to his doctor and transform how he coped with the traumatic experiences he had faced.



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6. Providing Support and the Caregiving Relationship

A caregiver, whether a family member, friend, or a carer by profession, may not have all the information about the person's past they are caring for, but their previous experiences are important as these will influence the effect of the trauma.

People who have experienced traumatic life events can be sensitive to situations that remind them of their traumatic experiences. These reminders, or "triggers", may cause a person to re-live the trauma, placing the brain on "high alert" for threat. Sometimes we can identify the triggers, but often triggers can be unknown. Similarities in everyday situations may serve as reminders to the person, these may be:

- Physical or sensory triggers such as smells, sounds, or sights.
- Situations like a closed door or being left alone with someone one-on-one.
- Emotions such as feeling afraid, trapped, or powerless.
- Feelings or situations involving others where the person may feel vulnerable, loss of control, or uncertainty.
- Sensations like pain, discomfort, or tension.

People's behaviours can be understood as coping strategies designed to survive adversity and overwhelming circumstances (past or present). A knowledge of the person's life story and contemporary historical events, as well as understanding these in the context of their present concerns can be helpful (e.g., money worries, food poverty).

It will be important to:

- Identify potential adverse events or situations.
- Identify previous coping strategies.
- Explore and record comforting activities and people.
- Explore the person's experience and responses to pain.
- Explore the person's experience and responses to distressing events.

What to consider when caring for someone

As we grow older, there is a greater likelihood that that we will require more support from healthcare services. As a carer, being aware of the social and environmental triggers for the person or you are working with is particularly important. Recognising, recording and sharing potential triggers with all people involved in the person's care can create consistent and safe care for the individual.



Pause for Thought

Can you as a carer or a person who has experienced trauma, identify the triggers in the way you live and where you are living that cause distress?



Empowering the people that we care for

It is important that people suffering from trauma are enabled to ...

Feel safe

Knowledge of potential triggers is essential here so that the living environment is set up in a way that promotes feeling physically and emotionally safe.

Have choice

Supporting the person to have the opportunity to make meaningful choices is important. Even though choice may be limited, based on an individual's capacity to look after themselves, it is important that some choices are made by the person even within these limitations.

Collaborate with others

Incorporating the person's voice into care provision to co-produce a plan for their care will provide them with some autonomy. This may be seen as "Doing with the person, rather than to the person or for the person".

Establish trust

Being present and consistent and following through on decisions and planned actions is important including being clear on what things aren't possible and what things you, as a carer cannot do.

Involving people as much as possible in what is happening and giving them the opportunity to respond to and influence the decision-making process will improve their belief in themselves. Acknowledging people's strengths and interests can be useful.

Jessica's Story

Jessica's childhood trauma experiences started to re-emerge when she needed to move into a residential care home, following a stroke. Jessica needed to be bathed by carers, however, she found this very difficult as her mother used to give her extremely hot baths when she thought Jessica has been naughty. This caused Jessica to refuse baths at the care home. The staff were concerned about Jessica's wellbeing and health because she did not want to be bathed. They asked Jessica if she wanted to talk to a psychologist about moving into the care home and the difficulties she was experiencing. Jessica agreed that she would give this a go.

Jessica shared with the psychologist about her past and how being bathed by other people felt very dangerous and scary.

The psychologist supported Jessica with compassion and empathy, agreeing that it would feel very frightening when baths had previously caused her so much distress.

The psychologist was then able to support the care staff team to develop trauma-informed ways to care for Jessica. This involved collaborative discussions with Jessica about alternative ways to keep up her personal care. Jessica and the carers created a plan together that they would talk her through the bathing experience each time and allow her to test the water before. This allowed Jessica to re-gain her power, as well as develop and strengthen Jessica's relationships with the care home staff.



7. Dementia and Trauma

All of the information provided in this booklet is relevant when caring for someone with a diagnosis of dementia, but there are also some additional points to keep in mind:

Changes in Coping Methods

Dementia can mean that previous ways that a person coped with trauma memories are no longer available to them. For example, keeping busy to distract from memories, or avoiding close physical contact.

Intrusive Trauma Memories

There may be an increase in intrusive trauma memories that could cause distress, this distress may be communicated through different types of behaviour. This may mean that the person is more emotional whether that be more tearful, sad, afraid or angry, and these emotions can change quite suddenly. It could also mean the person may physically react to those providing practical support. This could include hitting out or pushing away a carer or loved one, as well as withdrawing and wanting to hide away. This may be particularly noticeable when the person has limited verbal communication abilities.

Orientation difficulties

Difficulties with orientation to time and place, can make it hard for a person with dementia to be aware that the trauma is in the past, thus increasing levels of fear.

Differentiating Trauma from Dementia

It can be hard to separate out the symptoms of dementia and past trauma, however, regardless of the origin of the difficulty the most important action is to seek to meet the underlying need that is being communicated.

Trauma-Informed Caring Environments

Creating a safe, supportive and respectful environment is important in addressing both post-traumatic stress and dementia.

Documentation

It can be helpful to note and document specific triggers to behaviours that appear to be signalling distress. Noting times when the person seems calmer can also provide insight and ideas for providing support.

Developing a Relationship

While it may not be possible to learn the specifics of the trauma, asking general questions of the person to help understand what makes them feel more or less safe and asking family / friends may provide helpful information.

Feeling unable to cope, worried you may hurt yourself or somebody else and/or experiencing suicidal feelings?

For same or next day help

You can get help with your mental health in different ways depending on what you prefer. All services are free.



- › Call **NHS 111** and **select the mental health option** (also known as the Sussex Mental Healthline) or the Samaritans on 116 123 (both available 24/7)
- › **Visit a Staying Well** service (out-of-hours mental health crisis support service for people aged 18+ available in Eastbourne and Hastings). To make an appointment, call 0800 023 6475.
- › **Text the word SUSSEX to 85258** (24/7 mental health text-messaging support service).
- › **Download the Stay Alive app** - a suicide prevention resource full of useful information and tools to help you stay safe in crisis.

8. Organisations and Support Resources

Victim Support

☎ 0808 168 9111

🌐 [victimsupport.org.uk](https://www.victimsupport.org.uk)

Provides emotional and practical support for people affected by crime and traumatic events.

The Survivors Trust

☎ 0808 8010 818

🌐 [thesurvivorstrust.org](https://www.thesurvivorstrust.org)

Lists local specialist services for survivors of sexual violence, including advocates and Independent Sexual Violence Advisors (ISVAs)

PTSD UK

🌐 [ptsduk.org](https://www.ptsduk.org)

Provides information about PTSD and C-PTSD, including different types of treatment, ways to help yourself and how to support someone with PTSD.

RoadPeace

☎ 0800 160 1069

🌐 [roadpeace.org](https://www.roadpeace.org)

Information and support for people bereaved or seriously injured due to road crashes.

NHS UK

🌐 [nhs.uk](https://www.nhs.uk)

Information about health problems and treatments, including details of local NHS services in England.

PTSD Resolution

☎ 0300 302 0551

🌐 [ptsdresolution.org](https://www.ptsdresolution.org)

Helps veterans, reservists and their families with trauma and distress.

EMDR Association UK

🌐 [emdrassociation.org.uk](https://www.emdrassociation.org.uk)

Professional association of EMDR clinicians and researchers in the UK and Ireland. Provides lots of information about EMDR. Includes a search tool to find EMDR-accredited therapists ([emdrassociation.org.uk/find-a-therapist/](https://www.emdrassociation.org.uk/find-a-therapist/)).

Organisations and Support Resources

Freedom from torture

Supports survivors of torture.

 freedomfromtorture.org

Anxiety UK

Advice and support for people living with anxiety.

 **03444 775 774** (helpline)

 **07537 416 905** (text)

 anxietyuk.org.uk

Alzheimer's Society

Advice and support for people, families and carers living with Dementia.

 **0333 150 3456**

(Dementia Support)

Dementia UK

Advice and support for people, families and carers living with Dementia.

 dementiauk.org

 **02080365400**

 info@dementiauk.org

Age UK

Advice and support for older adults.

 ageuk.org.uk

 **0800 678 1602** (8am-7pm)

Talking Therapies

You can also contact your GP for a referral to Talking Therapies or self-refer online: nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/

NHS Scotland

Video resource on Trauma informed care for staff working with people with trauma experiences: vimeo.com/835455819

9. Acknowledgments

This document was created in collaboration between mental health professionals and experts by experience.

Information for this booklet was gathered from:

- theannainstitute.org/CCTICSELFASSPP.pdf
- trustedcare.co.uk/help-and-advice/ptsd-in-older-adults
- nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview
- oxfordhealth.nhs.uk/camhs/self-care/trauma/
- mind.org.uk
- minded.org.uk

RFA Foundations of Trauma Informed Care Primer
(Dr Karen Heller Kay)

Special thanks to:

- Dementia Advisors, Alzheimers Society
- East Brighton Experts by Experience group
- ManKind
- 1in6.uk

For their support and guidance throughout the development of this booklet.



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