



Clinical Health
Psychology

Fife Health
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Partnership

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FAMILY AND CARER RESOURCE PACK

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For an audio version of the
booklet, scan here

This booklet is designed to help you to understand more about major trauma and how it can affect you.

Signposting options are available at the end of the booklet to provide you with support within your local community.

Whilst it might not be you on the Major Trauma Pathway, trauma can affect everyone. It is important to know how trauma might affect you in order to allow you to identify options for further support in the future, should this be necessary.

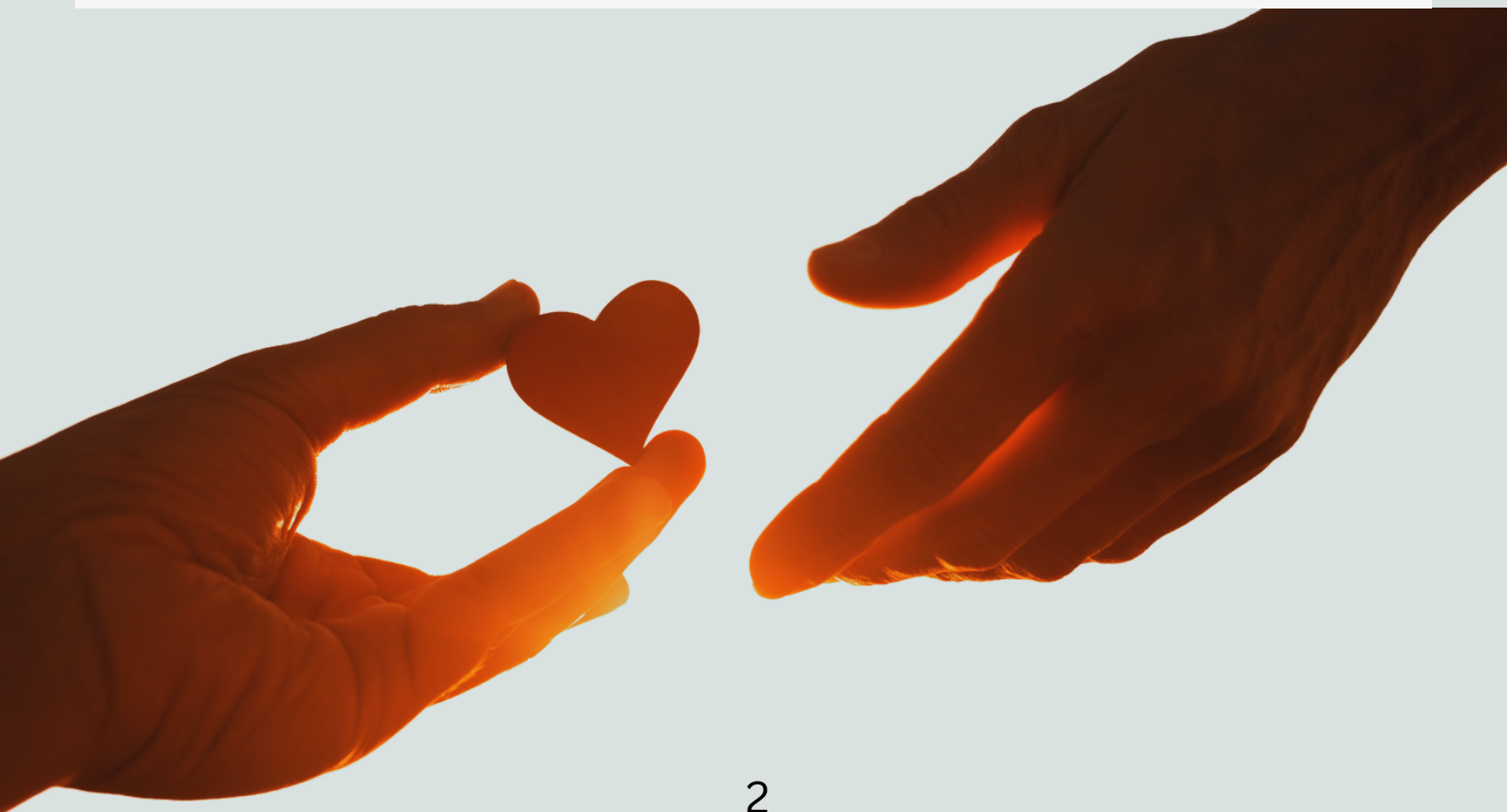


Resource Aims

The aim of this booklet is to support the families, carers & the system of those affected by major trauma.

Trauma is often challenging. Whilst there is no resource to tell you how exactly to cope with trauma, this guide aims to provide you with information about trauma and how it might affect you.

Please remember that you are not alone. There is no 'right way' or 'wrong way to feel' right now. Take care to meet your own basic needs during this difficult time.



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1. What is trauma?

Trauma relates to a person's experience of emotional distress, which results from an event that overwhelms their capacity to digest it.

Trauma is an emotional response caused by threatening or distressing events. You can experience trauma from both events that happen to you, or events you witness happening to others.

Many people will go through some form of traumatic event in their lifetime, such as an unexpected death of a loved one or a car accident. It is important to remember that what may be traumatic for one person, may not be traumatic for someone else. People process traumatic events differently and the meaning and impact of that event is entirely personal. Figure 1 illustrates some examples of incidents which may lead to a traumatic reaction.



Examples of trauma include:

Bullying

Serious accidents

An attack

A major natural disaster (e.g. flash flooding)

Being witness to violence.

Figure 1: Potential sources of Trauma

2. Case Study- Joan's Story

Joan, age 74, found out her husband Mark was in a serious road traffic accident. She visited him every day in the intensive care unit. She found it so upsetting to see him lying in the hospital bed, looking so different to his normal self. When he came home she made sure she provided him with everything he needed which included helping him dress and driving him to all his appointments.

This meant she wasn't able to see much of her friends or attend her aqua- aerobics class. She didn't mind, as Mark was her priority and she was more than happy to help. He had been through so much. Over time she noticed she felt exhausted all the time and she was highly irritable. She wasn't sleeping at all and really couldn't stop thinking about him being in ICU with all those tubes in his body. She craved some alone time, but felt guilty at the thought.

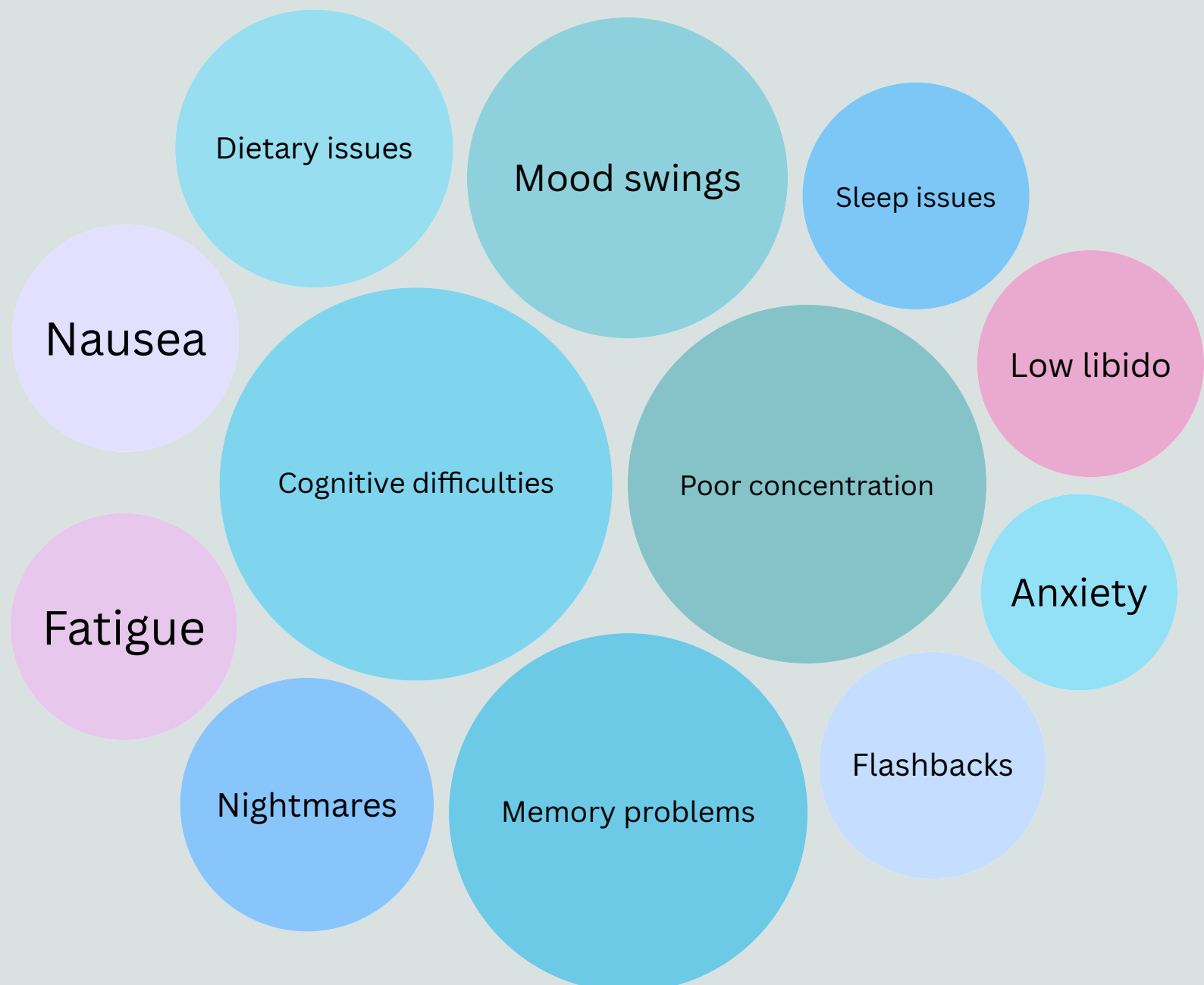


Joan was experiencing a Trauma reaction in relation to her husband's accident. Her trauma symptoms and some supportive strategies are highlighted throughout this resource.

3. The Emotional Aftermath

It is typical to be distressed after a traumatic event. You may need time and support to adjust to and process what you have been through. Everyone reacts differently and may need different amounts of time to regain a sense of normality.

It is common to have feelings of shock and denial straight after. You may also have longer term reactions such as those illustrated in Figure 2.



You might experience a delayed reaction, e.g. you feel well initially but then experience changes to your mental wellbeing in the future.

It is common to also notice changes in your behaviour such as trying to avoid reminders of the trauma, e.g. conversations about the trauma, or going to the place where the trauma occurred.

These are normal reactions and for most people these symptoms will decrease over time. It may take some weeks for you to be able to come to terms with what has happened.



4. Stress Bucket

It can be useful to think of emotional difficulties in the context of a metaphor called the 'stress bucket' (see Figure 3)

If we are well resourced and have appropriate buffers to keep us feeling safe, soothed and connected with the world, our bucket can cope with the addition of more and more water.

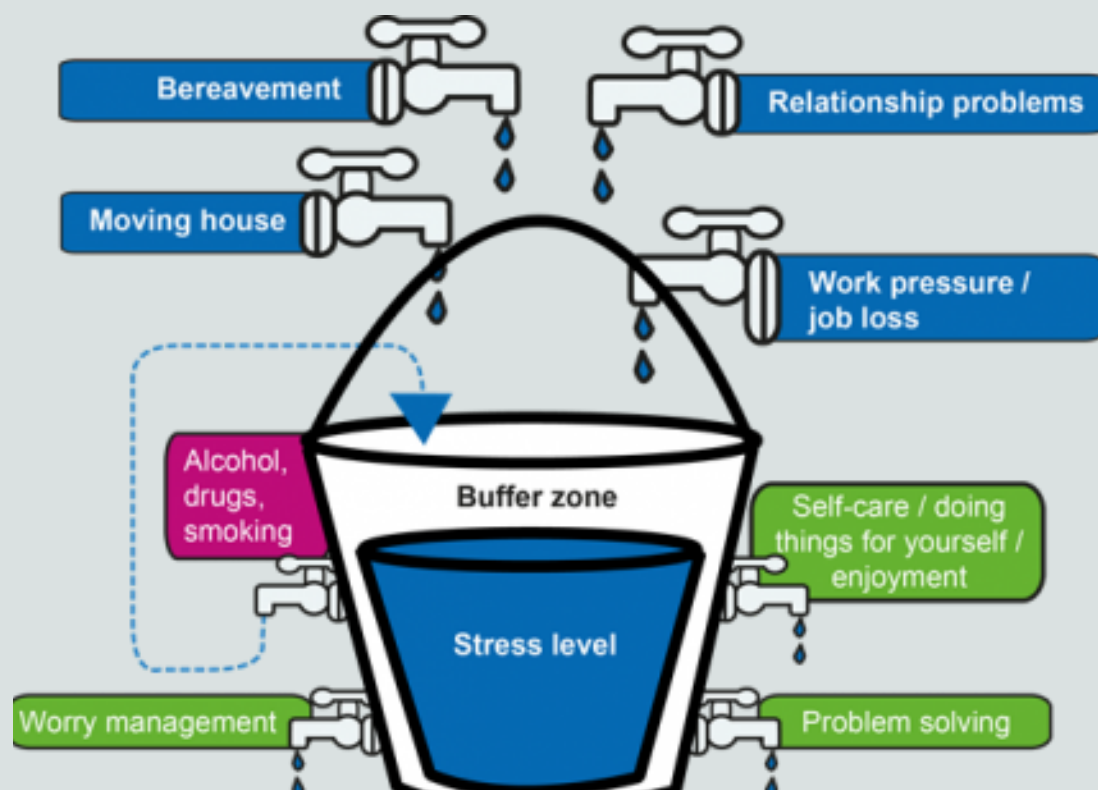


Figure 3: Stress Bucket

Trauma can represent a monumental life stress. A surplus amount of water can destabilise our bucket and cause it to tip over, in the absence of other supportive buffers. This may lead to emotional difficulties, therefore it is useful to recognise such warning signs.

**watch a
video
here**



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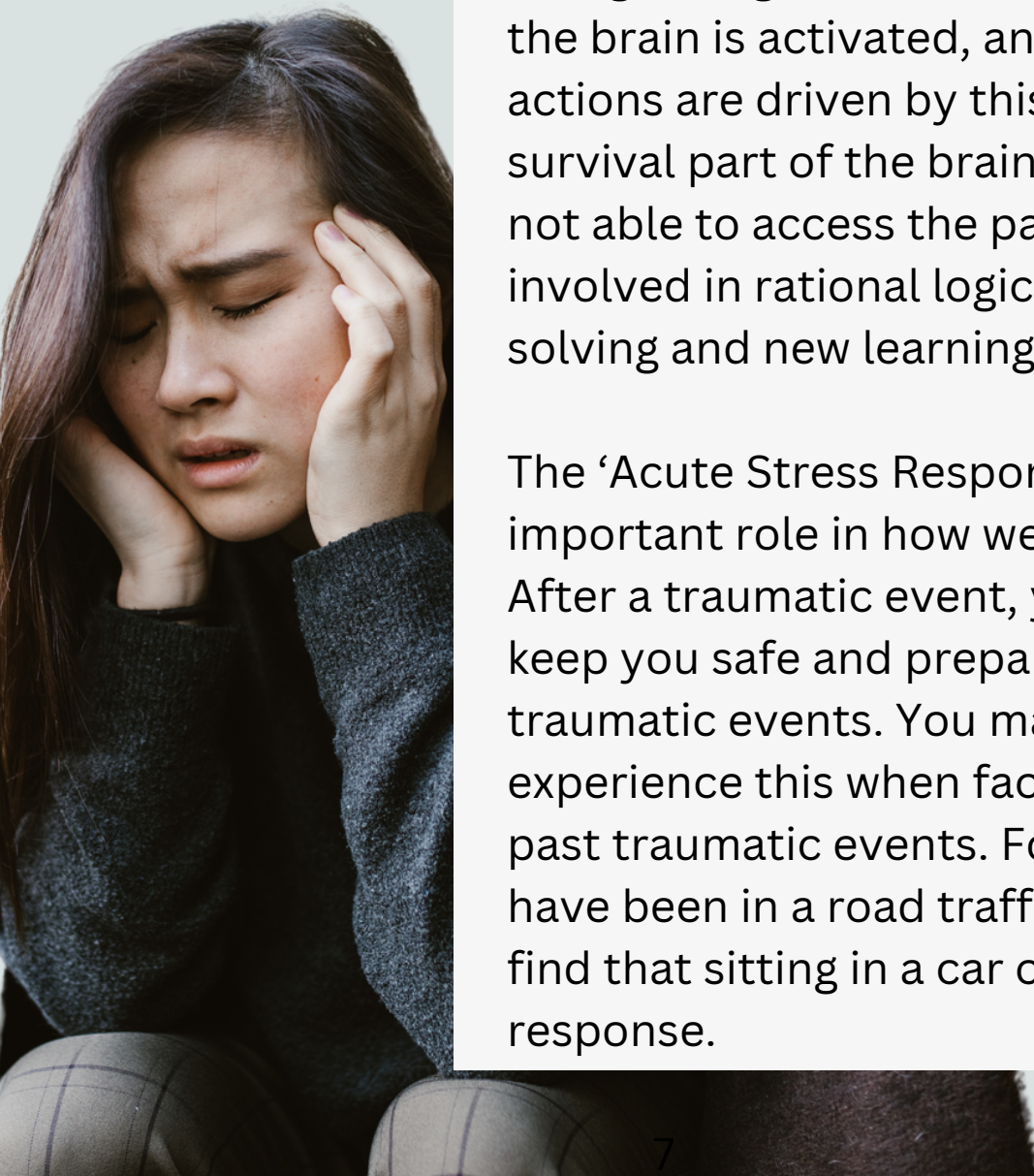


5. The Impact of Trauma

During and shortly after a traumatic event, the body goes into a physical state called the 'Acute Stress Response'. This means that the brain's threat detector (the amygdala) sounds the alarm and activates our 'Fight, Flight or Freeze' response. A sudden release of hormones increases heart rate, blood pressure and breathing rate. All these changes in the body are designed to try and help you escape or overcome the danger.

In 'Fight, Flight or Freeze' the survival part of the brain is activated, and any responses or actions are driven by this. Working from the survival part of the brain means that we are not able to access the part of the brain that is involved in rational logical thinking, problem solving and new learning.

The 'Acute Stress Response' plays an important role in how we respond to threat. After a traumatic event, your brain will try to keep you safe and prepared for other traumatic events. You may find that you experience this when faced with reminders of past traumatic events. For example, if you have been in a road traffic accident, you may find that sitting in a car can cause a stress response.



6. Vicarious Trauma



Follow this QR code for more information about vicarious trauma

AND HOW TO PROTECT YOURSELF FROM ITS EFFECTS.

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Sometimes, we can experience symptoms of trauma, despite the traumatic experience happening to someone else. This can result from a change in our emotional processes as a consequence of empathetic engagement with someone else who has been affected by trauma.

We can also experience vicarious trauma if we have been forced to act in a way that is not in line with our values.

The stress bucket analogy, psychological first aid and self-care wheel are also relevant to understand and promote wellbeing during challenging times.

7 . Psychological First Aid



Figure 4 Psychological First Aid Principles

In order to meet your basic needs following a difficult event, it is important to attend to each of the areas of wellbeing listed in the above diagram. These include:

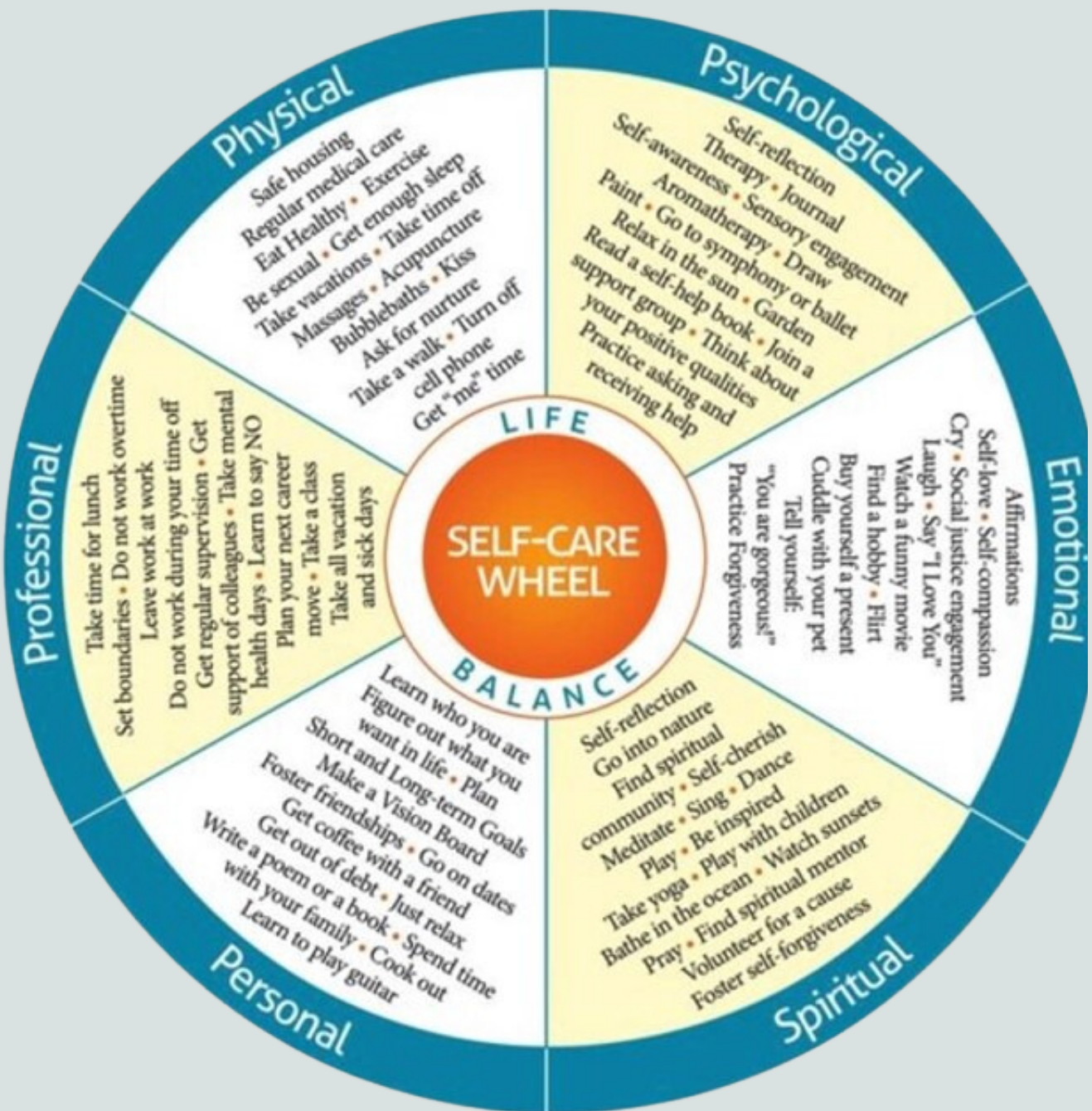
- Care (meeting your basic needs)
- Protect (from risk of danger etc)
- Comfort
- Support
- Provide (information on coping)
- Connect (with others for social support)
- Educate (about typical responses)

Follow this QR code for more information

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8. Self- Care Wheel



The self-care wheel provides an overview of ways to meet various needs in order to maximise your wellbeing. In order to be fully equipped to support someone else, we need to take care of ourselves, similar to putting on own oxygen mask on an aeroplane before helping to support another individual.

Whilst there may be some uncertainty regarding the recovery timeline of your loved one, taking care of your own basic needs at this difficult time will help you to ensure that you are equipped to navigate the tide of the storm ahead.



Identifying your own warning signs in relation to your emotional wellbeing, will help to prevent you from experiencing potential emotional difficulties in the future.

9. Additional Resources

Follow this QR code to link to Mind, a UK mental health charity, which has detailed information on the effects of Trauma and how to support your wellbeing.



Follow this QR code to learn more about Scotland's National Trauma Training Vision, featuring a series of trauma related videos and information.



Follow this QR code to link to Day One Trauma support for patients, family members and carers with information relating to welfare, legal aid, family & counselling and crisis support information.



10. Contacts

If you require to speak to someone about additional local support for your family member on the Major Trauma Pathway you can contact:



Major Trauma Coordinators (Glenrothes Hospital- Tel: 01592 740 229

Colette Ross (ICU Recovery Coordinator/InS:PIRE Nurse Lead- 01592 643355 ext: 20569, e: fife.inspirefife@nhs.scot)



If you are a professional requiring support, you can speak to your supervisor, line manager or occupational health department through your internal pathway.

11. Signposting



Other sources of support are available.

Fife Carers' Centre:

e: centre@fifecarers.co.uk

The Well:

tel: 03451551500

e: thewell@fife.gov.uk

or visit your local well.

Helpful Websites:

www.icusteps.org

www.criticalcarerecovery.com

If you experience persistent emotional difficulties, speak to your GP in the first instance.

There are also self-help resources online. Visit:

- Access Therapies Fife
- NHS 24
- Silvercloud (online modules)
- OR CALL
- Breathing Space on 0800838587
- Samaritans on 116123

download a wellbeing guide here

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12. Case Study Revisited



Joan read the Family and Carer Resource pack which helped her understand some of the things she had been thinking and feeling.

She acknowledged that even though she hadn't been the one in the accident, she still had been through a very challenging and emotional experience.

She understood that in order to be able to help and care for Mark the way she wanted to she needed to also look after herself.

Joan reached out to her daughter and asked if she could come round each Monday evening to be with Mark, to allow Joan to return to aqua aerobics and have a cuppa with a friend after. When she felt guilty, she reminded herself of the stress bucket idea, as both exercise and social connection were taps to release stress from her bucket. Joan spoke with her GP about how she had been feeling and they referred her to a Listening Service, where Joan had space to talk about her experiences, which she had previously been keeping in. Joan noticed that her sleep and mood began to improve over time.



**This leaflet was developed by Dr Craig Mackay (Clinical Psychologist) and Dr Bethany Brown (Clinical Psychologist), NHS Fife in consultation with:
.....The NHS Fife Trauma Coordinator Team.....**

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email:
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For Deaf BSL-users, or people with a hearing or verbal impairment, you can also contact the team via the NHS Fife SMS text service number on 07805800005.

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