

PTSD and CPTSD self-help guide

1. Introduction

This self-help guide is intended for people with mild-to-moderate symptoms of post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD). If you're feeling distressed, in a state of despair, suicidal or in need of emotional support you can phone NHS 24 on 111.

For an emergency ambulance phone 999.

This guide aims to help you:

- consider whether you're experiencing symptoms of PTSD or CPTSD
- understand more about PTSD and CPTSD
- think about ways to manage or recover from PTSD or CPTSD

This guide is based on theory and evidence regarding PTSD and CPTSD, and Trauma-Focused Cognitive Therapy (TF-CT). TF-CT aims to help people who have experienced trauma and adversity to make sense of what they've experienced and become less distressed and affected by it.

If you think you're experiencing post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD), we strongly encourage you to visit your GP and discuss your concerns. This guide can help with managing symptoms while you wait for an assessment by your GP or a mental health professional.

How to use the PTSD and CPTSD self-help guide

Working through this guide can take around 30 to 40 minutes. Please go through it at your own pace.

You can save and print this PDF guide on your device at any time.

2. Trauma

Traumatic events are extremely threatening or horrific events that overwhelm a person's ability to cope. They can be events you experience yourself, or events you witness.

Witnessing a traumatic event might involve watching or hearing someone else experience it, or watching the event on TV. Some people can also be very affected when they learn that a close family member or friend experienced trauma.

It's important to know that what's traumatic for one person might not be traumatic for another person.

Experiencing trauma is common. [Around 70% of people experience at least one traumatic event during their lifetime, and about 30% experience four or more traumatic events during their lifetime.](#)

Adverse childhood experiences (ACEs) are sometimes considered traumatic events.

[Watch a video about ACEs](#)

Adjusting to trauma

It's normal to be distressed by trauma, and to need time and perhaps support from loved ones to adjust to what you've experienced. This includes people who are specially trained, like firefighters and soldiers.

If you have experienced one or more traumatic events, you will have memories about those distressing events. It's important to note that having memories about distressing experiences is not the same as having PTSD or CPTSD.

3. Symptoms of PTSD

If what you've experienced continues to distress you, and is interfering with your everyday life, you may be experiencing PTSD or CPTSD. There's more information on CPTSD in the next section.

Common symptoms of PTSD are:

Re-experiencing

'Re-experiencing' means that the worst experiences of a person's life are not just remembered but experienced as repeatedly occurring again in the present (right now). Re-experiencing involves memories of past trauma(s) repeatedly popping into your mind, without you choosing or wanting to think about them.

Anything you experienced at the time of the traumatic event(s) can be re-experienced, including sights, sounds, smells, tastes, physical sensations, thoughts, and feelings. The memories may seem very vivid and real, and it can feel like the events are happening right now, even though they're in the past.

- unwanted, upsetting memories of traumatic event(s) – also referred to as flashbacks
- nightmares related to the traumatic event(s)
- feeling emotionally upset when reminded of the trauma(s)
- having physical reactions in your body when reminded of the trauma(s), such as sweating or feeling your heart racing

Avoidance

- trying to avoid memories, thoughts or feelings related to the trauma(s)
- trying to avoid people, places, or situations that remind you of trauma(s) or that feel more dangerous since the trauma(s)

It's common for people who've been through traumatic experiences to try to cope by using avoidance. You, or the people around you, might be trying to avoid or 'push away' thoughts, feelings, or conversations about the trauma.

You might be trying to keep your mind busy all the time so you don't have to talk or think about the event(s). Sometimes people use [alcohol](#), legal or illegal drugs, or [self-harm](#) as a way to avoid thinking about the trauma.

Sense of threat (feeling 'on edge')

- being very alert or on guard/watchful
- feeling like you have to watch for dangers or threats
- being easily startled or 'jumpy'

In order to be diagnosed with PTSD, your symptoms would have to go on for several weeks and have a significant impact on your life.

4. Symptoms of CPTSD

'Complex' PTSD involves experiencing the difficulties described above and the ones described in this section. If you think you are experiencing CPTSD, read the previous section, which has information on PTSD symptoms, first.

If you aren't experiencing PTSD symptoms, but you're experiencing any of the symptoms below, it might help to look at the other mental health self-guides on NHS inform.

Emotion regulation problems

- being sensitive, or your feelings being easily hurt
- difficulty experiencing positive emotions – for example, it might be hard for you to feel happy or loving towards the people close to you
- feeling the world is unreal, as if you're living in a dream
- often feeling angry or irritable
- deliberately trying to hurt yourself or put yourself in dangerous situations

Negative sense of self

- feeling worthless or defeated
- thinking you're 'bad', or that there's something wrong with you
- blaming yourself for traumatic event(s) or consequences of traumatic event(s)

Relationship problems

- feeling distant or cut off from other people
- feeling isolated from other people
- struggling to maintain relationships with other people

5. Other experiences with PTSD and CPTSD

If you are experiencing PTSD or CPTSD, you might also experience some or all of the following difficulties.

Thoughts you might have

- “It should never have happened.”
- “It was my fault.”
- “I let other people down.”
- “I should have known it was going to happen.”
- “I’m bad.”
- “Other people can’t be trusted.”
- “The world is a dangerous place.”
- “Nowhere is safe.”
- “Bad things always happen to me.”
- “I’m going mad.”
- “I have permanently changed for the worse.”
- “I can’t trust my own judgment.”
- “My problems won’t get better.”

Feelings you might have

- fear and anxiety
- anger
- guilt
- shame/embarrassment
- emotional numbness
- hopelessness

In the next sections of the guide, you can find information on managing and recovering from PTSD and CPTSD symptoms.

6. Feeling calmer

Calming your mind and body will help you feel safer and more in control of your mental health. You can do this through physical activity or relaxation exercises.

It can take some time and practice to feel the benefit of relaxation exercises, so make sure to keep going with them even if you don't notice a difference straight away. It's important to practice these exercises at times when you're feeling calm, as well as when you feel distressed or on edge.

Belly breathing

Belly breathing is a simple relaxation technique:

1. Sit in a comfortable chair or lie down.
2. Put one hand on your tummy and one hand on your chest.
3. Close your mouth and take a slow, deep breath in through your nose.
4. When you breathe in, you want your tummy to get bigger. Try to move your tummy but not your chest.
5. Blow the air out slowly and gently through pursed lips.
6. Continue to breathe in through your nose and out through your mouth for 5-10 minutes.

Breathing and relaxation exercises

We have a number of other breathing and relaxation exercises on NHS inform. Try doing one of these when you're feeling distressed.

[Explore breathing and relaxation exercises on NHS inform](#)

You might also find it helpful to do more exercise and physical activity, to help calm your mind and body.

[Learn more about keeping active](#)

7. Grounding

Re-experiencing trauma can be very distressing and unsettling. It may seem as if the traumatic event(s) are happening again. ‘Grounding’ techniques can be used to make you feel calmer, safer, and more present in the here and now. They can also help you find a balance between feeling numb and being overwhelmed by emotions.

Grounding can be used when a trauma memory comes to mind during the day (as a memory) or at night (as a nightmare).

Describe the difference between then and now

Describe to yourself all the ways that things are different right now, compared to at the time of the traumatic event(s).

You could think about:

- sights, sounds, smells, physical sensations, and tastes
- how you are different now
- the people around you right now
- your current environment
- your ability to choose and control what you do

To remind yourself that the trauma isn’t happening now, it can be helpful to behave in ways that weren’t possible during the trauma(s). For example, stand up, move around, look around, or stretch your arms and legs if you felt powerless at the time of the trauma(s).

Say coping statements to yourself

Think of a few positive words which remind you that you're safe in the present.

For example:

- "I can deal with this."
- "These difficult feelings will pass."
- "I'm safe now."
- "It's okay."
- "It happened in the past."

Use a grounding object

Carry something with you that feels nice to touch or smells nice, and use this when you're feeling distressed or disorientated. The object must not remind you of the trauma, and should be small enough to carry with you.

For example, you might carry:

- a smooth stone
- a picture of a loved one
- some essential oil (for example, peppermint oil)

Other ways to ground yourself in the here and now

- run cool water over your hands and notice how this feels
- touch different objects around you, like your keys, your clothing, a table, or the walls – notice their textures, colours, materials, weight, and temperature
- walk slowly, noticing each footstep, saying "left" or "right" to yourself with each step

- eat or drink something nice, describing the flavours to yourself
- think about the things you're looking forward to in the next week or month

8. Reducing avoidance of people, places or situations -

Activity 1

As well as being distressing, trauma can disrupt how people live their lives. It can be difficult to tell the difference between taking reasonable precautions, and behaving in ways that are unhelpful. You could discuss the things that you are doing to keep yourself safe with a trusted friend or family member, or your GP, to reflect on whether you're behaving in your best interests.

Everybody needs a weekly routine, social connections, and things in their life that make them happy and feel meaningful. If you don't feel you have these things, or if the effects of trauma are disrupting your enjoyment of your life, it may be helpful to start taking steps towards improving your quality of life. This will help you feel in control, and reduce the sense that your life is 'on hold'.

It can also be easy to isolate yourself and do less when your mood is low. Unfortunately, this can make problems worse. A vicious cycle can develop where you do less because of your mood, but the less you do, the more your mood goes down.

Do experiments to reduce your avoidance

If you're avoiding particular things because of upsetting past experiences, it will probably be beneficial to try to reduce that avoidance.

Think about what you've been avoiding, and whether avoidance is making your life more difficult. If you can confront the things that make you feel anxious, it will help you put the trauma(s) behind you. It will also help

increase your confidence that you can overcome difficulties, and help you feel safer.

There are 5 steps to this activity:

1. Make a list of things that you often avoid as a result of the trauma(s) you've experienced. For example, "driving at night".
2. Give each situation a difficulty score out of 10. If a situation causes you no distress, rate it 0. If it causes you extreme distress, rate it 10.
3. Try to put the situations in order, from least to most distress. You'll find an example below of someone experiencing PTSD after a car accident.
4. Confront the easiest item on your list – the one that is least distressing.
5. Move on to the next situation.

Situation	Difficulty score (0 = no distress, 10 = extreme distress)
Driving to work	9
Watching a film or TV programme that shows a car crash	5
Getting into the car	2
Talking about the car accident	6

Although reducing avoidance might be difficult at first, if you keep going you will find it easier. The more you confront the things you're avoiding, the more your quality of life and confidence will improve.

You can download a table to fill out on the next page.

Situation	Difficulty score (0 = no distress, 10 = extreme distress)

9. Is avoiding your trauma memories working?

Avoidance is a common way to cope with distressing past experiences. It makes sense that you would want to avoid thinking about traumatic events because those events are very distressing to think about. Avoidance reduces distressing feelings in the short term.

Here are some important questions to consider:

Is avoidance working for you in the long term?

Has avoidance helped you to permanently stop re-experiencing your painful trauma-related memories, or just escape them temporarily?

Has avoidance helped you have the life that you'd like to have, or be the person you want to be?

How has avoidance affected your relationships, health and wellbeing?

How much time, energy, and money do you spend on avoiding thinking about traumatic events?

Some avoidance and distraction from traumatic memories can be helpful. However, avoidance can interfere with recovery and healing when it becomes extreme, or when it becomes someone's main or only method of coping.

Avoidance becomes a problem when it stops you living your life.

You probably have very understandable reasons for using avoidance to cope with your trauma memories. You may have heard advice like, "just try not to

think about it” or “don’t dwell on it.” You may be afraid that if you let yourself feel strong upsetting emotions, and think about the traumatic event(s), it could be emotionally overwhelming.

While avoiding trauma memories makes sense, it can also stop you recovering and healing. This is because the harder you try to avoid and push away memories, thoughts or feelings, the more you will experience them. This is no one’s fault – it’s just the way the human mind works.

10. Thinking through what happened

To permanently become less upset and affected by traumatic experiences, and to stop traumatic experiences from popping into your mind, you’ll need to temporarily think more about those experiences.

At the moment, your trauma memories don’t have a place in your long-term memory. This is why they pop into your mind without you choosing to think about them.

If you think more about traumatic experiences now, it’ll help you to understand and ‘process’ what happened, and move forwards with your life.

Processing trauma memories involves deliberately thinking about what happened. This will be upsetting in the short term. However, letting yourself think about those experiences will allow your brain to transform the memories so that they can be filed away like your other long-term memories.

Is now the right time?

As a first step, it’s worth considering whether now is the right time to try to process your traumatic experience(s).

Think about the following points:

Is the trauma in the past? For example, are you still in danger? It's very difficult to adjust to trauma(s) if they haven't stopped and are not 'over'.

If you're in danger, call the police. If you're struggling to escape from a potentially dangerous situation, our [Problem-solving guide](#) can help you to identify different options.

How motivated are you to change? How much is your PTSD or CPTSD limiting your life?

What might stand in the way of you taking the time to think about your trauma memories?

What is going on in your life? Is your life relatively stable at the moment?

If you're going through a period of high stress or change, now may not be the right time to work through trauma memories.

11. How to think through what happened

Each traumatic experience is an event – a 'story' that has a beginning, middle and end.

To process each trauma, it is best if you go through each event separately, from beginning to end. You could try writing about the event, or telling someone you trust the story of what happened from beginning to end.

You'll probably notice the first time you attempt this that the trauma story is distressing to think about. The memory may not have a clear order, or some details may be missing.

As you let yourself think through what happened, you may find the details

become clearer, the order of events makes more sense, and the story becomes less distressing.

It's important that you feel safe and in control of how and when you'll think about each trauma memory. Only do what is manageable, and what you feel in control of. For example, if writing is easier than talking, you could try that first. If thinking about some parts of what happened seems like too much, try thinking about less upsetting parts first and then come back to the more distressing parts.

Here are some suggestions for talking or writing about each traumatic event:

- while it can be tempting to work on lots of different memories, it's best if you pick one memory at a time to think through
- try writing about the event or telling someone you trust the story of what happened
- if you write about what happened, you can always rip up the paper afterwards
- let yourself think in detail about what happened, from your point of view
- do this at a quiet time, somewhere you won't be disturbed
- describe what happened, from beginning to end, in detail

It can help if you try to answer the following questions:

1. What happened and in what order?
2. What did you do, or not do, and what did other people do?
3. What did you think, see, smell, hear, or feel at the time?
4. What was the worst part?
5. When did you feel safe?

6. How did each event affect you?
7. People often report that they thought they were going to die, or that they were responsible for what happened. What do you know now that you didn't know at the time?
8. Have any positives come out of the experience, even if they weren't expected or asked for?

Do you need more information?

You may not fully understand what happened. You may have formed a negative view of yourself, other people, or the world based on what happened.

Perhaps you need more information in order to piece things together, or to correct any misunderstanding or confusion. For example, learning about how an event happened could help you to believe that although bad things happen sometimes, they don't happen all the time.

Important things to remember

The ideas described in this section are just suggestions to try. It may take several practices before they lead to positive changes.

You may find that after attempting this task, you think about trauma memories more for a few days. This isn't a bad sign. It shows that your brain wants to think through what happened in order to make sense of it.

If you have any concerns or doubts about telling your story, you may benefit from the support of a trained professional. If you feel you need help with your mental health, try speaking to your GP. Talking therapies are recommended for PTSD and CPTSD, as well as medication if your doctor recommends it.

[Read more about treating PTSD and CPTSD](#)

12. Patterns of unhelpful thinking

Experiencing trauma can affect how people view themselves, other people, and the world, and it can be easy to get into unhelpful ways of thinking.

Some examples of unhelpful thought patterns that you may have after trauma(s) are listed below. If you're experiencing any of these, it might be useful to discuss your thoughts with trusted family or friends, or a professional.

Catastrophising:

It can be easy to believe that because something terrible happened, it will happen again.

For example:

“My partner’s late coming home; they must have been in an accident like mine.”

Mind reading:

It can be easy to assume you know what other people are thinking, and the assumptions are usually negative.

For example:

You get really upset at work and then become concerned that other people judged you. In fact, there is little evidence to support this conclusion and your colleagues seem to be supportive and kind.

Jumping to conclusions:

It can be easy to jump to conclusions when trying to understand what you're experiencing.

For example:

“My anxiety means I'm in danger.”

Personalising:

People who think this way believe everything is to do with them, and it's usually negative – they place blame on themselves and take responsibility for things when they don't need to.

For example:

“That car accident was my fault, I should never have been trying to drive to work in the rain.”

In reality, there are many things that have to happen for a traumatic event to take place – you can't be totally responsible for what happened. With this example, most people drive in the rain and have no difficulties – staying at home every time it rains is not possible, and it isn't a reasonable thing to expect of yourself.

Black and white thinking:

It can be easy to think in extremes when you're distressed; there are no shades of grey.

For example:

“I wasn’t able to drive to the shops today – I’ll never be able to drive again.”

Must and should statements:

It can be easy to set high standards for yourself or other people, and make harsh judgments if those high standards aren’t met.

For example:

“I must get over this by the end of the month.”

When people think like this, they’re being critical of themselves, which can make an already difficult situation even more difficult. If you find yourself thinking this way, it can be helpful to try to be kind to yourself.

Do you ever have thoughts like this? Make a list of the ones you have most often, and use the activity in the next section to reflect on them.

It’s important to remember that anyone can experience thoughts like this, and that patterns of unhelpful thinking can be changed so they don’t bother you as much, or at all.

13. Challenging unhelpful thinking

If you’re regularly getting into unhelpful ways of thinking, it can be helpful to start stepping back from your thoughts and challenging them. Use this section to give you some ideas.

Example:

“I feel afraid walking down this path. I’m going to be attacked again.”

1. Is there any evidence against this thought?

- “People walk down this path all the time without being attacked.”
- “I’ve walked down this path lots of times and been fine – there isn’t much chance of an attack happening to me again.”

2. Is there any evidence for this thought (based in fact)?

- “I’ve walked down this path hundreds of times and never been attacked before. The attack was a one-off.”

3. Can you identify any patterns of unhelpful thinking?

- “I’m catastrophising – I’m thinking of the worst thing that could happen.”
- “I’m jumping to conclusions – I’m thinking that because I’m in this situation I’m definitely going to be attacked again.”

4. What would you say to a friend who had this thought in a similar situation?

- “I’d say it makes sense that you’re anxious, given what happened to you.”

5. Is there another way of looking at this situation?

- “Thinking about it, I know that people walk safely down this path all the time, and I can remember loads of times I walked safely down this path before I was attacked. Being attacked wasn’t my fault or anything to do with what I did or didn’t do – the attacker was responsible. I can be a bit more cautious when I’m on this path, but I won’t let what happened to me ruin my life.”

14. Activity 2

You could use the table below to challenge your own unhelpful thoughts.

1. Is there any evidence against this thought?
2. Is there any evidence for this thought (based in fact)?

3. Can you identify any patterns of unhelpful thinking?

4. What would you say to a friend who had this thought in a similar situation?

5. Is there another way of looking at this situation?

15. Take care of yourself

Working on your PTSD or CPTSD is difficult. Only you know how challenging this has been for you, and only you can do the tasks necessary to overcome PTSD or CPTSD. This process will be easier if you're kind to yourself. This isn't the same as being self-indulgent, 'letting yourself off the hook', or 'spoiling' yourself.

It isn't lazy to need a break and it isn't a sign of weakness that you feel distressed by traumatic experiences. You will be more likely to help yourself if you are kind to yourself and take care of your own mental and physical needs.

It's important to take time out for self-care – doing so will make you more likely to succeed in overcoming your difficulties. Self-care means focusing on yourself and your own happiness, and doing things that make you feel good. It could mean doing something enjoyable, spending time with family and friends, having fun, or setting aside time to relax. For example, you could go for a walk, take a hot bath, or watch your favourite film.

Use the list below to write down one thing every day for a week that you can do to make yourself feel good, and reward yourself for working to overcome your PTSD or CPTSD.

For example:

Day	Activity
Monday	Take a hot bath
Tuesday	Treat myself to a coffee from my favourite cafe
Wednesday	Meet a friend for a catch up
Thursday	Go to the cinema
Friday	Watch my favourite film
Saturday	Go for a walk in the park
Sunday	Have breakfast in bed

16. Next steps

This self-help guide is intended for people who may be experiencing symptoms of post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

If you're feeling distressed, in a state of despair, suicidal or in need of emotional support you can phone NHS 24 on 111.

For an emergency ambulance phone 999.

Keep using the techniques you found helpful from this guide – they should continue to benefit you. If there are some things that you didn't find helpful to begin with, stick with them for a few weeks – Trauma-Focused Cognitive Therapy (TF-CT) can take a little time to work.

Further help

If you're feeling distressed, in a state of despair, suicidal or in need of emotional support you can phone NHS 24 on 111. For an emergency ambulance phone 999.

If you feel you need more help with your mental health, try speaking to your GP, or [search for mental health and wellbeing services in your area](#).

For information and advice when you're feeling down, you can phone Breathing Space on 0800 83 85 87.

The Breathing Space phoneline is available:

- 24 hours at weekends (6pm Friday to 6am Monday)
- 6pm to 2am on weekdays (Monday to Thursday)

If you found this guide helpful and would like to do more work like this, [Living Life](#) offers a range of structured psychological interventions and therapies to improve mental health and wellbeing. This service is appointment-based and specifically for low mood, or mild/moderate depression or anxiety. Living Life are open Monday to Friday, from 1pm to 9pm, and you can phone them on 0800 328 9655 for an assessment appointment.

Learn more

To learn more about coping with PTSD and CPTSD, visit some other parts of NHS inform:

[Read more about PTSD and CPTSD](#)

[Learn about panic attacks](#)

[Learn what to do when you have a panic attack](#)

[Work through our panic self-help guide](#)

You can also visit some other websites for information:

[Watch a video on Adverse Childhood Experiences \(ACEs\)](#)

[Read about discrimination related to PTSD on the See Me Scotland website](#)

Learn about what's available for veterans with PTSD:

[Visit the Veterans First Point website](#)

[Visit the Combat Stress website](#)

[Visit the Legion Scotland website](#)