PTSD – A Guide for Family & Loved Ones

Understanding trauma responses • offering support • caring for yourself

A starting point: Post-traumatic stress disorder (PTSD) can develop after a frightening, threatening or overwhelming experience. Trauma responses are not a choice, a weakness or a sign that someone is deliberately being difficult. Recovery is individual, and support works best when it protects safety, choice and dignity.

What PTSD may look like

PTSD may involve unwanted memories, nightmares or flashbacks; avoiding reminders; feeling constantly on alert; changes in mood, trust or beliefs; irritability, shame, numbness, sleep difficulties and problems concentrating. Some people experience dissociation, when they feel detached from themselves or their surroundings. Symptoms may fluctuate, and a person can appear outwardly capable while struggling privately.

Why everyday situations can feel unsafe

A smell, sound, tone of voice, crowded room, argument, anniversary or unexpected touch may act as a reminder of trauma. The nervous system can react as though danger is happening now, even when the person logically knows they are safe. You do not need to understand every trigger to respond respectfully.

Helpful responses in the moment

Notice and ask: “You seem unsettled. Would you like me to stay, give you space, or help you find somewhere quieter?”

Offer choice: Use a calm voice, reduce noise or demands if possible, and ask before touching. Avoid blocking exits or insisting on eye contact.

Ground gently: If welcomed, invite the person to notice their feet on the floor, name familiar objects or describe where they are. Do not force breathing exercises or grounding if these make things worse.

Stay oriented to the present: “You’re here with me. It’s Tuesday. We can take this one step at a time.” Only say someone is safe if you can reasonably know that.

If someone experiences a flashback or dissociation

Stay calm and speak simply. Introduce yourself if needed, explain what is happening and ask permission before approaching. Give time to respond. Do not shake, restrain or surprise the person except where immediate safety requires action. Afterwards, ask what was helpful and what should be different next time.

Try saying: “I believe that this feels frightening.” • “You do not have to explain it right now.” • “Would you prefer quiet, company or practical help?”

Supporting Recovery in Everyday Life

Communication, boundaries and professional support

Listen without requiring a trauma story

Let the person decide whether, when and how much to share. Avoid questions that press for details, comparisons with other people's experiences or statements such as "It was a long time ago." You can acknowledge their distress without trying to investigate or fix it.

Build predictability without taking away independence

Ask what makes daily life easier: advance notice of changes, quiet spaces, clear plans, agreed ways to pause difficult conversations, support with appointments or practical tasks. Offer help rather than taking over. Check whether a proposed adjustment is wanted, and revisit agreements as needs change.

Conflict, anger and relationship strain

PTSD can affect trust, closeness, sleep, intimacy and communication. Strong reactions may be linked to threat responses, but trauma does not make threatening, coercive or abusive behaviour acceptable. Everyone deserves safety. Pause arguments when escalation begins, agree a time to return to the issue, and set respectful boundaries.

What to avoid

Avoid telling someone to "just calm down," pushing them into feared situations, springing surprises, minimising symptoms or assuming that every disagreement is caused by PTSD. Do not use trauma as an explanation for all of a person's choices. Ask rather than assume.

Encouraging treatment

PTSD is treatable. In the UK, evidence-based approaches commonly include trauma-focused cognitive behavioural therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR), depending on individual needs and assessment. A GP or NHS talking therapies service can help with access and referral. Medication may sometimes be considered with a qualified prescriber.

Offer to help find information, travel to an appointment or prepare questions if invited. The person should remain involved in decisions about their care. Do not attempt to deliver trauma-processing techniques yourself.

When additional help is important

Encourage professional assessment if symptoms are persistent, worsening or disrupting daily life; if there is significant dissociation, substance use, self-harm or suicidal thinking; or if the person feels unsafe. If there is immediate danger, call 999 in the UK. For urgent mental health support in England, call NHS 111 and select the mental health option; Samaritans are available on 116 123.

> A useful check-in: "What is one thing I do that helps? Is there anything I do that makes things harder? What would you like me to do differently?"

Looking After Each Other

A practical family support plan and helpful resources

Your wellbeing matters too

Caring for someone with PTSD can involve uncertainty, disrupted routines and emotional fatigue. You can be compassionate without being available every minute. Keep contact with trusted people, maintain rest and enjoyable activities, and seek your own counselling or peer support if needed. Privacy matters: share only what is necessary, and avoid discussing the person's trauma without consent unless there is a serious safeguarding concern.

Create a shared support plan

Complete this together if the person wishes. The aim is collaboration, not monitoring or control.

1. Early signs: What changes might suggest overwhelm is building?

2. Helpful words: What phrases feel reassuring? What should be avoided?

3. Environment: Are there sounds, spaces, activities or sensory adjustments that help?

4. During distress: Does the person prefer space, quiet company, practical support or a specific grounding strategy?

5. After distress: What supports recovery? When is a good time to talk or repair a misunderstanding?

6. Safety: Who should be contacted if risk increases, and what emergency steps have been agreed?

Respecting boundaries and consent

Support should be offered, not imposed. Ask before touching, sharing personal information, attending appointments or contacting professionals on someone's behalf. A person may want help on one day and privacy on another. Equally, loved ones can set limits around shouting, threats, sleep, finances and their own capacity.

Where to find reliable information

NHS: PTSD symptoms, treatment and help pathways – nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/
NICE guideline NG116: Post-traumatic stress disorder – nice.org.uk/guidance/ng116
Mind: PTSD information and support – mind.org.uk
PTSD UK: Information for people affected by PTSD – ptsduk.org

A final message

You do not have to have the perfect words. Being consistent, listening, respecting choices and repairing mistakes can make a meaningful difference. The goal is not to make every difficult feeling disappear; it is to create a relationship where support feels safer and more predictable.

Space to Breathe Therapy
A calmer mind, a brighter tomorrow.

Educational guidance only. It does not replace personalised medical, psychological or safeguarding advice.