

Supporting Someone Facing PTSD, Depression, or Trauma: A Layperson's Guide

1. Anchor Yourself in Five Core Principles

- Listen first, fix later – People in distress need to feel heard before solutions.
- Validate feelings – “Given what you’ve been through, it makes sense you feel on edge.”
- Stay in your lane – Offer companionship, not diagnoses; encourage professional help.
- Empower, don’t override – Ask what support feels helpful.
- Safeguard when risk rises – If self-harm is mentioned, stay with them and call 988 or 911.

2. Ready-to-Use Phrasebook

Opening the door:

- “I’ve noticed you’ve seemed overwhelmed lately. I’m here to listen—no judgment.”
- “If talking feels hard, we can sit quietly or text—whatever’s easiest.”

During the conversation:

- “Thank you for trusting me with that.”
- “That sounds heavy. What helps you get through moments like this?”
- “Would it be okay if I checked back in tomorrow?”

Encouraging professional help (without pressure):

- “Have you thought about a counselor? I can help look up options if that helps.”
- “Some friends found 988 helpful; I can sit with you while you call.”

3. What NOT to Say

- “Just move on / get over it.” → Minimizes pain → Instead: “Healing takes time.”
- “At least it wasn’t worse.” → Comparison invalidates → Instead: “That experience was serious enough to hurt you.”
- “Everything happens for a reason.” → Can feel moralizing → Instead: “I’m sorry this happened. How can I be here for you?”
- Any diagnosis (“You sound bipolar”) → Unqualified labels mislead → Stick to observations.

4. Practical, Everyday Support – The ALGEE Framework (Mental Health First Aid)

A – Approach & assess risk

L – Listen non-judgmentally

G – Give reassurance & information

E – Encourage professional help

E – Encourage self-help & support strategies (movement, grounding, faith, peer groups)

Concrete offers:

- Bring a meal or arrange grocery delivery.
- Sit with them during known triggers (e.g., fireworks for veterans).
- Help with paperwork or chores.
- Invite them for a short walk—movement + company can lift mood.

5. When (and How) to Escalate

- Immediate danger? Call 911.
- Suicidal thoughts but not imminent? Stay with them; dial or text 988 together.
- Unsure? Err on the side of safety—seek professional input.

6. Caring for Yourself

Supporting someone in pain can be draining. Schedule your own decompression—exercise, journaling, therapy, faith practices—so you can keep showing up without burning out.

7. Additional Considerations for People with Limb Loss or Paralysis

- Respect the person's autonomy: Always ask before stepping in with physical assistance.
- Acknowledge the layered grief: They may mourn both the traumatic event and loss of mobility/limb.
- Normalize adaptive tools: Offer to research adaptive devices or accessibility grants together.
- Inclusive invitations: Choose activities and venues that are realistically accessible (ramps, seating, bathroom access).
- Peer support: Mention organizations such as the Amputee Coalition, Paralyzed Veterans of America, and local adaptive-sports clubs.
- Mind-body pain: Phantom-limb pain or neuropathic pain can worsen mood—encourage multidisciplinary medical care.
- Celebrate milestones: Whether it's first day with a new prosthesis or mastering a wheelchair transfer, mark progress.
- Language matters: "Wheelchair user" rather than "wheelchair-bound"; person-first language unless they prefer otherwise.

Key Takeaway

You don't need a psychology degree to make a difference. Show up, listen deeply, validate their experience, and walk with them toward professional care.

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