

Glossary of Resiliency Terms

Acute Stress Disorder (ASD): A mental disorder that can occur in the first month following a trauma. The symptoms that define ASD overlap with those for posttraumatic stress disorder (PTSD). However, PTSD cannot be diagnosed until symptoms have lasted for 1 month.ⁱ

“Flight or Fight”: Responses to survive a dangerous situation and requires an adaptation of the organism to meet the danger, thus changing the organism’s internal balance.ⁱⁱ

Burnout: A prolonged response to chronic emotional and interpersonal stressors on the job which consists of three components: exhaustion, depersonalization (disengagement or detachment from the world), and diminished feelings of self-efficacy in the workplace. It reflects a form of “energy depletion.”ⁱⁱⁱ

Coping (emotion focused): Attempting to reduce the negative emotional responses associated with stress such as embarrassment, fear, anxiety, depression, excitement, and frustration.^{iv}

Compassion Fatigue: Reduced capacity or interest in being empathic or “bearing the suffering of clients”... “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person.”^v

Crisis Intervention: An assessment method designed to bolster available coping methods or help individuals reestablish coping and problem-solving abilities while helping them to take concrete steps toward managing their feelings and developing an action plan. Crisis intervention can reinforce strengths and protective factors for those who feel overwhelmed by a traumatic event.^{vi}

Crisis: Complex physical and emotional reactions to events that are unusual, particularly to events that are potentially dangerous or life threatening, which throw equilibrium off-balance.^{vii}

Disorder: A behavioral or psychological syndrome or pattern that reflects an underlying dysfunction, resulting in significant distress or disability (impaired functioning).^{viii}

Equilibrium: An emotional state that involves everyday stress, both positive and negative, resulting in a stable, balanced, or unchanging system.^{ix}

Optimism: “A generalized expectancy that good, as opposed to bad, outcomes will generally occur when confronted with problems across important life domains.”^x In general, optimism is a positive attitude that good things will happen independent of what one does.

Posttraumatic Stress Disorder (PTSD): A severe emotional disorder resulting from exposure to a traumatic event that meets several criteria: 1) a history of exposure to a traumatic event; 2) intrusion of symptoms; 3) persistent avoidance of distressing trauma-related stimuli after the event; 4) negative alterations in cognitions and mood that began or worsened after the traumatic event; 5) trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event; 6) duration of symptoms; 7) significant symptom-related distress or functional impairment; and 8) exclusion (the disturbance is not due to medication, substance use, or other).^{xi}

Resilience: The power to cope with adversity and adapt to challenges or change. Resilience helps us return to healthy functioning after being in a stressful situation.^{xii}

Secondary traumatic stress (STS): Refers to a set of symptoms that parallel those of posttraumatic stress disorder (PTSD) or acute stress disorder as defined in the *Diagnostic and Statistical Manual V* of the American Psychiatric Association. STS also has been compared to compassion fatigue.^{xiii}

Self-compassion: Being caring and compassionate towards oneself in the face of hardship or perceived inadequacy. Self-compassion is taking a balanced approach to one's negative experiences so that painful feelings are neither suppressed nor exaggerated.^{xiv}

Stress: The nonspecific response of the body to any demand.^{xv}

Stressor: An agent that produces stress at any time.^{xvi}

Trauma: An emotional response resulting from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening; and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.^{xvii}

Trauma-informed care: An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed care approaches can be implemented in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. Trauma-informed care seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"^{xviii}

Vicarious trauma: The negative effects of caring about and caring for others; the cumulative transformation in the inner experience of the victim service provider that comes about as a result of empathic engagement with the victim's traumatic material.^{xix} This may cause a disruption in the victim service provider's view of self, others, and the world in general.^{xx}

ⁱ Department of Veterans Affairs, retrieved from www.ptsd.va.gov/public/pages/acute-stress-disorder.asp

ⁱⁱ W. Cannon, 1932, *Wisdom of the Body*, New York, NY: W.W. Norton & Company.

ⁱⁱⁱ D. Meichenbaum, (n.d.), *Self-Care for Trauma Psychotherapists and Caregivers: Individual, Social and Organizational Interventions*, retrieved from www.melissainstitute.org.

^{iv} R.S. Lazarus & S. Folkman, 1974, *Stress, Appraisal and Coping*, New York, NY: Springer.

^v R. Adams, J. Boscarino, & C. Figley, 2006, "Compassion Fatigue and Psychological Distress Among Social Workers: A validation study," *American Journal of Orthopsychiatry*.

^{vi} A. Roberts, ed., 2005, *Crisis Intervention Handbook: Assessment, Treatment and Research*, New York, NY: Oxford University Press.

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- ^{vii} M.M. O’Donnell, 2010, *The Basic Crisis Reaction: How Our Body and Mind Respond to Traumatic Stress*, National Victim Assistance (NOVA).
- ^{viii} American Psychiatric Association, 2012, *Definition of a Mental Disorder*, retrieved from www.saybrook.edu/newexistentialists/posts/05-11-12
www.dsm5.org/proposedrevision/Pages/proposedrevision.aspx?rid=465
- ^{ix} *The American Heritage® Medical Dictionary*, 2007, 2004, Boston, MA: Houghton Mifflin Company.
- ^x P. Dunavold, 1997, *Happiness, Hope and Optimism*, California State University, Northridge, retrieved from www.csun.edu/~vcpsy00h/students/happy.htm
- ^{xi} Department of Veterans Affairs, retrieved from www.ptsd.va.gov/professional/pages/dsm5_criteria_ptsd.asp
- ^{xii} S. Luthar, D. Cicchetti, & B. Bronwyn, 2007, “The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work,” *Child Development*.
- ^{xiii} C. Figley, 2012, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, London, UK: Routledge.
- ^{xiv} K. Neff, K. Kirkpatrick, & S. Rude, 2006, *Self-Compassion and Adaptive Psychological Functioning*, Elsevier Inc., www.reedelsevier.com, doi:10.1016/j.jrp.2006.03.004. The following are cited within Neff: Bennett-Goleman, 2001; Brach, 2003; Hanh, 1997; Kornfeld, 1993; Salzberg, 1997; Neff (2003a, 2003b).
- ^{xv} H. Selye, 1950, “Forty Years of Stress Research: Principal Remaining Problems and Misconceptions,” *CMA Journal*, 115, 53–55.
- ^{xvi} H. Selye, as cited above.
- ^{xvii} SAMSHA (Substance Abuse and Mental Health Services Administration), 2012, U.S. Department of Health and Human Services, retrieved from www.samhsa.gov/traumajustice/traumadefinition
- ^{xviii} National Center for Trauma-Informed Care. Substance Abuse and Mental Health Services Administration, retrieved from www.samhsa.gov/nctic/
- ^{xix} D. Meichenbaum, as cited above. The following are cited within Meichenbaum: Pearlman and Saakvitne, 1995, p. 31.
- ^{xx} L. McCann & L.A. Pearlman, 1990, *Psychological Trauma and the Adult Survivor: Theory, Therapy and Transformation*, New York, NY: Brunner/Mazel.

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