



Glossary of Terms

A shared understanding
of the common terms used to describe
Psychological Trauma
Version 2.1

Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.1).

©Copyright by Canadian Institute for Public Safety Research and Treatment, 2019

All rights reserved

Contact Information:

CIPSRT

University of Regina

3737 Wascana Parkway

Regina, SK, S4S 0A2

For any comments or questions about the Glossary, please email: Glossary@cipsrt-icrtsp.ca

Document Designed and Formatted by: Jirayu (Jane) Uttaranakorn, MAsc., MFA

Editorial Reviews by: B.S.W Barootes, Ph.D., Emilie Kossick, BSc, MA, and Cynthia Sanders, MPA

How to Cite this Glossary:

Canadian Institute for Public Safety Research and Treatment (CIPSRT). (2019). Glossary of terms: A shared understanding of the common terms used to describe psychological trauma (version 2.1). Regina, SK: Author. <http://hdl.handle.net/10294/9055>

(CIPSRT, 2019)

Preamble

Posttraumatic stress disorder (PTSD) is a potentially disabling condition that is now a widely recognized public health issue, particularly among *public safety personnel (PSP)*. A recent study conducted by Carleton et al. (2018) investigated the proportion of Canadian *PSP* reporting symptom clusters consistent with various *mental disorders*. The results indicated that 23.2% of the total sample screened positive for *PTSD* (in contrast, estimates of the prevalence of *PTSD* among the general population range from 1.1 to 3.5%). *PTSD* and other mental disorders are concerning for all Canadians; nevertheless, the Federal Framework on Post-traumatic *Stress Disorder Act* was introduced to address the “clear need for persons who have served as first responders, firefighters, military personnel, corrections officers and members of the RCMP to receive direct and timely access to *PTSD* support.” The Act called for the creation of a federal framework on *PTSD*. The Public Health Agency of Canada (PHAC) was mandated to lead the implementation of the Act. Early on, the need for a glossary of terminology around *psychological trauma* became clear and, in collaboration with PHAC and other partners, the Canadian Institute for Public Safety Research and Treatment (CIPSRT) led the development of the glossary.

Assembling a glossary of terms that describes *mental health* and *mental health conditions* is a significant challenge. No universally accepted list works for every person and every situation. Words used to describe *mental health* and *mental health conditions* have different meanings for different people in different contexts. Therefore, there is a need for a glossary that makes the evolving language of *PTSD* and related terms accessible to everyone. Such a resource provides a common language that various stakeholders (e.g., researchers, health professionals, *PSP*) can use to communicate more effectively.

Health professionals use words very carefully to describe the signs, symptoms, and *diagnoses* of *mental disorders*. Careful use of language helps professionals to summarize complex sets of signs and symptoms, connecting patients with treatments most likely to help them. Careful use of language also helps researchers working to develop better tools for assessment, treatment, *diagnosis*, and prevention. The *Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2013)* and the *International Classification of Diseases (ICD; World Health Organization, 2018)* each provide widely used criteria for diagnosing *mental disorders*.

The language used to describe various aspects of *mental health* and *mental health conditions* is continuously being refined. The definitions we offer in the current version of the Glossary may not yet reflect unanimous consensus by the contributors to the current document, because in some cases there is significant debate about definitions; however, in all cases we have tried to provide the most balanced and collaborative definition possible. Currently, only four terms in the current glossary are *diagnostic* categories in the current editions of the DSM or ICD: *Burnout*, *Acute Stress Disorder (ASD)*, *Posttraumatic Stress Disorder (PTSD)*, and *Complex PTSD (C-PTSD)*. Many other related terms are currently in use, with varying degrees of support.

Separate definitions have been included for terms that are frequently used colloquially, many of which are often used inappropriately or could be subsumed within the definitions of other terms. Such terms have been included as part of an effort to help shift towards more accurate and less stigmatizing language. As the language shifts, we expect the less appropriate terms to drop from use. In the interim, suggestions have been made for alternative terms that would be more accurate or less stigmatizing, and in some cases we have explicitly recommended an alternative term because of historically inappropriate use, stigma, or confusion.

The use of language for *mental health* and *mental health conditions* often differs among professionals from various disciplines, and many words used in professional contexts have different meanings for people who are not health professionals. In addition, many cultural factors shape how we think about *mental health* and *mental health conditions* including values, preferences, clinical experience, and research results. For example, in recent years, the word “*injury*” has been used more often by many people to describe some *mental health conditions*, replacing the term “*disorder*,” which has important meaning for health professionals. On the one hand, the word “*injury*” helps to diminish stigma that can accompany the term “*disorder*.” On the other hand, the word “*disorder*” has a deep meaning for health professionals that communicates important information about a person’s condition, functional limitations, and optimum treatment.

The current Glossary is intended to promote a shared understanding of many of the common terms that are used to describe *mental health* and *mental health conditions* arising in the context of exposure to potentially *psychologically traumatizing events* and *stressors*. The intent is part of an ongoing effort to bridge any gaps that may exist between health professionals and the diverse communities they serve. The current Glossary focuses on *Posttraumatic Stress Disorder* and closely related terms, but that should not be misinterpreted as indicating other *mental health conditions* that can be caused by exposure to one or more potentially *psychologically traumatic events*, such as depression, anxiety, psychosis, substance related harms, and suicide, to name only a few, are less important. As the fields of *mental health* and *mental health conditions* are ever-changing; the current Glossary is a “living document” that will be revised over time to reflect new understandings.

Preamble References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.

Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., Hatcher, S., Keane, T. M., Stewart, S. H., & Asmundson, G. J. G. (2018). Mental disorder symptoms among public safety personnel in Canada. *Canadian Journal of Psychiatry*, 63(1), 54-64. doi: 10.1177/0706743717723825

World Health Organization. (2018). *Canadian coding standards for version 2018 ICD 11*. Canada: World Health Organization.

Acknowledgements

CIPSRT is extremely grateful to all the contributors who assisted in the creation of this resource. We wish to highlight four individuals who went above and beyond to ensure the success of this document. Special thanks to: Alexandra Heber, James Thompson, Valerie Testa, and Kadie Hozempa..

Special thanks to Veterans Affairs Canada, the Canadian Institute for Military and Veteran Health Research (CIMVHR), Public Safety Canada, and the Public Health Agency of Canada for your support making this resource a reality. In addition, we would like to thank our contributor's employers and universities who allowed committee members the time needed to complete this resource.

CIPSRT is grateful to the following individuals and organizations for their contributions to the development of this Glossary: CIPSRT is grateful to the following individuals and organizations for their contributions to the development of this Glossary:

[Alphabetically by last name]

Dr. Gordon Asmundson, Ph.D. R.D. Psych., Professor of Psychology, University of Regina; Fellow, Royal Society of Canada; Editor-in-Chief, Cognitive Behaviour Therapy

LCol Suzanne Bailey, Senior Social Work Officer, Social Work & Mental Health Training, Canadian Forces Health Services Group Head Quarters, Canadian Armed Forces

Dr. Suzette Brémault-Phillips, OT, Ph.D., DCA, Associate Professor, Department of Occupational Therapy, Faculty of Rehabilitation Medicine, University of Alberta; Director, HiMARC (Heroes in Mind, Advocacy and Research Consortium), University of Alberta

Dr. R. Nicholas Carleton, Ph.D., R.D. Psych., Professor of Psychology, University of Regina; Scientific Director, Canadian Institute for Public Safety Research and Treatment, University of Regina

Dr. Lina Carrese, Psy.D., Chief Psychologist, Mental Health Strategic Planning, Veterans Affairs Canada

Dr. Susan T. Dowler, Ph.D., C.Psych., Chief Clinical Psychologist, Canadian Forces Health Services Group Headquarters, Department of National Defence, Ottawa, Ontario

Dr. Deniz Fikretoglu, Ph.D., Defence Scientist, Defence Research and Development Canada, Toronto Branch, Individual Behaviour and Performance Section

Dr. Shelley Hale, RSSW, Director, Patient Care Services, Operational *Stress* Injury Clinic, Royal Ottawa Mental Health Centre

Dr. Kyle Handley, Lead Psychologist, York Regional Police, Chair of the Canadian Association Chiefs of Police Psychological Services Committee

Dr. Simon Hatcher, MMedSC MD FRCPC FRANZCP MRCPsych., Vice-Chair, Department of Psychiatry, University of Ottawa; Scientist, Ottawa Hospital Research Institute

LCol (Ret'd) Alexandra Heber MD. FRCPC., Chief of Psychiatry, Veterans Affairs Canada; Assistant Professor, Department of Psychiatry, University of Ottawa

Dr. Marnin J. Heisel, Ph.D., C.Psych., Associate Professor, Departments of Psychiatry and of Epidemiology & Biostatistics, University of Western Ontario; Scientist, Lawson Health Research Institute, London, Ontario

Kadie Hozempa, B.A. (Hons.), Research Project Coordinator, Canadian Institute for Public Safety Research and Treatment, University of Regina

Dr. Vivien Lee, Ph.D., C.Psych., Psychologist, Founder, Centre for Trauma Recovery & Growth; Clinical Advisor, Boots on the Ground, Toronto Beyond the Blue, Wounded Warriors Canada, Toronto, Ontario

Dr. Megan McElheran, PsyD., Clinical Psychologist, WGM Psychological Services, Calgary, Alberta

Dr. Ron Martin, Ph.D., R.D. Psych., Professor of Psychology, University of Regina

Dr. Rosemary Ricciardelli, Ph.D., Professor of Sociology; Coordinator for Criminology & Co-Coordinator for Police Studies, Department of Sociology, Memorial University of Newfoundland

Dr. J. Don Richardson, MD. FRCPC., Consultant Psychiatrist, Physician Lead, St. Joseph's Operational *Stress* Injury Clinic, Parkwood Institute; Scientific Director MacDonald/Franklin OSI Research Centre; Associate Professor - Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University; Associate Scientist, Lawson Health Research Institute; Assistant Clinical Professor, Department of Psychiatry & Behavioural Neuroscience, McMaster University

Dr. Maya Roth, Ph.D., C.Psych., Clinical Lead and Psychologist, St. Joseph's Operational *Stress* Injury Clinic – Greater Toronto Site; Associate Member, Yeates School of Graduate Studies, Ryerson University; Associate Scientist, Lawson Health Research Institute, London, Ontario

Valerie Testa, MSc(c), B.Ed., B.A. (Hons.), OCT, CCRP, Senior Clinical Research Associate, Clinical Epidemiology Program, Ottawa Hospital Research Institute; Special Advisor to the Scientific Director, CIPSRT; Interdisciplinary School of Health Sciences, University of Ottawa

Dr. James M. Thompson, MD. CCFP. (EM.) FCFP., Adjunct Associate Professor, Department of Public Health Sciences, Queens University; Research Medical Consultant, Canadian Institute for Military and Veteran Health Research

Dr. Anne C. Wagner, Ph.D., C.Psych., Adjunct Professor, Department of Psychology, Ryerson University; Founder, Remedy

ACRONYMS

ASD	Acute <i>Stress</i> Disorder
ACE	Adverse Childhood Experiences
CAF	Canadian Armed Forces
CIMVHR	Canadian Institute for Military and Veteran Health Research
CIPSRT	Canadian Institute for Public Safety Research and Treatment
C-PTSD	Complex Posttraumatic <i>Stress</i> Disorder
DSM	<i>Diagnostic</i> and Statistical Manual of Mental Disorders
FNMWCF	First Nations Mental Wellness Continuum Framework
ICD	International Classification of Diseases
OSI	Operational <i>Stress</i> Injury
PTG	Posttraumatic Growth
PTS	Posttraumatic <i>Stress</i>
PTSD	Posttraumatic <i>Stress</i> Disorder
PTSI	Posttraumatic <i>Stress</i> Injury
PTSS	Posttraumatic <i>Stress</i> Syndrome
PHAC	Public Health Agency of Canada
<i>PSP</i>	Public Safety Personnel
VAC	Veterans Affairs Canada

A	<i>Acute Stress Disorder (ASD)</i> <i>Adverse Childhood Experiences (ACE)</i>
B	<i>Burnout</i>
C	<i>Compassion Fatigue</i> <i>Complex Posttraumatic Stress Disorder (C-PTSD)</i> <i>Complex Trauma</i> <i>Critical Incident</i>
D	<i>Diagnosis / Diagnostic</i>
F	<i>First Responder(s)</i>
H	<i>Health</i>
I	<i>Interpersonal Violence</i>
M	<i>Mental Disorder</i> <i>Mental Health</i> <i>Mental Health Injury / Psychological Injury</i> <i>Mental Health Condition/Mental Health Challenge</i> <i>Mental Illness</i> <i>Moral Injury</i>
O	<i>Occupational Stress Injury / Organizational Stress Injury</i> <i>Operational Stress Injury (OSI)</i>
P	<i>People with Lived Experience / Experts by Experience</i> <i>Posttraumatic Growth (PTG)</i> <i>Posttraumatic Stress (PTS)</i> <i>Posttraumatic Stress Disorder (PTSD)</i> <i>Posttraumatic Stress Injury (PTSI)</i> <i>Posttraumatic Stress Syndrome (PTSS)</i> <i>Psychological Trauma / Psychologically Traumatic Injury / Psychologically Traumatized</i> <i>Psychologically Traumatic Event / Psychologically Traumatic Stress / Psychologically Traumatic Stressor</i> <i>Public Safety Personnel (PSP)</i>
R	<i>Recovery</i> <i>Resilience</i>
S	<i>Stress / Stressor / Stressful Event</i>
T	<i>Trauma / Traumatic Injury</i> <i>Traumatic Event / Traumatic Stress / Traumatic Stressor</i> <i>Tri-Services</i>
V	<i>Vicarious Traumatic Stress</i> <i>Vicarious Traumatization</i>
W	<i>Well-being (Wellbeing)</i> <i>Wellness</i>

Words defined in this Glossary are shown in ***italics***.

The definitions in the Glossary are presented alphabetically.
For each term, we offer both a definition for experts and a plain language version.

Acute Stress Disorder (ASD)

For Experts

- *Diagnostic* criteria are provided for ASD in the DSM and ICD.
- A *mental disorder* that can occur after exposure to psychological *stressors* during one or more potentially *psychologically traumatic events* perceived as involving severe threat to self or others.
- Similar to *Posttraumatic Stress Disorder*, symptoms may include (but are not limited to):
 1. Recurrent involuntary memories or significant physiological reactions;
 2. Inability to feel positive emotions;
 3. Trouble remembering and avoidance of the *psychologically traumatic event*;
 4. Hyperarousal, and
 5. Sometimes persistent feelings of detachment.
- The experiences have lasted for three days or more but less than one month and cause clinically significant *diStress* or impairment in social, occupational, or other important areas of functioning.
- The symptoms and signs are not better explained by another mental or physical *health* condition or the effects of a substance.
- Can evolve into *Posttraumatic Stress Disorder* and other types of *psychological trauma*.

For General Public

- *Diagnostic* criteria are provided for ASD in the DSM and ICD.
- A *mental disorder* that can happen after exposure to psychological *stressors* during specific types of severe, potentially *psychologically traumatic events*.
- Symptoms may include (but are not limited to): intrusive flashback memories of the event, inability to have positive feelings, trouble remembering the event, avoiding reminders of the event, disturbed sleep or being too vigilant, and sometimes feelings that things are unreal.
- Symptoms begin within one-month of experiencing the potentially *psychologically traumatic event* and may develop into *Posttraumatic Stress Disorder* after one month; however, *Acute Stress Disorder* is not a prerequisite for *Posttraumatic Stress Disorder*.
- The *diagnosis* of *Acute Stress Disorder* is made if the person's condition is not better explained by another physical or *mental disorder*.

Adverse Childhood Experiences (ACE)

For Experts

- “*Adverse childhood experiences* are defined operationally as childhood events, varying in severity and often chronic, occurring in a child's family or social environment that cause harm and *diStress*, thereby disrupting the child's physical or psychological *health* and development” (Kalmakis & Chandler, 2014).
- Examples include, but are not limited to, exposure to emotional, physical or sexual abuse, emotional or physical neglect, intimate partner violence, or dysfunction within the household (e.g., exposure to parental separation, a family member with a history of *mental disorders*, substance use, incarceration, or suicide attempt).

For General Public

- Experiences of potentially *psychologically traumatic events* in a child's family or social life that disrupt the *health* of child causing harm or *diStress*.
- Includes, but not limited to emotional or physical neglect, emotional, physical or sexual abuse, or violence in the household.
- Can predispose children to later life *mental health conditions*.

Burnout

For Experts

- Currently a *diagnosis* in the ICD.
- *Burnout* is described by the World Health Organization as an “occupational phenomenon” and is included in the International Classification of Diseases (ICD-11). The ICD-11 defines *Burnout* as “a syndrome conceptualized as resulting from chronic workplace *Stress* that has not been successfully managed.” “Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life,” (World Health Organization, 2018).
- It is a “psychological syndrome in response to chronic interpersonal *Stressors* on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment” (Maslach, Leiter and Schaufeli, 2009).
- Can also involve negative change in reaction to others, including depersonalization, inappropriate attitudes towards coworkers, irritability, loss of idealism, and withdrawal (Maslach, Leiter and Schaufeli, 2008).
- Perceived “high caseloads, lack of control or influence over agency policies and procedures, unfairness in organization structure and discipline, low peer and supervisory support, and poor agency and on-the-job training” have been identified as organizational factors underlying *Burnout* (Barak, Nissly & Levin, 2001; Maslach & Leiter, 1997; Newell & MacNeil, 2010).
- Distinct from *compassion fatigue*, *vicarious stress*, and *vicarious trauma*, because *Burnout* is not necessarily or exclusively related to exposures to potentially *psychologically traumatic events*, *complex trauma*, or *adverse childhood experiences*.

For General Public

- Currently a *diagnosis* in the ICD.
- A *mental health condition* that can occur when the person experiences ongoing *occupational stress* in the workplace, particularly *organizational stress* (e.g., ongoing conflict with supervisors or colleagues, high amounts of overtime; insufficient breaks).
- Might be occurring when the person seems to have one or more of the following: overwhelming exhaustion, is cynical, feels detached from the job, feels ineffective, or does not get rewards from working in the job.

Compassion Fatigue

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- A *mental health condition* describing adverse psychological reactions in persons providing care to others, which is related to the *Stress* experienced from caring, empathizing, and both the physical and psychiatric investments made when helping people who are suffering.
- *Compassion fatigue* can include a sense of helplessness, confusion, and a loss of compassion or empathy toward those one is treating or helping, as well as feelings of isolation from colleagues and usual social supports.
- *Compassion fatigue* can occur as a result of singular exposure or an accumulation of exposures to *trauma*.
- Sometimes associated with *vicarious stress* or *vicarious trauma*, but considered distinct from *Burnout*.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- A type of *mental health condition* that can occur in caregivers.
- Related to the *stress* of caring about other people who are in *diStress* or who are suffering.
- Creates a sense of helplessness, confusion, or a loss of compassion and empathy for others, and feelings of being isolated from colleagues and other people.

Complex Post-traumatic Stress Disorder (C-PTSD)

For Experts

- Currently a *diagnosis* in the ICD.
- Meets all the *diagnostic* requirements for *Posttraumatic Stress Disorder*, with additional criteria, as specified in the ICD.
- The main things that distinguish *C-PTSD* from *Posttraumatic Stress Disorder* are the protracted nature of the potentially *psychologically traumatic event* (e.g., exposure to a concentration camp), the subsequent distortions of the person's sense of self and core personal and social identity, and significant emotional dysregulation. *Posttraumatic Stress Disorder* is more typically associated with a discrete *traumatic event* or set of *traumatic events*.
- Described by Judith Herman (1992, 1995, 2015).

For General Public

- Currently a *diagnosis* in the ICD.
- A type of *Posttraumatic Stress Disorder* that results from repeated severe *traumatic events* that the person cannot escape usually as a result of *adverse childhood experiences*.
- People with the condition have a profound loss of sense of identity and great difficulty controlling their emotions.

Complex Trauma

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- *Psychological trauma* resulting from exposure to multiple *traumatic events* or a single prolonged *traumatic event*, particularly when the event was difficult to escape, such as repeated childhood sexual or physical abuse, prolonged domestic violence, torture, slavery, genocide campaigns (Greeson, Briggs, Kisiel, Layne, Ake, Ko, Gerrity, Steinberg, Howard, Pynoos, & Fairbank, 2011; Briere & Scott, 2015; National Child Traumatic Stress Network, 2019).
- Can result in *mental health conditions*, including but not limited to, *Posttraumatic Stress Disorder* and *C-PTSD*, depending on the severity of the response to the initial exposure.
- Often mistakenly used interchangeably with *C-PTSD*, but *Complex Trauma* would be a causal experience that may lead to *C-PTSD*.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- Severe *psychological trauma* resulting from severe types of potentially *psychologically traumatic events*.
- Often used in conversations interchangeably with *C-PTSD*.

Critical Incident

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Potentially *psychologically traumatic events* that are common among some groups, such as *public safety personnel*.
- *Critical incidents* were thought to involve experiencing unusually strong emotional reactions which have the potential to interfere with responders' ability to function either at the scene or later and could include "all physical custody (arrests), all vehicle and foot pursuits, all dispatched code responses (emergency), all motor vehicle accidents that require physical work and all calls which present an active threat to life and/or property" (Mitchell, 1983, p. 36).
- "*Critical incident*" was used to distinguish common exposures in the line of duty from exposures thought more likely to be problematic.
- Available research suggests that individual perceptions, rather than a specific subset of potentially *psychologically traumatic events*, may be key determinants of whether a potentially *psychologically traumatic* exposure becomes problematic.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- Potentially *psychologically traumatic events* that may be commonly experienced by *public safety personnel*, but that may nonetheless evoke unusually strong emotional reactions.
- May occur when a person is overwhelmed by the scope, severity, personal connection, or extent of exposure to a given potentially *psychologically traumatic event*.
- Often mistakenly used interchangeably with *psychologically traumatic event* or *trauma*.

Diagnosis / Diagnostic

For Experts

- *Diagnosis* is the process of explaining a person's state of mental or physical *health* through examination and consideration of various types of evidence.
- *Diagnosis* is also a conclusion made about the nature of a *health* condition, illness, or disorder.
- *Diagnostic* criteria for making the *diagnosis* of a *mental disorder* include those listed in the *Diagnostic* and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
- The word *diagnosis* refers broadly to any justifiable conclusion made by a regulated health professional within their scope of practice, not just the formulations presented in the DSM or ICD.
- A *diagnosis* of a *mental health condition* should not be made without considering the differential *diagnoses* of physical health conditions that could alternatively explain the person's state of *health*. Furthermore, physical health disorders also accompany *mental disorders*.

For General Public

- An explanation of a person's mental or physical *health* made by a qualified health professional within their scope of practice.
- The *Diagnostic* and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD) provide *diagnostic* criteria for *mental disorders*.

First Responder(s)

For Experts

- The definition of "*first responder*" is continuing to evolve.
- A person with specialized training who is among the first to arrive and provide assistance at the scene of an emergency, such as an accident, natural disaster, or terrorist attack. Historically, *first responders* have traditionally included paramedics, emergency medical technicians, police officers, firefighters, and rescuers.
- Other trained members of organizations connected with this type of work, including public safety communications officials (e.g., 911 call centre personnel) and correctional officers, are also considered *first responders*.

For General Public

- The definition of "*first responder*" is continuing to evolve.
- A person with specialized training who is among the first to arrive and provide assistance at the scene of an emergency, such as an accident, natural disaster, or terrorist attack. Historically, *first responders* have included paramedics, police officers, special constables, firefighters, and rescuers.
- Other trained members of organizations connected with providing professional assistance at the scene of an emergency (e.g., public safety communications officials such as 911 personnel), may also be considered *first responders*.

Health

For Experts

- The physical, mental, social, and some say spiritual, functioning of a person, which can range from poor to good (Huber, 2010; Huber, Knottnerus, Green, van der Horst, Jadad, Kromhout ... & Smid, 2011; Thompson, MacLean, Roach, Banman, Mabior & Pedlar 2016; Thompson, Heber, VanTil, Simkus, Carrese, Sareen & Pedlar, 2019).
- *Health* can be described subjectively such as a person's own description of their *health*, psychological *well-being*, or health-related quality of life.
- *Health* also can be described objectively, such as observations by a family member or *health* professional.

For General Public

- Refers to how a person is physically, mentally, socially, and spiritually functioning.
- Can be described as how the person views their own *health* or as how others view a person's *health*.

Interpersonal Violence

For Experts

- One or more behaviours wherein an individual causes physical *trauma* or *psychological trauma* to another individual, including but not limited to, child maltreatment, intimate partner violence, elder abuse, assault by strangers, as well as violence related to property crimes, in workplaces, and other institutions.
- Potentially *traumatic events* that involve *interpersonal violence* may cause more severe or complex *mental health conditions* (including *mental disorders*) due to interpersonal betrayal and attachment disruption. Other potentially *psychologically traumatic stressors* or *events* (e.g., natural disasters, structure fires) can also lead to similar severity and complexity of *mental health conditions*. However, the personal and relational nature of *interpersonal violence* often leads to more complex *mental health conditions*.

For General Public

- Harmful physical and psychological behaviour towards another person.
- A type of potentially *psychologically traumatic event* or *stressor*.
- Can contribute to *mental health conditions* in either the person causing the harm or the person who was harmed.
- Examples of *interpersonal violence* include intimate partner violence, elder abuse, and workplace violence.

Mental Disorder

For Experts

- A clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning where the person's condition meets DSM or ICD *diagnostic* criteria.
- Associated with significant diStress in social, occupational, or other activities.
- Causes of *mental disorders* are thought to be multiple and interlinked, not linear, and related to various combinations of *traumatic events* or potentially *psychologically traumatic events*, genetics, biology, diet, socioeconomic factors, physical health conditions, physical environmental factors, and others.
- The symptoms and signs are not better explained by a physical health condition or the effects of a substance.
- Common, culturally consistent responses to a common *stressor* or loss, such as the death of a loved one, which do not meet accepted *diagnostic* criteria, are not *mental disorders*.
- Socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not *mental disorders* unless the deviance or conflict results from a dysfunction in the individual which meets accepted *diagnostic* criteria.

For General Public

- A type of *mental health condition* that meets accepted criteria for *diagnosis* published in the DSM or ICD.
- Criteria for *diagnosis* include impaired functioning in social, workplace, or other activities.
- A *diagnosis* of a *mental disorder* might be made if the *diagnostic* criteria best explain a person's current condition.
- *Mental disorders* are thought to be caused by the interactions of different combinations of factors; for example, potentially *psychologically traumatic events* or *stressors*, genetics, biology, socioeconomic factors, physical health conditions, or physical environmental factors.
- A person could receive a *diagnosis* of more than one *mental disorder* at a time.
- Does not include normal responses to common *stressors* like the loss of a loved one, workplace pressures, living with a physical health condition, or chronic pain.
- *Mental disorder* is currently the preferred term instead of *mental illness*.

Mental Health

For Experts

- “*Mental*” refers to thoughts (thought content), feelings (emotions), and related brain functioning.
- *Mental health* varies on a continuum from “poor” to “good”. Good *mental health* is a state of psychological *well-being*. Good *mental health* generally enables people to function, realize their abilities, cope with the normal *Stresses* of life, and contribute to their community.
- *Mental disorder* severity lies on a different continuum from *mental health* and varies from mild to severe (Keyes, 2010). A person can have good *mental health* even though they have a *mental illness* or a *mental disorder*. Conversely, but more commonly, a person can have poor *mental health* but still not meet the *diagnostic* criteria for any specific *mental disorder* as described in the DSM or the ICD.
- *Mental health* is influenced by a wide variety of determinants, not only potentially *psychologically traumatic events* and *stressors*.

For General Public

- Refers to a person’s thoughts and feelings.
- *Mental health* exists on a continuum between poor and good. In good *mental health*, a person knows their abilities, copes well with normal *stress*, works well, and contributes to their community.
- People with a *diagnosis* of a *mental disorder* can be coping well and still have good *mental health*.
- On the other hand, a person can have poor *mental health* without having a *diagnosis* of a *mental disorder*.
- *Mental health* is influenced by a wide variety of factors, not only potentially *psychologically traumatic events* and *stressors*.

Mental Health Injury / Psychological Injury

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Refers to any type of *mental disorder*, not only those that occur as a result of exposure to one or more potentially *psychologically traumatic events*.
- Injury means an acute state, not chronic states that can occur as a result of a physical or *psychological trauma*; however, colloquially injury can also mean a chronic state arising from an acute injury, for example, an *operational stress injury*.
- Commonly used to manage the stigma with associated language like *mental disorder*.
- *Mental disorders* or other *mental health conditions* often are caused by mechanisms other than exposure to a *psychologically traumatic stressor*. Examples include *mental disorders* such as major depressive disorder, anxiety disorders, personality disorders, schizophrenia, or other psychotic disorders.

For General Public

- *Mental health injury* and *psychological injury* are alternative ways of referring to *mental health conditions*, including *mental disorders*, especially when the *mental health conditions* or *mental disorders* are thought to be caused by exposure to potentially *psychologically traumatic events* and other *stressors*.
- *Mental health injury* and *psychological injury* are not *diagnostic* categories in the DSM or ICD manuals.
- The word “*injury*” has been used in efforts to destigmatize *mental disorders*, especially *posttraumatic stress disorder*.

Mental Health Condition/ Mental Health Challenge

For Experts

- Broad term that includes *mental disorders*, *mental illness*, and undiagnosed symptoms that could be explained by *mental disorder diagnoses*.
- Also includes states of poor *mental health* that do not meet DSM or ICD *diagnostic criteria* for *mental disorders*, including, for example, culturally consistent responses to common *stressors* and socially deviant behaviours where the person is functioning well.
- Some people prefer to use *mental health challenge* instead of *mental health condition* in an effort to reduce stigma.

For General Public

- Any state of poor *mental health*.
 - Includes normal reactions to everyday *stressors*, as well as *mental disorders*.
 - Some people prefer to use *mental health challenge* instead of *mental health condition* in an effort to reduce stigma.
-

Mental Illness

For Experts

- When used, refers to *mental disorders*, diagnosed or as yet undiagnosed.
- Ranges in severity from mild to severe.
- Associated with significant *diStress* in social, occupational, or other activities.

For General Public

- When used, refers to *mental disorders*, diagnosed or as yet undiagnosed.
 - Ranges in severity from mild to severe.
 - Associated with significant *diStress* in social, occupational, or other activities.
-

Moral Injury

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Evolving concept that continues to be discussed among experts.
- One view is that *moral injury* is a type of *psychological trauma* characterized by intense guilt, shame, and spiritual crisis.
- Can result from experiencing a significant violation of deeply held moral beliefs, ethical standards, or spiritual beliefs, experiencing a significant betrayal, or witnessing trusted individuals committing atrocities.
- Has been described as an injury to one's identity (Nash, 2016), core being, spirit, and sense of self that results in fractured relationships (Brémault-Phillips et al. 2019).

For General Public

- Currently not a *diagnosis* in the DSM or ICD manuals.
- The concept of *moral injury* is still being debated by experts.
- Thought to be a type of *mental health condition* that results from a violation of deeply held beliefs and moral values.
- Has been described as an *injury* to one's identity, core being, spirit, and sense of self that results in fractured relationships.

Occupational Stress Injury / Organizational Stress Injury

For Experts

- Currently not *diagnosis* in the DSM or ICD.
- Evolving concepts that continue to be discussed among experts.
- One view is that occupational *Stressors* sort into operational *Stressors* and organizational *Stressors*; however, the terms are emerging, and definitions remain unclear.
- To avoid confusion, the acronym “OSI” should be reserved for *operational stress injury*.

For General Public

- Currently not *diagnosis* in the DSM or ICD.
- One view is that occupational *Stressors* can be classified into either operational or organizational *Stressors*; however, the terms are emerging and definitions remain unclear.
- Often mistakenly used interchangeably with *operational stress injury*; therefore, wherever possible, use the acronym OSI only for *operational stress injury* and always be specific if referring to *operational stress injury*, *organizational stress injury*, or *operational stress injury*.

Operational Stress Injury (OSI)

For Experts

- Currently not a *diagnosis* in the DSM or ICD manuals.
- Currently used primarily in Canada.
- Originally defined as any *mental disorder* or other *mental health condition* resulting from operational duties performed while serving in the Canadian Armed Forces.
- Used to describe a broad range of conditions including *mental disorders* such as anxiety disorders, depressive disorders, and *Posttraumatic Stress Disorder*, as well as *mental health conditions* that may not meet DSM or ICD criteria for *mental disorders* but still interfere with daily functioning in social, work or family activities.
- The term was coined by Canadian Lieutenant Colonel (Retired) Stéphane Grenier as part of a broad effort to decrease the stigma associated with other language (e.g., mental disorder, *mental health condition*) by categorizing *mental health conditions* as “*injuries*” that are as legitimate as physical injuries sustained during operational duties.
- Contemporary use refers to any *mental disorder* or other *mental health condition* resulting from operational *Stressors* experienced while serving in a professional capacity, especially in military or other public safety professions.
- Generally, the operational *Stressors* associated with an *operational stress injury* typically refer to potentially *psychologically traumatic events*; however, in some cases, operational *Stress* also refers to less severe elements of occupational duties (e.g., shift work, overtime, upholding a “higher image” in public).

- Occasionally, *operational stress injury* is mistakenly used synonymously with *organizational stress injury* or *occupational stress injury*; however, operational *Stress*, organizational *Stress*, and occupational *Stress* have all been defined differently in the current literature.
- Organizational *Stressors* may include staff shortages, lack of training on new equipment, lack of appropriate resources, inconsistent leadership styles, and a perceived lack of support between co-workers and leaders.
- “Occupational *Stressors*” has been used to refer broadly to both operational and organizational *Stressors*.
- Currently, only *operational stress injury* has been defined and used with any regularity by members of the *mental health* community.

For General Public

- Currently not a *diagnosis* in the DSM or ICD manuals.
- Refers to any *mental disorder* or other *mental health condition* resulting from operational *Stressors* experienced (any level of severity) while serving in a professional capacity, especially in military or other public safety professions.
- Often mistakenly used interchangeably with *occupational stress injury* or *organizational stress injury*; therefore, wherever possible, use the acronym OSI only for *operational stress injury* and always be specific if referring to *operational stress injury*, *organizational stress injury*, or *operational stress injury*.

People with Lived Experience / Experts by Experience

For Experts

- People who are living with, have lived with, or are recovering from a *mental disorder* or *mental health condition*.
- May also include persons exposed to a potentially *psychologically traumatic stressor* or *event*.
- May also include the loved ones or other supporting persons who are engaged with people who are living with, have lived with, or are recovering from a *mental disorder* or *mental health condition* or exposed to potentially *psychologically traumatic stressor* or *event*.

For General Public

- People who are living with, have lived with, or recovering from a *mental disorder* or *mental health condition*.

Posttraumatic Growth (PTG)

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Refers to positive personal changes that may result from an individual working to cope with the psychological consequences of exposure to *trauma* or a potentially *psychologically traumatic event*.
- Major dimensions of *posttraumatic growth* include: enhancement of relationships (e.g., increases in empathy, humility, and altruism); changes in self-perception (e.g., of personal resiliency, strength; increased acceptance of vulnerability and limitations); changes in life philosophy (e.g., re-evaluating what's important); and spiritual or existential change (Tedeschi, Park & Calhoun, 1998; Tedeschi, Calhoun, & Groleau, 2015).
- *Posttraumatic growth* is not merely bouncing back to pre-trauma levels of functioning, but positive growth beyond pre-trauma levels of functioning.
- *Posttraumatic growth* and *posttraumatic stress* can occur within the same person at the same time.

For General Public

- Currently not a *diagnosis* in the DSM or ICD manuals.
- Generally refers to the positive personal changes that may result from an individual's struggle to manage the consequences of being exposed to one or more potentially *psychologically traumatic events*.
- The positive personal changes may include such things as a new appreciation for life and future possibilities, a newfound sense of personal strength, improved relationships with others (e.g., a new focus on helping others), and spiritual or existential change.
- *Posttraumatic growth* is not merely bouncing back to pre-trauma levels of functioning, but positive growth beyond pre-trauma levels of functioning.

Posttraumatic Stress (PTS)

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Has been used to refer to *stress* and/or *mental health conditions* arising from exposure to a potentially *psychologically traumatic stressor* or *event*.
- Has been used to refer specifically to *Posttraumatic Stress Disorder*, but has also been used to refer to *mental health conditions* with some features of *Posttraumatic Stress Disorder* that do not meet criteria for the *diagnosis* of *Posttraumatic Stress Disorder* but still interfere with daily functioning in social, work, or family activities.
- Can develop soon after exposure to a potentially *psychologically traumatic event* or progressively over time with cumulative exposures.
- Does not refer to reactions to *Stressful* events or significant life changes that are not potentially *psychologically traumatic stressors/events*, so does not refer to normal reactions to common *stressors*.

- Often mistakenly used interchangeably with other terms such as *posttraumatic stress disorder*; therefore, wherever possible, using another more specific term will be more accurate and more helpful.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- Has been used to refer to *stress* and/or *mental health conditions* from exposure to a potentially *psychologically traumatic stressor* or *event*.
- Has been used to refer specifically to *Posttraumatic Stress Disorder*, but has also been used to refer to *mental health conditions* that follow exposure to a potentially *psychologically traumatic event* and interfere with daily functioning in social, work, or family activities.
- Often mistakenly used interchangeably with several other terms; therefore, wherever possible, using another more specific term will be more accurate and more helpful.

Posttraumatic Stress Disorder (PTSD)

For Experts

- *Diagnostic* criteria are provided for *Posttraumatic Stress Disorder* in the DSM and ICD.
- A *mental disorder* which can occur following exposure to specific types of severe, potentially *psychologically traumatic events* perceived as involving severe threat to self or others.
- Symptoms can include:
 1. Intrusive involuntary memories, flashbacks, nightmares, or *diStress* on exposure to triggers of the traumatizing event;
 2. Avoidance of reminders of the traumatizing event;
 3. Persistent, event-related negative moods and thoughts like fear, mistrust, shame, or detachment;
 4. Sleep disturbance, hypervigilance, startle response, irritability, or anger; and
 5. Sometimes significant dissociation, with amnesia or decreased responsiveness to external stimuli.
- The experiences last for more than one month and cause clinically significant *diStress* or impairment in social, occupational, or other important areas of functioning.
- The symptoms and signs are not better explained by another mental or physical *health* condition or the effects of a substance.

For General Public

- *Diagnostic* criteria are provided for *Posttraumatic Stress Disorder* in the DSM and ICD.
- A *mental disorder* that can happen after exposure to psychological *stressors* during specific types of severe, potentially *psychologically traumatic events*.
- *Posttraumatic Stress Disorder* may involve different combinations of sleep disturbances, flashbacks, triggers, regular vivid recall, intrusive memories, avoiding reminders of the *psychologically traumatic event* and avoiding thinking about the *psychologically traumatic event*, trouble remembering parts of the *psychologically traumatic event*, persistently negative thoughts, low mood, anger, feeling emotionally numb and, having difficulties feeling emotionally connected to family or close friends.
- The experiences last for more than one month and cause significant *diStress* and/or impairment in social, occupational, or other important areas of functioning.
- The *diagnosis* of *Posttraumatic Stress Disorder* is made if the person's condition is not better explained by another physical or *mental disorder*.

Posttraumatic Stress Injury (PTSI)

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- Currently used primarily in Canada.
- Refers to a *mental health condition* that a person might acquire as a result of exposure to one or more potentially *psychologically traumatic events*.
- Used to describe a range of problems including, but not limited to, *mental disorders* such as *Posttraumatic Stress Disorder* and *mental health conditions* that may not meet DSM or ICD criteria for *Posttraumatic Stress Disorder* that still interfere with daily functioning in social, work or family activities.
- By categorizing *mental health conditions* as “*injuries*” that are as legitimate as physical injuries, the term can decrease the stigma associated with language such as *mental disorder* or *mental health condition*.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- Currently used primarily in Canada to decrease the stigma associated with the word “*disorder*”.
- Currently, the term is most often used within the military and *public safety personnel* communities in Canada.
- Refers to a *mental health condition* that a person acquires as a result of exposure to one or more potentially *psychologically traumatic events*.
- Has been used by some people to refer to *Posttraumatic Stress Disorder*, but has also been used by some people to refer to several other *mental disorders*.

Posttraumatic Stress Syndrome (PTSS)

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- May be considered inaccurate or stigmatizing.
- Often mistakenly used interchangeably with several other terms; therefore, wherever possible, using another more specific term will be more accurate and more helpful.
- See also *posttraumatic stress injury*, *Posttraumatic Stress Disorder*, *posttraumatic stress*.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- May be considered inaccurate or stigmatizing.
- Often mistakenly used interchangeably with several other terms; therefore, wherever possible, using another more specific term will be more accurate and more helpful.
- See also *posttraumatic stress injury*, *Posttraumatic Stress Disorder*, *posttraumatic stress*.

Psychological Trauma / Psychologically Traumatic Injury / Psychologically Traumatized

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- *Trauma* caused by exposure to *psychologically traumatic event* (Briere & Scott, 2015; Substance Abuse and Mental Health Services Administration, 2019).
- The manifestations of the *traumatic injury* may be consistent with one or more *mental disorders*, but may also be consistent with *mental health conditions* for which there are no *diagnostic* categories in the DSM or ICD.
- *Psychological trauma* is a unique, individual experience.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- Any *mental disorder* or other *mental health condition* resulting from exposure to a *psychologically traumatic event*.
- *Psychological trauma* is a unique, individual experience that may not present the same way for every person.
- See also *mental disorder*, *mental health injury*, *posttraumatic stress injury*, *Posttraumatic Stress Disorder*, *Acute Stress Disorder*.

Psychologically Traumatic Event / Psychologically Traumatic Stress / Psychologically Traumatic Stressor

For Experts

- A *psychologically traumatic event* is a *stressful event* that may cause *psychological trauma*.
- Exposure to certain types of *psychologically traumatic events* are included in the DSM and ICD criteria for the *diagnosis* of *Acute Stress Disorder* or *Posttraumatic Stress Disorder*.
- The terms are often preceded by the word “potentially” to underscore the importance of individual perception within a specific context when determining whether an event is a *psychologically traumatic stressor*.
- Examples include significant threats of harm to the self or loved ones, exposure to war as a combatant or civilian, threatened or actual physical assault, threatened or actual sexual violence, being kidnapped, being taken hostage, torture, natural or human-made disasters, or other mechanisms of severe physical injuries such as motor vehicle accidents and industrial accidents.
- Exposure to a potentially *psychologically traumatic stressor* can be direct (e.g., happened to me; witnessed it first hand) or indirect/vicarious/secondary (e.g., witnessed the aftermath; learned about the *trauma* happening to a loved one, or as part of providing support or care to another person, either professionally or personally).

- Not everyone exposed to a potentially *psychologically traumatic event* or *stressor* develops *psychological trauma*.
- Most *critical incidents* would be potentially *psychologically traumatic events*, but not all potentially *psychologically traumatic events* would be *critical incidents*.

For General Public

- Things that can cause *psychological trauma* like *Posttraumatic Stress Disorder* and other types of *mental health conditions*.
- The terms are often preceded by the word “potentially” to underscore the importance of individual perception within a specific context when determining whether an event is a *psychologically traumatic stressor*.
- There is often an element of significant threat to the physical safety of the self or others that may be associated with feelings of intense fear, horror, or helplessness.
- Examples may include some *adverse childhood events*, motor vehicle accidents, sexual and other types of violence, unexpected death or threat of death of loved ones, severe physical injury, military combat, natural disasters, or exposure to bodies or environmental hazards.
- Most *critical incidents* would be potentially *psychologically traumatic events*, but not all potentially *psychologically traumatic events* would be *critical incidents*.

Public Safety Personnel (PSP)

For Experts

- The definition of “*Public Safety Personnel*” is continuing to evolve.
- Currently used primarily in Canada.
- Broad term meant to encompass personnel who ensure the safety and security of Canadians.
- *PSP* include, but are not limited to, border services officers, public safety communications officials, correctional workers, firefighters (career and volunteer), Indigenous emergency managers, operational intelligence personnel, paramedics, police (municipal, provincial, federal), and search and rescue personnel.
- History:
 1. In the 2016 Standing Committee on Public Safety and National Security Report, “Healthy minds, safe communities”, Public Safety Canada defined a “Public Safety Officer” as a broad term meant to encompass front-line personnel who ensure the safety and security of Canadians, including first responders / *tri-services* (i.e., firefighters, paramedics, police), search and rescue personnel, correctional services officers, border services officers, operational intelligence personnel, and Indigenous emergency managers.
 2. Feedback regarding the word “officer” in the term “Public Safety Officer” indicated many professional groups intended to be included felt excluded because they did not identify as officers; as such, the term *public safety personnel* has been adopted to reference persons acting in professional capacities to fulfil public functions with duties related to public safety.

For General Public

- The definition of *public safety personnel* is continuing to evolve.
- All *first responders* can also be referred to as *public safety personnel*.
- Broad term meant to include personnel who ensure the safety and security of Canadians.
- *PSP* include, but are not limited to, border services officers, public safety communications officials, correctional workers, firefighters (career and volunteer), Indigenous emergency managers, operational intelligence personnel, paramedics, police (municipal, provincial, federal), and search and rescue personnel.

Recovery

For Experts

- There is no universally agreed definition for this term, however, the concept is widely endorsed.
- Refers to the personally contextualized, self-determined journey to good *well-being* when a person has a *mental disorder*, a chronic physical *health* condition, or chronic pain.
- An ongoing process of change that increases the person’s *well-being*, including symptom reduction but also living a meaningful life where the person has positive *mental health*, is hopeful and optimistic, and is participating and contributing (Mental Health Commission of Canada, 2017; College of Family Physicians of Canada, 2018).

For General Public

- The personalized journey to a way of living that allows a person with a physical or *mental health condition* to have positive *mental health* and good *well-being*.

Resilience

For Experts

- Generally used to describe the concept of adapting to or bouncing back from a negative event or experience.
- Defined in a number of different ways as something one has, something one develops, or something one uses, which reflects a lack of consensus over the specific qualities or components that make up *resilience*.
- Can refer to the *resilience* of individuals but can also refer to the *resilience* of groups (e.g., families, teams, organizations).
- *Resilience* has been used to describe the ability to adapt and maintain, or return to previous levels of good *well-being* in individuals or groups (e.g., families, teams, organizations).
- *Resilience* may be influenced by factors internal to individuals and by factors created by groups (e.g., families, teams, organizations).
- *Resilience* is not constant, but may vary over time due to internal and/or external factors.

For General Public

- A person's ability to adapt to challenges or bounce back after a bad experience.
- This ability can be further supported or undermined by the groups to which a person belongs (e.g., by their families, teams, organizations).

Stress / Stressor / Stressful Event

For Experts

- *Stress* describes the experience a person has while being impacted by one or more *stressors*, often characterized by psychological *diStress* and physiological changes (e.g., increased heart rate, shallow breathing, muscle tension).
- *Stress* is a common experience and some *stress* can be a good thing if the *stress* leads to growth and adaptation; however, *stress* can result in *psychological trauma*.
- A *stressor* is a physical, radiological, biological, socioeconomic, or psychological force that acts upon a person during events such as a motor vehicle accident, loss of an important relationship, loss of employment, confronting an attacker, dealing with financial loss, or adverse childhood experiences.
- A psychologically *stressful event* is an episode in time during which a *stressor* operates on a person and causes an emotional experience accompanied by predictable biochemical, physiological, and behavioural changes.
- Confusingly, the word *stress* is often used synonymously, sometimes mistakenly, when people are referring to *traumatic stress*, *psychological trauma*, a *mental health condition*, or a *mental disorder* associated with experiencing a *stressful event*.
- *Stress*, *stressor*, and *stressful event* are often used interchangeably to refer to a potentially *psychologically traumatic event* or an *adverse childhood experience*.
- *Stress* means the way a person feels or looks when they are affected by a *stressor*.
- *Stress* is a common experience and some *stress* can be a good thing if the *stress* leads to growth and adaptation; however, *stress* can result in *psychological trauma*.
- A *stressor* is something that puts pressure on a person physically or mentally.
- A person experiencing a *stressful event* is being impacted by one or more *stressors* that are causing them to experience *stress*. If the experience is severe enough, *stress* may result in a *psychological trauma* that can lead to a *mental health condition*, such as *Posttraumatic Stress Disorder*.
- Confusingly, the word *stress* often is used interchangeably, sometimes mistakenly, when people are referring to *traumatic stress*, *psychological trauma*, a *mental health condition*, or a *mental disorder* associated with experiencing a *stressful event*.
- *Stress*, *stressor*, and *stressful event*, are often used interchangeably to refer to a potentially *psychologically traumatic event* or an *adverse childhood experience*.

For General Public

Trauma / Traumatic Injury

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- *Trauma* can be (a) physical, meaning an injury to living tissue caused by an extrinsic physical, biological, or radiological agent, or (b) psychological, meaning a disordered psychic or behavioural state resulting from severe mental or emotional *stress*.
- In the *mental health* context, *trauma* is a person's experience during an event so diStressing to them that it overwhelms them emotionally. Severe psychological *trauma* is viewed as the etiology (cause) of *Posttraumatic Stress Disorder*.
- A person can experience physical *trauma* without also experiencing *psychological trauma*, as in minor physical *trauma* that causes a minor laceration, sprain, skin infection, or sunburn. On the other hand, severe physical *trauma* that causes unstable multi-organ system polytrauma usually is associated with *psychological trauma*. It has been hypothesized that physical *trauma* to the central nervous system, such as penetrating or blunt force traumatic brain injury, can also contribute causally to psychiatric sequelae like *Posttraumatic Stress Disorder*.
- Psychologically *Stressful* experiences are not necessarily *traumatic*. People can feel *Stressed* without experiencing *trauma*.
- *Injury* means an acute state, not chronic states that can occur as a result of a physical or *psychological trauma*. However, colloquially *injury* often is used to describe a chronic state arising from an acute injury, for example, an *operational stress injury*.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- “*Trauma*” is something that causes physical, emotional, spiritual, or psychological harm. In the *mental health* context, *trauma* is a person's own experience during an event so diStressing to them that it overwhelms them emotionally.
- In the *mental health* context, *psychological trauma* is viewed as the cause of a *mental disorder* like *Posttraumatic Stress Disorder*.
- Psychologically *Stressful* experiences are not necessarily *traumatic*. People can be feel *Stressed* without experiencing *trauma*.

Traumatic Event / Traumatic Stress / Traumatic Stressor

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- In the context of *mental health* discussions, usually refers to a potentially *psychologically traumatic event*.
- The DSM and ICD specify the types of potentially *psychologically traumatic events* that serve as criteria for a *diagnosis* of *Posttraumatic Stress Disorder*. (For details, see *Psychologically Traumatic Event*).
- For clarity, the word “psychological” or “physical” should be used, as in “*physically traumatic event*” or “*potentially psychologically traumatic event*,” since not all potentially *psychologically traumatic events* cause physical trauma, and physically traumatic events are not necessarily psychologically traumatic.

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- In the context of *mental health* discussions, usually refers to a potentially *psychologically traumatic event*.
- Using these terms without specifying “psychologically” or “physically” can cause confusion about the nature of the potentially *traumatic stress* or *event*.

Tri-Services

For Experts

- A subset of *public safety personnel*.
- Refers specifically to firefighters, paramedics, and police.

For General Public

- *Public safety personnel* who are firefighters, paramedics, and police.
-

Vicarious Traumatic Stress

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- *Stress* that can occur following indirect exposure to a potentially *psychologically traumatic event* being exposed to a traumatized person (e.g., witnessed the aftermath; learned about the *trauma* happening to a loved one; or as part of providing support or care to another person, either professionally or personally).

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
 - *Stress* that a person feels when they learn about *trauma* experienced by another person.
-

Vicarious Traumatization

For Experts

- Currently not a *diagnosis* in the DSM or ICD.
- *Psychological trauma* that occurs following indirect exposure to a potentially *psychologically traumatic event* or being exposed to a traumatized person (e.g., witnessed the aftermath; learned about the *trauma* happening to a loved one; or as part of providing support or care to another person, either professionally or personally).
- It can be “the transformation that occurs within the therapist as a result of empathic engagement with client’s *trauma* experiences and their sequelae” (Pearlman & Mac Ian, 1995).
- Has been conceptualized as being exacerbated by, and perhaps even rooted in, the open engagement of empathy, or the connection with the client that is inherent in counselling relationships (Pearlman & Saakvitne, 1995b; Trippany, Kress, & Wilcoxon, 2004).

- Reflects exposure of counsellors to client’s traumatic material and encompasses the subsequent cognitive disruptions experienced by counsellors (Figlet, 1995; McCann & Pearlman, 1990; Trippany, Kress, & Wilcoxon, 2004).

For General Public

- Currently not a *diagnosis* in the DSM or ICD.
- *Psychological trauma* that can occur in people who are indirectly exposed to a potentially *psychologically traumatic event* (e.g., witnessed the aftermath; learned about the *trauma* happening to a loved one; or as part of providing support or care to a traumatized person, either professionally or personally).

Well-being (Wellbeing)

For Experts

- There are many ways of understanding the term “*well-being*,” and there is no universal standard for spelling *well-being* with a hyphen or *wellbeing* without a hyphen.
- Psychologists often talk about forms of subjective psychological *well-being*, like happiness or quality of life. Economists talk about forms of objective *well-being*, like gross national product or household income. Recently, researchers worldwide have begun to think of *well-being* in broader terms that encompass all the different types of *well-being*.
- Veterans Affairs Canada (VAC) and the Canadian Armed Forces (CAF) describe *well-being* using a broad framework that includes seven interacting domains:
 1. employment/purposeful activity;
 2. finances;
 3. *health*/disability;
 4. life skills/preparedness;
 5. social integration;
 6. housing/physical environment, and;
 7. cultural/social environment. The cultural/social environment includes a diverse range of factors like values, norms, and healthcare and other social security systems. Elements of each domain in this framework can vary from poor to good based on subjective and objective measurements (Thompson, MacLean, Roach, Banman, Mabior & Pedlar 2016; Thompson, Heber, VanTil, Simkus, Carrese, Sareen & Pedlar, 2019).
- In the VAC-CAF type of *well-being* framework, *health* is one domain of *well-being* that can interact with the other domains to impact *well-being*; for example, having a good job supports good *mental health*, but it is equally true that having good *mental health* supports finding and keeping a good job.
- The subjective and objective variability from poor to good in each domain underscores the complexity of *well-being* and the importance of understanding *health* as part of a system with bidirectional causality, rather than something that operates in isolation.

For General Public

- There are many ways of understanding the term “*well-being*.”
- Examples include psychological *well-being* like happiness or quality of life, or economic *well-being* like household income or gross national product.
- Veterans Affairs Canada (VAC) and the Canadian Armed Forces (CAF) describe *well-being* using a broad framework that includes all ways of thinking about *well-being* across seven interacting domains:
 1. employment/purposeful activity;
 2. finances;
 3. *health* and abilities;
 4. life skills/preparedness;
 5. social integration;
 6. housing/physical environment, and;
 7. cultural/social environment, which includes things like norms, values, healthcare, and other support services.

Wellness

For Experts

- Many people and agencies have different understandings of the word “*wellness*.”
- The First Nations Mental Wellness Continuum Framework (FNMWCF) defines mental *wellness* as a balance of the mental, physical, spiritual, and emotional (Health Canada and Assembly of First Nations, 2014). This balance is enriched when individuals have: Purpose in their daily lives whether it is through education, employment, caregiving activities, or cultural ways of being and doing; Hope for their future and for those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of Belonging and connectedness within their families, to community, and to culture; and finally, a sense of Meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.
- There has been much overlap between the words “*wellness*,” “*health*,” and “*well-being*,” including using the words interchangeably.
- The Veterans Affairs Canada *well-being* framework enables separation of words this way:
 1. Well-being: defined as in the VAC composite, superordinate type of framework.
 2. Health: a domain of *well-being*, influenced by and influencing *well-being* in the other domains.
 3. Wellness: ways of living to achieve good *well-being*, particularly in the *health* domain.

For General Public

- Many people and agencies have different understandings of the word “*wellness*.” It is unlikely that a consensus definition is possible at this time.
- The First Nations Mental Wellness Continuum Framework (FNMWCF) defines mental *wellness* as a balance of the mind, body, soul, and emotions. In this framework, mental *wellness* is enriched when a person has purpose, hope for their future, a sense of belonging, and a sense of meaning.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Barak., M.E.M., Nissly, J.A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, socialwork, and other human service employees: What can we learn from the past research? A review and metaanalysis. *Social Service Review*, 75(4), 625-661.
- Brémault-Phillips, S., Pike, A., Scarcella, F., Cherwick, T. (2019). Spirituality and moral injury among military personnel: A mini-review. *Frontiers in Psychiatry*, 10: 276. doi: 10.3389/fpsy.2019.00276; pmid: 31110483
- Briere, J., & Scott, C. (2015). Complex trauma in adolescents and adults: Effects and treatment. *Psychiatric Clinics of North America*, 38, 515–527. <http://dx.doi.org/10.1016/j.psc.2015.05.004>
- Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., Duranceau, S., LeBouthillier, D. M., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., Hatcher, S., Keane, T. M., Stewart, S. H., & Asmundson, G. J. G. (2018). Mental disorder symptoms among public safety personnel in Canada. *Canadian Journal of Psychiatry*, 63(1), 54-64. doi: 10.1177/0706743717723825
- College of Family Physicians of Canada. (2018). *Recovery-oriented mental health and addiction care in the patient's medical home*. Retrieved from https://patientsmedicalhome.ca/files/uploads/BAG_Mental_Health_ENG_web.pdf
- Federal Framework on Posttraumatic Stress Disorder Act (2018) S.C. 2018, c. 13. Retrieved from <https://laws-lois.justice.gc.ca/eng/acts/F-7.38/page-1.html>
- Figley, C.R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators* (pp. 3-28). Lutherville, MD: Sidran.
- Greeson, J.K., Briggs, E.C., Kisiel, C.L., Layne, C.M., Ake, G.S., Ko, S.J., Gerrity, E.T., Steinberg, A.M., Howard, M.L., Pynoos, R.S., & Fairbank, J.A. (2011). Complex trauma and mental health in children and adolescents placed in foster care: findings from the National Child Traumatic Stress Network. *Child Welfare*, 90(6), 91-108.
- Health Canada and Assembly of First Nations. (2014). *First Nations Mental Wellness Continuum Framework*. Retrieved from <https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/reports-publications/health-promotion/first-nations-mental-wellness-continuum-framework-summary-report.html>
- Herman, J. L. (1995). Complex PTSD. *Psychotraumatology* (87-100). Springer.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress* 5(3), 377-391.
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence – From domestic abuse to political terror*. New York, NY: Hachette UK.
- Huber M. (2010). *Invitational conference “Is health a state or an ability? Towards a dynamic concept of health”* (Report of the meeting December 10-11, 2009). Netherlands Organization for Health Research and Development. The Hague, Netherlands.

- Huber, M., Knottnerus, J.A., Green, L., van der Horst, H., Jadad, A.R., Kromhout, D. ... Smid, H. (2011). How should we define health? *BMJ*, 26(343):d4163.
- Interagency Working Group on Youth Programs. (2019). *Promotion & Prevention*. Retrieved from <https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention>
- Kalmakis, K.A., & Chandler, G.E. (2014). Adverse childhood experiences: towards a clear conceptual meaning *Journal of Advanced Nursing*, 70(7), 1489-1501.
- Keyes, C. L. (2010). Flourishing. (eds I. B. Weiner and W. E. Craighead). *In the Corsini encyclopedia of psychology* doi:10.1002/9780470479216.corpsy0363
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088.
- Maslach, C., & Leiter, M.P. (1997). *The truth about burnout*. San Francisco, CA: Jossey-Bass.
- Maslach, C., Leiter, M.P., & Schaufeli, W. (2008). Measuring burnout, In *The Oxford handbook of organizational well being*. Berkeley, CA: Oxford University Press.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.
- Mental Health Commission of Canada. (2017). *Declaring our commitment to recovery*. Retrieved from www.mentalhealthcommission.ca/sites/default/files/201703/Recovery_Declaration_march_2017_eng.pdf
- Mitchell, J. T. (1983). When disaster strikes: The critical incident Stress debriefing process. *Journal of Emergency Medical Services*, 8(1), 36-39.
- Nash WP. (2016). *Identity and imagination in moral injury and moral repair*. Presented at the 2016 forum of the Canadian Institute for Military and Veteran Health Research, Vancouver, BC.
- National Child Traumatic Stress Network. (2019). *What is childhood trauma?* Retrieved from <https://www.nctsn.org/what-is-child-trauma>
- Newell, J.M., & MacNeil, G.A. (2010). Professional burnout, vicarious trauma, secondary traumatic Stress, and compassion fatigue. *Best Practices in Mental Health*, 6(2), 57-68.
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558.
- Pearlman, L.A., & Saakvitne, K.W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic Stress disorders In C. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York, NY: Brunner/Mazel.
- Substance Abuse and Mental Health Services Administration. (2019). *Trauma and violence*. Retrieved from <https://www.samhsa.gov/trauma-violence>
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. In *Posttraumatic growth* (pp. 9-30). New York, NY: Routledge.

- Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical applications of posttraumatic growth In S. Joseph (2nd ed.), *Positive psychology in practice: Promoting human flourishing in work, health, education and everyday life* (pp. 503-518). Hoboken, NJ: Wiley & Sons.
- Thompson, J. M., Heber, A., VanTil, L., Simkus, K., Carrese, L., Sareen, J., & Pedlar, D. (2019). Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. *Journal of Military, Veteran and Family Health*, 5(2), 176-194.
- Thompson JM, MacLean MB, Roach MB, Banman M, Mabior J, Pedlar D. (2016). *A well-being construct for veterans' policy, programming and research* (Research Directorate Technical Report). Retrieved from https://cimvhr.ca/vac-reports/data/reports/Thompson%202016_Well-Being%20Construct%20for%20Veterans%20policy,%20programming,%20and%20research.pdf
- Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, 82(1), 31-37.
- World Health Organization. (2018). *Canadian coding standards for version 2018 ICD 11*. Canada: World Health Organization.
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th Revision). Retrieved from <https://icd.who.int/browse11/l-m/en>

The field of mental health is ever-changing; the Glossary is a “*living document*” that will be revised over time to reflect new understandings.