



# AFTER THE CALL



## THE JARGON

This is a quick reference for both the therapist and the responder for navigating what these terms are:

### ***Post-Traumatic Stress Disorder***

This is one of the most severe, stress related mental disruptions that can effect a person. This disorder carries with it some notorious symptomology: flashbacks, recurring nightmares, and recurring, intrusive memories. There are still further disturbances including the avoidance of cues and avoidance of reminders of the trauma. A diagnosis of PTSD only occurs after a month of experiencing these symptoms (and other required criteria) (DSM-5, 2013). It is important to remember that individuals who are diagnosed with PTSD are also 80 percent more likely to have co-morbid (accompanying) disorders such as depression, anxiety, substance use etc. (DSM-5, 2013).

### ***Acute Stress Disorder***

This is not talked about nearly as much as it should be. Some have argued that ASD can be a precursor to PTSD, but this is still debated (Bryant, Creamer, O'Donnell, Silove, & McFarlane, 2010). The onset is similar to PTSD (witnessing a traumatic event, or learning that a traumatic event had occurred to a close relative), as well as intrusive symptoms (intrusive memories, recurring dreams, flashbacks).

One difference is the negative mood symptomology, which involves the inability to experience happiness, satisfaction, or loving feelings. (DSM-5, 2013).

ASD symptoms are diagnosed between three and thirty days after the traumatic event. This is done to help identify a normal stress response. It is also important to know that there can exist a stress response past the one month period that is not PTSD (DSM-5, 2013).

### ***Critical Incident***

This is any incident that occurs outside the normal human experience (CISM International, 2015). The difficulty with this identification is the nature of the job for first responders (who, arguably, live this day-to-day). Other critical incident definitions suggest that it is an incident where the responder feels an inability to help (Halpern, Maunder, Schwartz, & Gurevich, 2012). Generally speaking, such an incident is not going to result in extensive stress injury, unless there are other factors. A better rule of thumb would be to understand the critical incident not in regards to the event itself, but to how the individual perceives the event.

### ***Occupational Stress***

This is an umbrella term that is more aligned with organizational terminology than research or mental terminology. There is no difference between stress and occupational stress, and we should not get lost in this terminology.