

## Trauma and PTSD Working Group Glossary (BRIEF)

Term	Definition/explanation
Acute stress reaction	Short lived changes in how we experience emotions, thoughts and the way we behave following a traumatic event. These are common and normal.
Acute Stress Disorder	A mental health condition that may be diagnosed when somebody struggles significantly in the month following a traumatic experience.
Adverse childhood experience (ACE)	Adverse Childhood Experiences are situations such as neglect, being abused or witnessing abuse, poverty, having parents who struggle with substance misuse or mental health difficulties.
Borderline Personality Disorder (BPD)	See Emotionally Unstable Personality Disorder. The two terms are used interchangeably and are determined by the tool being used -Diagnostic and Statistical Manual 5 (DSM) or International Classification of Diseases (ICD) 11.
Complex PTSD	This diagnosis might be given if someone meets the criteria for PTSD in addition to longstanding and significant difficulties with managing emotions, feeling weakened, defeated and worthless, and forming relationships with others. It is typically caused by traumas that involve being mistreated by others in very extreme ways, lasted many years or might have been very difficult to escape.
Complex Trauma	A history of repeated trauma, usually caused by mistreatment by others, i.e. through childhood sexual abuse or domestic violence. This is not a medical condition; treatments offered are aimed at issues such as mental health difficulties that might arise as a result of having these experiences.
Developmental Trauma	A form of complex trauma experience which, because occurring at early and critical periods of development, can radically compromise psychobiological, social and emotional development.
Dissociation	A way that the mind might cope with extreme stress. Many people describe this as a feeling of being disconnected from the world or from the self or having “gaps” in awareness.
Dissociative Identity Disorder (DID)	A fairly rare condition that can arise as a result of severe trauma. People with this might develop multiple identities which they might switch between.
Dyadic Developmental Psychotherapy/ Practice (DDP)	DDP is a therapy offered to the child and their carer. It focusses upon supporting the child’s relationship with their parents and through conversations that involve feeling as well as thinking, exploring all aspects of the child’s life – safe and traumatic, present and past. Understanding becomes integrated into a coherent autobiographical narrative and the experiences healing of past trauma and safety within current relationships.
Emotionally Unstable Personality Disorder (EUPD)	A history of trauma is very common among people with this diagnosis. They may nowadays be struggling with difficulties such as intense emotions, relationship ups and downs, and urges to harm themselves.
Eye Movement Desensitisation and Reprocessing (EMDR)	A therapy which is evidence based for treating PTSD. It has various stages including learning about reactions to trauma (psychoeducation); learning calming techniques and identifying and processing traumatic memories (usually by recalling the memory whilst doing repeated eye movements).
Flashback	Intrusive and disturbing memories in the form of images and/or sensory inputs which are <b>re-experienced</b> in the present. They might feel like they are happening again now, rather than being a memory in the past.
Grounding	Techniques to help gain control of dissociative symptoms that keep the person in the ‘here and now’/present rather than relive past memories or be emotionally

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	detached.
Hyperarousal	Being nervous or agitated, often as a result of the way in which the nervous system has managed trauma.
Hypervigilance	A feeling of being on “high alert” even after trauma has ended.
Hypo-arousal	Feeling “shut-down” as a result of trauma.
Phased Treatment	The framework that most therapies for PTSD are based on. The three phases are (I) safety and stabilisation, (II) processing, and (III) integration / reconnection.
Post-Traumatic Stress Disorder (PTSD)	A condition that some people develop after trauma. Symptoms include unwanted re-experiencing of the traumatic memory, avoiding reminders of the trauma and feeling anxious or unsafe (even after the trauma has ended).
Post-Traumatic Stress Injury (PTSI)	Some people feel that the “D” for “disorder” should be replaced with “I” for injury as some people feel that the term disorder does not reflect people’s understandable reactions to abnormal experiences. Other people prefer “disorder” as it better reflects their distress.
Psychoeducation	A main ingredient of treatment of PTSD is to learn about the science of how trauma affects people. Learning about this can provide an alternative viewpoint to worries that people have after trauma, i.e. that reliving means that they are “going mad”.
Re-experiencing	Having intrusive memories which feel as though past trauma is happening in the present. This often happens through flashbacks and nightmares.
Re-traumatisation	This usually refers to problematic present-day experiences, which remind people of past trauma. This can happen in medical settings: for example, a restraint on a mental health ward might trigger memories of feeling powerless or past assaults.
Sensory Re-experiencing	“Re-experiencing” being triggered by stimuli that feels similar to aspects of the trauma (i.e. a loud thump may trigger a veteran to recall aspects of war trauma).
Stabilisation	Techniques that might be suggested to help a person feel safe, often before starting the “reliving” work in trauma therapy. Primary stabilisation involves consideration of practical safety, i.e. stable accommodation, reducing likelihood of further trauma. Emotional stabilisation involves reducing distress.
Traumatic event	The ICD-11 definition is “an extremely threatening or horrific event or series of events”. Examples include: physical or sexual attacks, accidents, being abused or witnessing abuse, complications whilst giving birth, experience of war.
Trauma Informed Care	Considering the impact of patient’s difficult life experiences and using this to help us to find ways to make present day care more effective and accessible. The five core principles are safety, collaboration, choice, empowerment and trust.
Trauma Focused CBT (TF-CBT)	Evidence based psychological therapy for PTSD. It typically involves: psychoeducation about reactions to trauma, describing and processing trauma memories; identifying upsetting thoughts and finding alternative ways of thinking and reducing avoidance. Cognitive Processing Therapy, Cognitive Therapy for PTSD, Narrative Exposure Therapy, and Prolonged Exposure are based on TF-CBT.
Type 1 Trauma	Usually sudden and unexpected single incident traumas such as road traffic accidents, muggings, terrorist attacks. These can happen in childhood or adulthood.
Type 2 Trauma	See ‘Complex Trauma’
Vicarious Trauma	People who work with survivors of traumatic life events and hear about their traumas (i.e. in the NHS) may start to experience signs of trauma (i.e. helplessness, tension) in themselves.