

## Appendix D: Glossary of Terms

***Acute stress disorder.*** A condition requiring the presence of serious dissociative, re-experiencing, and arousal symptoms and functional impairment that occurs within one month of exposure to a traumatic stressor and lasts for a minimum of two days and a maximum of four weeks.

***Advocacy.*** The act of protecting and advancing the legal, human, and service rights of people. <http://www.advocacyinc.org/>

***Community-based interventions.*** Interventions ranging from consultation with disaster and community leadership to encouragement of supportive post-disaster environments, networks of support, information, and ceremonies to facilitate recovery. They may also be focused in particular settings (e.g., workplaces, schools, local government areas, shelter, and accommodation sites).

***Community Emergency Response Team (CERT).*** Citizen teams trained in disaster preparedness and response. The program was originally developed and implemented by the Los Angeles Fire Department in 1985, and it was eventually made available to communities nationwide in partnership with FEMA and the Emergency Management Institute.

***Complicated grief.*** Bereaved individuals with high levels of complicated symptoms have substantially greater dysfunction than those with lower levels of these symptoms. Studies find that complicated grief symptoms (1) form a coherent cluster of symptoms distinct from bereavement-related depressive and anxiety symptom clusters;

(2) endure several years for some bereaved subjects; (3) predict substantial morbidity and adverse health behaviors over and above depressive symptoms; and (4) unlike depressive symptoms, are not effectively reduced by interpersonal psychotherapy and/or tricyclic antidepressants. These findings suggest a need to identify and treat complicated grief as a syndrome distinct from major depressive disorder.

***Crisis management.*** In the FEMA response plan, this refers to measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism. It is predominantly a law enforcement response. <http://www.fema.gov/rrr/frp/frpterr.shtm>

***Critical Incident Stress Debriefing (CISD).*** Mitchell and Everly (2000) refer to a seven-phase, structured group discussion, usually provided one to ten days post-crisis (three to four weeks after mass disasters) and designed to mitigate acute symptoms, assess the need for follow-up, and, if possible, provide a sense of post-crisis psychological closure. The phases are:

1. Introduction and guidelines for participation
2. Discussion of relevant facts
3. Discussion of thoughts
4. Discussion of reactions/emotions
5. Discussion of emergent symptoms
6. Education about responses and coping strategies
7. Reentry (summarize, discussion of additional resources available)

***Critical Incident Stress Management (CISM).*** An integrated “system” of interventions designed to prevent and/or mitigate the adverse psychological reactions that so often accompany emergency services, public safety, and disaster response functions. CISM interventions are

especially directed toward the mitigation of post-traumatic stress reactions. <http://www.icisf.org/>

***Cross-cultural differences.*** Variations in the meaning or expression of thoughts, feelings, or behaviors related to ethnic or religious identity or place of origin. Such differences may influence the validity of assessment, response to treatment, and appropriate ways of interacting with survivor populations.

***Debriefing.*** A generic term often used to refer to Critical Incident Stress Debriefing or similar early interventions. Historically, the term first referred to a routine, individual or group review of an event from a factual perspective for the purpose of learning what actually happened. The results were used for the historical record or planning process, to improve future results in similar situations, and to increase readiness of those being operationally debriefed for future action. The term has also been applied to many types of early psychological interventions, but this use of the term alone is not recommended (see also Critical Incident Stress Debriefing).

***Defusing.*** A three-phase, structured, one-to-one or small-group discussion provided within hours of a crisis for purposes of assessment, triage, and acute symptom mitigation.

***Disaster.*** As defined under the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of states, local governments, and disaster relief

organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

***Disaster application center.*** Facility established by FEMA to accept and process applications for federally funded disaster relief assistance following a presidential declaration.

***Disaster field office.*** The primary location in each affected state for the coordination of federal response and recovery operations. Many office buildings are actually used to house comprehensive disaster field “office” operations. <http://www.fema.gov/rrr/frp/frpconc.shtm>

***Disaster Medical Assistance Team (DMAT).*** One element of the National Disaster Medical System, which is an interagency program that provides the United States with a nationwide medical aid system that may be activated at the request of a governor, a state health officer, or Secretary of Defense. DMATs include mental health personnel. <http://oep.osophs.dhhs.gov/dmat>

***Disaster Welfare Inquiry, American Red Cross.*** Responsible for responding to inquiries about the location and health and welfare of individuals and families within the disaster area, and for the preparation and distribution of bulletins to non-affected chapters detailing information about the disaster operation.

***Disaster Welfare Information, Federal Emergency Management Agency.*** A component of FEMA’s emergency support function 6 (mass care) that aims to report victim status to family members outside of the affected area, and assist in family reunification within the affected area. <http://www.fema.gov/rrr/frp/frpesf6.shtm>

***Disaster recovery center.*** A centralized location where individuals affected by a disaster

can go to obtain information on disaster recovery assistance programs from various federal, state, and local agencies and voluntary organizations. Trained staff is available to provide counseling and advice. <http://www.fema.gov/rrr/frp/frpconc.shtm>

***Early intervention.*** The provision of psychological help to victims/survivors within the first month after a critical incident, traumatic event, emergency, or disaster aimed at reducing the severity or duration of event-related distress. For mental health service providers, this may involve psychological first aid, needs assessment, consultation, fostering resilience and natural supports, and triage, as well as psychological and medical treatment.

***Emergency.*** As defined in the Stafford Act, any occasion or instance for which, in the determination of the President, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property, public health, and safety, including emergencies other than natural disasters.  
<http://www.fema.gov/rrr/frp/frpappa.shtm>

***Emergency response team.*** The principal interagency group that supports the Federal Coordinating Officer (FCO) in coordinating the overall federal disaster operation. It is located at the disaster field office and ensures that federal resources are made available to meet state requirements specified by the state coordinating officer. Functions include operation, information and planning, logistics, and administration.  
<http://www.fema.gov/rrr/frp/frpconc.shtm>

***Federal Coordinating Officer (FCO).*** The person appointed by the director of the FEMA on behalf of the President whose responsibility it is to coordinate the timely delivery of disaster assistance to affected state and local governments and disaster victims. In many cases, the FCO is also the

disaster recovery manager, whose responsibility it is to administer financial assistance as designated under the Stafford Act. <http://www.fema.gov/rrr/frp/frppol.shtm>

***Federal response plan.*** The plan, involving 27 federal agencies, that establishes a process and structure for the systematic, coordinated, and effective delivery of federal assistance to address the consequences of a federally declared disaster or emergency. It describes basic policies, assumptions, concept of operation, response and recovery actions, and the responsibilities of various federal agencies involved in carrying out the plan.  
[www.fema.gov/rrr/frp](http://www.fema.gov/rrr/frp)

***Human-made disaster.*** An event caused by human negligence, error, or intent that has resulted in damage of sufficient severity and magnitude to warrant assistance supplementing state, local, and disaster relief organization efforts to alleviate damage, loss, hardship, or suffering. Human-made disasters include acts of terrorism, large-scale industrial accidents, mass transportation accidents, and civil disturbances. All other things being equal, these disasters are believed to have more serious consequences than natural disasters for survivors' mental health.

***Incident command system.*** A standardized system used by fire and law enforcement to manage emergency operations.

***Key informant method.*** An approach to community mental health needs assessment based on the assumption that certain individuals within a community know it well enough to be able to estimate mental health needs attributable to a disaster and the resources required.

***Mass care.*** American Red Cross's direct service function responsible for providing congregate shelter facilities and fixed mobile food service to

disaster victims and emergency workers in a disaster area. Provides for bulk distribution of supplies and commodities to victims.

### ***National Disaster Medical System***

***(NDMS)***. A cooperative asset-sharing program among U.S. government agencies (Department of Health and Human Services, Department of Defense, Department of Veterans Affairs, and the Federal Emergency Management Agency); state and local governments; and private businesses and civilian volunteers to ensure that resources are available to provide medical services following a disaster that overwhelms local health care resources. NDMS is a federally coordinated system that augments the nation's emergency medical response capability. Its overall purpose is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the United States from armed conflicts overseas. [www.ndms.dhhs.gov/NDMS/ndms.html](http://www.ndms.dhhs.gov/NDMS/ndms.html)

***Natural disaster.*** A geophysical or weather-related event causing damage of sufficient severity and magnitude to warrant assistance supplementing state, local, and disaster relief organization efforts to alleviate damage, loss, hardship, or suffering. Natural disasters include earthquakes, floods, wildfires, volcanoes, tsunamis, typhoons, cyclones, landslides, blizzards, heat waves, and drought.

***Operational debriefing.*** A routine individual or group review of the details of an event from a factual perspective, for the purposes of:

- Learning what actually happened for the historical record or planning process,

- Improving future results in similar missions, and
- Increasing the readiness of those being debriefed for further action.

Operational debriefings are conducted by leaders or specialized debriefers according to the organization's standard operating procedure.

***Outreach.*** Array of disaster mental health services extended to survivors wherever they congregate, designed to increase understanding of common reactions, coping, and when and where to receive more in-depth help. Outreach is recommended because most survivors do not seek out mental health support services following a catastrophic event. See also community-based interventions.

***Peri-traumatic stress reactions.*** Stress symptoms that occur during or immediately after a traumatic experience.

### ***Post-traumatic stress disorder (PTSD).***

An anxiety disorder (and diagnostic construct used in the *Diagnostic and Statistical Manual of Mental Disorders-IV*) that can develop after exposure to a terrifying event, or ordeal in which grave physical harm occurred or was threatened. The criteria for PTSD require (see DSM-IV for details):

- A. Exposure to a traumatic event
- B. Reexperiencing of the event
- C. Persistent avoidance of stimuli associated with the trauma
- D. Persistent increased arousal
- E. Duration of B, C, D of more than one month
- F. Clinically significant distress or impairment

Research indicates that victims of major disasters are at risk for PTSD, especially if they have been injured or have experienced life threat.

**Preparedness plan.** The pre-disaster plan for organizational procedures intended for use in the aftermath of disasters. Preparedness plans may include crisis communication procedures for addressing employees, media, and community groups; security procedures to ensure safety of employees and property; procedures to develop or invoke relationships with law enforcement, fire-fighting, emergency medical, and related government agencies; procedures to address and monitor post-traumatic stress; and procedures to manage department or operations shutdowns, employee job reassignments, layoffs, or leaves of absence.

**Presidential declaration.** A declaration of an emergency or disaster made by the President of the United States authorizing specialized federal funds and assistance to state and local governments after it is determined that disaster-caused needs exceed the resources of state governments.

**Primary/direct victims.** Generally refers to individuals directly exposed to the elements of a disaster.

**Psychological debriefing.** Widely used term to describe a variety of structured events, led by a person or team, which include education and review processes with a positive focus on resilience and coping strategies and sometimes detailed review of emotional reactions.<sup>5</sup>

**Psychological first aid.** Pragmatically oriented interventions with survivors or emergency responders targeting acute stress reactions and immediate needs. The goals of psychological first

aid include the establishment of safety (objective and subjective), stress-related symptom reduction, restoration of rest and sleep, linkage to critical resources, and connection to social support.

### **Public affairs or public information**

**officer.** Disaster relief officer who has the responsibility for implementing a system to provide information about services available to disaster victims, provide information to the general public about services, and liaison with all media.

**Referral.** The process of recommendation and linkage to other service providers.

**Risk factors.** Empirically validated variables related to risk for long-term adjustment problems (e.g., severity and type of traumatic exposure, injuries, sudden unexpected death of loved one(s), separation from family, previous psychological disorder, age, socioeconomic class, chronic mental illness, residential relocation, severe post-traumatic reactions, degree of resource losses, degree of community resource loss).

### **Robert T. Stafford Disaster Relief and**

**Emergency Assistance Act.** The legislation that provides the authority for the U.S. government to respond to disasters and emergencies by providing assistance to save lives and protect public health, safety, and property.

<http://www.fema.gov/library/stafact.shtm>

**Secondary/indirect traumatization.** A potential effect of “exposure” to individuals who have been adversely affected by traumatic stressors. It may occur between two or more individuals (e.g., family members, groups of victims), or in the process of helping trauma victims.

**Secondary/indirect victims.** Generally refers to individuals with close family and personal ties to primary victims.

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<sup>5</sup>Because the term “debriefing” has been overly applied in the media and popular use to many types of early psychological interventions, workshop participants recommend in the Key Operating Principles that the term “debriefing” alone not be used.

**Staging area.** The designated area of emergency operations serving to process and orient incoming and exiting disaster workers.

**State coordinating officer.** The person who coordinates the administration of state disaster relief activities with response efforts of the federal government and serves as the counterpart to FEMA's federal coordinating officer.

**Stressors.** Events or conditions that may cause physiological and behavioral reactions and present coping difficulties for the individual experiencing them.

**Stress reaction.** The physiological and behavioral responses to stressors, such as fatigue, high blood pressure, anger, and psychological distress.

**Support system.** Generic term referring to the extent and quality of an individual's social resources.

**Traumatic grief.** A type of grief that is characterized by suffering the death of a significant person under traumatic circumstances (e.g., accidents, unexpected illness, homicide, suicide, natural and human-made disasters, including experiencing or witnessing the death in the midst of horrific and/or life-threatening circumstances). Recently the term has been used identically with "complicated grief." The basic cluster of grief symptoms (including intrusive thoughts about the deceased, yearning, searching, excessive loneliness, numbness, purposelessness, difficulty acknowledging the death, feeling life as meaningless and empty, shattered worldview, excessive anger and bitterness related to the death) as distinguished from depression and anxiety remain the same as in complicated grief. The likelihood that a person who has suffered loss under traumatic circumstances will develop a complicated grief syndrome may be higher than in

the normal grief experiences. The interplay of traumatic events and grief is not yet fully understood.

**Traumatic reactivation.** The exacerbation of residual stress-related symptoms precipitated by stimuli after the original exposure to a traumatic stressor.

**Triage.** The process of evaluating and sorting victims by immediacy of treatment needed and directing them to immediate or delayed treatment. The goal of triage is to do the greatest good for the greatest number of victims.

**Uncomplicated grief.** Normal or uncomplicated grief reactions are those that, though painful, move the survivor toward an acceptance of the loss and an ability to carry on with his or her life. Indicators of normal adjustment include the capacity to feel that life still holds meaning, a sustained sense of self, self-efficacy, trust in others and an ability to reinvest in interpersonal relationships and activities.

**Weapons of mass destruction.** Human-designed chemical, biological, and explosive mechanisms intended to cause severe and widespread fatalities and environmental damage.

## Reference

Mitchell, J.T. and Everly, G.S. (2000). Critical incident stress management and critical incident stress debriefings: Evolutions, effects and outcomes. In: B. Raphael and J.P. Wilson (eds). *Psychological Debriefing: Theory, Practice and Evidence* (pp. 71-90). New York: Cambridge University Press.

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