Empowerment Through Common Language in Pennsylvania: A Dictionary of Terms Related to Trauma-Informed Approaches in Schools

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Overview

Thank you for your interest in Pennsylvania's dictionary of trauma-related terms. The Pennsylvania Department of Education (PDE) solicited input from stakeholders on trauma-informed practice across Pennsylvania from November-December 2019. An immediate recommendation from these meetings was to develop a common language document to ensure that regardless of background, training, educational level or setting, team members are "speaking the same language."

This resource is comprised of adaptations from the National Child Traumatic Stress Network (NCTSN)'s Glossary of Terms Related to Trauma-Informed, Integrated Healthcare and Developing a Common Language in Connecticut: A Dictionary of Terms Related to Trauma-Informed Schools, as well as contributions from the following noted contributors.

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(NOTE: "*" Next to names below indicates PDE staff providing support for this workgroup.)

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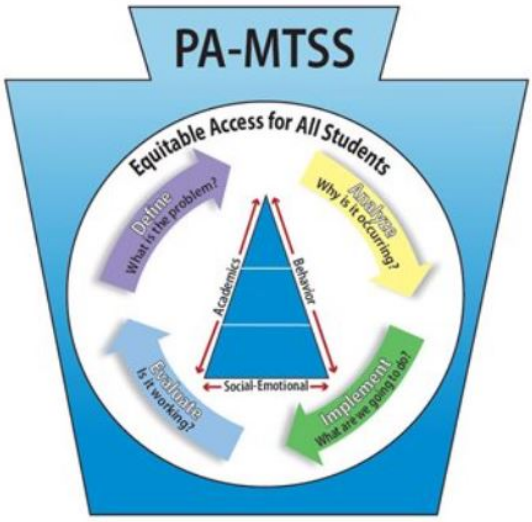
Background of Trauma-Informed Practices in Pennsylvania

Trauma-informed approaches in the school setting are viewed as existing throughout the framework of a Multi-Tiered System of Support (MTSS). MTSS engages cross-disciplinary teams, including meaningful partnerships with communities and families, to address the academic, behavioral, and social-emotional practices of schools. MTSS utilizes a data driven system to match supports to student needs and has a focus on fidelity of implementation across a continuum of support levels. In Pennsylvania, a focus has been on implementing trauma-informed approaches at the Tier I or Universal level to ensure supports for all students and optimal impact on school climate, as well as providing targeted or intensive supports when higher levels of need are present.



Addressing trauma-informed education in Pennsylvania has been a focus of multiple state agencies. This focus encompasses events identified by the Adverse Childhood Experiences Study (ACEs) as being traumatic, as well as Adverse Community Environments and societal and/or global events. The ACE study is a decade long scientific study linking negative childhood events with serious and life altering social, emotional, physical and behavioral difficulties. These studies found that the number of ACEs is associated with higher risk of poor long-term outcomes.[1,2] Continued research around ACEs has expanded to address adverse community environments. Adverse community environments are settings that influence risk factors, which may increase the likelihood of increased ACEs. Adverse community environments include poverty; discrimination; community disruption; lack of opportunity, economic, mobility & social capital; poor housing quality and affordability; and violence.[3] Adverse societal and/or global events include events that impact more than one given community and increase risk factors for the survivors of the event (e.g. COVID-19 pandemic).

Students learning at home during COVID 19 are not exposed to the customary school environment and all that this environment entails from typical in-person peer and adult interactions (positive and negative) to availability of resources that meet foundational (food, shelter, routine), educational (technology, academic depth) and developmental needs (belonging, self-esteem) essential to facilitate typical growth and development. As a result, there is heightened anticipation and unknowns regarding stressors students face as a result of these gaps in interactions and typical resource accessibility as well as the stressors students will face when they return to a customary school environment that likely will look very different from the one they exited pre-COVID 19.

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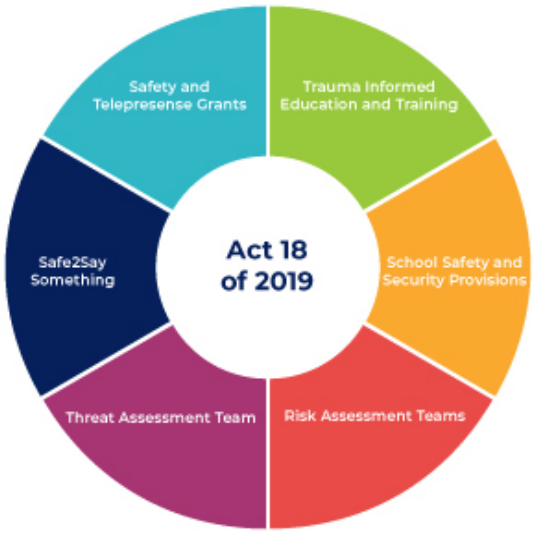
[1] Preventing Adverse Childhood Experiences (ACEs): Leveraging the best available evidence. Center for Disease Control; 2019.
[2] Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. Felitti, V, Anda, R., Nordenberg, D…Edwards, V., Koss, M., Marks, J., 1998.
[3] A new framework for addressing adverse childhood and community experiences. Ellis and Dietz, 2017.

Exposure to trauma and stress elicits a continuum of biological and neurological responses that range from adaptive to maladaptive and impact an individual's physical, spiritual, mental, and cognitive functioning. The brain has a built-in stress response system that reacts to potential threats at an automatic and unconscious level. This stress response system helps the body respond quickly and efficiently to threats. This response becomes maladaptive when the brain's ability to assess the threat and evaluate the situation becomes overwhelmed. Maladaptive responses and the long-term implications are the focus of the life-long consequences of exposure to ACEs. Not every stressful experience is traumatic. An experience becomes traumatic when it overwhelms the neurobiological system for responding to stress. When this occurs, the emotional part of the brain continues to sound an alarm and send messages to react, even in the absence of a threat.



In 2019, Pennsylvania updated the PA School Code and passed Act 18 of 2019, mandating trauma-informed approaches and training throughout educational entities. As school entities continue to advance their practices, it is noted that all partners are at varying stages of implementation. Regardless of their stage of implementation two factors that are present and remain a focus in Pennsylvania are family and youth engagement and engaging in culturally proficient approaches. Engaging families and youth in the development and implementation of trauma-informed approaches assists school communities in addressing the cultural needs of students and meeting the needs of the communities they serve.

The Cycle of Trauma at School

The cycle of trauma is a concept that describes how students who have experienced emotional, physical and/or psychological damage resulting from trauma may adopt behaviors or cognitive patterns that increase their likelihood of experiencing further trauma. The cycle of trauma can impact all aspects of a student, family, or organization's functioning.

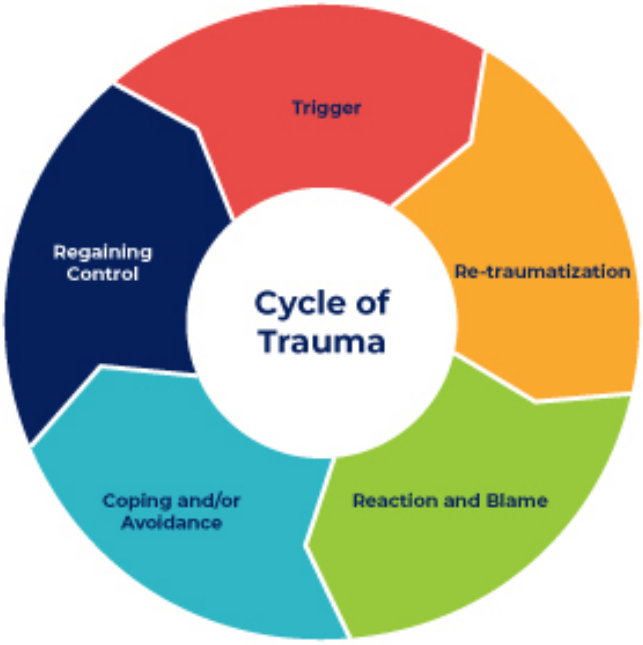
Students who have been exposed to acute, chronic, or complex trauma often display behaviors, thinking patterns, and emotional dysregulation that emerge as challenging behaviors in a school setting.[4] This gap in social skills and emotional regulation can test a teacher's ability to focus on student learning or facilitate an effective learning environment, especially when teachers lack appropriate classroom supports including professional development. This often leads to punitive

[4] Trauma-sensitive schools: An evidence-based approach. Plumb, Bush, and Kersevich, 2016.

measures as a response to challenging behavior. Re-traumatization can occur when a student who has been exposed to acute, chronic or complex trauma is met with punitive responses from authority figures that embarrass, isolate, attempt to control, demean, or demoralize them.

The authority figure's response may resemble the dynamics of some of the traumatizing acts that the student has experienced. As a result, a teacher, administrator, and/or a school can be perceived as "unsafe" when a student makes an association between the person or school and their trauma. In their hypervigilance, stemming from a perceived lack of safety, students that have experienced acute, chronic or complex trauma may revert to behaviors that are problematic, be subjected to an authority figure's reaction, and continue the "cycle of trauma" at school.[5] Acknowledging that teachers frequently lack training in recognizing signs and symptoms associated with trauma, coupled with the fact that many behaviors appear similar to problem behaviors associated with disabilities, students that have been exposed to these levels of trauma are in danger of being misidentified, thus further complicating the delivery of appropriate services.

Rates of childhood trauma in the United States are high with 2 out of 3 children exposed to violence in the past year. According to the ACE study, adults also report high level of trauma with 1 in 5 adults reporting 3 or more adverse experiences from their childhood. High rates of trauma among the students and staff can have significant negative effects on school climate, culture, and conditions for learning. Students who are struggling with trauma responses are more likely to display maladaptive behaviors and escalate and act out in ways that can compromise the safety of themselves, staff, and other students.



[5] Unlocking the door to learning: Trauma-informed classrooms & transformational schools. McInerney and McKlindon, 2014.

Shifting to a Trauma-Informed Mindset

Traditional View	Trauma-Informed View
Focusing solely on academic performance of students in the classroom	Viewing students from a whole person perspective, including their life outside of the classroom
Challenging behaviors deserve immediate punishment	Challenging behaviors can indicate other issues and should be explored further
Teachers and administrators should be authoritarian in nature	Using language that everyone can understand
Using jargon and acronyms with students and parents/guardians	Focusing on creating a collaborative environment where students are provided options and empowered to make choices
Zero tolerance policies	Listening to the student and attempting to understand the situation better
Using labels and diagnosis when referring to a student	Reframe the behavior/situation to identify strengths
Student has anger management issues	Student is using non-adaptive responses to get their needs met
Student is uncontrollable and choosing to act out	Student has difficulty self-regulating and may have been triggered

What Does This Mean for Educators?

> The most important thing educators can do is **form trusting relationships with students.**

While educators recognize the importance of professional development and implementing trauma-informed approaches, many teachers do not feel prepared to recognize the signs of trauma in their students, use communication strategies to help students feel safe, or teach students to manage their stress and emotions.[6] Development of trauma-informed approaches

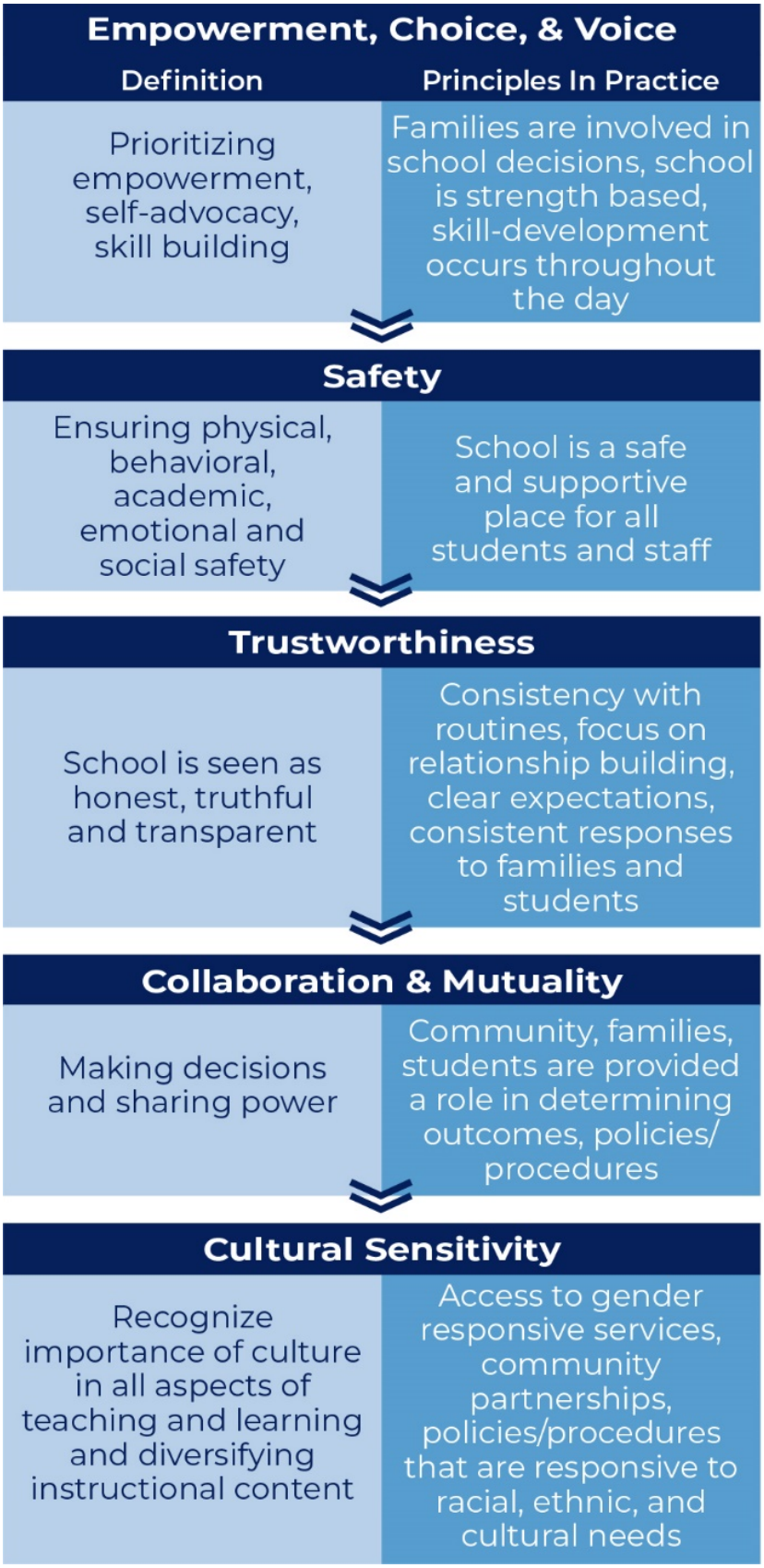
[6] Are teachers and staff ready to apply trauma-informed practices? A survey of 8,054 K-12 educators across 11 states. Kognito, 2020.

rooted in a school's culture and climate can help to mitigate the effects of traumatic experiences for students and staff.

Most students who experience a traumatic event do not develop significant mental health issues. However, when traumatic events are experienced without needed supports or when these types of experiences accumulate, the physiological and psychological impact becomes more significant and challenges to daily functioning more profound. There are a number of possible trajectories for students following a traumatic event, from resilience, recovery, and post-traumatic growth to maladaptive functioning. Students do not demonstrate the capacity to positively adapt to adversity in isolation. Relationships are a key factor that promote resiliency and post-traumatic growth. Research consistently demonstrates that the availability of at least one stable, caring, and supportive relationship with an adult is a critical factor in building resiliency in youth. In the school setting, this relationship can serve as a vital protective factor for youth. **As such, the single most important thing educators can do is to form trusting relationships with students.**

To plan and implement trauma-informed approaches in schools it is necessary to anchor school practices in five core values of trauma-informed care. These values are the lens through which we view everything that happens in a school including teaching and learning activities, rules and discipline processes, staff and system wellness, tiered supports, and all other school policies. The principals for trauma-informed approaches in schools in Pennsylvania are safety; trustworthiness; collaboration & mutuality; empowerment, choice, & voice; and cultural sensitivity. Infusion of the trauma-informed values into already existing systems allows schools to respond more effectively to behavioral and academic challenges.[7]

[7] SAMHSA's Concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration, 2014.


Empowerment, Choice, & Voice
Definition
Principles In Practice
Prioritizing empowerment, self-advocacy, skill building
Families are involved in school decisions, school is strength based, skill-development occurs throughout the day
Safety
Ensuring physical, behavioral, academic, emotional and social safety
School is a safe and supportive place for all students and staff
Trustworthiness
School is seen as honest, truthful and transparent
Consistency with routines, focus on relationship building, clear expectations, consistent responses to families and students
Collaboration & Mutuality
Making decisions and sharing power
Community, families, students are provided a role in determining outcomes, policies/ procedures
Cultural Sensitivity
Recognize importance of culture in all aspects of teaching and learning and diversifying instructional content
Access to gender responsive services, community partnerships, policies/procedures that are responsive to racial, ethnic, and cultural needs

Terms to describe the event

These terms are used to describe exposure to an event that may or may not be perceived or experienced by the individual as traumatic.

Trauma/trauma event: Trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's cognitive functioning and physical, social, emotional, mental or spiritual well-being.[8] – A traumatic response is individualized or in the "eye of the beholder." Individuals who experience the same event may not have the same trauma related responses.

Types of trauma[9]

- **Community violence:** Robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **Family trauma:** Abuse, neglect, experiencing or witnessing domestic violence, death, incarceration of family members, family substance abuse, family mental health needs, family medical needs, divorce/separation
- **Grief and Loss:** The death of a loved one, classmate/teacher, or someone the child know, including pets
- **Human-caused disasters**: Accidents, wars, environmental disasters, acts of terrorism
- **Medical trauma:** Pain, injury and serious illness, invasive medical procedures or treatments, acute of chronic illness (e.g. cancer)
- **Natural disasters:** Hurricanes, fires, floods, pandemic, tornados
- **Poverty:** Lack of resources, support networks, or mobility, financial stressors; homelessness
- **Refugee and Immigrant trauma:** Exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation
- **School violence:** Threats, fights, school shootings, bullying, violent loss of a student or staff member

Traumatic response: the way in which an individual experiences an event, series of events, or set of circumstances as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's[10]; as stated above, exposure to a trauma or trauma event does not necessarily mean that a child will develop a traumatic response—more information about factors that influence the likelihood of developing a traumatic response can be found under terms to describe factors affecting response to adverse experience.

[8] Public School Code of 1949: Omnibus Amendments, Act 18 of 2019.
[9] Adopted from *Trauma-Sensitive Schools Training Package*, National Center on Safe and Supportive Learning Environments.
[10] Addressing childhood trauma in school settings: A framework for evidence-based practice. Chafouleas, S., Koriakin, T., Roundfield, K., Overstreet, S.

Terms to describe traumatic experiences

Trauma or traumatic events can take many different forms; the terms below describe different kinds of trauma that may be experienced during childhood.

Acute trauma: Single traumatic event that is limited in time and scope, such as an auto accident, a shooting, witnessing a violence episode, or experiencing a natural disaster.[11]

Adverse Childhood Experiences (ACEs): Situations or experiences occurring during childhood (that may or may not lead to a trauma response) but are frequently associated with negative long-term outcomes across the lifespan.[12]

Attachment trauma: Adverse interpersonal experiences, occurring in early childhood (ages birth to 6), which are repetitive, chronic and between child and caregiver or in a care-giving relationship. Generally, abuse and neglect (sexual, physical, emotional, psychological).[13]

Burnout: Characterized by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Although burnout also is work related, burnout develops as a result of general occupational stress; the term is not used specifically to describe the effects of indirect trauma exposure.[14]

Chronic trauma: Repeated exposure to negative experiences or events, such as repeated sexual or physical abuse or exposure to ongoing domestic violence.[15]

Compassion fatigue: Helping professionals who are exposed to traumatic material, have great capacity for empathic engagement, and struggle to balance their own self-care with the needs of the people they are helping may develop compassion fatigue. Compassion Fatigue may impact the cognitive, emotional, behavioral, relational, physical, spiritual, and occupational domains of an individual.[16] Compassion fatigue is often used interchangeably with the term secondary traumatic stress; however, a key difference is the world view perception of the helping professional. When the helping professional's fundamental beliefs about the world are altered and possibly damaged by the repeated exposure to trauma, this indicates a shift from compassion fatigue to secondary traumatic stress.

Complex trauma: Refers to exposure to multiple traumatic events from an early age, and the immediate and long-term effects of these experiences over development. Complex trauma refers to both exposure from an early age and the immediate and long-term effects of those

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[11] SAMHSA's Concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration, 2014.
[12] Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. Felitti, V, Anda, R., Nordenberg, D…Edwards, V., Koss, M., Marks, J., 1998.
[13] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. Trauma-informed school mental health taskforce, 2019.
[14] Trauma-sensitive schools training package. Guarino, K., & Chagnon, E., 2018.
[15] SAMHSA's Concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration, 2014.
[16] Compassion fatigue, vulnerability, and resilience in practitioners working with traumatized children. In V. Ardino, V (Ed). *Post-traumatic syndromes in childhood and adolescence: A handbook of research and practice*. London: Wiley-Blackwell.

experiences over the course of development. Examples include adverse community environments, chronic abuse, neglect, or exposure to family violence, as well as other forms of violent victimization experienced from an early age without adequate adult support to manage these experiences.[17]

Cultural trauma: Trauma that occurs when members of a collective (community) feel they have been subjected to an atrocious event and/or series of experiences that leaves permanent marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways.[18]

Historical trauma: The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma[19]. Historical trauma may be used interchangeably with generational trauma. This would include the emerging research on epigenetics.

Racial trauma: Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism. Racial trauma can include direct exposure of racial harassment, witnessing racial violence toward others, and experiencing discrimination and intuitional racism.[20]

Racial microaggressions: Brief, everyday verbal or behavioral exchanges that intentionally or unintentionally communicate hostile, derogatory, or negative racial messages or insults. Examples of this can include racial slurs; being followed in a store; communications that convey rudeness and demean a person's racial identity; and exchanges that negate or deny the thoughts, feelings, or experiential reality of a person of color.

Secondary traumatic stress (STS): Is the emotional distress that results when an individual hears about the traumatic experiences of another individual. Distress may result from hearing someone's trauma stories, seeing high levels of distress in the aftermath of a traumatic event, needing to retell a student's story, and/or seeing photos or images related to the trauma.[19]

Toxic stress: Negative events that are often perceived as unexpected, uncontrollable, and chronic that result in overuse of the body's stress response system.[17]

Vicarious trauma: The cumulative effects of secondary exposure to trauma and involves the internal changes (e.g. experience hyperarousal, dissociation, mood changes) in staff members who engage empathetically with students affected by students.[17] Vicarious trauma is used interchangeably with secondary traumatic stress.

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[17] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. Trauma-informed school mental health taskforce, 2019.
[18] Cultural trauma, morality and solidarity: The social construction of the holocaust and other mass murders. Alexander, J., 2016.
[19] The American Indian holocaust: healing historical unresolved grief. Brave Heart, M.Y.H., & DeBruyn, L., 1998
[20] Trauma-sensitive schools training package. Guarino, K., & Chagnon, E., 2018.

Terms to describe educational entity maladaptive responses that increase risk factors

Written or implied policies or practices in an educational setting that increase exposure to trauma and increase the experience and expression of trauma and/or cause further trauma.

Hostile environment: Conduct that is sufficiently serious to deny or limit a student's ability to participate in or benefit from education programs or activities.

Implicit bias: Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection. The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance. These associations develop over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages. In addition to early life experiences, the media and news programming are often-cited origins of implicit associations. There are many examples of implicit bias that further exacerbate the recovery process associated with a traumatic experience (e.g. unconscious, but targeted enhanced social distancing from people of Asian ancestry in relation to the COVID-19 pandemic).[21]

Institutional betrayal: Refers to an institution's perpetration of mistreatment or their failure to prevent or respond supportively following mistreatment within the institution.[22]

Structural or Institutional bias: Established laws, customs, practices, and systems that systematically reflect and produce group-based inequities. These structures and institutions may be biased regardless of whether individuals within those spaces who maintain those practices have biased intentions (e.g. zero tolerance policies).

[21] Pennsylvania Equity and Inclusion Toolkit. 2017
[22] First, do no harm: Institutional betrayal and trust in health care organizations. Smith, C., 2017.

Terms to describe individual responses to trauma

Responses to exposure to traumatic events are individual and can manifest in a variety of ways.

Historical trauma response: A constellation of features in reaction to massive group trauma, includes historical unresolved grief. Historical trauma involves instances of transgenerational trauma where trauma is a shared experience among a group of people and their role in society. Historical trauma can result in a loss of identity and meaning, which can affect generations until trauma in ingrained in society.[23] This could present itself in a variety of ways including student, community and family engagement.

Internalized oppression: Internalization of socially endorsed discrimination involving the devaluation of oneself and the internal endorsement of negative societal views associated with minority individuals. Internalized oppression can result from personal adoption of discrimination or racial views involving one's own racial/ethnic, or sexual and gender identify.[24]

Acute Stress Disorder: A serious mental condition that some people develop after a traumatic event, with symptoms lasting between 2 days and one month after exposure to the traumatic event. Those with Acute Stress Disorder experience symptoms similar to PTSD which may include avoidance, hypervigilance, intrusive thoughts, and re-experiencing (defined below).[25]

Avoidance: When an individual avoids people, places, or other reminders of a traumatic event and/or avoids emotions, thoughts, or feelings associated with the trauma.[25]

Behavioral dysregulation: Disproportionate gross and/or fine motor response related to the environmental conditions. Behavioral dysregulation results from a trauma-based neurological impairment resulting in the inability for an individual to appropriately regulate physiological arousal. This includes a student changing their frequency and intensity of movement (e.g. more movement, jittering, talking loudly, refusing to talk, sleeping…).

Community school: A physical place that is also a set of partnerships between the school and other community resources. This integrated approach focuses on academics, physical health, mental health, social services, youth and community development, and community engagement to improve student learning, stronger families, and a stronger community.

Community Self-care: Intentional actions done by community members to take care of the community they live in by leveraging their privilege to be there for others.

Dissociation: A disruption and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. Dissociative reactions (e.g. flashbacks) may occur on a continuum from brief episodes to complete loss of consciousness. In children, this may present as reenacting the event in play.[26]

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[23] The American Indian holocaust: healing historical unresolved grief. Brave Heart, M.Y.H., & DeBruyn, L., 1998
[24] Structural equation modeling of the effects of racism, LGBTQ discrimination, and internalized oppression on illicit drug use in LGBTQ people of color. Drazdowski, T., Perrin, P., Trujillo, M., Sutter, M., Benotsch, E., & Snipes, D., 2015.
[25] Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. American Psychiatric Association, 2013.
[26] Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. American Psychiatric Association, 2013.

Dissociation is the result of a central defense against overwhelming experiences and provides a psychological escape from emotional and physical distress associated with overwhelming traumatic experience.

Dissociative amnesia: Disorder characterized by retrospectively reported memory gaps involving an inability to recall personal information, usually of a traumatic or stressful nature. The interruption of memory involves temporary loss of recall memory caused by dissociation, which may last for a period of minutes up to years.[26]

Emotional dysregulation: Difficulty regulating emotions such as anger, anxiety, sadness, and shame. Difficulty regulating emotions include experiencing emotions at extremes of too much (overwhelmed) or too little (numb), as well as emotional lability (experiencing rapid changes in mood).

Flight, fight or freeze response: Physical manifestation of an individual's biological stress response system made up of different, interacting systems that work together to direct the body's attention toward protecting the individual against environmental life threats; these responses are often affected by trauma exposure.[27]

Historical unresolved grief: Grief resulting from the historical trauma of genocide, grief that has not been expressed, acknowledged and resolved.

Hypervigilance: Changes in arousal and reactivity that may make an individual more alert of their environmental surroundings even in situations when such high reactivity is not necessary.[26]

Intrusive symptoms: Distressing thoughts or dreams that are “recurrent, involuntary, and intrusive.”[26]

Minimizing: Trivializing a current experience by comparing it with another situation that we regard as more severe.[27]

Numbing: Biological process where emotions are detached from thoughts, behaviors, and memories.

Posttraumatic Stress Disorder (PTSD): A serious mental condition, with symptoms lasting at least a month in duration, that some people develop after a traumatic event; those with PTSD may experience avoidance, hypervigilance, intrusive thoughts, re-experiencing (defined below) and persistent negative cognitions and moods.[26]

Poor boundaries: Lacking a balanced sense of one’s role and responsibilities which may include taking on too much, stepping in and trying to control events, difficulty leaving work at work, or taking circumstances too personally.[28]

[27] Trauma-sensitive schools training package. Guarino, K, & Chagnon, E., 2018.
[28] Trauma-sensitive schools training package. Guarino, K, & Chagnon, E., 2018.

Re-experiencing: Distressing flashbacks or memories of an event during which the individual feels that are again in the moment of the traumatic experience.[29]

Secondary traumatic stress: The emotional duress that results when an individual works with clients or students who have described a traumatic experience; may also be called compassion fatigue or vicarious trauma.[30]

Self-care: Any intentional action that is done by an individual to take care of their own mental, emotional, spiritual and physical health. Self-care involves any action during the day that helps maintain a feeling of calm, balance, and wellness (e.g. setting boundaries, mindfulness, movement breaks, self-advocacy).

Somatization: Manifestation of psychological or emotional distress in the form of physical symptoms that are not able to be medically explained.

Sleep disturbances: Early awakening, restless sleep, difficulty falling asleep and nightmares that persist among individuals who have experienced trauma-related stress.[31]

Trauma bond: When individuals who have experienced trauma form emotional and psychological relationships with their abusers/aggressors.[31]

[29] Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. American Psychiatric Association, 2013.
[30] Vicarious traumatization and secondary traumatic stress: A research synthesis. Baird, K. & Kracen, A., 2006.
[31] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. 2019

Terms to describe factors affecting response to adverse experiences

While some individuals experiencing a traumatic event will not experience negative outcomes, many children will. The terms below describe factors that affect the likelihood that a child may have a maladaptive response to exposure to a traumatic event.

Compassion satisfaction: Characterized by positive relationships with colleagues and the conviction that one's efforts contribute in a meaningful way to students, their families, and the community.[32]

Compassion resilience: An approach to building resilience in both an individual and an organization. This includes acknowledging and supporting concerns of others in their well-being while recognizing the roles that a compassionate approach can take.[32]

Coping mechanisms: The methods a person uses to deal with stressful situations. In youth, self-regulation skills, problem solving skills, self-efficacy (belief in one's ability to deal with situations), and flexibility influence how youth respond to trauma. Coping mechanisms can be explicitly taught.

Post-traumatic growth (PTG): A positive change experienced as a result of the struggle with a major life crisis or traumatic event. Positive changes tend to occur as individuals develop a sense of new opportunities, relationships with others, increased sense of connection, increase sense of own strength, greater appreciation for life, and deepening of spiritual lives.[33]

Protective factors: Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that aid an individual in coping more effectively with stressful events and mitigate or eliminate risk in families and communities; these may interrupt the trajectory from risk to pathology.[34]

Psychological safety: An individual's trust in that the world is generally a safe place free from harm.[35]

Regulation: Ability to identify, evaluate, and modify the experience and expression of affect or emotion; this ability may be negatively impacted as a result of exposure to trauma.[34]

Resilience: An individual's ability to overcome adversity and continue his or her normal development. In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways. [35]

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[32] Compassion resilience toolkit for school leaders and staff. Wisconsin Department of Public Instruction.
[33] UNC: Charlotte: Posttraumatic Growth Research Group, 2020.
[34] Trauma-sensitive schools training package. Guarino, K, & Chagnon, E., 2018.
[35] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. 2019

Risk factors: Characteristics, variables or hazards that, if present, make it more likely that the individual is vulnerable to develop a disorder or a traumatic response to an adverse experience.[36]

Trauma aware: The first step to building trauma-informed systems; includes understanding the widespread prevalence of traumatic event exposure, the potential impact of trauma, and recognizing the signs and symptoms of trauma in clients, families, staff, and others.[37]

Trauma-informed: Includes a school-wide approach to education and a classroom-based approach to student learning that recognizes the signs and symptoms of trauma and responds by fully integrating knowledge about trauma into policies, professional learning, procedures and practices for the purposes of recognizing the presence and onset of trauma, resisting the reoccurrence of trauma and promoting resiliency tailored to a school entity's culture, climate and demographics and the community as a whole.[38] Access more information about systems-level approaches to trauma response.

Trauma-informed classrooms: Classrooms designed to infuse an understanding of the impact of trauma, the causal roots of behavior and adverse life experiences on students into the classroom culture and promote a physically and psychologically safe environment to foster student growth.[39]

Trauma-informed teaching: Proactive strategies utilized in the school setting that are responsive to the needs of students suffering from traumatic stress. Trauma-informed teaching strategies are small changes that are made with a focus on increasing feelings of safety, creating a calm instructional environment, effectively managing triggers, and supporting students' self-regulation. Some examples include focus on relationship building, promote predictability and consistency, foster a feeling of safety, limit exclusionary practices, and providing supportive feedback.

Trauma-responsive: Strategies applied at the individual, group, and systems levels to prevent and/or reduce the potential for re-traumatization;[40] may also be called trauma sensitive practices.

Trauma-sensitive: A flexible framework of strategies that can be adapted to meet student needs at the school-wide, classroom, or individual level[41], also may be called trauma-responsive.

Trauma specific interventions: treatment or intervention delivered to small groups or individual students or clients to address negative reactions to traumatic events.[41]

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[36] Trauma-sensitive schools training package. Guarino, K, & Chagnon, E., 2018.
[37] Wisconsin Department of Public Instruction: Trauma Introduction, 2018.
[38] Public School Code of 1949: Omibus Amendments, Act 18 of 2019.
[39] Trauma-informed classrooms. National Council of Juvenile and Family Court Judges. Pickens, I.B., & Tschoop, N., 2017.
[40] Trauma-informed modules. Wisconsin Department of Public Instruction, 2018.
[41] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. 2019

Terms to describe systems-level approaches to preventing and responding to trauma

Unlike trauma-specific interventions which target individual or small groups, these trauma-sensitive practices are intended to address trauma at the systems or organizational level.

Cultural Competency: Cultural competence refers to an ability to interact effectively with people of different cultures and is comprised of four components:

1. Awareness of your own cultural worldview;
2. Attitude towards cultural differences;
3. Knowledge of different cultural practices and worldviews; and
4. Cross-cultural skills.

The word culture implies the integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word competence implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group. Cultural competence is a developmental process that evolves over an extended period of time. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.[42]

Cultural Proficiency: Cultural proficiency in education is the level of knowledge-based skills and understanding that are required to successfully teach and interact with students and to work effectively with colleagues from a variety of cultures by holding all forms of cultural difference in high esteem; a continuing self-assessment of one's values, beliefs and biases grounded in cultural humility; an ongoing vigilance toward the dynamics of diversity, difference and power; and the expansion of knowledge of cultural practices that recognize cultural bridges as going both ways. Culturally proficient services require that both the individual and the institution be culturally proficient. The following five essential elements contribute to an institution's ability to become more culturally proficient:[43]

1. Value Diversity: Claim your differences; incorporate differences into the curriculum; and acknowledge the contribution of various cultural and ethnic groups through teaching and lessons.
2. Assess Culture: Name the differences; recognize how your culture affects the culture of others; describe your own culture and the cultural norms of your organization; and understand how the culture of your organization affects those with different cultures.
3. Manage the Dynamics of Difference: Develop a process for cross cultural communication and create a cross cultural conflict mediation plan.
4. Institutionalize Cultural Knowledge: Incorporate cultural knowledge into teacher induction plan; weave into professional development plan; and structure opportunities to engage parents and communities.

[42] Pennsylvania Equity and Inclusion Toolkit, 2017.
[43] Pennsylvania Equity and Inclusion Toolkit, 2017.

5. Adapt to Diversity: Realize that change is challenging and healthy; and revisit community needs and values to align school policies and resources.

Culturally responsive: The valuation, consideration, and integration of individuals' culture, language, heritage, and experiences leading to supported learning and development.[44]

Inclusion/Inclusive Schools: This definition moves beyond the traditional notion of inclusion as a term synonymous with special education and physically allowing students to be included in regular education classes and opportunities. Inclusion embodies a broader context that accounts for the social nature of school culture and climate and extends to all students and staff within the school community. Through authentically engaging all students as co-creators for inclusive communities, the benefits are both physically perceived through equitable access and socially felt, by feeling a valued member of the community. Focusing on the worth of diversity and ways to celebrate the talents each person contributes, capitalizes on the norm that everyone has a place in the community to learn, grow, and share.

Multi-Tiered Systems of Support (MTSS): A standards-aligned, comprehensive school improvement framework for enhancing academic, behavioral and social-emotional outcomes for all students. As part of the MTSS framework, cross-disciplinary teams represented at the local education agency (LEA), school, grade and individual levels use a problem-solving process to integrate evidence-based academic, behavioral, and social-emotional practices matched to student needs and with fidelity of implementation. A continuum of supports for staff and student services exist across three tiers (Universal, Secondary, and Tertiary), and is undergirded by high-quality professional learning, cultural responsivity, partnership and meaningful involvement with families, and dynamic decision-making that rests on the use of reliable and valid data sources:[45]

a) Tier 1 (Universal): Provide preventive, proactive, and universal practices and support to enhance academic, social-emotional, and behavioral outcomes (e.g. school climate, comprehensive mental health, social-emotional learning).
b) Tier 2 (Secondary): Provide targeted interventions to support students who require more intervention than is typically provided within Tier 1 (Universal) supports. Interventions should be aimed at the causal roots of behavior. Access information on trauma-informed classrooms.
c) Tier 3 (Tertiary): Requires the most intensive level of intervention for students with the most significant, high intensity support needs (assessment based). Interventions should be aimed at the causal roots of behavior. Access information on trauma informed classrooms.

Positive Behavior Interventions and Support Framework (PBIS): A proactive, multi-tiered framework that promotes appropriate student behavior and increased learning with a focus on prevention.[46] PBIS provides direction and a decision-making framework for developing a

[44] Culturally Responsive Systems, Pennsylvania Training and Technical Assistance Network (PaTTAN)
[45] Multi-Tiered Systems of Support (MTSS), Pennsylvania Technical Assistance and Training Network (PaTTAN).
[46] Positive behavioral interventions and supports: History, defining features, and misconceptions. Sugai, G., & Simonsen, B., 2012.

comprehensive system of behavior support tailored to individual program and school needs and is based on a three-tiered model.

a) Tier 1 (Universal): Provides a system of supports to all students in a school based on preventative practices which emphasize teaching and reinforcing expected student behaviors.
b) Tier 2 (Secondary): Provides targeted interventions to support students classified as "at risk," who require more intervention than is typically provided within Tier 1 (Universal) supports.
c) Tier 3 (Tertiary): Requires the most intensive level of intervention for students with the most significant behavioral/emotional support needs (assessment based).

Positive behavior support plans: A plan for students with disabilities and eligible young children who require specific intervention to address behavior that interferes with learning. A positive behavior support plan shall be developed by the IEP team, be based on a functional behavior assessment and become part of the individual eligible young child's or student's IEP. These plans must include methods that utilize positive reinforcement and other positive techniques to shape a student's or eligible young child's behavior, ranging from the use of positive verbal statements as a reward for good behavior to specific tangible rewards.

Restorative practices: Includes non-punitive approaches to handling conflict which emphasizes preventing harm through relationship-building and responding to conflict in ways that repair damaged relationships.[47]

Safety planning (individual): Safety planning can occur within a range of contexts, including suicide prevention and intimate partner violence but are generally used to anticipate and prevent risks to an individual's well-being, including identifying strategies for internal and external supports and interventions when preventive measures do not avert a crisis. Safety planning identifies specific actions that will occur in these cases, and is developed using input from relevant stakeholders, such as families, school personnel, and community-based providers. Safety plans are individualized and are developed at the advanced Tier levels in MTSS.

Self-care planning (individual): Identify and incorporate specific self-care strategies for promoting resilience and maintaining a healthy work–life balance (e.g., exercise, good nutrition, supportive networks). Individual self-care plans involve scheduling restorative activities, recognizing personal triggers and planning an action response that supports well-being.

Self-Care Planning (school community): Create a culture that fosters staff resilience that includes fair leave policies, adequate benefits, a physically safe and secure working environment, sufficient supervision, support and resources to do the work, and processes for

[47] Can restorative practices improve school climate and curb suspensions? An evaluation of the impact of restorative practices in a mid-sized urban school district. Augustine, C., Engberg, J., Grimm, G., Lee, E., Lin Wang, E., Christianson, K., & Joseph, A., 2018.

shared decision making. School self-care plans offer a process similar to an individual self-care plan but for the whole school.

School climate: Refers to the psychosocial aspects of school experiences which enable students to feel connected to other students and adults in the school building and experience the school as welcoming, engaging and supportive. A positive school climate is the product of a school's attention to fostering safety; promoting a supportive academic, disciplinary, and physical environment; and encouraging and maintaining respectful, trusting, and caring relationships throughout the school community.[48]

Social Emotional Learning (SEL): Coordinated strategies across classrooms, schools, homes, and communities that focus on developing social and emotional competency in children in five domains: self-management, self-awareness, social awareness, relationship skills and responsible decision making.[49] SEL practices include activities focused on mental wellness (e.g. mindfulness, resiliency, problem-solving).

Student Assistance Program (SAP): Established under Section 1547 of PA Public School Code, SAP is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues which pose a barrier to a student's success. Pennsylvania requires all school entities (school districts, charter schools, and cyber charter schools) to have SAP programs for all grades (elementary and secondary). The PA Network for Student Assistance Services (PNSAS) Regional Coordinators are available to provide technical assistance to support schools in meeting required criteria.

Trauma-informed approach:[50] Includes a school-wide approach to education and a classroom based approach to student learning that recognizes the signs and symptoms of trauma and responds by fully integrating knowledge about trauma into policies, professional learning, procedures and practices for the purposes of recognizing the presence and onset of trauma, resisting the reoccurrence of trauma and promoting resiliency tailored to a school entity's culture, climate and demographics and the community as a whole.

Trauma-informed discipline: Discipline practice involving acknowledging the role trauma may have in influencing behavior and identifying responses that will provide appropriate consequences while promoting adaptive healthier behavior in the future.[51]

Trauma-informed school system: A holistic approach to education in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system.[52]

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[48] National Center for Safe and Supportive Learning Environments
[49] What is SEL? Collaborative for Academic, Social, and Emotional Learning (CASEL).
[50] Public School Code of 1949: Omibus Amendments, Act 18 of 2019.
[51] Trauma-informed classrooms. Pickens, I.B., & Tschopp, N., 2017.
[52] Trauma-informed schools for children in K-12: A system framework. The National Child Traumatic Stress Network, 2017.

Terms to describe influential factors and behaviors in the classroom

Students who are experiencing traumatic reactions, can have a range of behaviors in the classroom setting. The terms below describe behaviors of the student or educator.

Consequence: Immediate response that occurs after a behavior, which includes positive responses (e.g. praise, positive acknowledgement) or negative (e.g. punishment, removal of privileges); an important component of trauma-informed approaches is developing consequences to behavior that avoid re-traumatization.

Classroom trigger: Sensory stimuli situations, people, activities, or other actions in the school setting that remind a student of trauma.

Cycle of escalation: The pattern of problem behavior that becomes more intense and potentially unsafe over time; although the specific behaviors exhibited in each stage may vary from student to student, the stages of the cycle and pattern of escalation are generally predictable across students. Exposure to trauma may alter a student's stress response cycle and make them more likely to demonstrate escalated behavior. This may also be called the acting out cycle or stress response cycle.[53]

Externalizing behaviors: (Disruptive) behaviors which are directed externally toward the environment (e.g., aggression, kicking, hitting, spitting).[51]

Internalizing behaviors: Behaviors that may be difficult to detect but are associated with emotions directed inward (anxiety, stress, depression, fear). It includes such things as being withdrawn, quiet or irritable; expressing negative beliefs or paranoid thoughts; frequent somatic complaints; and concentration problems. Some internalizing issues may present as externalizing behaviors (e.g., obsessive-compulsive disorder).

Observable behavior: Actions performed by students or teachers which can be seen and measured. These include maladaptive behavioral responses that can suggest an individual is experiencing maladaptive trauma responses. These responses are measurable and can be described. Examples of maladaptive observable behaviors include elopement, hitting, yelling, or crying.

Stress response: Evolutionary response to danger in the environment; when working properly, it helps individuals stay focused and alert; when children are exposed to trauma, they may experience an abnormal stress-response reaction.[54]

Survival coping strategies: Survival coping strategies are a byproduct of traumatic stress responses and are unhealthy responses to stressful life situations after experiencing a trauma. These reactions interfere with school, work, and relationships.

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[53] Developing a common language in Connecticut: A dictionary of terms related to trauma-informed schools. 2019
[54] Trauma-sensitive schools training package. Guarino, K, & Chagnon, E., 2018.