

2019

DEVELOPING A COMMON LANGUAGE IN
CONNECTICUT: A DICTIONARY OF TERMS RELATED
TO TRAUMA-INFORMED SCHOOLS



Trauma-Informed School Mental Health Task Force

Contents

Overview	2
Terms to describe the event	3
Terms to describe traumatic experiences	3
Terms to describe maladaptive responses to trauma.....	4
Terms to describe factors affecting response to adverse experiences.....	4
Terms to describe approaches to responding to trauma.....	5
Terms to describe trauma screening assessments	5
Terms to describe trauma-specific interventions or treatment.....	6
Terms to describe systems-level approaches to preventing and responding to trauma.....	7
Terms to describe behavioral approaches to trauma.....	8
References.....	9
Index	13

Overview

Thank you for your interest in our dictionary of trauma-related terms. Our Trauma-Informed School Mental Health Task Force was developed in 2017 in response to the growing need for integrated trauma supports in the state of Connecticut across school-based practitioners, community-based providers, and state government stakeholders. The committee members quickly realized that they utilized the different terms to describe trauma based on their different backgrounds, training experiences, and treatment settings. As a result, a recommendation was made to build common language, including to develop a dictionary of common terms related to trauma and trauma-responsive practices

This document was created with input from multiple stakeholders with expertise in behavioral health from across the state of Connecticut—including leadership from the Connecticut Department of Children and Families (DCF), the State Department of Education (SDE), the Collaboratory on School and Child Health (CSCH) at the University of Connecticut, the Child and Health Development Institute of Connecticut (CHDI), Clifford Beers Clinic, Capitol Region Education Council (CREC), and others listed below.

The structure of this document is adapted from the National Child Traumatic Stress Network (NCTSN)'s [*Glossary of Terms Related to Trauma-Informed, Integrated Healthcare*](#), which groups terms by theme such as “terms to describe the event” and “terms to describe reaction/response.” We chose to use this structure as an organizational foundation, and expanded the alphabetized dictionary to include other terms used in Connecticut that are relevant to school-based trauma-informed service delivery. As the landscape of trauma-informed schools and terminology is rapidly developing and expanding, this document is intended to be the first version of a living document. As such, it is expected that this reference will be periodically updated as terminology and available interventions, assessment tools, and other trauma-informed approaches are developed and updated.

Suggested citation: Trauma-Informed School Mental Health Task Force (2019). *Developing a Common Language in Connecticut: A Dictionary of Terms Related to Trauma-Informed Schools*. Retrieved from <https://www.plan4children.org/connecting-children-and-families-to-care-workgroups/trauma-informed-school-based-mental-health/>

Acknowledgements

This document was prepared by Task Force Steering Committee Members—Carol Kerkin, Sandra Chafouleas, Jeana Bracey, Cecilia Singh, Tim Marshall, and Heather Tartaglia. Additional support was provided by Taylor Koriakin.

Additional support and feedback were provided by Task Force members of the following organizations:

Ana Grace Project	Connecticut State Department of Education (SDE)
Beacon Health Options	Connecticut Department of Children and Families (DCF)
Capitol Region Education Council (CREC)	Favor, Inc. (FAVOR)
Child Health and Development Institute (CHDI)	School, Youth, Family, & Community Partners
Clifford Beers Clinic (CBC)	UConn Collaboratory on School and Child Health (CSCH)
Connecticut Children’s Medical Center, Injury Prevention Center (CCMC)	

Terms to describe the event

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

Trauma/trauma event: exposure to a situation that may be physically or psychologically harmful; experience or exposure to a traumatic event does not necessarily indicate that the student will experience negative outcomes. May also be referred to as trauma exposure, trauma experience, or a potentially traumatic event (PTE) (Chafouleas et al., 2018; SAMHSA, 2014)

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 functioning (Chafouleas et al., 2018, SAMHSA, 2014); 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 [here](#)

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 (SAMHSA, 2014b)

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 (Felitti et al., 1998)

Adverse Childhood Experiences Study (ACE Study): a decade long scientific study linking negative childhood events with serious and life altering social, emotional, physical and behavioral difficulties; these studies found that number of ACEs is associated with higher risk of poor long-term outcomes (CDC; 2010; Felitti et al., 1998)

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) (Attachment & Trauma Network, n.d.)

Chronic trauma: repeated exposure to negative experiences or events, such as repeated sexual or physical abuse or exposure to ongoing domestic violence (SAMHSA, 2014b)

Complex trauma: exposure to multiple different kind of traumatic events over an extended period of time that often have long-term impacts on development across domains (Cook et al, 2005; Gaurino & Chagnon, 2018; NCTSN Integrated Care Collaborative Group, 2018)

Toxic stress: negative events that are often perceived as unexpected, uncontrollable, and chronic that result in overuse of the body's stress response system (National Scientific Council on the Developing Child. (2005/2014).

Terms to describe maladaptive responses to trauma

Traumatic experiences can take many different forms; the terms below describe different kinds of trauma that may be experienced during childhood.

Avoidance: when an individual avoids people, places, or other reminders of a traumatic event in an effort to avoid emotions, thoughts, or feelings associated with the trauma (APA, 2013)

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 (Gaurino & Chagnon, 2018)

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 (APA, 2013, p. 272)

Intrusive symptoms: distressing thoughts or dreams that are “recurrent, involuntary, and intrusive” (APA, 2013, p. 271)

Posttraumatic Stress Disorder (PTSD): a serious mental condition, lasting at least a month in duration that some people develop after a traumatic event; those with PTSD may experience avoidance, hypervigilance, intrusive thoughts, and re-experiencing (defined below) (American Psychiatric Association, 2013)

Re-experiencing: distressing flashbacks or memories of an event during which the individual feels that are again in the moment of the traumatic experience (APA, 2013)

Secondary traumatic stress: the emotional duress that results when an individual works with clients or students who have described traumatic experience; may also be called compassion fatigue or vicarious trauma (Baird & Kracen, 2006)

Trauma bond: when individuals who have experienced trauma form emotional and psychological relationships with their abusers/aggressors (Hom & Woods, 2013; Pilgrim, 2012)

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.

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 (Gaurino & Chagnon, 2018)

Psychological safety: an individual's trust in that the world is generally a safe place free from harm (Chadwick Trauma-Informed Systems Project, 2013)

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 (Gaurino & Chagnon, 2018)

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 (Panter-Brick, 2015; Rutter, 1993)

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 (Gaurino & Chagnon, 2018)

Terms to describe approaches to responding to trauma

This section includes terms that describe overarching approaches to preventing and responding to child traumatic stress.

Trauma aware: the first step to building trauma-informed systems; components of being trauma aware include understanding the widespread prevalence of traumatic event exposure, the potential impact of trauma, recognizing the signs and symptoms of trauma in clients, families, staff, and others (Cook, McCoy, Wisconsin Department of Public Instruction, 2018)

Trauma-informed: systems-level approach to trauma that incorporates both trauma-sensitive practices and trauma-specific interventions (see definitions below); trauma-informed systems understand the widespread impact of trauma and respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. Key components of the Substance Abuse and Mental Health Services Administration's (SAMHSA) definition of trauma-informed approach include realizing the prevalence of trauma, recognizing the signs of traumatic response, responding to individuals who need support, and resisting re-traumatization (also known as the four R's) (Chafouleas et al., 2016; SAMHSA, 2014). More information about systems-level approaches to trauma response can be found [here](#).

Trauma-responsive: strategies applied at the individual, group, and systems levels to prevent and/or reduce the potential for re-traumatization (Cook, McCoy, Wisconsin Department of Public Instruction, 2018); may also be called trauma sensitive practices (Cole, Eisener, Gregory, & Ristuccia, 2013)

Trauma specific interventions: treatment or intervention delivered to small groups or individual students or clients to address negative reactions to traumatic events (Chafouleas et al., 2016); examples of trauma-specific interventions can be found [here](#).

Terms to describe trauma screening assessments

These terms describe assessment tools that can be used to identify children who may have been exposed to or who are having a maladaptive response to a traumatic event. These tools may be useful for determining students who may benefit from a [trauma-specific intervention](#). For a full review of trauma screening measures for children see Eklund et al., 2018.

Exposure: screening tools that assess exposure to different traumatic events such as abuse, neglect, parental separation or divorce, accidents or injury, parental substance abuse (Eklund et al., 2018)

Symptomatology: screening measures that evaluate PTSD symptomatology such as re-experiencing, hypervigilance, and/or avoidance (Eklund et al., 2018)

Trauma screening: tools that are used to identify students who may be in need of intervention as a result of experiencing a traumatic event; screening tools may evaluate exposure to traumatic events, symptomatology related to exposure to a traumatic event, or both (defined below; Eklund et al., 2018)

Example of screening tools that are commonly used in Connecticut*:

Acute Stress Checklist in Children: 29 item self-report rating scale evaluating both trauma exposure and response for ages 8 – 17; also available in short version (Kassam-Adam & Marsac, 2016)

Child PTSD Symptom Scale (CPSS): 24 item self-report measure evaluating trauma symptomatology for children and adolescents ages 8-18 (Foa et al., 2001)

Child Trauma Screen (CTS): 10 item measure evaluating trauma symptomatology for ages 7-16; both parent- and self-report forms available (Lang & Connell, 2017)

Child Trauma Screening Questionnaire: 10 item screener evaluate trauma symptomatology for children ages 7-16 (Kenardy et al., 2006)

School Health Assessment and Performance (SHAPE) System: a free, web-based platform designed for school and district mental health teams that allows you to document, track and analyze your school-based mental health goals as well as assess trauma responsiveness (Center for School Mental Health, 2015)

Structured Trauma-Related Experiences and Symptoms Screener (STRESS): a 46 item self-report measure evaluating with trauma exposure and response in children ages 7-18 (Grosso et al., 2015)

Trauma Responsive Schools Implementation Assessment (TRS-IA): a component of the SHAPE system that assessed how well schools are implementing trauma-informed practices and supports (Center for School Mental Health, 2015)

Trauma Symptom Checklist for Children (TSCC): 54 item screening measure that evaluates PTSD symptomatology in children ages 8-15; also available in a 29 item short form and in a young children version for ages 3-12 (Briere, 1996; 1999)

***Please note that the Trauma-Informed School Mental Health Task Force does not endorse any particular assessment or screening tool included in this document.**

Terms to describe trauma-specific interventions or treatment

These terms describe treatments delivered to small groups or individuals with a maladaptive response to a traumatic experience. This is not meant to be an exhaustive list of all trauma-specific interventions but rather an overview of some of the most common treatments. For a more comprehensive review of interventions please visit CHDI's review of [trauma-informed initiatives](#) and [NCTSN's website](#) for more detailed information about interventions.

Cognitive-Behavioral Therapies: interventions that focus on the interactions between thoughts, feelings, and behaviors and changing maladaptive thoughts that influence behavior (Cobb et al., 2011)

Psychoeducation: a component of many trauma-focused CBT interventions; involves teaching students, teachers, and/or parents about trauma including different types of trauma and common responses to exposure to traumatic experiences (Jaycox et al., 2012)

Example of interventions commonly used in Connecticut*:

Attachment, Regulation and Competency Training (ARC): a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress targeted on attachment, regulation, and competency (Blaustein & Kinniburgh, 2018)

Bounce Back Program: a school-based group intervention for elementary students (ages 5-11 or grades 1-5)

exposed to stressful and/or traumatic events (Langley et al., 2015)

Child and Family Traumatic Stress Intervention (CFTSI): an intervention is designed for use in the days and weeks following a traumatic event or disclosure of a past traumatic event for children ages 7-18 (Berkowitz et al., 2010)

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): a school-based trauma-specific intervention for upper elementary, middle, and high school students (ages 10-16 or grades 5-12) exposed to stressful and/or traumatic events (Jaycox et al., 2010; Kataoka et al., 2003; Stein et al., 2003)

Dialectical Behavior Therapy (DBT): a cognitive-behavioral treatment approach, for the treatment of trauma, with two key components: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on processes (Dimeff & Koerner, 2007)

Eye Movement Desensitization and Reprocessing (EMDR): form of psychotherapy that uses a structured eight-phase approach to address the past, present, and future aspects of a traumatic or distressing memory (Dowd & McGuire, 2011; Rodenburg et al., 2009)

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC): a intervention delivered to individual students that providers can address multiple comorbidities associated with exposure to a traumatic event (Chorpita et al., 2013; Weisz et al., 2012)

Support for Students Exposed to Trauma (SSET): this intervention is an adaptation of CBITS and is designed to be implemented by school staff without clinical training such as school counselors and teachers (Jaycox et al., 2009)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): manualized intervention that helps children develop and enhance their ability to cope with and regulate their responses to troubling memories, sensations and experiences for children ages 3-18 (Cohen et al., 2006)

Trauma-Focused Coping in Schools (TFC)/Multimodality Trauma Treatment (MMTT): a school-based group intervention for elementary, middle, and high school students (grades 4-12) exposed to stressful and/or traumatic events (Amaya-Jackson et al., 2003; March et al., 1998)

***Please note that the Trauma-Informed School Mental Health Task Force does not endorse any particular intervention or treatment included in this document.**

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 level.

Multi-tiered systems of support (MTSS): a framework that is commonly used in schools to provide a continuum of academic and behavioral supports from prevention to intervention; typically supports are divided into three tiers—with Tier 1 serving all students, Tier 2 dedicated to targeted interventions for students, and Tier 3 providing individualized, intensive supports to students with the highest need—with movement through tiers guided by data-based decision making (Fuchs & Fuchs, 2006; Center on Response to Intervention, 2009); tiered supports may also be referred to as response to intervention (RtI) or scientific research based interventions (SRBI) in Connecticut; trauma-informed supports can also be delivered through an MTSS framework (Reinbergs & Fefer, 2018)

School climate: the psychosocial aspects of school experiences such as feeling connected to other students and adults in the school building; school climate initiatives seek to prevent violence and promote safety and a welcoming environment for all students, staff, and families (National Center on School Climate, n.d.)

Schoolwide positive behavioral interventions and supports (SWPBS): school-wide practices that focus on

reinforcing appropriate behavior and modeling, teaching, and reinforcing behavioral expectations throughout the school (Horner & Sugai, 2015); these behavioral approaches combat traumatic experiences by promoting transparency, predictability, safety, empowerment, and choice (RESC, 2018; Wisconsin Department of Public Instruction, 2011, Wolpov, Johnson, Hertel, & Kincaid, 2016)

Social and 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 (CASEL, 2017); examples of SEL curriculums and interventions include RULER (Brackett, Rivers, Reyes, & Salovey, 2010) and Second Step (Frey, Hirschstein, & Guzzo, 2000)

Terms to describe behavioral approaches to trauma

Children who have experienced trauma may develop behavior difficulties; these terms are used to describe behavior and behavioral intervention strategies that can be used in a trauma-informed approach.

Consequence: immediate response that occurs after a behavior and may be positive (e.g., praise, positive acknowledgment) or negative (e.g., punishment, removal of privileges) (Bamabara & Kern, 2005); an important component of trauma-informed approaches is developing consequences to behavior that avoid re-traumatization (Chafouleas et al., 2018)

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. (Colvin & Scott, 2014)

Function: refers to factors that maintain problem behavior or cause unwanted behavior to continue to occur (Bambara & Kern, 2005); function of behavior is to escape/avoid or get/obtain something; a student's trauma history may impact the function of their behavior, but trauma history itself is not a function of behavior

Setting event: circumstances that do not directly cause problem behavior but make the occurrence of problem behavior more likely; examples of setting events include alterations in sleep, medication effects, and appetite (Bamabara & Kern, 2005); these are also conceptualized as "slow triggers" (see below)

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 (Guarino & Chagnon, 2018)

Trigger: an event in the environment that immediately precedes a behavior and may act as an antecedent to post-traumatic stress symptoms or problem behavior; this may be something in the environment that is a reminder of a traumatic experience (Gaurino & Chagnon, 2018)

References

- Amaya-Jackson, L., Reynolds, V., Murray, M. C., McCarthy, G., Nelson, A., Cherney, M. S., et al. (2003). Cognitive-behavioral treatment for pediatric posttraumatic stress disorder: Protocol and application in school and community settings. *Cognitive and Behavioral Practice, 10*, 204–213. [https://doi.org/10.1016/S1077-7229\(03\)80032-9](https://doi.org/10.1016/S1077-7229(03)80032-9).
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C: American Psychiatric Association.
- Berkowitz, S., Stover, C.S. & Marans, S. (2010). The Child and Family Traumatic Stress Intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry, 52*(6), 676-685.
- Blaustein, M. & Kinniburgh, K. (2018). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency, Second Edition*. New York: Guilford Press.
- Brackett, M. A., Rivers, S. E., Reyes, M. R., & Salovey, P. (2012). Enhancing academic performance and social and emotional competence with the RULER feeling words curriculum. *Learning and Individual Differences, 22*(2), 218-224.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC) professional manual*. Odessa, FL: Psychological Assessment Resources.
- Briere, J. (1999). *The Trauma Symptom Checklist for Young Children*. Odessa, FL: Psychological Assessment Resources, Inc.
- Cascio, A., Koriakin, T. A., Auerbach, E. & Chafouleas, S. M. (2018, September). *WSCC brief: Behavioral supports*. Available from <https://csch.uconn.edu/wpcontent/uploads/sites/2206/2018/09/Social-Climate.pdf>.
- Center on Response to Intervention (2009). *Response to intervention glossary of terms*. Retrieved from <https://rti4success.org/resources/mtssrti-glossary-terms#MTSS>.
- Collaborative for Academic, Social, and Emotional Learning (2017). Social and emotional learning (SEL) competencies. Retrieved from <https://casel.org/wp-content/uploads/2017/01/Competencies.pdf>.
- Centers for Disease Control and Prevention. (2010). The adverse childhood experiences study. Retrieved from <http://www.cdc.gov/ace/about.htm>
- Center for School Mental Health (2015). *School health assessment and performance evaluation system*. Retrieved from <https://theshapesystem.com/>.
- Chafouleas, S., Johnson, A., Overstreet, S., & Santos, N. (2015). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health, 8*, 144 – 162.
- Chafouleas, S. M., Koriakin, T. A., Roundfield, K., & Overstreet, S. (2018, epub ahead of print). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*. doi: 10.1007/s12310-018-9256-5
- Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., ... & Ward, A. (2013). Long-term outcomes for the Child Steps randomized effectiveness trial: a comparison of modular and standard treatment designs with usual care. *Journal of Consulting and Clinical Psychology, 81*(6), 999-1009. doi: 10.1037/a0034200
- Cobb, B., Sample, P., Alwell, M., & Johns, N. (2006). Cognitive—behavioral interventions, dropout, and youth with disabilities: A

systematic review. *Remedial and Special Education, 27*, 259-275.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children*. New York: Guilford Press.

Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Creating and advocating for trauma-sensitive schools. *Massachusetts Advocates for Children*. Retrieved from <http://www.traumasensitiveschools.com>.

Colvin, G.T., & Scott, T.M. (2015). *Managing the cycle of acting-out behavior in the classroom (2nd ed)*. New York: Corwin Press.

Cook, E., McCoy, K., & Wisconsin Department of Public Instruction (2018, October). *Wisconsin's approach to trauma sensitive schools*. Session presented at the Annual Conference on Advancing School Mental Health, Las Vegas, NV.

Dimeff, L. A., & Koerner, K. (2007). *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York: Guilford Press.

Dowd, H., & McGuire, B. E. (2011). Psychological treatment of PTSD in children: An evidence-based review. *The Irish Journal of Psychology, 32*, 25–39. doi:10.1080/03033910.2011.611612

Eklund, K., Rossen, E., Koriakin, T.A., Chafouleas, S.M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly, 33*, 30-43. doi: 10.1037/spq0000244

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*, 245–258.

[http://dx.doi.org/10.1016/S0749-3797\(98\)00017-8](http://dx.doi.org/10.1016/S0749-3797(98)00017-8)

Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. H. (2001). The Child PTSD Symptom Scale: A preliminary examination of its psychometric properties. *Journal of Clinical Child Psychology, 30*, 376-384. doi: 10.1207/S15374424JCCP3003_9

Frey, K. S., Hirschstein, M. K., & Guzzo, B. A. (2000). Second Step: Preventing aggression by promoting social competence. *Journal of Emotional and Behavioral Disorders, 8*(2), 102-112.

Fuchs, D., & Fuchs, L. S. (2006). Introduction to response to intervention: What, why, and how valid is it?. *Reading Research Quarterly, 41*(1), 93-99.

Gaurino, K. & Chagnon, E. (2018). *Trauma sensitive schools training package*. Washington D.C.: National Center on Safe and Supportive Learning Environments.

Grasso, D. J., Felton, J. W., & Reid-Quiñones, K. (2015). The Structured Trauma-Related Experiences and Symptoms Screener (STRESS) development and preliminary psychometrics. *Child Maltreatment, 20*(3), 214-220. doi: 10.1177/1077559515588131

Hom, K. A., & Woods, S. J. (2013). Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers. *Issues in Mental Health Nursing, 34*(2), 75-81.

Horner, R., & Sugai, H. (2015). School-wide PBIS: An example of applied behavior analysis implemented at a scale of social importance. *Behavior Analysis in Practice, 8*(1), 80-85.

Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K.L., . . . Schonlau, M. (2010). Children's mental health care following Hurricane Katrina:

A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress, 23*, 223–231. doi:10.1002/jts.20518

Jaycox, L. H., Kataoka, S. H., Stein, B. D., Langley, A. K., & Wong, M. (2012). Cognitive behavioral intervention for trauma in schools. *Journal of Applied School Psychology, 28*(3), 239-255.

Jaycox, L. H., Langley, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for students exposed to trauma: A pilot study. *School Mental Health, 1*, 49-60.

Kassam- Adams, N., & Marsac, M. L. (2016). Brief Practical Screeners in English and Spanish for Acute Posttraumatic Stress Symptoms in Children. *Journal of Traumatic Stress, 29*(6), 483-490. doi: 10.1002/jts.22141

Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., . . . , Fink, A. (2003). A school-based mental health program for traumatized Latino immigrant children. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 311–318. doi:10.1097/00004583-200303000-00011

Kenardy, J., Spence, S., & Macleod, A. (2006). Screening for Posttraumatic Stress Disorder in children after accidental injury. *Pediatrics, 118*, 1002-1009. doi: 10.1037/t04843-000

Lang, J. M., & Connell, C. M. (2016). Development and validation of a brief trauma screening measure for children: the Child Trauma Screen. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*, 390-398. doi: 10.1037/tra0000235

Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2015). Bounce back: Effectiveness of an elementary schoolbased intervention for multicultural children exposed to traumatic events. *Journal of Consulting and*

Clinical Psychology, 83(5), 853–865. <https://doi.org/10.1037/ccp0000051> .

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for 13 interventions and social policies. *Development and Psychopathology, 12*, 857-885. doi: 10.1017/S0954579400004156

March, J. S., Amaya-Jackson, L., Murray, M. C., & Schulte, A. (1998). Cognitive-behavioral psychotherapy for children and adolescents with posttraumatic stress disorder after a single-incident stressor. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*(6), 585–593. <https://doi.org/10.1097/00004583-199806000-00008>.

National Center on School Climate (n.d.). What is school climate? Retrieved from <https://www.schoolclimate.org/about/our-approach/what-is-school-climate>.

National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. <http://www.developingchild.harvard.edu>

NCTSN (n.d.). How early childhood trauma is unique. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>.

NCTSN Integrated Care Collaborative Group (2018). Glossary of terms related to trauma-informed, integrated care. Retrieved from <https://www.nctsn.org/resources/glossary-terms-related-trauma-informed-integrated-healthcare>.

Newman, B.M. & Newman, P.R. (2018). *Development through life: A psychosocial approach*. (13th Edition) Boaston, MA: Cengage Learning.

Panter-Brick, C. (2015). Culture and resilience: Next steps for theory and practice. In L. C. Theron, L. Liebenberg, & M. Ungar (Eds.),

Youth resilience and culture: Commonalities and complexities (pp. 233–244). Dordrecht: Springer.

Pilgrim, D. (2012). Child abuse in Irish Catholic settings: A non-reductionist account. *Child Abuse Review, 21*(6), 405-413.

Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools, 55*(3), 250-263.

Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G. J. (2009). Efficacy of EMDR in children: A meta-analysis. *Clinical Psychology Review, 29*(7), 599-606.

Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health, 14*, 626–631.

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: a randomized controlled trial. *Journal of the American Medical Association, 290*, 603-611. doi:10.1001/jama.290.5.603

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. 14-4884). Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K.,

... & Gibbons, R.D. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial.

Archives of General Psychiatry, 69, 274-282. doi: 10.1001/archgenpsychiatry.2011.147

Wisconsin Department of Public Instruction. (2011). *Using Positive Behavioral Interventions & Supports (PBIS) to help schools become more trauma-sensitive*. Retrieved from <https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/mhtraumausingpbis.pdf>.

Wolpaw, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2016). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Retrieved from <http://www.k12.wa.us/compassionateschools/pudocs/TheHeartofLearningandTeaching.pdf>.

Index

- [Acute Stress Checklist in Children, 7](#)
- [Acute trauma, 4](#)
- [Adverse Childhood Experiences \(ACEs\), 4](#)
- [Adverse Childhood Experiences Study \(ACE Study\), 4](#)
- [Attachment trauma, 4](#)
- [Attachment, Regulation and Competency Training \(ARC\), 7](#)
- [Avoidance, 5](#)
- [Bounce Back Program, 7](#)
- [Child and Family Traumatic Stress Intervention \(CFTSI\), 8](#)
- [Child PTSD Symptom Scale \(CPSS\), 7](#)
- [Child Trauma Screen \(CTS\), 7](#)
- [Child Trauma Screening Questionnaire, 7](#)
- [Chronic trauma, 4](#)
- [Cognitive Behavioral Intervention for Trauma in Schools \(CBITS\), 8](#)
- [Cognitive-Behavioral Therapies, 7](#)
- [Complex trauma, 4](#)
- [Consequence, 9](#)
- [Cycle of escalation, 9](#)
- [Dialectical Behavior Therapy \(DBT\), 8](#)
- [Exposure, 6](#)
- [Eye Movement Desensitization and Reprocessing \(EMDR\), 8](#)
- [Flight, fight or freeze response, 5](#)
- [Function, 9](#)
- [Hypervigilance, 5](#)
- [Intrusive symptoms, 5](#)
- [Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems \(MATCH-ADTC\), 8](#)
- [Multi-tiered systems of support \(MTSS\), 8](#)
- [Posttraumatic Stress Disorder \(PTSD\), 5](#)
- [Protective factors, 5](#)
- [Psychoeducation, 7](#)
- [Psychological safety, 5](#)
- [Re-experiencing, 5](#)
- [Regulation, 5](#)
- [Resilience, 5](#)
- [Risk factors, 6](#)
- [School climate, 8](#)
- [School Health Assessment and Performance \(SHAPE\) System, 7](#)
- [Schoolwide positive behavioral interventions and supports \(SWPBS\), 8](#)
- [Secondary traumatic stress, 5](#)
- [Setting event, 9](#)
- [Social and emotional learning \(SEL\), 9](#)
- [Stress response, 9](#)
- [Structured Trauma-Related Experiences and Symptoms Screener \(STRESS\), 7](#)
- [Support for Students Exposed to Trauma \(SSET\), 8](#)
- [Symptomatology, 6](#)
- [Toxic stress, 4](#)
- [Trauma aware, 6](#)
- [Trauma bond, 5](#)
- [Trauma Responsive Schools Implementation Assessment \(TRS-IA\), 7](#)
- [Trauma screening, 6](#)
- [Trauma specific interventions, 6](#)
- [Trauma Symptom Checklist for Children \(TSCC\), 7](#)
- [Trauma/trauma event, 4](#)
- [Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\), 8](#)
- [Trauma-Focused Coping in Schools \(TFC\)/Multimodality Trauma Treatment \(MMTT\), 8](#)
- [Trauma-informed, 6](#)
- [Trauma-responsive, 6](#)
- [Traumatic response, 4](#)
- [Trigger, 9](#)