**Trauma-Perceptive Practice (TPP)**

**An Essex Approach to Understanding Behaviour**

**and Supporting Emotional Wellbeing**

**Glossary of Terms**

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| **Adverse Childhood Experiences (ACEs)** | A wide range of circumstances and experiences that impact on a child’s development through heightened and unsupported stress, gaps in care and stimulation, or material deprivation. In Essex we take an adverse experience to be any that in an on-going or severe way compromises whether a child is safe. |
| **Attachment** | This can be defined as a unique emotional bond between carer and child that usually involves an exchange of comfort, care and pleasure.  John Bowlby defined it as  *“a lasting psychological connectedness between human beings”* |
| **Attribution** | Within social psychology, attribution is the process of inferring the causes of events or behaviours. The attributions a person makes each and every day have an important influence on feelings as well as how one thinks and relates to other people. |
| **Attunement** | Being attentive, sensitive and empathetic to another person; noticing emotions and cures and being able to adapt their response in accordance. |
| **Bio-psycho-social approach** | Bio-psycho-social approach has become the dominant model recognising that humans are complex beings whose functioning is determined by interrelated and interdependent biological, psychological and socio-cultural factors.  It is part of the nature/nurture debate. The evidence is ever clearer that it is always Nature and Nurture interacting. |
| **Compassion** | This is when there is a   * sympathetic consciousness of others' distress together with a desire to alleviate it. * a strong feeling of sympathy and sadness for other people’s suffering or bad luck and a desire to help   It motivates people to go out of their way to help the physical, mental, or emotional pains and joys of another and themselves. Compassion is often regarded as having sensitivity, an emotional aspect to suffering and successes. |
| **Conduct disorder** | All children and young people will push boundaries and become non-compliant towards adults’ expectations and instructions at times. It takes time for children to learn to how to conform to social rules and expectations within different contexts behave and the emotional escalations are a normal part of growing up.  Sometimes children and young people have more serious persistent and challenging behaviour which that can last over a long period of time and can affect their ability to lead a normal life can have a detrimental Impact on their relationships and everyday life.  When this becomes persistently problematic, children can meet a diagnostic criteria called conduct disorder. |
| **Connection/**  **Connectedness / Relationships** | Human beings are largely social organisms and it is within the reciprocity of human relationships that healing can occur. Being connected, in relationships with other people means we can have our basic human needs met, the foundations of our wellbeing.  Bruce Perry  *‘Trauma and our responses to it cannot be understood outside the context of human relationships… The most traumatic aspects of all disasters involve the shattering of human connections. And this is especially true for children…’* |
| **Dissociation** | Dissociation is being disconnected from the here and now. ... When people are dissociating, they disconnect from their surroundings, which can stop the trauma memories and lower fear, anxiety and shame. Dissociation can happen during the trauma or later on when thinking about or being reminded of the trauma. |
| **Distress** | Distress is an aversive state in which a person is unable to completely adapt to stressors and their resulting stress and can be communicated through a range of unhelpful behaviours. It can be observed as inappropriate social interaction (e.g. aggression, passivity, or withdrawal). |
| **Distressed behaviour** | Behaviour that is an expression of an emotional state of distress. This usually results from a need remaining unmet or the experience of not being safe, healthy, active, nurtured, achieving, respected, responsible or included |
| **Emotional health** | Recognised as being fundamental to the wellbeing and future prospects of individuals and communities. Emotional health is nurtured primarily in the home, but we know that schools and services can and do make a difference. |
| **Emotional Intelligence** | Emotional intelligence is the ability to identify and manage your own emotions and the emotions of others. It is generally said to include 3 skills:  1. Emotional awareness, including the ability to identify your own emotions and those of others;  2. The ability to harness emotions and apply them to tasks like thinking and problems solving;  3. The ability to manage emotions, including the ability to regulate your own emotions, and the ability to cheer up or calm down another person. |
| **Emotional Literacy** | Being self-aware; in terms of being able to understand and manage one’s own emotions, as they impact on daily day to day life and understand and manage other’s emotions linked to this. |
| **Emotional wellbeing** | Emotional wellbeing is not the absence of emotions, but it is one’s ability to understand the value of emotions and use them to move one’s life forward in positive directions. |
| **Empathy** | Empathy is the ability to understand and share the feelings of another. |
| **Hope** | Hope is an optimistic state of mind that is based on an expectation of positive outcomes with respect to events and circumstances in one's life or the world at large. This is when we want something to happen or to be true, and usually have a good reason to think that it might. It also includes cherishing a desire with anticipation; to want something to happen or be true. |
| **Kindness** | Kindness is the quality of being gentle, caring, and helpful. A kindness is always deemed to be a helpful or considerate act. |
| **Loss and Change** | The most frequently thought of example would be bereavement (family, friends, pets etc.) but this covers a much broader area. Other examples can include moving house, changing school, parental separation (forces children, offshore workers). |
| **Mental Health** | The World Health Organisation (WHO) define mental health as:  *‘a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’*  The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution:  *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* |
| **Mindset** | Mindset is an idea researched by Carol Dweck over the past decades on achievement and success. In a fixed mindset, people believe their basic qualities, like their intelligence or talent, are simply fixed traits. In a growth mindset, people believe that their most basic abilities can be developed through dedication and hard work—brains and talent are just the starting point. |
| **Neglect** | Neglect is usually defined as the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs, which impacts on the child’s development.  Examples of neglect may include:  • physical neglect such as poor hygiene, inadequate food or clothing, inadequate shelter. The latter may involve environmental neglect where the standards of living are unsafe or unhygienic.  • medical neglect where the parent or carer fails to ensure basic health care.  • supervisory neglect occurs when a responsible adult fails to ensure appropriate supervision for a child suitable to their age and development. This might include leaving the child unattended or leaving the child with an inappropriate person.  • developmental neglect relates to a number of aspects of care that are required for stimulation and physical and social development. Neglect in these areas means a child is left without adequate stimulation or educational opportunity.  • emotional neglect relates to the nature of the emotional relationship with the child, and a failure to meet the child’s emotional needs |
| **Nurture** | This can be defined as  *‘the care and attention given to someone or something that is growing or developing’*  (Merriam and Webster, 2016).  It is lifelong and not only confined to childhood. It may look like   * infancy- physical contact, face to face connection, co-regulation, allowing exploration * primary age- positive social experiences in child led play, co-regulation, setting healthy limits * secondary age- fostering interests, scaffolding independence, problem solving risk, co-regulation * adulthood- reflecting on achievements, encouraging aspiration, self-care, and encouraging co-regulation |
| **Nurturing Approaches** | Recognises that positive relationships are central to both learning and wellbeing, with a key focus on the school environment. These emphasise the balance between care and challenge which incorporates attunement, warmth and connection alongside structure, high expectations and a focus on achievement and attainment. |
| **Positive stress response** | This is a normal and essential part of healthy development, characterised by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response   * are the first day at a new school or a new club * receiving an immunisation or * going on stage to perform or going for an interview. |
| **Preverbal Trauma** | Psychologist and neuroscientist, Dr. Allan Schore identifies that our earliest preverbal memories are neither verbal nor stored as images. Instead, they exist as motor patterns and sensations. They are blueprints of our earliest relationships represented by psychophysiological arousal and emotion. Even once a child develops language, traumatic memories are often stored in a disorganised fashion. If someone has experienced childhood trauma, they may feel burdened by physical and emotional pain or feel haunted by fragments of disturbing memories.  *“In order to successfully work with preverbal memories, you must find a way to access the somatic experience related to these early interpersonal exchanges. It is important to know that you can heal childhood-PTSD. Even though the path to healing can feel daunting, remember that all journeys start with a single step.”* -Dr. Arielle Schwartz |
| **Psychological wellbeing** | This includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive. |
| **Regulation** | The adult managing their own emotions and then, from a position of calm, helping the child or young person to manage theirs so that positive relationships and learning can be maintained. |
| **Resilience** | The gradual development over time and through experiences of positive relationships and support of an ability to recover from mental, physical or emotional stress. A resilient child can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes. Three kinds of resilience tend to be described  The first type is represented by children who do not succumb to adversities, despite their high-risk status, for example low birth weight babies.  The second type concerns children who develop coping strategies in situations of chronic stress, such as children of drug using or alcoholic parents.  Thirdly, children who have suffered extreme trauma, for example through disasters, sudden loss of a close relative or abuse, and who have recovered and prospered may be described as resilient  An accepted language of resilience is ‘I have, I am, I can’ |
| **Restorative Approach** | A restorative approach involves a process that resolves conflict. It is part of a larger ethos also known as restorative practices/approaches. It promotes the child/young person’s capacity overtime to develop honesty, awareness, responsibility and accountability as well as recognising and acknowledging any ham imposed. |
| **Self-awareness** | Self-awareness is a skill that helps a child tune in to their feelings, thoughts and actions. It’s more than just being able to recognise these things. It means understanding how our thoughts affect our feelings and influences how we respond and perceive the world around us. |
| **Self-control** | Self-control is the ability to [control one's emotions](https://en.wikipedia.org/wiki/Emotional_self-regulation), [behaviour](https://en.wikipedia.org/wiki/Behavior), and [desires](https://en.wikipedia.org/wiki/Desire) in the face of external demands in order to function in society.  Self-control is essential in behaviour to achieve [goals](https://en.wikipedia.org/wiki/Goal) and to avoid impulses and/or emotions that could prove to be negative or destructive. |
| **Self-efficacy** | Self-efficacy is the belief that one is capable of performing a task or managing a situation.  As a quote often attributed to Henry Ford says,  *“Whether you think that you can or that you can’t, you are usually right.”*  A person with high self-efficacy believes they have the skills to help them steer through life and reach their goals. Perhaps most importantly, self-efficacy is about learning how to persevere when one fails.  Higher self-efficacy is linked to:   * better ability to think productively by applying positive thinking skills when facing a challenge * higher motivation * stronger effort put into an activity or task * greater resilience * lower vulnerability to stress and depression   Lower self-efficacy is linked to:   * tendency to shy away from difficult tasks * lower aspirations and poor commitment to goals * pessimistic attitude towards obstacles * greater vulnerability to stress and depression |
| **Self-regulation** | Self-regulation nurtures the ability to cope with greater and greater challenges because it involves arousal states, emotions, behaviour, and – as the person grows older – thinking skills.  In the simplest terms, self-regulation can be defined as the ability know what stresses you and to stay calmly focused and alert.  Self-regulation can only develop through experiences of co-regulation by another person. |
| **Self-worth** | The sense of one's own value or worth as a person; self-esteem; self-respect. |
| **Social Learning** | Social Learning Theory is a theory of learning process and social behaviour which proposes that new behaviours can be acquired by observing and imitating others. It states that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behaviour, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. |
| **Social wellbeing** | Social wellbeing is the extent to which you feel a sense of belonging and social inclusion; a connected person is a supported person in society. |
| **Solution Focused Approaches** | A positive way of reframing problems to help people move towards solutions rather than getting “stuck” in the problems. |
| **Stress** | This is defined as a state of mental tension and worry caused by problems in your life, work, etc. It can also be something that causes strong feelings of worry or anxiety. |
| **Therapeutic stories** | Stories have long been used in psychological counselling with children. Logically; the first stories written in collaborative and therapeutic assessment were for children. These fables often use animal characters – including a wisdom character – to set up a fictional world that parallels the child’s actual situation and provides both information and support for life change.  Stories use metaphor and imagery to change the way we see our lives and the world, offering healing and growth to everyone - teller and listener alike. They connect us to each other and help us find meaning and hope. Therapeutic storytelling can change the way we see our lives and the world. Using metaphor, stories offer healing to everyone. |
| **Tolerable stress response** | Activates the body’s alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects. |
| **Toxic stress** | When children have experienced psychological trauma, or on-going high stress, in the absence of support and positive relationships. They may in future react to an apparently "normal" or “safe” situation as if it is repeated trauma.  This can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years. |
| **Trauma** | The word trauma is used to describe negative events that are emotionally painful and that overwhelm a person’s ability to cope. When childhood experiences cause stress / alarm systems to be repeatedly activated (the flight, fight, freeze, response over an extended period and interferes with the usual development of children and young people  Two Types of Trauma   1. This is where the external event it a one off; for example, a violent attack, bereavement, having witnessed something horrible or having a major accident. 2. This is when the event is repetitive and is on an on-going basis   Trauma and ACEs can take many forms including events that at first may appear trivial or minor. Subsequently these may be overlooked and be unaddressed. We must remember that experiences sit on a continuum such as falling over, discomfort, worrying experiences, neglect, abuse or loss. |
| **Trauma Aware** | Some knowledge is held about what trauma is and the importance of the legacy it leaves behind. May not be quite informing the practices within the school / service yet. |
| **Trauma Perceptive Practice** | Based on the recognition that many children, families and staff have experienced psychological trauma that may affect their day to day coping in a wide range of ways.  Systems (e.g. services, schools, classrooms) that encourage and allow for recognising, understanding and responding to trauma. |
| **Trauma Perceptive Practitioner** | A professional working to promote the principles of trauma perceptive and informed practice and has developed key skills in supporting children and young people to repair and grow from their experiences of trauma. |
| **Unmet need** | Behaviour can be a communication of unmet need: meeting the need will result in improved behaviour, as will helping the child learn and practice more adaptive ways of communicating need. |
| **Window of tolerance** | The window of tolerance is a term used to explain and help adults understand the stress response system.  Every individual has a unique window of tolerance. When they are within their window of tolerance, they feel regulated, calm and able to learn, love and play to the best of their ability. When something triggers them, making them feel worried or scared, they are pushed outside of their window of tolerance. The task for the adult is to widen the window. |
| **Wellbeing** | Nationally agreed indicators of a child experiencing wellbeing: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible and Included. |