INTERVIEW

Author: To Reach Struggling Students, Schools Need to Be More 'Trauma-Sensitive'

By Elisha McNeil

A growing body of evidence highlights the connection between adverse childhood experiences and academic problems. The effects of trauma can impair a child’s cognitive ability, while the stress of a dysfunctional or unstable home life can make children act out or shut down in the classroom, according to recent child-development research.

While such findings are increasingly acknowledged, however, they have yet to broadly inform classroom practices or school-improvement initiatives, says Susan E. Craig, an author and school consultant. A former reading teacher, Craig has spent more than three decades exploring the relationship between trauma and children’s cognitive development. In her new book, Trauma-Sensitive Schools: Learning Communities Transforming Children’s Lives, K-5 (Teachers College Press), she seeks to share some of what she’s learned, with a particular focus on detailing what educators and policymakers can do to better respond to and support traumatized students and help them “regain their ability to achieve academic and social mastery.” For Craig, these are not peripheral issues for educators. To be effective, she argues, school improvement must be seen through a “trauma-sensitive lens.”

We recently spoke to Craig about the book and her advice for teachers. The interview has been edited for length and clarity.

What was your goal with this book? What led you to write it?

I’ve spent my whole life in public schools working with teachers trying to help them manage children that have a lot of behavioral issues. I’m also trained as a reading specialist, and it became very clear to me that a lot of children who don’t learn how to read are often children who are very dysregulated, in terms of their ability to manage their behavior and emotions.

About 30 years ago I went back to school and got a PhD in sociology studying child abuse and neglect. My dissertation dealt with cognitive effects of exposure to violence on children and their ability to learn. Since that time I’ve been a voice in the wilderness saying we really need to pay attention to the fact that childhood adversity is a really important issue when it comes to how they succeed in school. I feel like I’m in a unique position to be able to bridge that because I know schools very well, I’ve worked with teachers a lot, I understand where they’re coming from, and I really thought this would be important information for them to have.

Why do you think people in education are not more aware of the importance of the
relationship between violence and children’s cognitive development and its effect on learning?

It’s because teachers haven’t been invited to the table. I go to a lot of research conferences on childhood trauma and the people that are there tend to be either researchers, or sometimes mental health experts and psychologists. Even when I raise questions about why teachers aren’t invited, it’s like they fall back on me with “Well, teachers teach, they don’t deal with mental health.” My argument is that yes, teachers do teach, and one of the ways out of the effects of trauma is to help them teach in a manner that works for the brain to overcome trauma.

The effect of having all of the research on trauma be in the hands of physicians and mental health people, to the exclusion of it being transferred into the work with some of the teachers, is why there’s not a greater awareness. There’s no requirement in teacher-formation programs to take courses on trauma and the effects on children’s development. The primary issue for policymakers is to make sure we’re giving teachers the information they need on that topic before we send them into classroom placements.

What do educators need to understand about the relationship between violence and children’s cognitive development?

Children exposed to violence and other types of trauma often present with behaviors that in traditional paradigms of behavioral management and discipline are explained in terms of defiance or noncompliance. The interventions that teachers have been taught to make tend to be very behaviorist, and there’s a lot of use of contingency reinforcement [i.e., consequences based on behavior] in school. Teachers need to understand that that’s not really what’s happening when children are behaving out of a trauma experience. What’s happening is that in the school environment something is triggering a reenactment of the original trauma that children may not even be aware they went through—but are implicitly accounting for in their behavior. Usually children who are acting out in school don’t feel safe in some way. They may not be able to tell you that, but that’s what their behavior is telling you. “There’s something in this environment that is threatening me and I’m either going to fight you or I’m going to withdraw or I’m just going to freeze in place.” That’s where I think teachers need more help and understanding. Contingency reinforcement does not work to help regulate a child who has suffered traumatic early experiences.

Besides contingency reinforcement, what do you think is the most common mistake that administrators and teachers make in trying to address student’s behavioral problems?

Sometimes teachers wind up getting caught in what in trauma literature is referred to the “reenactment triangle,” where the kid pulls them into a reenactment of the early trauma. If teachers aren’t trained to anticipate what the triggers might be and work around them, they might find themselves inadvertently getting caught up in a struggle with the kids—and they can get to a point when they can’t control the situation and they can become very frustrated.

A lot of the traditional things we do in school, like threatening kids with things like timeouts, and a lot of exclusionary practices to get them back on track, just reinforces the image of themselves as bad. So they withdraw and it’s really hard getting them back.

School systems have suffered terribly from the zero-tolerance policies that were put into place after Columbine. It’s just not constructive to take legitimate authority away from school administrators by criminalizing behavior that, when I went to school, people at school dealt with. That authority in
many places has been taken over by representatives of the criminal justice system which is a much more criminative response. So what schools don’t do well at this point is partly because of policies that were passed.

I worked with one principal for about 20 years and he spent most of his day every day calling aside kids that were kind of out of sorts and working with them to create a plan to do better. That’s what adults do with children. They observe behaviors that are not beneficial to the child and they work with them to find a way to do it better or differently so that the outcome is better for the child. I don’t think people set out to make an environment unsafe for children, I think that they’re often times misdirected and the zero tolerance stuff really was the bad turn that we’ve now made a lot of efforts to correct.

So say teachers were trained on what to do, they’ve created this safe environment, there’s no zero-tolerance policy, etc. What can teachers and administrators do if the techniques and approaches you recommend aren’t enough?

That’s where the need for a team and collaboration with community resources really comes in. There will be some children who at least for short periods of time require more intense intervention than a class and teacher is capable of giving. But the role of the teacher at that place is to continue to be the ongoing support of the child in the classroom working with the mental health person to extend intervention back into the classroom. Most of the time most kids can be managed well, but when there are flare-ups—there will be flare-ups—you need a team you can fall back on. It’s a rare event, but I’ve certainly been in situations where children have had to go to the hospital to be evaluated for mental health. It then becomes the school’s role to be the welcoming back place for the child. The role of the teacher and administrator at that point becomes facilitating the reintegration of the child back into the school community as a respected member. In the rare situations when things do fall apart, you need help and you need the established collaboration between other helpers and the school to make that work.

On this path toward a school-improvement reform through a trauma-sensitive lens, what is the most effective way to begin?

I think the most effective way to begin is to really work at the district level first and then eventually at the school level to create and sustain a real vision of what we’re talking about. You can’t just sit down and say “OK, next week we’re going to be a trauma-sensitive school.” There has to be a lot of professional development, and helping people understand the neurobiology of trauma. From there you begin to slowly tilt instruction toward trauma sensitive interventions using what they already do.

People need ongoing professional development, an inclusive leadership style that makes them feel like they’re working with the principal to facilitate the change, and probably a lot of conversation. This needs to be seen as something that integrated into other best practices rather than an add-on.

What are the most significant challenges and how can educators succeed in overcoming them in a transition to a trauma-sensitive school?

People don’t really want to know how bad children’s lives are—and so those of us who work with children all the time tend to create “buffers.” Overcoming people’s denial about the role trauma plays in children’s lives is hard. It’s made even more difficult by the fact that it’s a very big pill to swallow to think that the problem that children are having may have been caused by their caregiver’s behavior toward them. That’s really hard for people who love kids to accept. There’s a
challenge there to give people a framework to absorb that and then know what to do.

The second thing is getting people to change their minds about the best ways to practice classroom management and discipline. We’re very ingrained in a behaviorist orientation which holds that children will work for rewards or they’ll work to avoid punishments. That all assumes that there’s a level of motivation that’s very conscious in children, but for kids that have been traumatized, most of their problems are stemming from a part of their brain that was developed before they could talk.

Another challenge is giving teachers enough information and support to avoid being traumatized themselves by their over-exposure to the trauma children. It’s a very serious mental health issue that can come up for people that work with traumatized populations. I don’t think we do enough to help teachers recognize that and get the support they need to avoid having their own mental health compromised because of how stressed they are by the lives of the kids they’re working with.

**You emphasize that building trauma-sensitivity in schools requires a whole-school approach. Why is that? Can’t individual teachers take steps on their own?**

There are several reasons. One is policy and procedural issues. They have to be schoolwide. You can’t have one person at the end of the hall telling a child one thing and then have a different set of expectations on the other end, because it creates a lot of confusion and it underscores the predictably and the consistency kids with early trauma really need. Unless it’s a school wide program, and has a lot of leadership from the administrator, it’s going to fragment over time. It might work initially but you want to be able to sustain the changes you’re making and that requires collaboration across different teachers and with the administration.

**You’ve touched on what policymakers can do earlier, and in the book you explain a lot of what teachers and school administrators can do to better address effects of trauma on students. What can the greater community, the average citizen do?**

We really need to raise a consciousness in people about how serious the issues are for children. Building awareness is a really important thing that people in the community can do and integrating some support to families—however that can happen, either through child care or through outreach to families and disseminating information about the neurology of the brain. We need to talk it up.