

“They Didn’t Ask Us!” School Counselor Perception of Involvement in Superintendent Decision-Making During Crisis Schooling

Maria Frankland, *University of Maine*
Catharine Biddle, *University of Maine*

Mental health and social-emotional development are fundamental to positive developmental outcomes. Students faced with the collective trauma of the COVID-19 pandemic and the resulting rapid closure of school buildings in the spring of 2020 encountered unprecedented challenges to their physical and mental health. Structural barriers, coupled with a disproportionate shortfall of mental health professionals in rural settings, meant that rural students were at heightened risk of suffering negative psychological consequences. School districts emerged as a high-leverage source of institutional support, providing a variety of services to sustain the well-being of students and families. Superintendents were charged with reimagining the role of their schools in providing for these needs. This study used crisis decision theory as a framework to understand superintendent decision-making around mental health and social-emotional learning (SEL). Given their high degree of expertise around students’ mental health and social-emotional needs, school counselors might have been expected to serve as expert resources for superintendents during crisis decision-making around psychological needs. This statewide quantitative study sought to understand the role Maine school counselors played in the district-level response to crisis schooling as it pertained to students’ mental health and social-emotional development across geospatial contexts. Our data shows that school counselors’ perception of their involvement in superintendent decision-making was lowest where it was needed most: in rural school districts. This points toward inequitable opportunities for rural students to obtain the mental health and SEL support they needed during crisis schooling, threatening their future well-being and positive psychological development.

Keywords: rural, student mental health, school counselor, crisis decision theory

Support for student mental health and social-emotional development, while always essential for school success and positive developmental outcomes (Handley et al., 2015; Osher et al., 2018; Porche et al., 2016; U.S. Department of Education, 2021), took on renewed urgency at the onset of the COVID-19 pandemic (Calderon, 2020; Diliberti &

Schwartz, 2022; Ellis, 2020; Lee, 2020; Mueller et al., 2021; O'Malley et al., 2018). As an unexpected event that created instability and uncertainty while interrupting the normal functioning of schools, the abrupt closing of school buildings in March 2020 (Education Week, 2020, 2021), precipitated a crisis situation that potentially induced long-term negative consequences to physical and mental health (American Psychological Association, 2022; Taylor, 2020).

During the crisis schooling period while school buildings were closed in March–June 2020 (Valentine, 2020), students experienced abrupt changes to daily routines, heightened fear and anxiety due to uncertain epidemiological and family economic risk factors, and isolation from support systems. Students were vulnerable to suicidal ideation, self-injury, domestic violence, child abuse, and substance abuse (Calderon, 2020; Ellis, 2020; Lee, 2020; NAMI California, 2020). Although the experience of these psychological risk factors associated with crisis schooling was similar across geospatial contexts (de Voursney et al., 2021), the availability of resources to help students and families cope with them was not. A disproportionate shortfall of mental health professionals and structural barriers to access in rural settings (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022) meant that rural students (National Center for Education Statistics, 2022) were at greater risk of suffering negative psychological health consequences due to the COVID-19 pandemic. Indeed, the rates of domestic violence, opioid overdose, and suicide increased more in rural settings than in nonrural settings (de Voursney et al., 2021; Moffitt et al., 2022; Mueller et al., 2021; Spencer et al., 2022; Substance Abuse and Mental Health Services Administration, 2021).

Rural schools serve as the center of their communities and may serve as a trusted information hub during times of crisis (Biddle & Azano, 2016; Biddle & Frankland, 2020; Hartman et al., 2017; Schafft, 2016). School-based responses to the COVID-19 pandemic were coordinated by district superintendents who are charged with overseeing the operations of their schools (“Maine Legislature,” 2021) and stand prepared to respond to unanticipated events that may impact their students, faculty, and communities (Virigiglio, 2021). As the leaders of their organizations, superintendents are critical decision-makers during a crisis response.

Prior research on superintendent leadership during a crisis focuses primarily on a singular disruptive event with a short duration and focused sphere of impact, such as a natural disaster (Hemmer & Elliff, 2020; Virigiglio, 2021). By way of contrast, the COVID-19 pandemic interrupted the education of students throughout the United States and around the world for a sustained period (Education Week, 2020, 2021; Harris et al., 2020; Longhurst & Thier, 2021; Mueller et al., 2021; Schechter et al., 2022). While school buildings were closed in spring of 2020 with an uncertain timeline for reopening (Education Week, 2020, 2021), superintendents were making decisions in the context of

fluctuating guidance from state and federal agencies, unstable political landscapes, and a high degree of public scrutiny (Hill & Jochim, 2021; Lochmiller, 2021).

While most superintendents quickly mobilized district resources to support students’ physical well-being, attempts to meet the psychological needs of students were neither as swift nor as comprehensive despite such resources being widely recognized as essential supports for student well-being during this time (Biddle & Frankland, 2020; Leeb et al., 2020; NAMI California, 2020; National Alliance on Mental Illness, 2020; Walker, 2020). Alarming, the psychological needs of rural students were least likely to be addressed. In a census of district-level communication in Maine between March–June 2020, increasing rurality predicted a diminished probability of mental health and social-emotional supports being provided to students and families (Biddle & Frankland, 2020) in settings where the strong connection between school and community may have helped to overcome the ongoing stigma around mental health care (Rural Health Information Hub, 2022).

Superintendents may not have been well-positioned to fully understand the mental health and social-emotional challenges associated with the pandemic and the crisis of schooling. Mental health and social-emotional development are not typically focal points of their education and training (National Policy Board for Educational Administration, 2015; O'Malley et al., 2018), nor are these areas of competency required for certification by state departments of education (Maine Department of Education, 2023). Given the insufficient response to the needs of students and families in this critical domain (Biddle & Frankland, 2020), it is essential to understand how superintendents made decisions as they led their districts through the COVID-19 crisis.

Scholarship around crisis management and crisis leadership is plentiful (see Grissom & Condon, 2021; Hill & Jochim, 2021; Lochmiller, 2021; Mazurkiewicz, 2021; Schechter et al., 2022; Steimle, 2022). Our interest, however, was not in the operationalization of management and leadership but rather in how and in what ways superintendents mobilized and capitalized on available resources in the process of decision-making. Crisis decision theory (CDT) posits that when faced with decisions around unfamiliar topics, leaders may seek input from more highly qualified professionals (Porter, 2011). This process may include capitalizing on existing networks and trusted teams (Cooper, 2022; Goswick et al., 2018) as well as consulting with experts during the decision-making process (Schechter et al., 2022). Superintendents seeking to better respond to mental health and social-emotional concerns during crisis schooling may have capitalized on preexisting relationships with mental health experts to support their decision-making during this period (Hill & Jochim, 2021). In rural districts, where outside resources may be more limited (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022), school counselors may have been the only readily available source of mental health expertise (Marsh & Mathur, 2020).

School counselors represent an easily accessible resource to support superintendent decision-making around student psychological needs. School counselors are mental health professionals who are uniquely qualified to support mental health and development for all students (American School Counselor Association, 2019, 2020a, 2020b, 2021). Because of their relative availability to both superintendents and families, school counselors had the potential to be a critical asset for superintendents navigating crisis schooling as they sought to assess the adequacy of mental health and social-emotional supports available, especially in rural school districts. Our conceptual framework for this study positions school counselors as a valuable but perhaps underutilized resource for superintendents faced with critical decision-making tasks around mental health during crisis schooling.

The purpose of this study was to understand school counselor involvement in superintendent crisis decision-making around mental health and social-emotional development across geospatial contexts in Maine, a state in the northeastern United States where 76% of school districts are classified as rural (National Center for Education Statistics, 2022). Our research questions asked whether superintendents accessed school counselor expertise as they made decisions around mental health and SEL during the period of crisis schooling and whether the involvement of school counselors varied across geospatial contexts. In this paper, we present quantitative data on school counselors’ perceptions of their involvement. Reports from the qualitative phase of this study, as well as a companion study of superintendents, are forthcoming.

We begin this paper by summarizing the literature on crisis schooling and its impact on the mental health and social-emotional development of students. We then introduce crisis leadership and CDT and review the qualifications that situate school counselors as expert resources for superintendent decision-making during a crisis. After describing the methods of our quantitative study, we present our findings and discuss their implications for rural students.

Review of the Literature

Mental Health During Crisis Schooling

In mid-March 2020, in response to uncertainties around epidemiological risk factors related to the COVID-19 pandemic, schools abruptly changed from in-person to fully remote teaching and learning modalities (Collaborative for Academic, 2020; Lee, 2020; Valentine, 2020). Although this shift preserved some degree of academic instruction, it also severed the social learning and connection to support systems that occur when students share physical space with peers and adults (Calderon, 2020; Ellis, 2020; Lee, 2020). It soon became apparent that the mental health and social-emotional needs of students were severely impacted by the pandemic (Center for Disease Control and Prevention, 2021; NAMI California, 2020; National Alliance on Mental Illness, 2020). Negative mental health experiences of high school students during crisis schooling

included persistent feelings of sadness or hopelessness, suicidal ideation, physical abuse by a parent or other adult in the home, and emotional abuse by a parent or other adult in the home (Centers for Disease Control and Prevention, 2022).

Although rural residents experienced mental health challenges at similar rates as nonrural residents during the pandemic (de Voursney et al., 2021), the consequences were more severe. Incidents of domestic violence, opioid overdose, and suicide increased to a greater extent in rural settings (de Voursney et al., 2021; Moffitt et al., 2022; Mueller et al., 2021; Spencer et al., 2022; Substance Abuse and Mental Health Services Administration, 2021). Rural residents were disproportionately hindered from accessing needed mental health services in their communities, compounding the risk of negative outcomes for rural students. Preexisting barriers to access in rural settings, such as shortages of mental health professionals, scarcity of public transportation options, and insufficient infrastructure to support telehealth services, were exacerbated during the pandemic (Mueller et al., 2021). The closure of school buildings created an additional barrier for schoolchildren, many of whom previously engaged with mental health service providers during the school day (de Voursney et al., 2021).

Schools play an essential role in supporting the mental health and social-emotional development of students (Mueller et al., 2021). The CDC (2020) suggests two essential school-based prerequisites for the support of student mental health: programs that support social-emotional learning (SEL) and access to trained mental health practitioners. During crisis schooling, urgent questions were raised about how school districts could initiate or continue these supports for students in a context of social distancing, shuttered school buildings, fiscal uncertainty, and an evolving understanding of the epidemiological risks associated with the virus (Gill & Saavedra, 2022; Green & Fardulu, 2020).

Crisis Leadership

Superintendents were thrust into crisis leadership, which demands that leaders mobilize a complex set of competencies that lead to the determination of an appropriate course of action (Cooper, 2022; Goswick et al., 2018; Lochmiller, 2021; Schechter et al., 2022; Steimle, 2022; Sutherland, 2017). Johnson (2017) defined crisis leadership as “the ability of leaders not to show different leadership competencies but rather to display the same competencies under the extreme pressures that characterize a crisis – namely uncertainty, high levels of emotion, the need for swift decision-making and, at times, intolerable external scrutiny” (p. 15). Under unprecedented pressure from tremendous forces threatening the legitimacy of their organizations (Fidan & Balci, 2018) during crisis schooling, superintendents made myriad decisions around integrated student supports designed to meet students’ basic needs (Biddle & Frankland, 2020). The process in which a leader typically engages when making decisions in the context of a crisis is outlined by CDT.

Crisis Decision Theory

CDT describes the response to negative events via three stages that may be engaged either sequentially or recursively (Sweeny, 2008). The cycle begins with an appraisal of event severity, influenced in large part by the leader’s degree of experience with similar situations. According to Sweeny (2008), “the event will seem more severe to the extent that . . . people do not have prior experience with the negative event” (p. 64). Other mediating factors include the number of people affected and the potential for the event to result in relatively serious consequences (Sweeny, 2008). By all measures, the COVID-19 pandemic was situated at the most impactful terminus of the event severity continuum (Gostin, 2020; World Health Organization, 2020).

Once the degree of severity is established, resources and response options are determined based on the perceived potential for control over the outcomes and the feasibility of the options under consideration. Finally, as the prospective response options are identified, they are evaluated based on the availability of required resources and potential consequences (Sweeny, 2008); options that are theoretically possible but not practically feasible are eliminated (Aspinwall & Taylor, 1997). While identifying and evaluating potential response options, leaders may choose to either consolidate decision-making authority or incorporate the input of outside parties (Milburn et al., 1983).

The input of an outside party may be most impactful when a decision-maker does not have sufficient knowledge or experience to fully engage in the evaluation process. Outside parties may provide (a) information that supports the assessment of the severity of the event, (b) skills that support the feasibility of a response, and/or (c) experience that informs the evaluation of options (Sweeny, 2008). Because superintendents typically have little background in mental health and social-emotional development (National Policy Board for Educational Administration, 2015; O’Malley et al., 2018; Porter, 2011), their decision-making around these issues may have benefited from the input of mental health professionals. Despite the shortage of outside mental health practitioners during crisis schooling, especially in rural settings (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022), one group of mental health professionals was readily available to all superintendents: district-employed certified school counselors (Marsh & Mathur, 2020).

School Counselor Expertise

School counselors are uniquely qualified to address mental health concerns and social-emotional development in schools, especially during a schoolwide crisis such as the COVID-19 pandemic (American School Counselor Association, 2019, 2020a, 2020b; Heled & Davidovitch, 2020). Unlike school social workers and other mental health professionals who work with subsets of students, school counselors are trained to support *all* students, serving as a “first line of defense in identifying and addressing student social/emotional needs within the school setting” (American School Counselor Association, 2020a, Rationale para. 1). School counselors recognize mental health

warning signs in students, provide short term counseling and crisis intervention services, screen for depression, coordinate and deliver suicide awareness programs (American School Counselor Association, 2019, 2021; Marsh & Mathur, 2020) and “educate teachers, administrators, families and community stakeholders about the mental health concerns of students” (American School Counselor Association, 2020b, The School Counselor's Role). School counselors also develop and deliver comprehensive programs that support social-emotional development (American School Counselor Association, 2017; Marsh & Mathur, 2020). All of these areas of school counselor expertise directly align with the psychological safety concerns that existed during crisis schooling (Calderon, 2020; Ellis, 2020; Lee, 2020; NAMI California, 2020) and situate school counselors as highly qualified experts available to superintendents to support their decision making during crisis schooling.

Rationale and Purpose of the Study

The abrupt closure of schools nationwide in March 2020 ushered in a period of crisis schooling during which superintendents made rapid, iterative decisions to provide support for students in three non-academic domains. *Physical* support included physical health and nutrition resources along with other assistance related to the physical body (Chiappero-Martinetti, 2014). *Environmental* support included housing assistance, childcare, transportation, and technology needs (Oakes et al., 2017). *Emotional* supports included social-emotional education resources, information about emergency services and crisis hotlines, access to counseling services, and other programs that support emotional well-being for students and families (National Association of School Psychologists, 2016). Superintendent decisions around resource provision in the emotional domain may have been most impactful in rural settings, where structural barriers to access coupled with an insufficient supply of providers create a spatial mismatch between availability and need for mental health supports (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022).

In a previous study, we conducted a statewide census of publicly available communications and resources published by public school districts during the crisis schooling period between March–June 2020. Typical artifacts included dated letters from superintendents to families, remote learning handbooks, district blogs, website pages, and/or social media posts. In total, we collected 1,988 documents from public school districts in the state of Maine ($N = 203$), each ranging from one to over 80 pages. We reviewed and cataloged resources embedded within these documents using parent codes that aligned with the three areas of basic needs included in our conceptual framework: physical, environmental, and emotional. We found that although ample resources were provided in the physical and environmental domains, very few resources were provided in the emotional domain. Indeed, 48% of school districts did not provide any communication in the area of emotional needs (Biddle & Frankland, 2020).

To better understand these findings, we added nine descriptive codes to identify specific types of emotional support resources provided: (a) parent anxiety, (b) student anxiety, (c) suicide prevention, (d) domestic violence, (e) child abuse, (f) substance abuse, (g) parenting strategies, (i) tele-mental health services, and (j) social-emotional development. We found that 60% of school districts studied offered information in no more than two of the nine categories we examined. We then used binary logistic regression to explore the geospatial context of these findings. In all comparisons in which a significant difference was found, increasing rurality was associated with decreasing odds of school districts providing resources to meet the emotional needs of students and families (Biddle & Frankland, 2020). Given the well-publicized concerns around mental health and social-emotional issues during crisis schooling, we decided to return to the CDT framework and probe these findings more deeply.

Decision-making during the response phase of a crisis may be impacted by elevated stress levels that accompany a high degree of public scrutiny and a low tolerance for ambiguity. CDT suggests that incorporating the input of outside parties, who may use their expertise to frame potential responses to negative events, may lighten the cognitive load of the decision-maker (Sweeny, 2008). Given their lack of proficiency in the areas of mental health and social-emotional development, superintendent decision-making around students’ psychological needs may have benefited from the input of outside parties with expertise in these areas.

School counselors are members of the educational leadership team who are uniquely trained not only to support the mental health and social-emotional development of all students but also to educate teachers, administrators, and families about these issues (Maine Department of Education, 2020). District-employed school counselors were positioned as highly qualified, readily available supports for superintendent decision-making around psychological needs during crisis schooling (American School Counselor Association, 2020a, 2020b; Brown et al., 2019; King-White, 2019). Our conceptual framework suggests that insufficiencies in the superintendent’s understanding of issues related to mental health and social-emotional development may have been improved by consultation with school counselors during crisis schooling. This input of expertise may have supported the provision of critical resources from school districts to students and families during crisis schooling. Our hypothesis, grounded in CDT, was that school counselor involvement in superintendent decision-making would increase during crisis schooling. We also hypothesized that this increase would be more pronounced in rural contexts, where outside mental health resources are more scarce (de Voursney et al., 2021; USAFacts, 2022) and reliance on schools for mental health services is greater (de Voursney et al., 2021; Mueller et al., 2021).

In this quantitative study, we sought to understand school counselors’ perceptions of their degree of involvement in the district-level response to the mental health and

social-emotional needs of students and families during crisis schooling. Our guiding questions were

1. How, if at all, did school counselors’ perceptions of their degree of involvement in superintendent decision-making around students’ psychological needs change during crisis schooling in Spring 2020?
2. How, if at all, did school counselors’ perceptions of their degree of involvement in superintendent decision-making around students’ psychological needs vary across geospatial contexts during crisis schooling in Spring 2020?

Methods

In this study, we sought to obtain insight into school counselors’ perceptions of their degree of involvement in superintendent decision-making around students’ psychological needs during crisis schooling. We began with a quantitative survey and then conducted qualitative interviews with a representative sample of survey respondents. In this paper, we report findings from the quantitative component of our study.

We conducted a census of all certified school counselors employed by public school districts in the state of Maine ($N = 531$; $n = 175$; response rate = 33%). School counselor contact information was obtained from the State Department of Education website. The survey was distributed via email in November 2020; responses were collected using Qualtrics XM software (<https://www.qualtrics.com/>) and analyzed using IBM SPSS Statistics Version 27 (<https://www.ibm.com/>). Because this study focused on the crisis schooling period between March–June 2020, any survey responses submitted by school counselors who were not employed in a public school district during this time were eliminated before data analysis.

The survey instrument was developed following a review of school counselor competencies around mental health and social-emotional well-being identified by the American School Counselor Association (2019). Because of their alignment with the data collected from our parent study, we chose to include four of these school counselor competencies in the survey: (a) social-emotional development, (b) mental health, (c) connecting students and families with community and mental health resources, and (d) communicating with students and families regarding social-emotional development and mental health concerns. The eight-question survey asked respondents to rate their degree of involvement in district-level decision-making in each of these areas before and during crisis schooling using a five-point Likert scale ranging from uninvolved (1) to extremely involved (5)

We dichotomized survey responses to *low* involvement (Likert responses 1, 2, and 3) and *high* involvement (Likert responses 4 and 5) before data analysis, then used descriptive statistics to understand school counselors’ perceptions of their involvement at

each time point. This allowed us to describe the mean percentage of respondents in the low and high involvement categories both before and during crisis schooling as well as any changes in perceived involvement over time. We completed this descriptive analysis in the aggregate and then disaggregated by NCES locale codes (National Center for Education Statistics, 2022) to explore potential associations with geospatial context.

We conducted binary logistic regression analyses to predict school counselors’ perception of their involvement at each time point based on urbanicity. Binary logistic regression is a statistical technique that is appropriate when the dependent variable is dichotomous and categorical (Harris, 2021; Laerd Statistics, 2018a). In this study, the dependent variable was a degree of involvement (*low* or *high*), and the independent variable was district location (National Center for Education Statistics, 2022) dichotomized as either nonrural (codes 11, 12, 13, 21, 22, 23, 31, 32, and 33) or rural (codes 41, 42, and 43). We then used McNemar’s test, a nonparametric test used to compare paired categorical data (Laerd Statistics, 2018b; Leon, 1998) to evaluate changes in school counselor involvement between the time points.

Results

Research Question #1

Our first research question asked how, if at all, the school counselor's role in superintendent decision-making around students’ psychological needs changed during crisis schooling in Spring 2020. In the aggregate, high-level involvement in all areas declined during crisis schooling (Figure 1); high-level involvement in *communicating with students and families regarding social-emotional development and mental health concerns* declined significantly ($p = .043$). Approximately 20% of school counselors reported increased involvement (change from low to high) in district-level decision-making during the crisis schooling period in most areas, however only 10% reported increased involvement in the area of mental health. In contrast, approximately 33% of school counselors reported decreased involvement (change from high to low) in all areas during the crisis schooling period (Table 1). Overall, school counselor involvement in superintendent decision-making declined during crisis schooling.

Figure 1

High-level school counselor involvement in superintendent decision-making before and during crisis schooling.

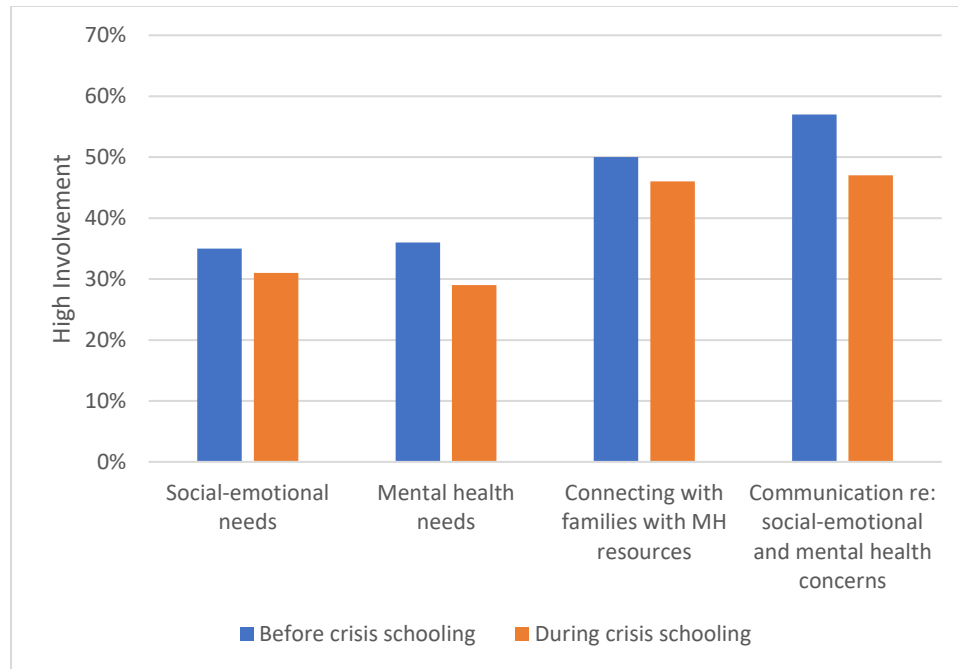


Table 1

*Percent of school counselors whose involvement in superintendent decision-making changed during crisis schooling. *p < .05*

Change in involvement during crisis schooling	Area of School Counselor Expertise			
	Social-emotional development	Mental health needs	Connecting students and families with community and mental health resources	Communicating with students and families regarding social-emotional development and mental health concerns
Increase (Low to High)	19%	10%	21%	21%
Decrease (High to Low)	37%	36%	31%	34%*

Research Question #2

Our second research question asked how, if at all, the school counselor's role in superintendent decision-making around students' psychological needs differed across geospatial contexts during crisis schooling in Spring 2020. Using the National Center for Education Statistics criteria for locale codes (National Center for Education Statistics, 2022), districts were categorized as either nonrural (codes 11, 12, 13, 21, 22, 23, 31, 32, and 33) or rural (codes 41, 42, and 43). For both nonrural (Figure 2) and rural (Figure 3) school counselors, high-level involvement in all areas declined during crisis schooling. Both before and during crisis schooling, the percentage of rural school counselors reporting high-level involvement in superintendent decision-making was less than that of nonrural school counselors in all areas except *communicating with students and families regarding social-emotional development and mental health concerns*. High-level involvement in all areas declined for both rural and nonrural school counselors during crisis schooling but the decline in school counselor involvement was steeper in rural districts than in nonrural districts.

Figure 2

High-level nonrural school counselor involvement in superintendent decision-making before and during crisis schooling.

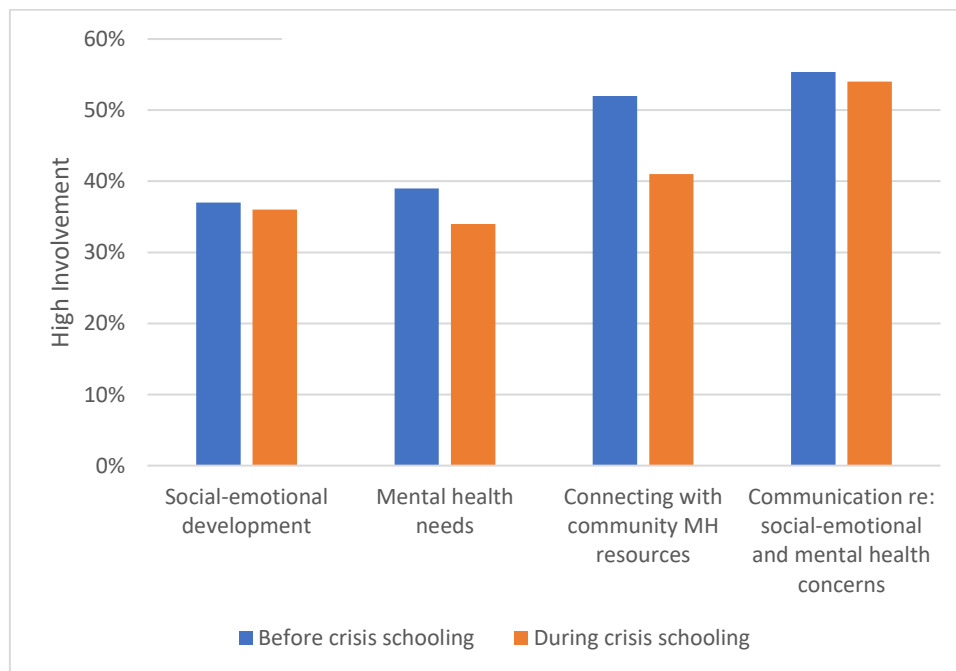
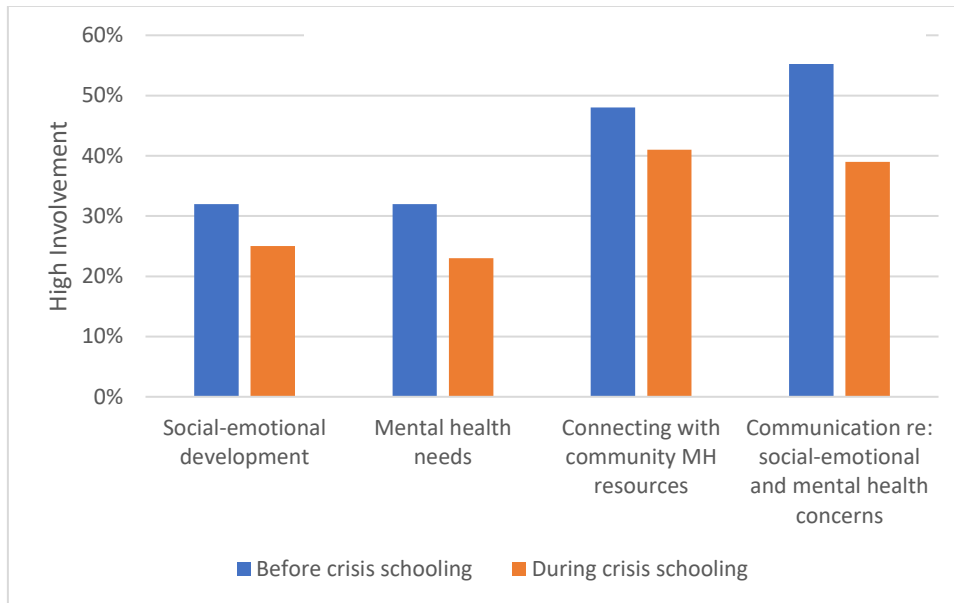


Figure 3

High-level rural school counselor involvement in superintendent decision-making before and during crisis schooling.



We used binary logistic regression to predict school counselor involvement in district-level decision-making based on urbanicity. Before crisis schooling, increasing rurality predicted lower odds of high level school counselor involvement in all competency areas except *communicating with students and families regarding social-emotional development and mental health concerns*. During crisis schooling, increasing rurality predicted lower odds of high-level school counselor involvement in all areas. The greatest change was predicted in the area of *communicating with students and families regarding social-emotional development and mental health concerns*, in which the odds of rural school counselor involvement versus their nonrural counterparts decreased from 13% more likely before crisis schooling to 44% less likely during crisis schooling (Table 2).

Table 2

Binary logistic regression output comparing the odds of nonrural versus rural school counselor involvement in district-level decision-making before and during crisis schooling.

Area of School Counselor Expertise	B	S.E.	Wald	df	Sig.	(Exp)B
Social-emotional development						
Before crisis schooling	-.205	.381	.289	1	.591	.815
During crisis schooling	-.515	.400	1.659	1	.198	.597
Mental health						
Before crisis schooling	-.292	.380	.588	1	.443	.747
During crisis schooling	-.548	.408	1.802	1	.179	.578
Connecting with resources						
Before crisis schooling	-.130	.361	.130	1	.718	.878
During crisis schooling	-.331	.365	.822	1	.365	.718
Communicating with families						
Before crisis schooling	.125	.365	.116	1	.773	1.133
During crisis schooling	-.585	.367	2.536	1	.111	.557

We used McNemar's test to evaluate changes in individual school counselor involvement between the time points. Approximately 24% of nonrural school counselors reported increased involvement (change from low to high) in superintendent decision-making during the crisis schooling period across the four areas. Only 11% of rural school counselors saw their involvement increase across the four areas (Table 3).

Table 3

*Percent of school counselors whose involvement in district-level decision-making increased from low before crisis schooling to high during crisis schooling. * $p < .05$*

Increase in involvement during crisis schooling	Area of School Counselor Expertise			
	Social-emotional development	Mental health needs	Connecting students and families with community and mental health resources	Communicating with students and families regarding social-emotional development and mental health concerns
Nonrural	21%	15%	28%	31%
Rural	16%	5%	14%	9%

Approximately 33% of nonrural school counselors reported decreased involvement (change from high to low) in superintendent decision-making during the crisis schooling period across the four areas (Table 4). Approximately 41% of rural school counselors reported decreased involvement across the four areas, including 56% who reported decreased involvement in decision-making around social-emotional development. High-level involvement in *communicating with students and families regarding social-emotional development and mental health concerns* declined significantly ($p = .007$) for rural school counselors. Overall, school counselor involvement in superintendent decision-making was lower—and declined more steeply—in rural settings.

Table 4

*Percent of school counselors whose involvement in district-level decision-making decreased from high before crisis schooling to low during crisis schooling. *p < .05*

Decrease in involvement during crisis schooling	Area of School Counselor Expertise			
	Social-emotional development	Mental health needs	Connecting students and families with community and mental health resources	Communicating with students and families regarding social-emotional development and mental health concerns
Nonrural	40%	35%	31%	29%
Rural	56%	39%	30%	39%*

Discussion

During the crisis schooling period while school buildings were closed in March–June 2020 (Valentine, 2020), students experienced heightened threats to their psychological well-being, leaving them vulnerable to suicidal ideation, self-injury, domestic violence, child abuse, and substance abuse (Calderon, 2020; Ellis, 2020; Lee, 2020; NAMI California, 2020). Structural barriers to access, combined with a disproportionate shortfall of mental health professionals in rural settings (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022), meant that rural students were at heightened risk of suffering negative psychological health consequences due to COVID-19.

School districts were a high-leverage source of institutional support (Cowan & Rossen, 2013; Plumb et al., 2016; Watson et al., 2022) during crisis schooling, providing a variety of services to sustain the physical well-being of students and families (Biddle & Frankland, 2020). However, similar support was not provided for students’ psychological well-being. Almost half (48%) of districts did not provide students and families with any resources to help meet their psychological needs during this perilous time (Biddle & Frankland, 2020). This surprising lack of resources, despite widely publicized concern around elevated risk to students’ mental health and psychological well-being (Biddle & Frankland, 2020; Leeb et al., 2020; NAMI California, 2020), compounded the already elevated risks to the psychological safety of rural students.

School-based responses to the COVID-19 pandemic were coordinated by district superintendents, who typically have little formal education or training in mental health and

social-emotional development (O'Malley et al., 2018). Crisis decision theory suggests that when faced with decisions around unfamiliar topics, leaders may seek input from more highly qualified professionals (Porter, 2011). During crisis schooling, a readily available source of expertise around mental health and social-emotional development was district-employed school counselors (American School Counselor Association, 2019, 2020a, 2020b, 2021; Marsh & Mathur, 2020). We hypothesized that school counselor involvement in superintendent decision-making would increase during crisis schooling. Given the shortage of outside mental health professionals in rural settings (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022), we also hypothesized that rural superintendents would be more likely to involve school counselors in their decision making than would their nonrural counterparts.

Contrary to our expectations, we found that school counselors believe their involvement in superintendent decision-making around mental health and social-emotional development decreased during crisis schooling. High levels of perceived involvement declined in every area of school counselor expertise, and the percentage of school counselors who reported decreased involvement levels greatly exceeded the percentage who reported increased involvement during crisis schooling. These changes were independent of the geospatial context as similar trends were found for rural and nonrural school counselors in addition to the aggregate sample. The steepest decline in perceived high-level involvement for both rural and nonrural school counselors was in the area of *communicating with students and families regarding social-emotional development and mental health concerns*; this decline was statistically significant ($p = .007$) for rural school counselors. These findings may help explain the lack of resource distribution uncovered by our census (Biddle & Frankland, 2020).

Regression analysis of the disaggregated data showed that increasing rurality predicted lower odds of mental health and social-emotional development resources being provided by school districts (Biddle & Frankland, 2020) as well as lower odds of school counselors' perceived involvement during crisis schooling. We also found noteworthy differences between the experiences of rural and nonrural school counselors when comparing their perceived involvement before versus during crisis schooling. Less than half as many rural than nonrural school counselors reported increased involvement in superintendent decision-making during crisis schooling while approximately one-third more rural than nonrural school counselors reported a decline in involvement. Rural school counselors perceived involvement was lower overall and declined more steeply than did nonrural school counselors' perceived involvement in superintendent decision-making during crisis schooling.

District-employed mental health experts were available to assist superintendents during this time of crisis decision-making. Given their high degree of expertise around students' mental health and social-emotional needs (King-White, 2019), school

counselors might have been expected to serve as expert resources for superintendents during crisis decision-making around psychological needs. Instead, our study found that school counselors believe their involvement in superintendent decision-making diminished during the crisis schooling period. We are conducting ongoing research with both school counselors and superintendents to better understand possible explanations for these findings.

Implications for Rural Students

Our findings are especially concerning for students in rural districts, where rates of suicide (National Advisory Committee on Rural Health and Human Services, 2017), substance abuse (Substance Abuse and Mental Health Services Administration, 2021), and child abuse (Meit, 2014) are higher. Our data show that increasing levels of rurality may be associated with diminishing odds of superintendents involving school counselors in their decision-making during a time of crisis, potentially depriving rural students of access to life-saving resources. The discrepancy between need and resource availability describes a spatial mismatch around mental health supports that is often present in rural spaces (de Voursney et al., 2021; Fairman & Frankland, 2020).

All too often, rural schools are assessed through a deficit lens that foregrounds the absence of affordances and capacities in rural spaces (Azano & Biddle, 2019; Biddle et al., 2019; Frankland, 2021; Goldhaber et al., 2020; National Association of State Boards of Education, 2016; Thier et al., 2021). It would be easy to explain away the consolidation of decision-making by rural superintendents through a frame of insufficient availability of external mental health practitioners to support superintendent decision-making (de Voursney et al., 2021; Mueller et al., 2021; USAFacts, 2022). Instead, our data show that superintendents—especially in rural settings—may not have capitalized on the expertise of mental health practitioners readily available to them: school counselors, employed by these same superintendents to support the mental health and social-emotional needs of their students. The inequitable utilization of school counselor support during crisis schooling represents a threat to the future well-being and positive psychological development of rural students.

Mental health and social-emotional development are fundamental to positive developmental outcomes (Cowan & Rossen, 2013; Moore & Ramirez, 2016; Porche et al., 2016). The salience of these factors for rural student success is highlighted by the research agenda of the National Rural Education Association. The organization’s 2016–2021 *10 Research Priorities* included *access to counseling/mental health/chemical dependence services* (National Rural Education Association, 2016). The 2022–2027 research agenda broadens the context of *Health and Wellness*, including the effects of COVID-19, chemical dependence and substance use, access to specialized staff, and support for student and family mental health (Hartman et al., 2022). Their continued presence on the rural research agenda emphasizes the ongoing need to better

understand mental health and social-emotional development concerns for rural students and families. This study contributes to our understanding of health and wellness in rural spaces and supports the call for continued research on these topics.

Limitations and Suggestions for Future Investigations

The findings of this study are based on responses from school counselors who took the time to participate in our study. As with all similar inquiries, nonresponse bias may have influenced our results and findings. Our survey yielded quantitative data on school counselors’ perceptions of their involvement in superintendent decision-making around mental health and social-emotional learning. While this helped us to see *what* may have happened, it does not provide insight into *why* school counselors perceived a decline in their involvement. Qualitative data from follow-up interviews with a representative sample of school counselors is currently being analyzed and may be expected to help fill this gap. Additional studies should include superintendents as participants to determine their understanding of the role of school counselors, especially around their expertise in mental health and social-emotional development; the authors are currently engaged in this work.

This study was conducted in the state of Maine, a population of approximately 1.36 million (United States Census Bureau, 2023), where 76% of school districts are rural (National Center for Education Statistics, 2022). Because the response to COVID-19 was mediated by local and state policies under the umbrella of federal guidelines, our findings may not be generalizable to other locales. In addition, larger school systems may have district-level administrators, more proximal to the school level than the superintendent, who oversee school counselors. These administrators may have served as intermediaries between superintendents and school counselors. Their perspectives should also be sought.

This study examined the change in the perceived involvement of school counselors in crisis decision-making at the district level. It is possible that school counselors’ involvement in administrator decision-making at the school level was also impacted. Additional studies should be conducted to examine school-level responses around mental health and social-emotional development during crisis schooling, including the role of the school counselor in principal decision-making.

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Correspondence concerning this article should be addressed to Maria Frankland, College of Education and Human Development, University of Maine, 336 Merrill Hall, Orono, ME 04469-5749. Email: maria.frankland@maine.edu

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About the Authors

Maria Frankland, PhD, is a lecturer of Educational Leadership at the University of Maine. Her research interests focus on rural schools and include the impact of trauma on learning and teaching, the relationship between trauma-responsive approaches and student development, and distributed leadership models. Her work has been recognized by the National Rural Education Association. maria.frankland@maine.edu

Catharine Biddle, PhD, is an associate professor of Educational Leadership at the University of Maine. Her work focuses on how rural schools anticipate and respond to social and economic changes to community well-being. Her work has been published in the *Peabody Journal of Education*, the *American Journal of Education*, and the *Review of Research in Education* in addition to being recognized by the National Rural Education Association. catharine.biddle@maine.edu