# Trauma-Competent Approaches for Supporting Rural Students of Color in Schools

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Rurality is a context, often overlooked by research and society, where trauma exposure is a prevalent feature in many young people's lives. Rural Students of Color experience trauma at higher rates compared to rural White students. In turn, school systems must respond with trauma-competent systems of support to build protective factors for students. The purpose of this article is to discuss the history and modern trauma-informed practices and ways to begin shifting our mindset and language to better support rural Students of Color by understanding the historical and present contexts and trauma that influence their experiences. Furthermore, this article will highlight the needs of Students of Color in rural spaces as well as applications for trauma-competency within the Substance Abuse and Mental Health Services Administration (SAMHSA) model. Strategies for building connectedness and implementing anti-racist social-emotional learning will be identified. Additionally, implications for rural school leaders, school counselors, and school-based mental health professionals, and further research will be discussed.

*Keywords*: rural education, rural trauma, rural school counselors, rural school-based mental-health professionals, protective factors

Being trauma-informed is no longer sufficient in providing the necessary support and care for students experiencing trauma, primarily Students of Color in rural communities. Although we cannot completely prevent trauma exposure prevalent in the lives of many youths, we can improve our response and systems of support as educators. Students of Color experience trauma at a higher rate than White students in rural communities and are placed at higher risk of experiencing adverse effects due to trauma (Nelson, 2022). The presence of one Adverse Childhood Experience (ACE) increases the risk of experiencing serious health conditions (Centers for Disease Control and

Prevention [CDC], n.d.). This article discusses the history of modern trauma-informed practices, strategies for shifting our mindset and language, the needs of Students of Color in rural spaces, and applications for systems of support within the Substance Abuse and Mental Health Services Administration (SAMHSA) model (2014). Furthermore, increasing the cultural competence of rural educators can create safer school environments for rural Students of Color. This can be accomplished through building relationships and connectedness between students, staff, and school communities, implementing routines, and incorporating anti-racist social-emotional learning.

## Trauma Prevalence and Trauma-Informed Practice

Trauma is a widespread, harmful, and costly public health problem that occurs because of violence, abuse, neglect, loss, and other emotionally harmful experiences (SAMHSA, 2014). A single event, a series of events, or a set of circumstances, such as child neglect, that is experienced as physically or emotionally harmful to an individual can lead to lasting adverse emotional and physical effects (Kopstein et al., 2014; National Institute of Mental Health, 2020). Kopstein and his colleagues (2014) state trauma can affect people of every race, ethnicity, age, sexual orientation, and a range of other demographics, including psychosocial background. However, individual reactions, biopsychosocial factors, and cultural factors influence an individual's immediate response and long-term reactions to traumatic events. This can lead to some having temporary responses to trauma while others have prolonged reactions that can lead to other physical problems such as arthritis, chronic pain, or mental health issues such as post-traumatic stress disorder and mood disorders. Therefore, recognizing trauma is important for school personnel at all levels in order to provide early interventions to buffer the long-lasting effects of trauma.

Heart disease is still perceived as "the leading cause of death for men, women, and people of most racial and ethnic groups in the United States" (World Health Organization, 2023, para. 1). However, we must consider we may only be seeing and treating the symptoms, and not the cause. The root cause of many of the leading physical causes of death in the United States is caused by long-term effects of high Adverse Childhood Experiences (CDC, n.d.). The original Adverse Childhood Experiences study (ACEs), conducted in the 1990s by Drs. Robert Anda and Vincent Felitti surveyed health outcomes related to childhood experiences of "abuse (psychological, physical, and sexual) and household (substance abuse, mental illness, mother treated violently, and criminal behavior in the household)" (Morse et al., 2018, p. 1). This yielded results that suggested ACEs were connected to some of the biggest medical killers and were highly prevalent in our society. A dose-response correlation has been implicated, meaning participants who had even just a score of one out of ten were more likely to acquire a serious health condition (CDC, n.d.).

Since the original study, there have been over thirty replications, all yielding comparable results and expanding the original implications on social and mental health outcomes. These results lend further credibility and validity to the original study. One of the most well-known replications is the Philadelphia Urban ACEs study in which researchers expanded the original categories to include five additional domains, asking questions about foster care, witnessing violence, feeling discrimination, bullying, and adverse neighborhood experiences (Philadelphia ACE Project, 2021). Researchers were able to conclude that almost seven in ten adults had experienced one ACE and two in five had experienced four or more. Thus, the prevalence of trauma exposure calls for a change in action in schools.

Another replication conducted in 2019 and 2020 looked at both ACEs and Positive Childhood Experiences (PCEs). PCES includes mentorship, safety, and stability in relationships. This research, conducted by Dr. Elizabeth Crouch from the Rural and Minority Health Research Center, utilized a sample of publicly available data to look at rural and urban differences in ACEs across the nation. The first sample found that "rural children were more likely to experience nearly all ACEs and the most significant was economic hardships" (Nelson, 2022). The study also found that rural children were more likely to experience substance abuse, mental illness, incarceration, parental separation or divorce, and parental death. Additionally, Crouch and her team were able to conclude that rural children had a score of four or more on the ACEs questionnaire at a rate of 6.9% as compared to 3.8% of urban children. Crouch further contextualized her findings by considering demographics. The study showed that, like the Philadelphia Urban ACEs study, higher rates of each ACE were prevalent among minorities, specifically Indigenous Persons, Alaska Natives, and Asian American and Pacific Islander (AAPI) populations.

Several longitudinal research studies demonstrate the lasting effects of ACES on long-term health. Schilling and colleagues (2007) conducted a study where high school seniors from an urban, socioeconomically disadvantaged community self-reported on ACEs and outcomes including depressive symptoms, drug abuse, and antisocial behaviors and then followed up two years later. Results indicate that most of the ACEs showed a significant link to all three outcomes, including increased levels of depressive symptoms and antisocial behaviors when eight out of ten ACEs were present and increased levels of drug use when nine out of ten ACEs were present, thus leading to the conclusion that there are strong links between high rates of ACEs and the development of increased negative mental health symptomology in early adulthood. Moreover, Iob and colleagues (2022) conducted a longitudinal study in which they examined various ACEs in early-life periods and their links to inflammation and depression in young adulthood, beginning with prenatal data and through late adolescence. The research showed that ACEs experienced during early-life periods resulted in outcomes of increased levels of depressive symptoms in adulthood for participants and concluded that there was a strong correlation between ACEs and moderate to severe symptoms of depression in young

adulthood. Although Iob et al.'s study did not provide strong evidence for links between ACEs and inflammation, they did note a plausible link between inflammation and those who experienced ACEs during later childhood and adolescent years. The outcomes related to trauma exposure place importance on early interventions within schools to buffer potentially life-altering diseases.

**Shifting of Language and Mindset**

As trauma-responsive practitioners in any field, being "informed" can no longer be the goal. Informed, as defined by the Merriam-Webster Dictionary, means "having information; educated, knowledgeable" (Merriam-Webster, n.d.). Our aim should be to move beyond merely having information. As discussed in the introduction, we have known the effects of complex developmental trauma on a large scale since the original ACEs study and had discussed the implications of event-based trauma a decade earlier. An alternative to mere possession of knowledge may be the term "trauma-competent," which reflects a change in action. Competence has been defined as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (Epstein & Hundert, 2002, p. 227). Though this definition originated within the medical community, competencies have been applied in various fields and industries in the same manner. Kaslow and colleagues (2004) define competencies as elements that are "observable, measurable, containable, practical, derived by experts, and flexible" (p. 775). By being trauma-competent, individuals have both knowledge as well as the ability to generate change by putting it into "daily practice for the benefit of the individual and community being served," rather than accepting only knowledge associated with being trauma-informed (Epstein & Hundert, 2002, p. 227). This includes the knowledge necessary to create change as well as the attitudes and skills needed to work with trauma-exposed groups, disciplines, and theoretical stances.

Part of being trauma-competent practitioners is understanding the role of historical and systemic trauma that impact Students of Color as well as the actions and skills required to support Students of Color (Pemberton & Edenburn, 2021). The ACEs study generated a pyramid image (see Figure 1), used by the CDC to discuss how ACEs impact individuals. Through later replications like the Philadelphia Urban ACEs study, researchers were able to more directly tie experiences of racism and discrimination to physical and mental health outcomes as adults, specifically early death (CDC, n.d.). It illustrates that while Adverse Childhood Experiences are impactful, historical trauma and local context have even more bearing on long-term outcomes for People of Color.

**Figure 1.**

*The ACEs Pyramid* by Kaiser Permanente, California, USA.



Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan
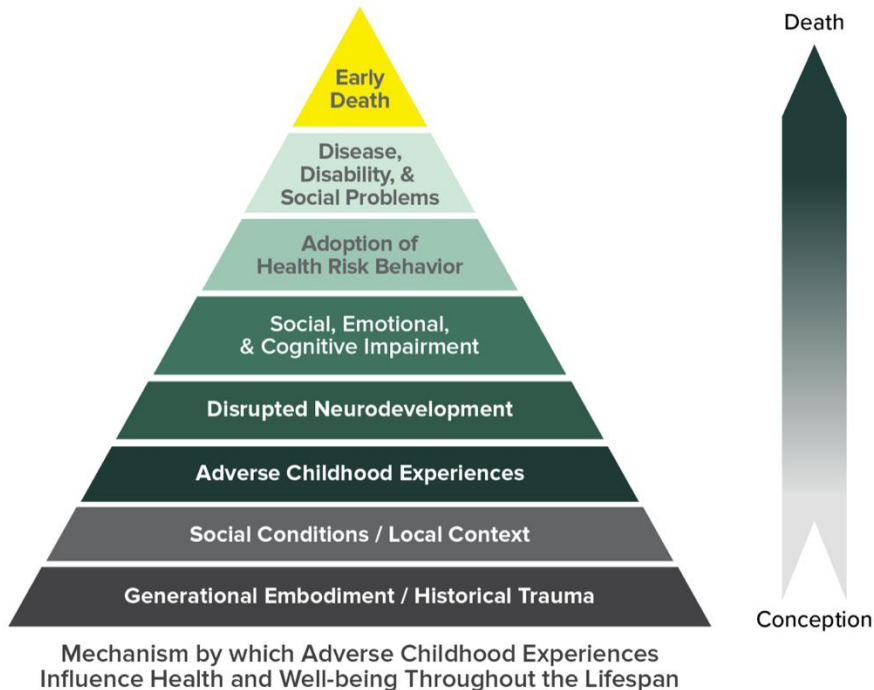
*Note.* From "ACEs Prevention" developed by the CDC, 2021. https://www.cdc.gov/violenceprevention/aces/about.html. The author's use of CDC's image does not imply endorsement of the authors, the organization, journal, service, or enterprise by CDC, ATSDR, HHS, or the United States Government. The ACEs pyramid and other images and materials regarding the ACEs questionnaire are available on the agency website for no charge.

This is a call for not only a better understanding of the experiences and impacts of historical trauma and local context but also the ways we act as educators. As we increase our understanding of these experiences, educators and individuals working within rural areas can become advocates and allies for Students of Color within such communities, thus, aiding in interrupting rather than perpetuating the traumas they experience. Furthermore, as perpetuations of trauma are interrupted by trauma-competent practitioners, our mindsets can shift away from using stereotypes as a lens through which we see and interact with Students of Color in rural communities.

**Students of Color in Rural Spaces**

Despite the stereotypes of predominately White rural populations, rural Students of Color exist (Nganga et al., 2021; Ratledge, 2020). According to the United States Department of Agriculture ([USDA], 2018), racial and ethnic minorities make up around 22% of the rural population, compared to 43% of urban populations. Although rural America is experiencing an overall population decline due to out-migration, rural areas are becoming more racially and ethnically diverse than they have been in the past (Johnson & Lichter, 2022). Tieken and San Antonio (2016) noted how "immigration will radically alter the demographics of rural spaces: from 2000 to 2010, racial and ethnic minority population growth accounted for more than 80% of nonmetropolitan population gain" (p. 131). Hispanic communities are the fastest growing population within rural areas (USDA, 2018). Additionally, rural youth are more diverse than the rural adult population (Johnson & Lichter, 2022).

As the demographics of rural youth and adult populations continue to change, schools are called to be proactive and adaptive to the needs of students and their families. As one participant, who identified as a rural Student of Color, stated in an interview with researchers Kitzmiller and Burton (2021), although his rural community is becoming increasingly diverse, "it remains a deeply segregated place where white residents hold political and social power" (p. 61). Researchers Grimes and Roosma (2022) explored the literature of racial trauma within rural education and noted the alarming lack of research that acknowledge People of Color in rural America. A lack of cultural competence can lead to deficit mindsets and discrimination by educators when interacting with families with culturally, racially, and/or linguistically diverse students, which leads to further discrimination and racial trauma (Carter, 2007; Ruggiano, 2022). This can be seen in educators stereotyping Students of Color as not prepared with the necessary cultural skills and Families of Color as unsupportive of their children's education (Ruggiano, 2022).

### Applications within the SAMHSA Model

The Substance Abuse and Mental Health Services Administration (SAMHSA) created a framework for trauma-informed care that is structured around four assumptions ("the four Rs": realization, recognition, responding, and resisting re-traumatization) and six key principles (SAMHSA, 2014). When a system or organization is trauma-informed, everyone within the system has a basic realization "about trauma and understands how trauma can affect families, groups, organizations, and communities as well as individuals" as well as accounting for differing contexts and characteristics (SAMHSA, 2014, p. 9). Whether the traumatic events are from the past, currently happening, or related to emotional distress from hearing about the firsthand experiences of another, individuals' experiences and behaviors can be understood through coping strategies, designed to survive adversity and overwhelming circumstances (Kopstein et al., 2014; SAMSHA, 2014). This is especially relevant when looking at research related to rural K-12 students.

In a 2008 study by Lambert and colleagues, rural students between 12–17 were shown to have higher alcohol use and methamphetamine use than urban youth. The more rural an area, the higher the incidences of alcohol and methamphetamine use (Lambert et al., 2008). Additionally, rural students are also more likely to engage in high-risk behaviors like driving under the influence of alcohol and other illicit drugs (Lambert et al., 2008).

SAMHSA (2014) states that a trauma-informed program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning. By understanding the role trauma plays in mental health and substance abuse disorders, school leaders can best provide trauma-competent actions in rural K-12 schools (SAMHSA, 2014). Within schools, trained professionals such as school counselors, clinical mental health specialists, and social workers can be leaders on issues relating to signs of trauma by helping others realize signs and symptoms that may manifest in help-seeking behaviors (Kopstein et al., 2014). Those school members who are trained to assess, evaluate, and support students can assist in adapting to rural school climate, school policy, and individual care. Adapting the knowledge and actions suggested by SAMHSA in culturally and contextually competent ways can create a more trauma-competent environment.

By looking at school policies and rules, student and family expectations, behavior plans and treatment, and preventative school-wide planning from school counselors and teachers, schools can respond to traumatic experiences, past and present, that may be affecting the lives of all students. Additionally, by understanding and recognizing how these things influence rural students directly and indirectly within and outside school, school personnel can seek out and implement approaches that resist the re-traumatization of their students. For instance, administrators who want to develop their school into a trauma-competent environment might work with students and their families to restructure policies that may trigger painful memories and re-traumatize students. These policies can be more culturally relevant to students and their families, including out-of-school suspension for hairstyles or tardiness. Furthermore, recognizing rural students have past and present traumatic experiences allows school staff and administration to respond by looking at school policies and rules, student and family expectations, behavior plans and treatment, and preventative school-wide planning from school counselors and teachers.

## Creating a Safe Environment

Reducing re-traumatization can be accomplished by creating a safer environment in schools that reflects a trauma-competent approach that promotes psychological safety for students, routines, trusting and caring relationships, and education. Protective factors, which allow children to succeed despite risk factors, are strengths and supports, like caring relationships, high expectations, academic standards, and student participation and contribution opportunities for student participation (CDC, 2022; National Center on

Safe Supportive Learning Environments, 2023). Schools are uniquely positioned to create a safe school environment and promote protective factors by requiring all stakeholders to be involved and dedicated to improving students' lives. School districts should focus on training staff in trauma-competent practices that begin with developing caring relationships with students and their families, which reflects the actions required to go beyond trauma-informed. Teachers and other staff also have experienced trauma in their own lives, allowing them to show students how to overcome hardships and setbacks by modeling resilience to students in their teaching (Gonser, 2021; Minero, 2017). By adopting an anti-racist approach to education, stakeholders can prioritize students' cultural backgrounds and address inequities within their school and community (Jones, 2020). To better suit the needs of rural students, we suggest using trauma-competent practices and anti-racist educational pursuits among school staff and administrators to remedy harmful experiences within and outside schools by building relationships and connectedness with students and their families. Possible changes for school staff include renewed pedagogy and classroom standards that proactively adapt to ever-evolving social and environmental factors.

**Routine**

Past research on routine in educational settings has been well documented, showing a significant role in educational changes (Coburn & Turner, 2011; Fink & Siedentop, 1989). Feldman (2000) defines routine as the repeated patterns of behavior that are bound by rules and practices that are "repetitive, recognizable patterns of interdependent actions carried out by multiple actors" (Feldman & Pentland, 2003, p. 95). School staff and students are familiar with routines and rules, as described by Fink and Siedentop, in that teachers typically teach them to students in "small, understandable, behavioral components during the first several class lessons" (1989, p.198). Routine can be demonstrated through class and exam schedules, hiring substitute teachers, and tracking student progress. Though routine has been shown to lead to positive outcomes, this is not always the case (Maag Merki et al., 2022).

Principals and building-level administrators play a vital role in building schoolwide routines. In a 2015 study, Tubin explored the process, routines, and structure at successful schools leading their students to high achievements. Five processes were found within the schools studied, including (1) building a vision-oriented student-leadership team, (2) enhancing student choice, (3) developing a student-oriented class schedule, (4) organizing an exam system, and (5) mapping each student's achievements. Schools' routines differ based on their principal, with routines beginning when the principal assumes their role and expresses their educational vision for their student body (Tubin, 2015). It is important to note that Tubin also describes and advocates for student voices in this process within the scholarship. Examples include recent global events such as

COVID-19 and the death of George Floyd in early 2020, where schools have seen drastic changes in student activism and political awareness.

School organizational routines are collective daily repetitive practices that individuals engage in to get things done and guide day-to-day practices and policies, which may need to be adapted to best suit the needs of Students of Color (Diamond & Lewis, 2018; Grooms and Childs, 2021). However, Grooms and Childs (2021) assert that decades-old systems relating to routines include "traditional systems of hiring and recruiting, pedagogical decisions, curricular choices, discipline procedures, and student assignment strategies that have marginalized students of color, low-income students, students with disabilities, and students for whom English is not their first language for decades" (p. 148–149). However, research on routines since the COVID-19 pandemic has shown efforts to establish routines that create and sustain equity and social justice-oriented schools (Grooms & Childs, 2021). In their study, Grooms and Childs argue that school leaders should challenge traditional routines and management that reinforce marginalization and ingrain new routines into their school and educational practices. Such efforts can include the reallocation of resources and routines that focus on English language learning (ELL) students and students with learning differences, creating systems that convey the importance of promoting student and family advocacy for those who identify as BIPOC, and the use of technology to reduce stress and flexibility in times of crises.

## Building Relationships and Connectedness

To create trusting relationships with rural students, school staff should focus on creating a sense of psychological safety for students. Wanless (2016) defines psychological safety as how much individuals feel comfortable taking positive interpersonal risks, such as speaking up or asking for help (Edmonson, 1999). Rather than feeling embarrassed or ashamed, individuals focus on accomplishing goals regardless of discomfort (Edmonson & Lei, 201; English & Stengel, 2010). When school staff concentrates on psychological safety, students feel supported and cared for in their school environment (National Center on Safe Supportive Learning Environments, 2023). As a result, students are less likely to take risks, like using illegal substances or participating in problematic behavior, and are more likely to have a positive attitude toward themselves and demonstrate prosocial behavior toward their peers and teachers (National Center on Safe Supportive Learning Environments, 2023). Overall, there are positive outcomes when students experience a sense of belonging, connectedness, and community within school environments.

Building relationships and feelings of connectedness are important in rural communities and mitigate the effects of childhood trauma. Geographic isolation in rural communities can provide increased levels of connectedness due to smaller social groups, including close personal relationships, a higher need for self-sufficiency, and cultural

identities based on place/locality (Petrin et al., 2014). Additionally, strong and positive connections between schools and the community are vital to the success of the school, students, and community (Surface & Theobald, 2014). Although many rural children face childhood adversity, exposure to functional environments and supportive attachment figures can buffer children from long-lasting traumatic effects (Shamblin et al., 2016). This requires schools to foster relationships within the building and community to better serve students and their families.

### Building Student-Staff Connectedness

Rural school staff are uniquely positioned to support students who experience trauma. The social capital within rural school communities may include long-standing and supportive teacher relationships and close community school relationships (Byun et al., 2012). Additionally, many rural staff members play multiple roles within the school and community (Schafft, 2016). Positive connections with teachers and staff members can make students want to remain in or return to the community, empowering teachers and school staff to be stewards of their community's future (Schafft, 2016). However, this may not be the current status of relationships between students and staff in rural schools, especially for Students of Color. In one study by Grimes and colleagues (2019), when seeking out post-secondary information, rural Students of Color reported being less likely to rely on school counselors, choosing instead to seek information from their families and community members. This kind of support-seeking reflects the importance of social and cultural capital for rural Students and Families of Color (Crumb, Chambers, et al., 2021; Ruggiano, 2022).

The task of building trust and connectedness with students is complicated by the fact that many students experience trauma at the hands of adults and/or within school systems (Giboney Wall, 2021). When educators model safe and healthy emotional regulation and empower students as part of the learning process, they engage in practices with students that emphasize "conversation over consequence" (Giboney Wall, 2021, pg. 130). This can include addressing the physical environment with students through flexible seating, playing music, or providing physical space to students who have escalating emotions (Giboney Wall, 2021; Parker & Hodgson, 2020). Additionally, staff can provide changes to their ways of interacting with students, including providing brain breaks and snacks, in addition to responding calmly (Giboney Wall, 2021). Furthermore, creating a safe environment also means addressing issues that arise. In a qualitative study of rural Students of Color in a predominantly White U.S. state, participants explained their teachers did not "intervene or stop race-based jokes" or seem interested in their ethnic backgrounds, which damaged their relationships (Nganga et al., 2021, p. 11).

### Building School-Community Connectedness

The ability to establish partnerships with rural communities is an asset that school personnel must engage to better serve students and communities (Crumb, Appling, et al., 2021). Key to building school and community connectedness is recognizing the systemic hurt that educational and societal systems have committed against marginalized groups. As Blitz and colleagues (2013) stated, "Healing must take place with and within systems and it requires reciprocal partnerships characterized by peacefulness and respect" (p. 158). Providing a sense of ownership and power to communities is also vital to building relationships and connections with rural schools as it places rural communities of Color into a position of strength (Grimes & Roosma, 2022). Examples of strength-based, trauma-competent, and systems-focused interventions can include hosting community events at school before hosting formal family–teacher meetings, arranging busing services to events for parents, and conducting needs assessments for families, students, and staff (Blitz et al., 2013; Fleming et al., 2018). Additionally, building more relationships with communities can include partnering with local health systems and agencies, universities, and mental health programs that exist within communities (Phifer & Hull, 2016). Finally, building school relationships with communities of Color can further already existent social, cultural, and navigational capital within rural communities of Color (Crumb, Chambers, et al., 2021; Ruggiano, 2022).

## Anti-Racist Social-Emotional Learning

Educators can support rural Students of Color by adopting an anti-racist education approach in schools. The social-emotional Learning (SEL) model emerged around 1995 and, over the last 30 years, has focused exclusively on increasing students' self-awareness, self-management, responsible decision-making, relationship skills, and social awareness among educators, especially among school counselors (Jagers et al., 2019; Mayes et al., 2022). SEL has been championed for its potential to mitigate problematic behaviors that may negatively affect students academically and socially (Forman et al., 2021). Mayes and colleagues (2022) argue that transformative SEL, an attempt to look at the five components of SEL through an equity lens, is offered as an approach to advance social justice and combat educational, social, and economic inequities created by historical and persistent racialized cultural oppression.

Mayes et al. also suggest that current SEL practices are colorblind, not going far enough to address and solve systemic issues especially concerning students who identify as Black, Indigenous, and People of Color (BIPOC). Instead, they expand toward anti-racist social-emotional justice learning (ASEJL) by adding additional principles to traditional SEL practices. These principles include 1) critical theoretical frameworks, such as Critical Race Theory; 2) anti-bias building blocks, such as building students' cultural awareness; 3) student and family voice; 4) strengths-based empowerment, such as recognizing students' innate strength; and 5) homeplace, a place where students can freely confront the issues of dehumanization. This is reflected in a qualitative study of

rural Students of Color, who stated they wanted "engaging, inclusive, and culturally responsive" curricula to feel more comfortable in school (Nganga et al., 2021, p. 12).

In a 2021 study, Beard and colleagues considered teachers and school counselors during the COVID-19 pandemic as de facto first responders to student well-being. They acknowledge the difficulty teachers faced transitioning from in-person to online classrooms while simultaneously implementing SEL practices. Without question, the pandemic altered how teachers viewed SEL and what teaching typically looked like before March 2020. Students also changed and began to use their voices to advocate for equity (Beard et al., 2021). With a lens on racial and social equity, an anti-racist perspective in K-12 rural schools will allow students to embrace their cultural differences in a safe environment. It will also allow teachers, school counselors, and administrators, when implementing the tenets of anti-racist work, to "keep the power and agency inherent in all children" as the focus of their school (Mayes et al., 2022, p.185).

## Implications

Employing trauma-competent approaches in school districts cannot rely solely on practitioners in classrooms or counselors. Strategies discussed here and in other research must be adopted by administrators to create systemic change. Often frameworks become additional tools for educators for classroom management, however, they are not reinforced in discipline practices, leaving a fragmented approach that leans into trauma-informed rather than trauma-competent practices (Nelson, 2022; Perry & Winfrey, 2021). To genuinely work towards resisting re-traumatization, this framework must be adopted and implemented at all levels of a school to be effective, recognizing that change does not happen overnight; frequent coaching will be necessary to sustain trauma-competency practices and embed the work into the culture of the school over time (Hammond, 2014). Modeling the changes made from an administrative standpoint lets staff know that this change is essential and will increase buy-in and effectiveness. Lastly, a further implication of embedding this approach top-down and inside-out means that it also paves the way for policy change. Administrators, of course, are not the end of authority in a district as superintendents, board members, and the public play roles. Creating sustainable practice allows for re-examining procedures and policies that can change the school climate in a politically positive way.

To best serve rural Students of Color, school counselors need to adapt the programming and services provided. This can include efforts to create a safer school environment, which can include fostering positive relationships between staff and students. Additionally, incorporating anti-racist SEL into a school counseling program requires providing students with a foundation in anti-bias through cultural awareness, increasing student and family voice in the school, and using strength-based theoretical approaches to interventions. School counselors can assist in finding ways to build a homeplace for students within schools, where they feel safe to challenge the

dehumanization processes inherent in educational systems. Finally, partnering with school- and community-based mental health providers offers students needing extra support an opportunity to provide aligned care.

School-based mental health services are gravely underutilized (Richter et al., 2022); however, these services provide opportunities for those in rural areas to overcome barriers to obtaining necessary mental health support such as transportation. Serving students in rural communities within the school setting provides opportunities for school personnel such as school counselors, school social workers, and other administrators to play a supportive role in the mental health treatment of these students. The bridge between clinical mental health and school counselors is created due to the opportunity for increased communication and wrap-around care for students when utilizing school-based mental health services. Richter and colleagues (2022) noted that with children spending a significant amount of time at school, it is important to maximize the school environment by providing mental health services. Therefore, providers can collaborate with SEL taking place in the classrooms and extend this further by supporting students using methods such as cognitive behavioral therapy, solution-focused therapy, dialectical behavioral therapy, and other skills training methods.

## Recommendations for Future Research

We suggest several recommendations based on our review of trauma-informed practices to enhance future research. These include an in-depth exploration of how principals and school staff become competent rather than simply informed. Further research into this topic may give an understanding of the impact perceived competence vs. being informed might have on teacher–student relationships in K-12 settings and other factors, such as a sense of belonging in students. Additionally, future research can focus on the impact of school counselors' roles on teachers' professional development in trauma-informed practices. Although school counselors may not always provide direct professional development to teachers, it may be worthwhile to understand the impact these school counselor-led or encouraged professional developments have in teaching practices. This can also be applied to the transferring of anti-racist SEL practices to new and senior school staff. Finally, community-based research in collaboration with school administration on the students' communities may give an in-depth illustration of the concerns students and their families face in their daily lives. This research may allow districts to implement and evaluate best practices at the school-wide level that meet the needs of their student population.

## Conclusion

As we begin to shift our language and mindset, understanding how to apply a trauma-competent approach to supporting rural Students of Color must not be overlooked. Incorporating the four Rs of the SAMHSA model increases opportunities for school staff to recognize trauma in their rural students and respond in ways that

demonstrate care, connection, and competence. The four Rs create a framework for how to recognize trauma and respond to it in a manner that takes the student's reactions and experiences into consideration rather than overlooking them or mislabeling them, which, in turn, can perpetuate trauma for the student. Therefore, building relationships and connectedness becomes an integral part of the process.

Further research is needed as a means of continuing the dialogue and deepening the understanding of how to support rural Students of Color experiencing trauma. By becoming trauma-competent rather than simply remaining trauma-informed, school staff can develop and adapt programming to better serve rural Students of Color. The shift in mindset, language, and incorporation of anti-racist SEL into school counseling programs coupled with working towards resisting re-traumatization and considering necessary policy changes, offers rural Students of Color the chance to thrive where they are planted despite their experiences of trauma.

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