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Trauma-Informed Strategies for Rural Schools: Prevention and Treatment for Adult Personnel

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Mental health providers, particularly for specialties such as trauma care, are often scarce in rural areas. While mental health resources are few, trauma and other mental struggles are common in rural areas, perhaps more so than in urban spaces. As part of a trauma-informed stance, schools can be a touchstone for adults suffering from trauma while working in the school system and with limited outside resources. This manuscript will discuss the implications of various types of trauma in adults working in rural schools and offer concrete strategies to address education, treatment, and prevention through the goals of trauma-informed institutions, that is, promoting healing of trauma and avoiding re-traumatization when interacting within the institution and the principles of trauma-informed treatment: safety, connection, empowerment, and cultural responsiveness (SAMHSA, 2014).

***Keywords*: rural schools, mental health, trauma**

Rural areas have few mental health resources for preventing, identifying, and treating mental health concerns (Chen et al., 2022; Ellis et al., 2009). Meanwhile, school personnel, defined for this article as school administrators, teachers, counselors, and staff, likely see children and peers suffering from mental health concerns, including trauma, daily (Bell et al., 2013). While school-based mental health professionals such as professional school counselors, school psychologists, and school social workers are trained to identify and treat trauma and other mental health struggles, there are often not enough of these professionals present in rural schools at any given time to serve this purpose (Biddle & Brown, 2020; Crumb et al., 2020). Thus, many rural school personnel are not trained in mental health and are often put into positions of caring for others in mental distress (Björk et al., 2014; Copeland, 2013; O'Malley et al., 2018) while living with their mental health struggles.

Within the scope of mental health, trauma can cause specific concerns and symptoms. Adults suffering from active trauma can have many presenting responses, such as fight or flight responses, unhealthy attachment patterns, hyperarousal, and memory issues (Van der Kolk et al., 2012). Unresolved trauma can have long-term impacts on their own mental health, physical health, and relationships. In adults working

in rural schools, trauma may present concerns such as disconnection from peers, coworkers, and children, lack of emotion regulation abilities, and unavailability to attend to crises that often present in schools. Rural school personnel may be at an elevated risk for trauma due to their professional positions within schools. Traumatic events such as school shootings, the volatility of state and national politics around education, student or faculty suicide, the burden of children not having their basic needs met, family violence, and the heavy stress of caring for others in under-resourced schools all may contribute to the wearing down of one's coping abilities and raise the risk of burnout, disconnection, and ultimately trauma. Unfortunately, the vast majority of current research on trauma in rural schools is focused on children, revealing a large need for more research on the mental health and trauma of rural school employees.

Since the beginning of the COVID-19 epidemic in America, roughly the spring of 2020, many academic and lay sources have expressed concern about the mental stress and trauma children and families experienced due to the isolation of the pandemic (Kush et al., 2022; Rodriguez et al., 2022). Teachers and other school staff also experienced mental health challenges but were not given as much consideration or broad planning for treatment to address such concerns (Rodriguez et al., 2022). Researchers found that teachers are often called upon post-disaster, with increased demands on time to support the academic and emotional needs of students while also dealing with their trauma and loss (Carlson et al., 2010; DeCino et al., 2023). The lack of attention to the adults suffering in schools pre- and post-pandemic led to a mass exodus of school personnel (Acheson et al., 2016; Schaack et al., 2020) as well as leaving many emotionally vulnerable adults at work in schools. Adult school personnel with untreated mental struggles not only impact the adults themselves but can also impact their relationships with students, classroom atmosphere, and student achievement (Acheson et al., 2016; Jennings & Greenberg, 2009; Schaack et al., 2020).

Trauma-informed institutions recognize the physical and mental effects of trauma on those in the institutional space (Biddle & Brown, 2020; SAMHSA, 2014). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the two main goals of a trauma-informed institution are to promote healing of trauma and to minimize re-traumatization within the institutional space, and these can be worked towards through four components: (a) safety; (b) connection; (c) empowerment, voice, and choice; and (d) cultural, historical, and gender issues (SAMHSA, 2014). For schools to be truly trauma-informed, they must address these principles from a bottom-up and top-down approach to address adult school personnel with trauma and other mental health challenges (Baker et al., 2021). This manuscript will explore the intersection of rural school personnel and the mental health struggles and types of trauma they may experience, and discuss trauma-informed actions that can be put in place within rural schools to incorporate trauma prevention, education, and treatment for adults working in rural schools. This information is especially important in our current rural school climate

due to the escalating numbers of teachers leaving the profession, the gaps in support for those staying in the school system, the ever-increasing presence of school shootings, the importance of resolving mental health concerns that can lead to disconnection and other tangible outcomes, and the need for rural school personnel to be seen as whole humans with needs for mental health support. Schools that intentionally create initiatives to address trauma in adult personnel will not only be helping their adult personnel but the children and community they serve as well. A case study is provided to illustrate the concepts discussed.

Rural Mental Health

The use of mental health services has been on an upswing in recent years, indicating that more people are willing to seek services for their mental health challenges (Germack et al., 2020). However, many barriers persist for those living in rural areas, including access to mental health practitioners, cost of care, and lower socioeconomic status (Chen et al., 2022; Provasnik et al., 2007). Chen and colleagues found that rural insured residents showed continual disparities in mental health services from 2005–2018, including attending fewer mental health sessions, relying more on primary care physicians and physician assistants for mental health treatment, and facing greater out-of-pocket expenses than their urban counterparts, while the number of people seeking services went up (Chen et al., 2022).

Rural communities come with their unique strengths and challenges. The strengths of rural living may assist in offsetting some of the roadblocks to mental health treatment and include a slower pace of life, less traffic and pollution, closely connected community and family relationships, and greater access to recreational areas (Hastings & Cohn, 2013). Mental health challenges in rural communities include a lack of access to resources, fewer financial and/or career opportunities, greater instances of substance abuse and suicidal ideation, and greater exposure to natural disasters with fewer resources for recovery (Ostmo & Rosencrans, 2022; Provasnik et al., 2007). When rural residents do need access to mental health care, it can be difficult to find a trained provider. Less than 10% of the mental health workforce lives and practices in rural settings, leaving residents often seeking support from friends, physicians, or pastors who may or may not have training in mental health (Ellis et al., 2009). However, the increased use of telehealth services by mental health professionals during and beyond the COVID-19 pandemic may alleviate some issues around access to providers if the communities have access to reliable internet service. Beyond access to mental health professionals, other obstacles are present for those seeking mental health care in rural areas. Even with an upswing in those seeking mental health treatment, rural residents are less likely to recognize when a mental health issue presents that needs professional treatment. They face the issue of privacy in a small community, and some may experience stigma from seeking help from both their community and mental health providers (Corrigan et al., 2014; Crumb et al.,

2019; Polaha et al., 2015; Stewart et al., 2015). These unique challenges can lead to a large portion of rural Americans living with untreated mental health concerns.

Trauma and Rural Areas

Due to ongoing undertreatment of mental health concerns in rural areas, mental health-related trauma is likely to be present in many families and communities. Trauma has both formal and informal definitions in mental health. The formal diagnostic definition comes from the Diagnostic and Statistical Manual, Fifth Edition-Revised (DSM-5-R) and is: (a) exposure to actual or perceived threat of death or serious injury, or sexual violence; and (b) through direct exposure, witnessing an event, learning of an event that happened to someone they care about, or repeated exposure to the details of the event(s) (American Psychiatric Association, 2013). A less formal but more easily understood clinical definition and characteristic is "an experience or event that overwhelms your capacity to depend on or protect yourself" (Schmelzer, 2018, p. 11). Traumatic events create a mental wound that people often carry for their entire lives, impeding their growth and development. Examples of trauma include but are not limited to child abuse (physical, emotional, sexual), natural disasters, car accidents, house fires, sexual assault, intimate partner violence, acts of terrorism, school shootings, and violent or sudden death.

Trauma can be more complex to identify and treat due to the nature of the brain and body holding onto trauma reactions. These can include hyperreactivity, avoidance, and cognitive changes such as memory loss, flashbacks, or dissociation (Van der Kolk et al., 2012). One can also be exposed to trauma through multiple means, such as primary, vicarious, or shared trauma (Bell & Robinson, 2013; Figley, 1995). Primary trauma occurs when one is a direct participant in the traumatic event. Vicarious trauma can happen when a person is repeatedly exposed to stories of trauma over time, significantly changing their worldview around issues of safety while also causing similar symptoms to primary exposure (Figley, 1995). Finally, shared trauma occurs when a person experiences a communal trauma and is also a helper or mental health professional who is tasked with assisting others through their trauma stemming from a communal event. This type of trauma can result in blurred boundaries and dissociation on the part of the mental health professional when not ethically attended to (Bell & Robinson, 2013).

Due to the lack of mental health resources in rural areas and the stigma around seeking help for mental health struggles, all of the previously discussed types of trauma could be present in rural areas. This may be compounded by a lack of resources following a trauma, such as monetary support, supplies, temporary housing after a natural disaster, and mental health disaster specialty providers (Hann-Morrison, 2011; Seyle et al., 2013), relocation programs for instance of intimate partner violence, or lack of a local office for state-mandated resources such as a Children's Advocacy Center, which typically serves as a hub for mental and physical health services following child abuse. Finally, providers offering specialized trauma treatment are especially scarce in rural areas, making it more

difficult for both adults and children to receive treatment for trauma (Gamm et al., 2003; Shealy et al., 2015). The strengths of rural communities, however, can provide many alleviating factors to the challenges, and many of the strategies discussed below rely on the closeness of community, access to nature, and slower pace of life (Hastings & Cohn, 2013).

Rural Schools and Trauma

Schools may be one of the only sources within a rural community with mental health support and are often a pillar of the community (Crumb et al., 2020; Seyle et al., 2013). Many schools have either a professional school counselor, school social worker, or school psychologist in residence or one that rotates through on a weekly or monthly schedule and is shared with other schools in the district. While one mental health professional is arguably not enough for an entire school (or district) of children, their presence does provide a resource. However, school mental health professionals rarely treat the other adults in the school, given the overload of students with mental health needs and the dual relationship that treating a peer or coworker would present, and thus is often of little assistance to the adults working in rural schools.

The lack of mental health support and services for adults working in rural schools has many potential consequences. Administrators, teachers, and staff offer a consistent safe space to students and peers (Copeland, 2013; Oehlberg, 2011; Seyle et al., 2013) as they too may struggle with their mental health. Acheson and colleagues found that rural teachers often felt more burnt out and emotionally exhausted and had unsustainable emotional labor when there was a lack of institutional and community support (Acheson et al., 2016). This is a concern in all schools, but particularly for schools aiming to be trauma-informed, as untreated and unprocessed trauma can cause a barrier to connecting to others (Figley et al., 2011), and connection is a trauma-informed institution key component (SAMHSA, 2014). Shared trauma and vicarious trauma may be some of the strongest types of trauma risks for adults working in rural schools. A communal traumatic event such as a natural disaster or local emergency could lead to an adult who is not only hearing about the trauma from children in school but is also personally experiencing the tragedy, leading to shared trauma. In addition, school personnel who consistently hear stories of children's trauma, particularly if the adult has a trauma history, can present challenges to adults' abilities to assist and be present for students. Given researchers have recently published findings showing parents and school personnel have lower levels of confidence in schools' abilities to provide mental health services and guidance on mental health struggles following the COVID-19 pandemic (Anderson et al., 2021), it is even more important for schools to step up and have a plan in place to address mental health and trauma for all school stakeholders. In addition, educators and school staff suffering from trauma and burnout may impact the recovery of the rural community as a whole, particularly for communities with Native populations (Seyle et al., 2013).

Providing intentional trauma-informed education, prevention, and realistic treatment options for adult school personnel can be a top-down approach that has a lasting impact and offer a step toward healing within a community at large.

Addressing Trauma in Rural School Personnel

While resources remain slim for mental health services for adults working in rural schools, there are trauma-informed strategies that schools can implement to address trauma in adult personnel. Thus, institutional or whole-school support is vital to teacher and staff well-being (O'Malley et al., 2018). The strategies outlined below are starting points for adults working in rural schools, without overburdening school mental health professionals who often work at an overload (Grimes, 2020; Hann-Morrison, 2011). Education on mental health and trauma can lead to changes in perspectives and attitudes about the stigma of help-seeking for mental health and trauma concerns, leading to more open conversations about this aspect of humanity and more people seeking treatment (O'Malley et al., 2018). The following trauma-informed strategies are presented through the lenses of education, prevention, and treatment and through the trauma-informed goals of promoting healing of trauma and reducing re-traumatization through safety, connection, empowerment, and cultural responsiveness (SAMHSA, 2014). While some of the suggested interventions may be difficult or inaccessible due to a lack of resources, readers are encouraged to use these as a starting point and work within their schools and communities to find different versions of these interventions that could work and seek new resources that were perhaps previously unexplored.

Education about Trauma

An important starting point to address trauma is through education. The word trauma encompasses a spectrum of examples that many people may interpret differently depending on life experience. It is important to understand that trauma can live in the body and cause many physical and emotional symptoms (Van der Kolk et al., 2012). Education can assist in meeting both of the SAMHSA trauma-informed institutional goals of promoting healing and reducing re-traumatization (SAMHSA, 2014). Education about trauma meets the goals of trauma-informed institutions through the outlined principles of (a) safety: education about a topic makes it feel safer to talk about; (b) connection: peer support can occur when school personnel recognize trauma symptoms in others; and (c) empowerment: personnel can use the knowledge they receive from education to decide on a personal plan of action to prevent and/or treat their trauma (SAMHSA, 2014). In addition, education about mental health and trauma can work to reduce stigma (O'Malley et al., 2018).

Expert In-Services

Trauma education can be provided in many formats. A straightforward format would be a mental health professional guest speaker with expertise in trauma who

provides an in-service for all adults working within the school to attend (DeMarais, 2018). A representative from a school's Employee Assistance Program (EAP) may be a good resource for a presenter. In addition, many universities have mental health programs of study in which faculty are experts in differing realms of the field. While most rural schools are not near institutions of higher education, all states have multiple state universities that welcome collaboration and assist communities within the state. Webinars have become more popular as a source of education as a result of the COVID-19 pandemic, and this form of education can be especially helpful for rural communities. Counselor education, social work, or counseling psychology faculty with expertise in mental health often provide presentations on their topics of expertise. A glance through a university program's website can provide information on faculty with expertise in trauma as well as an email through which they can be contacted. Outside of EAP professionals, school mental health professionals and university experts, licensed mental health practitioners who serve the county or nearby areas could also be a point of contact for education. The trauma education presentation could be in person, but given rural areas' lack of mental health professionals, having the expert video conference in-service may be a better option. Within just an hour, a person's understanding of trauma, including the biological bases and their own trauma history, can be transformed. One introductory educational session may be enough for a school worker to be able to identify their trauma and choose to seek treatment or to be able to see the symptoms in their peers and offer support and encouragement. Schools can also build on an initial in-service with follow-up hourly educational sessions over the school year.

Self or Peer Guided Learning

Another option for education on trauma is through peer group work or self-guided learning. Trauma does not happen within a vacuum, thus connection to other people can be critical for building healthy resilience and recovery from trauma (DeMarais, 2018). While rural areas tend to have the strength of a tight-knit community, working together toward a common goal, such as learning about a topic, can create a greater sense of community (O'Malley et al., 2018). One option for creating connection could be creating a book club in which school personnel read books on trauma, based on what area they'd like to learn more about. For instance, for an understanding of the body and trauma, the book club could read Bessel Van der Kolk's *The Body Keeps the Score* (2014). For an understanding of developmental trauma, Bruce Perry and Oprah Winfrey's recent book *What Happened to You* (2021) is a good read. For an understanding of generational, historical, and race-based trauma, Resmaa Menakem's *My Grandmother's Hands* (2017) is a seminal read. This topic may be of special importance to rural communities in that populations of color are often the most underserved in rural areas (Hastings & Cohn, 2013; Provasnik et al., 2007). Should books be too much to undertake for adults working in schools, articles (layperson or professional), movies, or TV shows could be used instead. For instance, NBC's television show *This is Us* (Fogelman, 2016–2022) has

several excellent storylines that exhibit characters dealing with mental health struggles such as anxiety and trauma/traumatic loss. Such a series could be extremely educational for adults who may be experiencing these symptoms but are unable to identify or name them. Another example of a TV series accurately portraying trauma is the portrayal of race-based post-traumatic stress disorder symptoms occurring in HBO's *Dear White People* (Simien, 2017). In the first season, the main character is faced with police drawing a gun on him during a party, and the episodes trace the emotional responses and trauma that follow. Viewing this series could also be a powerful learning tool; however, some content warnings should be given when using any of these resources. Consulting with a school mental health professional or EAP counselor as well as brainstorming with colleagues within the school system can be a helpful way to generate more ideas for articles, books, or other media that can be educational, without placing too much responsibility on the school mental health worker outside of their assigned workload.

Prevention of Trauma

While most people cannot prevent life events that can cause trauma, both individuals and systems can instill practices that build resiliency and sometimes prevent a trauma reaction from manifesting in severe symptomology. Schools can be a naturally supportive space for prevention efforts, both for children and adult school personnel (Oehlberg, 2011; DeMarais, 2018). These suggestions support a trauma-informed system by creating an environment in which actively working on your mental health will reduce re-traumatization and improve overall mental health for adults in the school system. Prevention exercises also build connection and safety within a trauma-informed school.

Appreciation & Connectedness

Feeling appreciated through gratitude expressed by others can serve as a preventative factor in adults working in rural schools (Acheson et al., 2016). Connectedness among adult workers in schools also serves as a prevention to burnout and boosts self-efficacy (O'Brennan et al., 2017). Though the professional duties of rural school administrators are great, taking the time to express appreciation can go a long way in connecting and sustaining faculty and staff who are expending large amounts of emotional labor while also balancing their own mental health and trauma histories. The school community, including teachers, staff, children, administration, and parents, should have a plan in place for formal and informal expressions of gratitude. This plan may evolve through discussions with school personnel on the ways appreciation and connectedness can be fostered in a meaningful way and tailored to the individuals in the school. This could include verbal or written communication, awards ceremonies for school personnel, small gifts of appreciation, and, when possible, salary increases. In addition, schools may organize "thank you" campaigns several times a year, in which they ask the school community to highlight folks they'd like to express gratitude toward. Modeling gratitude

towards rural teachers and staff passes on this valuable skill to the children in the school. It is also worth noting that teachers in particular report more isolation and burnout than other professionals in the school, so many of these interventions should be weighted more heavily toward teachers (O'Brennan et al., 2017). Rural schools have an advantage in this area as urban school staff report higher burnout due to greater student behavioral issues, leading to disconnection (Provasnik et al., 2007). Building on this innate institutional strength, rural schools can create an intentional culture of expressing appreciation to protect the mental health of those working in rural schools.

Coping Skills

Building healthy coping skills is one of the first and most important steps for managing mental health and working to prevent severe trauma responses. Past researchers found that teachers who are younger and have less experience in developing coping skills are more prone to compassion fatigue, a similar construct to vicarious trauma (Figley et al., 2011). There are many ways a school can implement programs to build healthy coping skills. One overarching approach would be to have a curriculum in place in which the entire school learns a new coping skill each week for an entire semester. For this approach, a skill would be chosen for each week, then featured in lesson plans, used in check-ins with students, and practiced both by adults and children throughout the week. Oehlberg's chapter "Schools as a Context of Trauma Prevention" (2011) does an excellent job of outlining activities for this type of school-wide approach. Specifically for adults learning new coping skills, Faith Harper's book *Coping Skills: Tools and Techniques for Every Stressful Situation* (2019) can be a great resource.

Another easily accessible method for developing coping skills in rural areas is to build on the natural strengths of a rural environment. Rural area strengths such as close community and family connections and access to outdoor recreational areas (Hastings & Cohn, 2013) can be jumping-off points for adding to one's coping skills toolbox. Having a strong support network and identifying people that can be relied upon in differing circumstances is an important coping skill. One simple way to introduce this coping skill is to create a worksheet for mapping social support. The author created an example of this, which can be found in the Appendix. In addition, connecting with nature can be an incredibly helpful coping tool as being outdoors is shown to offer places of connection to oneself and others, lower cortisol levels (i.e., stress hormone), and increased feelings of restoration (Sarkar et al., 2018; Tyrvainen et al., 2014). Schools can partner with local cities and counties to provide maps and resources on green spaces and outdoor recreational activities available to adults working in their rural schools.

Mindfulness

Mindfulness is also an important tool in building trauma prevention and resilience (Berceli & Napoli, 2006; Harker et al., 2016; Thompson et al., 2011). Trauma can train a person's brain to react automatically to sights, sounds, smells, and other stimuli often

outside of the control of the person who has been traumatized. These triggers lead to unwanted automatic reactions such as hypervigilance, avoidance, or the inability to assess safety from unsafe situations (Van der Kolk et al., 2012). Practicing mindfulness can help train the brain to slow down, pay attention to one's body, and assist in greater attention in the present and thus better memory (Thompson et al., 2011), all things one may struggle with during a trauma response. Mindfulness is an ability to be present without judgment and encompasses a broad spectrum of practices, including but not limited to meditation, breath work, body scans, and intention setting. Harker and colleagues (2016) found that human service professionals are less likely to burnout or suffer psychological distress with higher levels of mindfulness and resilience. Berceli and Napoli (2006) created a mindfulness curriculum for social workers who are more prone to trauma exposure to prevent trauma symptoms from manifesting in helping professionals. This curriculum could easily be adapted for school personnel through a lunch, after-school, weekend group process or a guided self-help routine. Implementing a practice such as this within a rural school could be a powerful intervention, given rural residents may not have access to such resources outside of the school environment.

Another option for building mindfulness skills are the many apps now available that focus on mindfulness. Given the lack of mental health professionals in rural areas, apps are an inclusive answer to provide education and practice on mindfulness and its benefits. Most apps have some free content, with more advanced lessons, talks, and mindful guided activities available behind a paywall. Some of the most popular apps for mindfulness include Calm, Headspace, Take a Break, and Insight Timer. Schools can take the initiative and reach out to apps to request group rates or discount codes specific to their personnel or to inquire if they already have a program in place for educators to use the app for free or at a discount. Another approach to accessing these apps would be a wellness stipend that workers can use to purchase an app membership or other mental health resources. It is important to recognize, however, that when undertaking mindfulness work, feelings, thoughts, or memories may surface that can lead to the need for a professional mental health referral.

Treating Trauma

Trauma treatment for school personnel may not be a focus within the school; however, there are many actions that schools can take to ensure adult personnel receive the needed support for their trauma treatment. Given limited resources within a rural setting, schools that provide resources and referrals can make a significant impact on employees seeking treatment. The suggestions below include a variety of suggestions from advocacy to in-school resources and treatment. These suggestions align with SAMHSA's (2014) trauma-informed goals of promoting healing from trauma and preventing re-traumatization through all four principles: safety, connection, empowerment, and cultural responsiveness.

Mental Health Resources

Though mental health resources may be scarce in rural areas, one of the most important tasks schools can undertake is creating a resource list for mental health resources specifically for their personnel. While on the surface one may think that the list would be quite short for rural areas, mental health resources are not limited to a list of counselors. All aspects of one's life contribute to mental health, thus resources for food pantries, clothing pantries, utility bill payments, housing security, and other needs should be added to the resource list to treat the whole person. The school counselor, social worker, or psychologist may maintain a list of referrals for children in the schools, but often resources for adults are not mentioned. A list of resources for adults could be kept in an adult-only area within the school, such as a break room or administrative office, or online via a shared file that any school personnel could access. School administrative support staff could assist in keeping this list up to date. EAP counselors may be a good source of information regarding putting together such a list but also asking others who work in the school—including the mental health professionals, community health agencies, and community physician offices—could be helpful. This list could also include a link to the state's licensure board for mental health professions such as Licensed Professional Counselors, which will list all licensees and where they practice. Another avenue for exploring mental health resources and providers is through university mental health programs. As previously mentioned, many universities have mental health graduate programs. These programs may be looking for clients for their students to work with in the program's clinic. University clinics typically have student practitioners offer services under the supervision of faculty. While rural communities may not be physically close to universities, many of these clinics now offer telehealth as well as in-person appointments at free or reduced rates. For agencies and private practices, mental health professionals are now returning to practice in person, however, most are also allowing several clients to keep telehealth appointments, making access to mental health services much more accessible for rural areas. The availability of telehealth sessions, and any expertise in trauma treatment, could be noted on the schools' referral list. Should this be too much for one school to undertake, a school district could create the same document, but for a broader area, and share it with all school personnel.

In addition to a resource list, schools could create a digital or concrete resource library. This could include articles, books, or other materials that personnel can browse and choose from to assist in deciding on the next steps in their mental health journey. One example of an important resource that could be helpful is Chapter 21 "Compassion Fatigue, Vulnerability, and Resilience in Practitioners Working with Traumatized Children" by Figley, Lovre, and Figley in Ardino's edited book *Post-Traumatic Syndromes in Childhood and Adolescence: A Handbook of Research and Practice* (2011). This chapter provides solid strategies and a case study for school personnel struggling with their trauma while assisting children. Again, connecting with EAP counselors, university

experts, local or regional community health agencies, and school mental health professionals can assist in building this resource library.

Limiting Exposure

While schools cannot identify every student with presenting trauma concerns, many times teachers and staff can identify students who are at risk or who may be suffering from trauma. One helpful tool for this is Bell, Limberg, and Robinson's 2013 article "Recognizing Trauma in the Classroom: A Practical Guide for Educators." When rural schools have more than one grouping for students within a grade, it can be extremely helpful for students who are identified as struggling with mental health to be spread across multiple classes or groups. This idea is similar to one emphasized by trauma-specific mental health professionals in that it is important to diversify the caseload of a clinician who treats trauma to reduce the risk for continued trauma exposure and to multiple levels and types of trauma (Figley et al., 2011). When applied in a school, this strategy ensures that no one teacher or staff member will be responsible for caring for most of the students struggling with trauma or other mental health concerns, thus reducing the level of exposure to traumatic material for the adults (Figley et al., 2011). This can be particularly impactful in a rural environment, where the school personnel may encounter traumatized children not just at the school, but more frequently out in the community in comparison to an urban school personnel's likelihood of running into students in the community. However, should a teacher or other adult working in the school still find themselves reacting strongly to traumatic material shared by a student, specialized trauma treatment should be sought.

Group Treatment

Peer treatment groups may be another avenue for schools to support their adult personnel suffering from trauma and its many accompanying symptoms. In rural areas, individual treatment may be more difficult to schedule due to the high need/low supply nature of mental health services. Groups may be more manageable for clinicians in high demand as well as for individuals who fear stigmatization for mental health treatment. Oftentimes school personnel may have layers of trauma from their personal lives and work lives and may share some crossover concerns and symptoms. Given enough interest, schools could contract with an unaffiliated mental health professional to offer trauma treatment groups after school in a private space within a school. The school may be able to pay a group rate to the clinician or negotiate a reduced rate fee per client who utilizes the group. Finally, if the school cannot find a counselor for in-person groups, counselors can also run these groups via telehealth, making them more accessible to rural communities. Groups can be extremely normalizing and supportive of trauma treatment and may be an especially good option for rural areas.

Expanding Access

Finally, schools can work with their insurance providers to find more options for mental health treatment, and specifically trauma treatment, in rural areas. Access to more telehealth providers and expansion of EAP-covered counseling sessions could greatly assist adult school personnel in their trauma treatment journey. When there is a scarcity of covered providers in rural areas, insurance companies can be lobbied to add more clinicians to their coverage, even if the clinician is not in the exact rural location, if telehealth sessions are offered. National online mental health services are now more accessible than ever, with the invention of businesses such as BetterHelp, TalkSpace, and Cerebral. Employee benefits should include access to these services at discounted rates, particularly for rural areas with a lack of practitioners. School boards can take a united front to actively work with their insurance providers and EAP to offer webinars and benefits fairs to increase the awareness of school personnel on any updates or extensions to services available to treat trauma and other mental struggles.

Case Study

The following case study illustrates how taking a whole-person approach to trauma in rural adult school personnel should be more than one individual intervention but, rather, a host of interventions that work together. In addition, it showcases some of the hallmarks of trauma for readers unfamiliar with signs and symptoms as well as the important distinction that people rarely suffer from one specific traumatic event. In the scope of mental health, trauma is as complex as the people experiencing it, and rural communities have both strengths and challenges that present concerning people suffering from traumatic responses. The case study below seeks to highlight the strengths of rural living that can be leveraged to assist rural school communities.

Elaina is a middle school English teacher in a rural county in southern Louisiana. She has been a teacher for the last seven years and spent most of that time at her current school. She was also born in this community, went away to college, and returned to her hometown to live and work. Elaina has a strong commitment to her community and has weathered many storms both literally and figuratively speaking. In the past five years Elaina experienced, along with her hometown and many others, the fallout of the COVID-19 pandemic, multiple hurricanes and severe weather occurrences, an ongoing lack of resources for her town and school to physically recover from damages, and the loss of several colleagues due to COVID. Concurrent with these communal traumas, Elaina herself experienced a traumatic loss and subsequent traumatic grief from the death of her fiancé following a car accident.

Elaina has always been a teacher whom students felt drawn to as she listens, does not judge, and offers support and helpful advice. Over the last six months, however, Elaina has felt herself withdrawing from her students and colleagues. She often feels overwhelmed by their stories and unable to hold the space she used to be honored to hold for her students. She vacillates between “zoning out” when others talk to her about

their struggles and becoming overly involved and inviting students and peers to her home for comfort. She feels both numb and hyperaware as if waiting for “the next thing” to occur, and she feels lost when considering what to do to prepare for potential disasters. While she used to enjoy eating lunch with others in the faculty breakroom, she now finds it easier to eat in her car where she does not have to speak to anyone. At night she struggles with falling asleep due to feeling on edge, and when she does sleep, she often bolts awake to a nightmare recreation of her fiancé’s death. Elaina has thought about seeking mental health assistance; however, she learned her EAP only covers three sessions, and none of the providers were located in her small town.

Over the summer, Elaina attended an in-service training required by her school on trauma and its symptoms, physical changes to the brain, and the lasting physical and mental effects of trauma. After thinking about what she learned, she realized she is likely suffering from multiple types of trauma and needs help to move forward. Elaina realized that the life she is living is a pale imitation of the life she wants to live and has lived in the past, however, her complex trauma is keeping her from that goal. Elaina truly wants to feel like herself again, to be able to be present and caring with her students, and feel like she can move through the world without feeling numb, helpless, and constantly alert.

After deciding to seek treatment, Elaina contacted her EAP again. She asks if more sessions are available, what format they may be available in (in-person versus telehealth), and for other resources in her area. Her EAP representative suggests she discuss her needs and the lack of resources with her administration while also setting up an initial appointment with a licensed professional counselor in the EAP network with telehealth availability. Elaina does reach out to her principal and schedule a meeting. During the meeting, Elaina gave a brief overview of her needs and the deficits in the EAP benefits in meeting those needs. She also tells her principal that she believes many teachers and staff in the school are suffering and need more resources, and she encourages her principal to reach out to the school board and advocate for the school staff.

Following this meeting, Elaina’s principal sends out a needs assessment survey to school staff with the intent to anonymously assess the need for mental health services for adults in the school and includes a brief trauma symptom questionnaire. This survey also asks what types of services the staff would be interested in and gives options for support groups, self-guided education, peer learning, and individual and group therapy. The school administration is astonished to find that more than 60% of respondents are interested in mental health and trauma-specific support, and a large percentage score high on the trauma questionnaire. The principal and her support staff begin a conversation with the district to put supports in place, beginning with a resource list, a request for extended EAP sessions, and a call to a regional provider to ask about arranging individual and group therapy for school staff one day per week.

While in individual counseling with her telehealth EAP counselor, Elaina can join the school-based group arranged by her administration and facilitated by a clinician for those suffering from complex trauma. Individual counseling offers her a way to process her traumatic grief, and the group helps her navigate the layers of trauma and re-form the strong connections she once had to herself and others. She finds support through her peers and finds she is better able to process her feelings when she is in the community. The group talks about their journeys but also explores resources together to learn more about trauma and their bodies and does somatic work during the group to address the body–brain connection. Elena is also encouraged to spend time in nature as she identified that as a coping skill that feels fulfilling and calming. In her free time, she visits her local parks that are plentiful in her rural environment, takes walks along the river, and works in the community garden, where she finds more friendship and support. While Elena knows that there will be more work to do for her to fully process her trauma and recover, she has many resources both at her school and internally now, that propel her forward with purpose and hope.

Rural Accessibility and Advocacy

Rural communities face a host of challenges around mental health treatment that are not directly related to mental health but are tied to the effective and inclusive offering of services in rural areas. One of the greatest of these challenges is access to affordable and reliable internet services. While the education community at large does not have control of solving this issue, campaigns for targeted advocacy efforts toward local, state, and national funds and resources to address this issue are within the scope of the school system. The U.S. government has put programs in place to assist with payments for internet and phone services for rural or low-income families that more people may access if the programs were publicized through the rural school system. These include the Affordable Connectivity Program that provides $30 per month toward internet service and the Lifeline program that provides roughly $10 per month of assistance. The website HighSpeedInternet.com has an informative article on low and no-cost internet services in the article “How to Get Free and Low-Cost Internet” (Christiansen, 2023).

Another accessibility challenge for rural areas is access to trained professionals. As mentioned earlier, there are far fewer mental health providers in rural areas (Ellis et al., 2009). Local, state, and federal governments should allocate more funds toward filling the gap in service providers for rural areas. For instance, in the state of Oregon, legislators have recognized the need for more mental health services in rural areas and released grants for students wishing to earn a mental health-related master’s degree, set up loan forgiveness programs for those working in high-need rural areas, and continue to reinvest in these efforts yearly (Oregon Health Authority, n.d.). As educators, we can have a voice to advocate for this need. This can include expressing the need to legislators and supporting bills that address the need for funding for mental health care in rural settings

through initiatives such as letter writing and phone call campaigns. Schools can be a force when working together to advocate for the needs of those within the school system. Working together, we can all be powerful advocates for greater access to technology and mental health services for rural areas.

Conclusion

As Elaina's case and previous literature exemplify, rural schools can be a substantial contributor to mental health resources for school personnel in rural areas (Crumb et al., 2020; Seyle et al., 2013). With a thorough and intentional plan to care for adult school personnel's mental health and trauma-related needs, schools can be a strong source of support for the adults working within the school. The strategies presented in this manuscript are a jumping-off point, with the hope that this information will spark conversations within rural schools to seek more resources, be creative in finding support, and highlight how the strengths of a rural community can be leveraged in trauma education, prevention, and treatment. While trauma-specific resources can be difficult to access in rural communities, having resources ready can educate school personnel on trauma, actively prevent severe traumatic reactions, and reduce the time it can take for personnel to find providers to treat their trauma. In addition, the literature review for this manuscript revealed that more research is desperately needed on the mental health and trauma experiences of rural school personnel to tailor more interventions to the specific needs of this population. However, schools can begin to take a proactive approach to wrap around trauma-informed practices will lay the groundwork for all in the school and community to invest in resiliency and healing.

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Appendix

Mapping My Social Support Tree Worksheet

It is important to have many sources of social support. We all have different strengths, and that includes the kind of support we are best at offering. Who is the best at offering these different kinds of support in your life? It is also helpful to tell your support network what you need when you reach out. You can use the prompts below to assist in this.

Who can support me when I feel: