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Understanding the Experiences of Rural School Counselors Implementing Trauma-Informed Practices

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School counselors are trained to address a wide range of student needs, including academic progress, college and career readiness, and social-emotional wellness. Recent public health issues such as the COVID-19 pandemic, the opioid crisis, and racial violence have created an increased need for and focus on the social-emotional work of school counselors. Trauma-informed practices (TIP) have become key strategies for school counselors interested in addressing student trauma within a school context. Per the American School Counselor Association (ASCA), school counselors are ethically responsible for utilizing evidence-based methods to address the holistic needs of students, especially when implementing trauma-informed care. Previous research indicates that rural schools, and, by extension, the school counselors within, feel unprepared and under-resourced to address crises or trauma. However, little is known about the implementation of TIP within rural school settings or by rural school counselors. Given that approximately one-fifth of the United States's child population occupies rural schools, and rural communities have been found to experience more intense, frequent, and specialized forms of trauma, it is critical to understand the experiences of rural school counselors addressing trauma within their schools. Therefore, this phenomenological investigation focused on exploring the lived experience of implementing TIP for eight rural school counselors across the United States. Three themes emerged: emotional experience of implementing TIP, support for implementing TIP, and practical logistics for implementing TIP. Considerations for enhancing the support and addressing the challenges of TIP implementation for rural school counselors are discussed, as well as suggestions for future research.

***Keywords*: rural schools, school counseling, trauma, adverse childhood experiences, phenomenology**

School counselors are trained to address a wide range of student needs, including academic progress, college and career readiness, and social-emotional wellness (American School Counselor Association [ASCA], 2019a). School counselors address

these needs through a comprehensive school counseling program (ASCA, 2019a). Recent public health issues such as the COVID-19 pandemic, the opioid crisis, and racial violence have created an increased need to focus on the social-emotional work of school counselors (Savitz-Romer, 2021). These more recent issues are in addition to traumatic childhood experiences highlighted in previous research such as poverty, physical abuse, substance misuse, and household dysfunction (Felitti et al., 1998). One way school counselors have begun to address students' social and emotional needs is by incorporating trauma-informed practices (TIP) into their work. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) states that a trauma-informed system (1) *realizes* the widespread impact of trauma and understands potential paths for recovery; (2) *recognizes* signs and symptoms of trauma in clients, families, students, staff, and others involved in the system; (3) *responds* to this awareness by fully integrating trauma knowledge into policies, procedures, and practices; and, finally, (4) *resists retraumatization*. According to the National Child Traumatic Stress Network (2016), a trauma-informed school "recognizes that trauma affects staff, students, families, communities, and systems." Based on their training in mental health within a school context, school counselors are in a unique position to identify students impacted by trauma and provide support and resources to help address and alleviate the negative impacts of trauma exposure (ASCA, 2022). Particularly in rural communities, school counselors may be the only mental health professional that students can access (Crumb et al., 2021). Complicating this work is the fact that school counselors in rural communities are often tasked with many other duties in addition to running a comprehensive school counseling program (Grimes, 2020), leaving limited time to address students' social-emotional wellness. Therefore, this study sought to understand how school counselors in rural communities are making efforts to address student mental health and social-emotional wellness using TIP, as well as the essence of these experiences, including both support and challenges.

Literature Review

The common language for trauma is Adverse Childhood Experiences (ACEs), first introduced into the literature by Felitti et al. (1998) when investigating the relationship between adult health and mortality and childhood experiences of trauma. ACEs refer to "disturbances in family relationships that deprive children of the security and emotional support they need for healthy development" (Talbot et al., 2016, p. 1), and this terminology has become mainstream for referencing trauma experienced and demonstrated by school-aged children. Despite over two decades' worth of ACEs research, there remains a relative lack of focus on ACEs in rural settings. This dearth is important as rural settings come with unique characteristics and challenges not only to the presentation and intensity of ACEs but also distinct considerations for rural schools and school counselors (Crumb et al., 2021; Frankland, 2021; Fruetel et al., 2022; Keesler et al., 2021; Nichols et al.,

2018; Talbot et al., 2016, Weiss et al., 2023). These considerations will be discussed below.

Trauma in Rural Communities

Rural settings are negatively impacted by issues such as poverty, lack of health care access, and economic underdevelopment at higher rates than urban and suburban communities (National Advisory Committee on Rural Health and Human Services [NACRHHS], 2018). Weiss et al (2023) have noted that while poverty is not exclusive to rural areas, "64% of rural counties have high rates of child poverty and the numbers are increasing," (p. 2). Oak Ridge Associated Universities in partnership with the Appalachian Regional Commission and the Centers for Disease Control and Prevention's Division of Violence Prevention explored the prominence of ACEs in Appalachian areas of the United States and found that the most prevalent ACEs in Appalachia were parental or caregiver unemployment, repeated disruptions to adaptive attachment, death of an attachment figure as a result of substance overdose, and witnessing an overdose (Mattson & Reynolds, 2018). Additionally, Johnson et al. (2022) identified inequitable access to schooling, food, housing, and resources as major ACEs children in rural communities encounter. These factors combined with higher pregnancy-related fatalities, elevated suicidality rates, and the spread of the opioid epidemic, situate children in rural settings in spaces that place them at a higher risk for traumatic experiences (Crumb et al., 2021; Frankland, 2021; Fruetel et al., 2022; NACRHHS, 2018).

Previous research shows that exposure to these ACEs and other traumas have a detrimental impact on children, including stunted development, decreased educational performance, poor emotional and behavioral regulation, and impoverished social skills (Alvarez et al., 2022; Berger & Samuel, 2020; Crumb et al., 2021; Johnson et al., 2022; Zyromski et al., 2020). With approximately one-quarter of U.S. K-12 schools in rural locations and an additional 20% of children in the United States attending a rural school, there is an immediate need for the provision of TIP in rural schools (Frankland, 2021; National Center for Education Statistics [NCES], 2017).

Rural School Counselors Addressing Trauma

O'Neill et al. (2010) note that when trauma disrupts attachment outside of the school system, it is common for children to find attachment figures within their schools as a means of managing the impact of trauma, emphasizing the importance of safe spaces provided by classrooms and school counseling offices. ASCA (2022) takes the position that school counselors play imperative roles in promoting a trauma-sensitive environment at their schools by collaborating with the surrounding community to meet student needs, recognizing symptoms of trauma in students, and utilizing empirically supported trauma interventions to address students' holistic needs. Additionally, ASCA's professional standards (2019b) indicate that school counselors should be able to "explain the impact

of adverse childhood experiences and trauma, and demonstrate techniques to support students who have experienced trauma" (Standard BSS.3.d, p. 5).

Mattson and Reynolds (2018) found that supportive schools were one of the strongest buffering variables against the development of ACEs for youth in Appalachia. However, rural schools experience numerous challenges in addressing the needs of their students. In their phenomenological investigation of rural school counselors' experiences with social justice, Grimes et al. (2013) found themes of socioeconomic struggles and geographic isolation among the challenges that rural school counselors face that are unique to their setting. Socioeconomic struggles in rural settings and school systems can create a scarcity of resources school systems need to operate, including funds to recruit and maintain school counselors (Lane et al., 2020). Limited resources often result in rural school counselors playing numerous roles within a school, even multiple schools, and engaging in non-counselor-related activities (Crumb et al., 2021; Lane et al., 2020; Savitz-Romer, 2021). Indeed, due to the overall scarcity of mental health resources in rural communities and widespread school counselor shortages in rural spaces (Fruetel et al., 2022; Lane et al., 2020; Weiss et al., 2023), rural school counselors are often the sole deliverers of mental health-related services to students (Crumb et al., 2021). Grimes (2020) found that rural school counselors often experience ethical dilemmas related to the scope of their professional role and providing long-term mental health services in the school setting due to resource paucity in rural spaces.

Geographic isolation, combined with restricted in-school resources, has often led school professionals – including school counselors – to collaborate with members of the community to adequately meet the needs of students (Crumb et al., 2021; Fruetel et al., 2022; Grimes et al., 2013; Nichols et al., 2018; Wimberly & Brickman, 2018). Here the oft-discussed "close-knit" strength of a rural community frequently comes into play, with partnerships between school professionals, community mental health resources, faith-based communities, and other forms of social service coming together to meet the holistic needs of students – particularly when addressing the multiple needs resulting from exposure to trauma (Crumb et al., 2021; Fruetel et al., 2022; Grimes et al., 2013; Lasatar, et al., 2022; Nichols et al., 2018; Wimberly & Brickman, 2018).

These challenges and nuances make the provision of TIP more complicated for rural school counselors, though the specificities of that complication are not well known due to the relative lack of research and literature concerning rural school counselors and their experiences around implementing TIP. From what is known about TIP in rural schools, there is a consensus that an overall lack of training and trained professionals exists (Atwood, 2021; Berger & Samuel, 2020; DeDiego et al., 2021; Herrenkohl et. al, 2019; Hollingsworth, 2019; Rumsey et al, 2020). Additionally, work conditions, experiences of little administrative support, high caseloads, lack of community mental health resources or referrals, and elevated burnout compromise rural school counselor

effectiveness at implementing TIP consistently (Grybush, 2020; Wimberly & Brickman, 2018). Lastly, there is a disconnect between the evidence-based frameworks created to address trauma in schools and rural community cultures (Weiss et al., 2023), as well as ongoing stigmatization of mental health help in rural communities that make the fluid implementation of TIP more cumbersome for rural school counselors (Fruetel et al., 2022; Herrenkohl et. al, 2019; Keesler et al., 2021; Nichols et al., 2018; Talbot et al., 2016).

TIP Framework

Among the most popular frameworks for TIP in any setting is SAMHSA's (2014) model for trauma-informed care, which the research team used as a foundation for conceptualizing TIP in rural school settings. SAMHSA's (2014) model consists of three E's, four R's, six principles, and ten domains emphasizing the (1) understanding of how trauma occurs (events), (2) how trauma is experienced by individuals, and (3) the long-term symptoms (effects) individuals navigate over time. The framework operates from a foundation of increasing trauma intelligence so that those within organizations can make the best choices when implementing responses to trauma (Frankland, 2021; SAMHSA, 2014). The model's six principles are meant to be generalizable ideologies rather than "a prescribed set of practices or procedures" (SAMHSA, 2014, p. 14) and are intended to create an environment where resiliency and healing can be promoted. Given the flexible nature of SAMHSA's framework, this has become a popular foundation for schools to use when addressing trauma (Alvarez et al., 2022; Frankland, 2021). Evidenced-based models, such as Multitiered Systems of Support (Hollingsworth, 2019; Martinez, 2019), AWARE (Fariman & Frankland, 2020), and HEARTS (Herrenkohl et. al, 2019), may be utilized by school counselors in conjunction with the SAMHSA framework. For this investigation, the researchers leaned into the four Rs aspect of the framework concerning the rural students' school counselors are working with: *Realizing* the systemic impact of trauma for students, *Recognizing* symptoms and externalized signs of trauma, *Responding* to clients with "fully integrated knowledge about trauma," (SAMHSA, 2014, p. 9) and *Resisting Re-traumatization* (SAMHSA, 2014).

Purpose of the Study

Frankland (2021) notes only two percent of peer-reviewed publications address trauma-informed approaches or social-emotional learning in rural schools, yet the unique challenges facing rural communities and school systems raise an argument for researchers to understand how rural school counselors address student needs and implement TIP frameworks congruent with rural settings. While published research highlights challenges related to trauma in rural communities as well as some trauma-informed approaches utilized in school settings, no research to date has shared the voices of rural school counselors on their use of TIP. Therefore, the purpose of this study was to explore the experiences of rural school counselors implementing TIP to better

understand how rural school counselors are being supported and challenged to implement these practices and support rural students who have experienced trauma.

Methods

The researchers utilized phenomenology (Moustakas, 1994) as the primary methodology to answer the research question, "What are the lived experiences of rural school counselors implementing trauma-informed practices (TIP) in their school settings?" This question arose from the shared interest of the first and second author in trauma-informed care and the first author's ongoing passion for rural school counselors, which is congruent with Moustakas's (1994) premise that phenomenological questions ought to stem from mutual enthusiasm and curiosity. Inherently, phenomenological research aims to provide "vivid and accurate renderings" (Moustakas, 1994, p. 104) of participants' lived experiences around a given topic of investigation. In this study, we sought to provide a fuller, richer picture of rural school counselors' experiences providing TIP to students who experience trauma as both the perspectives of rural school counselors and TIP in rural educational settings are lacking within the literature. This purpose meets phenomenology's premise that topics of choice are socially and presently germane to the conversations being had and the people having those conversations (Moustakas, 1994).

Participants

Purposive sampling was used to identify a participant pool for our investigation. Inclusion criteria for participation included (a) being 18 years or older, (b) working as a school counselor in a school located in a rural setting, and (c) having worked as a professional school counselor for at least one (1) academic year. An additional caveat was provided for participants that they did not have to live in the same community where they worked, nor necessarily live in a rural community, but working in a rural school was mandatory for this investigation. Rurality was defined using the NCES (2022) definitions wherein rural is divided into a three-tier system based on distance from an urban area: *fringe*, *distant,* and *remote*. Fringe rural areas are approximately 5 miles from an urbanized area. Distant rural areas are between 5 and 25 miles away. Remote rural areas are more than 25 miles from the nearest urban area. These definitions were provided to participants on the demographic survey, and participants were able to self-select their rural locale based on their knowledge of their community.

After receiving institutional review board approval, the second author contacted 20 state school counseling associations across various regions of the United States via email to share the investigation with their members. Two states also provided contact lists for statewide school employees, so mass emails were sent out to all the employees on these lists with the advertisement material. All contacts were provided with an informational flier, with both the flier and email containing a link to a Qualtrics screening survey that potential participants could complete, which asked questions related to interest in being

interviewed, time commitment, and comfortability in discussing key research topics. This advertising resulted in a pool of 44 potential participants completing the eligibility survey. After cleaning and identifying the participants that were most interested, willing, and comfortable, a final sample of eight participants was formed. This number was selected as it aligned closely with the number of participants in previous phenomenological rural school counseling research (Grimes, 2020; Grimes et al., 2019). All participants identified as cis-gender women worked more than 40 hours a week and worked in public school settings. Most participants also identified the nearest urban area to their school as being 25 miles or more away, having caseloads of more than 100 students, and significant portions of their working time being dedicated to counseling services for students. See Table 1 for more demographic information about the participants.

Table 1

Participant Demographics

Participant	Age	Gender	Ethnicity	State	Rural Setting[a]	Years of Rural Experience	Setting[b]
Rose	61	Cis-Woman	White	OH	R	20[c]	H
Shannon	34	Cis-Woman	White	WY	R	8	M
Christine	38	Cis-Woman	Asian American	WY	R	11	M
Beth	25	Cis-Woman	White	NY	R	3	E
Sara	36	Cis-Woman	Hispanic	WY	R	6	M
Ella	49	Cis-Woman	White	AR	D	18	E
Mary	52	Cis-Woman	White	WY	R	7	E
Lucy	42	Cis-Woman	White	IA	D	4	M

Note: *a:* R= Remote, D = Distant
b: H = High School, M = Middle School, E = Elementary School
c: This participant had a total of 31 years of experience; for all other participants, Years of Rural Experience = Years of ***Total*** School Counseling Experience

Researcher Reflexivity

The research team was comprised of four members with our own unique experiences related to rural spaces and trauma research that influenced our interest in this research study. One researcher identifies as a Black cis-gender woman; the other

three researchers identify as White cis-gender women. Two research team members are counselor educators, both in small towns; one is a practicing counselor in an urban community; and one is a doctoral student at a university in a small town. One research team member was a community counselor in a fringe-rural area. Two research team members worked as teachers, one in a rural school and the other in an urban school. One research team member worked as a school counselor in small town and suburban schools but not in a rural school. All research team members had prior experience working with trauma as a counselor and/or conducting research related to trauma.

Data Collection

Before beginning data collection, the research team met to bracket their assumptions about rural communities, rural school counseling, and the value of trauma-informed practices because of our own lived experiences with the phenomena being studied (Moustakas, 1994). By identifying and bracketing these biases, we attempted to limit the influence of these assumptions on the data collection and analysis processes. The second author developed a semi-structured interview protocol based on a review of the literature. This protocol was then reviewed by the other research team members as well as two rural school counselors. Adjustments were made to the protocol based on feedback from these reviews. The final protocol consisted of 9 interview questions to understand the lived experiences of rural school counselors providing trauma-informed practices. Sample questions in the interview protocol (see Appendix A) included: (1) What about the topics of trauma-informed care, interventions, and/or trauma interests you?, (2) How do you define trauma?, (3) In what ways do trauma present itself in the students you work with?, and (4) What does working with trauma as a rural school counselor look like? Three research team members conducted one pilot interview each to prepare for conducting the interviews for the study. Following this experience, pilot interview participants provided feedback on the interview protocol using a Qualtrics survey. No additional changes were made to the interview protocol based on this feedback.

Before beginning the interviews for the study, the research team met to discuss the protocol and best practices for conducting interviews to increase consistency across interviewers. Three research team members conducted the interviews via HIPAA-protected Zoom using the semi-structured interview protocol. The average length of the interviews was 1.25 hours. Each Zoom audio recording was saved using the assigned pseudonym and sent to a university-approved transcription service to be transcribed. The transcripts were reviewed by the first author for accuracy before beginning data analysis.

Data Analysis

Following the steps of Moustakas's (1994) data analysis plan, we took time to reassess and bracket our assumptions related to the research study constructs and participants before beginning the data analysis process. Next, each research team member independently read through all eight transcripts to familiarize ourselves with the

data and note any initial impressions in preparation for coding. Sections of each transcript that answered the research question were identified for more in-depth analysis, resulting in the horizontalization of the data (Moustakas, 1994). Two of the eight transcripts were randomly selected to be analyzed by all four research team members. The remaining six transcripts were split between paired coding teams. If the assigned pair could not agree on the best way to code a line of data, the data was reviewed by a member of the other coding pair. Once all eight transcripts were coded, the first and second authors met to group the codes into relevant themes and then themes into units of meaning; write the textural descriptions, using quotes directly from the participants; and, finally, write the structural description (Moustakas, 1994). We met three times to discuss the codes, moving from nine intermediary units of meaning after reviewing the independent codes to three overarching units of meaning with nine subthemes.

Trustworthiness

To increase the credibility of the study results, we engaged in multiple trustworthiness strategies (Lincoln & Guba, 1985). We employed member checks at multiple stages of the data collection process and used an audit trail and memoing to track the research process. The second author sent transcripts of the interviews to each participant before data analysis. One participant requested corrections to fix words that were transcribed incorrectly. Upon completion of data analysis, participants were contacted to provide feedback on the preliminary themes. Participants were presented with the three overarching themes and a description of each theme, noting the subthemes, through a Google form. Participants were asked to provide a yes or no response to the question, “Does the theme of [theme], as described above, reflect your own experiences?” These questions required a response. If a participant selected no, they were provided the opportunity to “describe how your experience is different” in an open text box. The open-text responses were not required. Five of eight participants completed the theme review form; one email was returned as not found and two did not participate. All respondents indicated that the theme, and the practical implementation of TIP, reflected their experience accurately. Four of five respondents identified the two remaining themes, emotional experience of implementing TIP and support for the implementation of TIP, as accurately representing their experiences. Feedback from the participant who responded “no” was incorporated and used to refine the thematic descriptions.

In addition to member checking, the research team maintained an audit trail and memos (Hays & Singh, 2012) during the data analysis process to bracket assumptions, track methodological decisions, and note the development of meaning units, themes, and subthemes.

Findings

While TIP has become a popular phrase in the current education vernacular, little is known about the use of these practices by rural school counselors. Our research explored the lived experiences of rural school counselors implementing TIP to address this gap in the research literature. Three themes emerged from our data: (1) the emotional experience of implementing TIP, (2) support for implementing TIP, and (3) the practical logistics of implementing TIP. Each theme, and its corresponding subthemes, are discussed in detail next.

Emotional Experience of Implementing TIP

Participants described implementing TIP as emotionally overwhelming. Participants not only had a significant number of students on their caseloads with numerous ACEs but often found themselves addressing trauma daily when working with students. Moreover, participants had additional demands on their time as they advocated for their use of TIP with teachers and staff as well as the surrounding community.

Heavy Trauma Caseloads

All participants noted the number of traumatic experiences of their students, with five referring specifically to students' ACE scores as evidence of their heavy trauma caseloads. Shannon shared, "Just an informal guesstimate based on my observations, my knowledge of the community, I would say the vast majority of my students have a high adverse experiences history of four plus at least," while Sarah indicated "I would say on average, I would say it's probably ACEs score six or higher for most of our 80, 75, 80% of our kids." Ella acknowledged the stress this can cause, stating, "And so it is hard, because . . . as far as the percentage of kids in a classroom that has trauma, it's just worse and worse, so that's hard."

Not only did participants note a heavy trauma caseload, but many also highlighted the fact that they were often addressing trauma daily in their work with students. For example, when asked how often she works with students impacted by trauma, Sarah shared, "I would say 80% probably of my day is talking with kids with past trauma and just working through that." Lucy, too, noted:

Every day, all day. There's not a hallway that I go down, that doesn't have a student that's been impacted by trauma. There's not an office I sit in or a classroom that I sit in or being out in the community that's not impacted…

Serving As a Trauma Advocate

In addition to student-facing work with trauma, participants expressed fatigue from serving as a trauma advocate to teachers and staff. Shannon stated:

I think it's just sometimes a solitary journey because staff members don't have the training and background that school counselors do to understand some of these

> principles and guiding ideas. And so, we're trying to educate staff about appropriate responses to trauma responses.

Christine also voiced the difficulties of explaining trauma triggers to teachers, sharing that "a lot of teachers I think really do have a lot of compassion and empathy and they want to understand, they just get so stressed out with the teaching side of things." Beth reiterated the advocate role school counselors play, sharing:

> even just presenting that research [ACE study] to teachers so that they know you can assume that everybody's got a story, every kid is coming in with something . . . That's the work we're doing now . . . research I can give to them [the teachers] so that they can understand how to approach students just makes such a difference in how education is for that student and for their lifetime.

Though most participants shared concerns related to advocating with teachers on TIP, two participants did note more collaborative interactions with teachers. For example, Sarah discussed an experience of attending trauma training with teachers at her school, noting, "It was good because teachers and counselors went, so we get the teacher's perspective, which teachers listen to teachers." Similarly, Mary indicated that she had positive experiences advocating with teachers and school staff around shifting the perceptions of externalized trauma symptoms and behaviors, sharing, "[They] need to know that the negative behaviors they see aren't because the kid doesn't like them . . . trauma drives negative behaviors is a key part of what we do at our school where we have a wonderful behavior support program."

Combatting Community Mindset

Finally, participants acknowledged that implementing TIP could be overwhelming because of the community mindset around trauma. The rural cultural context, as discussed by participants, defined difficult circumstances as "character building" rather than traumatic and discouraged people from seeking help because of the "bootstrap mentality." For instance, Beth stated, "I don't think they would describe poverty or any of those pieces as traumatic I know that can be a stereotype for rural communities, but I think we definitely feel that." Sarah highlighted how tough it was to address the community mindset stigmatizing help-seeking, reporting community members view counseling in a more negative light with the idea of "you don't do that. You work it off and you stay silent, and you bottle it all up and never talk about it again until you lash out. Well, that's the way it is."

Moreover, conversations about trauma and TIP left some school counselors struggling to balance counseling services with these cultural norms and attitudes. Beth shared this sentiment, stating, "I don't want to approach them [a family] in a way that's going to make them feel defensive or, I'm saying that their family's wrong or the way they're doing something is wrong." Shannon offered similar insight on this issue, sharing,

“Sometimes in the greater community, those traumatic events get characterized as character building . . . so, trying to sensitively and ethically bridge those cultural divides and provide services without impugning on the culture that's in place or demeaning it can be challenging.”

On a positive note, advocating with school faculty and community members did lead to community-level changes for some participants. Ella shared, “The people that I work with . . . we're all on board for that [trauma-informed], and a lot more people are getting that way just because we're more informed and we're passing that along.” Community member’s mindsets were also changed by community-level experiences of trauma. Lucy shared, “Before that [natural disaster] we were very closed off and trauma doesn’t happen, here, like we’re a farming community. We don’t have that type of thing, conservative, behind closed doors, but now it’s [trauma] definitely more talked about.”

Support for Implementing TIP

While addressing trauma and implementing TIP was emotionally overwhelming for participants, all participants indicated that their immediate school-level administration was supportive of them implementing TIP. Three participants, however, identified school- and district-level barriers to the implementation of TIP.

School-Level Administrative Support

Many participants expressed active support from school supervisors and administrators for sharing and or implementing TIP. Sarah expressed, “I have all the support. . . . They'll always say yes. So if I want to go to a trauma conference. They'll usually say yes, they'll find a way for me to go.” Shannon highlighted the value of having an administrator who is well-versed in positive behavior interventions and supports as well as multi-tiered systems of support. Shannon stated:

> so she [the principal] really has a strong understanding and foundation for how to respond to students facing trauma, and so she's trying to bring in training for my staff to help improve our strategies and our responses to some of these students.

As a result, Shannon felt supported in her school when working to implement TIP, but she acknowledged that this support was not the norm for all school counselors. Rose, too, felt supported and valued by her administration and respected professionally because they sought her out for resources to address trauma-related issues. She shared, “They [the principal] were reaching out to see if I might help orchestrate some of that or at least provide some contact information for some people and so on.”

District-Level Administrative Support

Hiring directors and coordinators at the district level was also noted as an important way in which school counselors felt supported to implement TIP. Beth expressed gratitude for a newly hired district school counseling coordinator, sharing:

> So it's not me, myself as a school counselor trying to coordinate what's going on for our whole school, but we have someone with oversight who doesn't have a day-to-day responsibility . . . who can really set aside that time to improve our practice and to look for those resources.

Mary shared her hope for the future related to district-level support, stating:

> I know our retiring superintendent has gotten the school board to approve the hiring of a director of mental health and wellness to coordinate efforts with community providers, social workers, wraparound, and school counselors to see if we can make a better impact in the community for these families who need services.

Barriers to Implementation Related to Support

Participants noted a genuine desire on the part of school- and district-level administration to embrace TIP, but a lack of follow-through at both the school and district levels impeded the effective implementation of TIP. Sarah emphasized this point at the school level, stating, “And I think sometimes it's like, oh if we say we're a trauma-informed school, that's one cool sticker we can put on our website. But no one actually follows through with it.” Ella, on the other hand, highlighted district-level concerns, sharing, “But above that [the principal], not so much. I don't know, they'll say they think it's important, but when it comes down to it, it's not reflected that way.”

Practical Logistics of Implementing TIP

Participants emphasized the importance of building strong therapeutic alliances with their students as the foundation for any trauma-informed work that might be broached. Additionally, participants discussed their collaborative relationships with community resources, the difficulty in referring students and families to longer-term mental health counseling care, and the realities of resource availability in their rural communities.

Building Rapport with Students

As is the foundation for counseling relationships in general, our participants indicated that developing a strong rapport with students was essential to implementing TIP. Particularly in rural schools where school counselors are more likely to know each student personally, creating spaces where students felt safe to address issues related to trauma was a necessary skill. Beth echoed this idea, stating, “And I think that’s one of the benefits of working in a smaller school district is I pretty much know every single student and kind of where they’re at.” Rose, a high school counselor, noted that these important relationships develop over time. She shared:

> I don't think there's much question with my students that I care about them . . . that's why being out in the hall and being approachable and trying to have just some of those casual conversations that aren't related to trauma, aren't related to

> academics, that are just getting to know you types of things, I think really pay dividends for me being able to work with the kids then when we do get to some of the tough things.
>
> Shannon highlighted the long-term impact of these relationships, stating:
>
> I think that too, I work with them so much, all the way from, I have kindergarten through sixth grade, and then they leave my building and they go to a different building, and they still come back to see me in ninth grade and 10th grade, because they had that connection, or they'll say, "Well, I'll go talk to Interviewee, I don't want to talk to anyone else," or whatever.

For Mary, building relationships with students was a whole school effort. She shared:

> Our school has really worked to integrate “building relationship with kids” into the daily schedule. We have time set aside at the beginning of every day for the teachers to connect with their kids about what is going on in their lives. So, it's not about consequences and discipline or office referrals. It's about intervention, prevention, meeting them where they're at, so they can stay in the classroom.

Collaborating with Other Professionals

Although school counselors build relationships with students to support them in the school building, school counselors are not positioned to address all issues related to trauma in the school setting. Therefore, it is helpful to have school and community support for collaboration and referrals. Participants detailed a variety of experiences collaborating with other professionals to implement TIP. These experiences ranged from informal collaboration to highly structured team meetings, both within the school building as well as between school and community mental health professionals. Within the school setting, participants spoke of a person or team with whom they collaborated to address student needs related to trauma. Lucy, for example, collaborated with the social-emotional liaison in her building, allowing her to focus on tier one students while the liaison addressed “tier two to tier three kids”. Sarah and Beth provided examples of structured, district-level meetings with all school counselors. Sarah shared:

> So, all of us from all the schools, get together once a month. . . . it’s our time to bring up kids that we're struggling with, kids that . . . For me, sometimes by asking the elementary counselors, like, ‘What did you do? What do you know of this family?’
>
> Similarly, Beth discussed:
>
> My school meets every single Monday as a bigger team district to coordinate the services of students. And so in those meetings, we'll be talking about what students we're working with, keeping their confidentiality of what exactly we're working on,

> but those are meetings where if I need extra support in some way . . . We're very much encouraged to work on those pieces and make those connections working as a community to really support students.

Collaboration with community resources reflected similar trends across participants. Lucy discussed a more informal, though proactive, approach to collaborating. She shared:

> So I will meet with a student and then contact parents to let them know that I have concerns or whatever, and then give them the referral source. And then I will also contact the referral myself or the resource and make a referral. And then we will have a release of information signed generally, as long as parents are okay with signing that, so that we can collaborate to provide some wraparound services for families to make sure that we're all on the same page. At this grade level, kids can triangulate a little bit. So we find that the more we can work with mental health professionals, the better, to create a plan that works for families and students that we're all on the same page about.

Shannon indicated a community support system that was the most robust with formal community-wide monthly meetings where "the courts are involved, law enforcement, Department of Family Services, and educators in my county . . . they come together to talk about families that are high risk . . . they are just collaborative meetings to bring up concerns."

Limited community referrals

Rural school counselors in this study indicated that one of the biggest barriers to addressing trauma in their community was the challenge of referring out. Participants shared experiences of having none to very few referral resources, having referral resources but with extensive waitlists as well as high turnover rates within community mental health organizations. Ella, for example, indicated that her rural community had "no resources." She went on to explain, "It's nothing, there is nothing where we live . . . there just are no resources. And there's no way to help . . . because we just don't have any resources here." Christine made a distinction between formal and informal community resources for referrals sharing, "Resources, I would say there's like a lot of informal resources because it's a small community . . . but there's not a lot of professional resources."

Sarah and Shannon both emphasized the systemic implications of the lack of professional resources. Shannon discussed feeling "fortunate" about the availability of community counselors in her area but also referenced long waitlists sharing, "because of that, our outside counselors are overloaded because they're serving neighboring communities too. Sometimes the waitlist to get in is quite long to see some of these professionals." Sarah spoke to the student and community impacts explaining:

> They [other mental health professionals] don't last very long So, they're here for close to a year and then they get a job somewhere else in a bigger city. So, even if you do develop a relationship, they're gone and that's a hard one for kids too . . . their behavior goes down, their mood is down and come to find out like, "Oh they felt abandoned." Sucks.

Both Mary and Shannon noted the lack of community referrals can lead to students and families feeling dissuaded to seek additional mental health support for trauma-related issues. Mary discussed lengthy waitlists of community counselors, limiting the connection between students and necessary counselors, and noted, "This gap may cause a backlash—that counseling doesn't work because you can't see a counselor when you need to, so why bother reaching out?" As a result of this limitation, rural school counselors in our study spent time preparing before referring students and families to community resources. Shannon shared:

> I think that's one of the most important things is to make sure that if you refer a family in need, those needs can be met. There's nothing more discouraging to need help, ask for help, and then not receive it.

Ethical Considerations. The limitations related to community referral resources led to ethical considerations where school counselors had to decide the extent to which they would address trauma-related concerns within the school building. Four participants spoke directly about this issue. Beth explained that referring out was important for her to work within her scope of practice as a school counselor. She shared, "Although I do have some of the training and can work with students with trauma if it's going to be the main focus, I think it's better to set up that outside more specialized piece to it." Christine and Shannon highlighted that addressing deep trauma issues with students in the school setting and then sending them back to class did not set students up for success. Christine stated, "It's really intense issues . . . and it's not like I'm going to talk about your abuse and then go to the math class." Shannon provided additional context, explaining:

> I feel like it is unethical to dig really deep on those issues and then send them back to school for the rest of the day. So, I try to provide coping strategies, coping skills, model correct behavior, role-play practice, but . . . as far as addressing the underlying trauma, typically I do not go there. I refer to outside counselors for those services and provide crisis intervention when necessary.

Finally, Mary, too, found herself considering this difficult ethical dilemma, noting:

> We, as in other school counselors in town, have a lot of debate about that. It's like 'What can we do before we're crossing a line?' and 'What's ethically responsible compared to not doing anything at all?' As a school counselor, where our hands are tied as we're supposed to be providing only short-term therapy interventions and then hand them off to a community provider to get deeper, more intensive

> help, I have to realize that these families, some who live out in the mountains and can't come back into town easily to meet with a therapist three times a week, what I do in my office has to be adequate to get them through their trauma until they see a local specialist Just because I'm a licensed professional counselor, it doesn't mean that I should be doing long-term therapy in my school counseling office.

Discussion and Implications

This phenomenological study sought to understand the lived experiences of rural school counselors implementing TIP in rural schools. Participants expressed both challenges, such as heavy trauma caseloads and limited community referrals, as well as strengths, such as supportive school administration and positive rapport with students, as integral components of their lived experiences implementing TIP. These challenges and strengths provide important points for consideration which will be discussed next.

Trauma in Rural Schools

Regarding the experiences of trauma in their students and communities, participants demonstrated a shared language aligning with the previously presented information regarding ACEs. This demonstrates alignment with SAMHSA's first key assumption "R" of *Realizing* the numerous, contributing factors to the development of trauma in students. ACE assessment scores were used by participants as a basis for understanding the frequency and severity of the trauma experienced by their students, which was compounded by their heavy student caseload. When attempting to communicate with teachers, administration, and other school staff, ACEs became a comprehensive language to advocate for the needs and experiences of students with trauma. Common experiences of trauma impacting students and communities, as identified by the participants, include parental unemployment, community poverty, and substance-related death. Their experiences and reports substantiate the existing evidence of socio-economic and substance-related issues promoting the majority of traumatic experiences in rural spaces (Crumb et al., 2021; Frankland, 2021; Fruetel et al., 2022; National Advisory Committee on Rural Health and Human Services, 2018). Building from these findings, we would argue that practicing school counselors should continue to expand their understanding of trauma beyond ACEs to best serve all students. In a mixed-methods study by Wells (2022), 61% of school counselor participants, 37% of whom were from rural communities, strongly or somewhat agreed to having a complete understanding of child traumatic stress; however, little more than half agreed to have a complete understanding of historical trauma, systemic trauma, or racial trauma. While ACEs focus on individual experiences of trauma, the consideration of historical, systemic, and racial trauma brings a more nuanced lens to the conceptualization of trauma and how one might implement TIP in a school setting.

Participants also discussed the ongoing work of combating misconceptions about trauma within their communities. Participants noted that while the community could

recognize being impacted by adverse experiences, such as poverty, unemployment, or substance-related tragedy, the community mindset did not always recognize the impacts of these experiences as resulting in trauma. Participants spoke of knowledge deficit within the community concerning trauma and even viewing potentially traumatic circumstances as opportunities for growth. Addressing these misconceptions as the sole advocate for TIP may continue to be daunting for rural school counselors; however, by employing the power of the "close-knit rural community," school counselors can promote connection, resiliency, and education related to rural trauma (Nichols et al., 2018; Weiss et al., 2023). These connections may be found by partnering with local universities and professors conducting trauma research as well as churches and community organizations already invested in addressing trauma-related issues. University–community partnerships with counselor education programs can also be leveraged to bring in additional mental health support via internship and practicum students (Boulden & Schimmel, 2021).

Rural School Counselors Implementing TIP

In terms of their *response* to trauma (SAMHSA, 2014), participants described multiple factors that influence their ability to implement TIP effectively with their students, including heavy trauma caseloads, student-counselor rapport, school, and district-level support, and collaborations both inside and outside of the school building. Participants noted being overwhelmed by the number of students they saw who were impacted by trauma as well as the severity of some of those experiences. Participants also acknowledged being directly impacted by the experiences that they were addressing with their students. Though not explicitly stated by participants, secondary traumatic stress is a concern that should be considered for rural school counselors. This concern is a consistently identified consequence of working with high trauma caseloads and continuous exposure to client/student trauma within the literature (Giordano et al., 2021; Rauvola et al., 2019). Rural school counselors may benefit from peer support and consultation to maintain their mental wellness (Jones & Branco, 2020).

Moreover, participants benefited from the close relationships developed with students in a small community. The experiences expressed by participants reflected the close-knit community dynamics highlighted in previous rural research (Grimes, 2020) and reinforced the importance of school counselors and supportive school environments as integral pieces of addressing rural trauma (Mattson & Reynolds, 2018). Rural school counselors interested in implementing TIP can start by focusing on these valuable relationships and connections in rural communities.

From a systemic perspective, all participants discussed the importance of administrative support for their work. While most support came from immediate administration, such as principals, participants also discussed district or school system-wide supports that were necessary for them to address trauma. This is an important finding, given that literature tends to focus on the discrepant dynamics between

administrators and school counselors, highlighting misunderstandings in the roles of school counselors that often lead to the overburdening of non-counseling related tasks, particularly for rural school counselors. The perspectives shared by participants in this research provide encouragement that supportive school administration can make a positive impact on the work of school counselors implementing TIP. School and district administration can continue to build on this support by seeking out school and district-level TIP, such as using multi-tiered systems of support, decreasing the individual burden incurred by rural school counselors implementing TIP (Webb & Michalopoulou, 2021).

Finally, participants discussed both positive experiences of collaboration as well as barriers to collaboration in rural schools and communities. Participants who had the most formal systems of collaboration usually had these between the school, Department of Family Services, and juvenile justice services. These participants noted positive experiences around collaboration and providing wraparound services to support students experiencing trauma. Moreover, positive experiences around collaboration came from school counselors who were able to collaborate and consult with other school counselors in their district or state to better conceptualize and meet the needs of students and families dealing with trauma. Participants encountered the greatest challenges to implementing TIP when trying to provide referrals to community mental health professionals, encountering long waitlists and high turnover in these jobs. Four participants highlighted the very real struggle of having to determine what TIP was ethically within their scope of practice as school counselors when they were unable to collaborate with and or refer out to community mental health services. The limited number of mental health counselors in general, and in rural communities specifically, creates systemic limitations to addressing the mental health needs of rural students and supporting rural school counselors in addressing trauma. Finding ways to incentivize clinical mental health counselors to go to and stay in rural communities will make a significant impact on the services rural school counselors can provide to meet the mental health needs of rural students, families, and schools.

Limitations and Future Research

While this investigation has provided significant and pertinent findings to the dearth of literature concerning rural school counselors and TIP in rural spaces, there were important limitations. First, we recognize the lack of racial and gender diversity for the participants of this investigation. The majority of participants identified as White, and all participants identified as cis-gendered women. This continues to be a common limitation within counseling literature, where the voices of experiences are dominated by those who hold more privilege and, therefore, the experiences described here may not be fully representative of rural school counselors of racial- or gender-minoritized identities who are using TIP in their schools. The demographics of the participants potentially continue to perpetuate the ideology that rural spaces in the United States are White spaces.

Second, while the number of participants fits within the recommended sample size for a phenomenological study (Moustakas, 1994), we recognize that the sample size is on the smaller end. While generalizability is not the main concern of qualitative research, we recognize that the small sample demonstrated in this study may limit the transferability of results and the experience of verisimilitude among consumers of the literature if they do not identify as cisgender-heterosexual White women from, predominantly, remote rural school districts. Lastly, we recognize the dominance of Western rural experiences in the sample. Half of the sample identified as coming from the Mountain West subregion of the United States (Wyoming) while another 25% of the sample identified as being from the Midwestern region of the United States. The experiences of rurality and rural school counselors in this area may look fundamentally different in economy, culture, and diversity from rural settings in other regions of the United States. This also limits the transferability of the results to rural school counselors in other rural settings.

Regarding future research, the authors advocate that more diverse voices be represented within the rural school counselor literature concerning TIP implementation. Further qualitative investigations connected to the voices of rural school counselors of marginalized identities are important when understanding a fuller picture of the lived experiences of rural school counselors implementing TIP. Additionally, research into the wellness and professional quality of life of rural school counselors is also needed. Evidence supports the reality that greater exposure to trauma, combined with role ambiguity and systemic, organizational demands, place school counselors at greater risk for secondary traumatic stress and burnout (Holman et al., 2019; Lane et al., 2020; Lent & Schwartz, 2012). With rural school spaces already experiencing school counselor scarcity and resource limitation, researching rural school counselor wellness and other career-sustaining behaviors would be salient to the discussion of both TIP and rural school counselor professional functioning. Lastly, it should be noted that these interviews were conducted during the COVID-19 pandemic. Little is still known regarding the impact of the pandemic on counselors, let alone the niche and overlooked population of rural school counselors. We, therefore, advocate for more research investigating the unique experiences of rural school counselors during the COVID-19 pandemic to present a richer, more complete picture of how COVID-19 has impacted the counseling field.

Conclusion

Students in rural communities face a range of individual and systemic level challenges that can result in traumatic experiences. Rural school counselors are trained and positioned to address these needs using trauma-informed approaches. Support from school administration and strong student-counselor relationships are integral to the implementation of TIP in rural schools; however, rural school counselors also experience heavy trauma caseloads, school and community stigma toward TIP, and high turnover in school districts and community mental health organizations, creating barriers to effective

implementation of TIP. Finding ways to leverage the assets of rural communities, such as community connectedness, and working systemically to support rural students and school counselors will ensure that the important and necessary work of implementing TIP in rural schools continues to go forward.

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Appendix A

Interview Protocol for*: A Phenomenological Investigation of Rural School Counselors' Experiences Providing Trauma-Informed Care*

1) We want to thank you for your willingness to participate in our research regarding rural school counselors' experiences of working with trauma in the school setting. How would you define what it means to be a school counselor?
2) What about the topics of trauma-informed care, interventions, and/or trauma interests you?
3) How do you define trauma?
    a) **[If necessary]** What influences your definition of trauma?
4) In what ways does trauma present itself in the community you work in?
    a) How does the rural community you work in respond/react to trauma?
    b) How does the community define trauma?
5) In what ways does trauma present itself in the students you work with?
    a) How often would you say you work with students who have been impacted by trauma?
    b) How often would you say your work with students focuses on trauma?
6) What does working with trauma as a rural school counselor look like?
    a) How encouraged are you by your supervisor, administrators, school district, etc. to actually work with trauma in your school setting?
        i) How does that encouragement impact the work you do with students who have experienced trauma? **(May not be necessary for every participant)**
    b) Are there any specific trauma-informed practices that you use with students?
        i) Potential Follow-up Question:
            (1) What education, training, and/or school or district policies influence the TIP you use with students?
    c) How does the developmental level of the students you work with impact the interventions you use when working with trauma?

d) What does your collaboration with other mental health professionals, when working with trauma, look like?
e) How does the culture and/or resources of a rural community impact the trauma work you do with students?
f) In what ways does your school system provide continuing education and/or training for working with students who have experienced trauma?
g) How do you care for yourself as a result of working with students who are impacted by trauma?

7) How well do you feel your master's program prepared you to work with trauma in the school setting?
8) How has the pandemic affected your work as a rural school counselor?
9) Is there anything else about your work with trauma as a rural school counselor that you would like to share that we have not addressed?