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Introduction to Special Issue: Transformative Trauma-Informed Practices in Rural Schools

Loni Crumb, *East Carolina University*
Jennifer Matthews, *East Carolina University*
Taryne Mingo, *The University of North Carolina at Charlotte*
Julia Lynch, *University of North Carolina Wilmington*

Rural schools are key places for accessing children needing supportive mental and behavioral healthcare services (Crumb et al., 2021). With appropriate supports and interventions that integrate trauma-informed principles, rural youth can overcome traumatic and adverse childhood experiences that impact their well-being, such as physical and emotional abuse, poverty, homelessness, exposure to household dysfunction, substance use, parental separation, and accidents and injuries (Center for Disease Control, 2021). The Substance Abuse and Mental Health Services Administration (SAMHSA) outlined six principles that guide a trauma-informed approach: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice, and choice; and 6) cultural, historical and gender issues (SAMHSA, 2014). All rural school personnel can embrace a culturally responsive approach and translate into practice value-driven approaches to student learning and services that leverage healing from adversity and minimize the risk of re-traumatization guided by these principles. This is especially important as childhood, adolescence, and emerging adulthood are sensitive developmental periods in which healing from adversity can occur (Cantor et al., 2018; Duane et al., 2021; Simmons, 2021). Furthermore, adopting SAMHSA's principles using a culturally responsive approach supports the well-being of rural school personnel who are at risk of experiencing burnout and compassion fatigue from working with students who have experienced trauma or who may be dealing with their adversities (Mullen & Gutierrez, 2016; Ruble et al., 2023).

A combination of strengths-based school and community interventions may circumvent barriers to mental health treatment faced by rural students, school staff, families, and community members, such as time and resource constraints, transportation difficulties, communication breakdowns, and gaps in mental health literacy (Fears et al., 2023; Mingo & Cofield, 2023). These interventions also aid in reducing the stigma associated with seeking mental health services in rural areas (Crowe & Kim, 2020; Crumb et al., 2019). In this special issue of the *Theory & Practice in Rural Education* journal (TPRE), we highlight a range of articles that capture research and professional practices that promote cultural and trauma competence in rural settings and uphold the six guiding principles of a trauma-informed approach to help build resiliency and decrease the

mental, emotional, and academic distress associated with traumatic and adverse experiences.

Overview of Articles

Adopting a trauma-informed approach in rural schools is not accomplished through any single technique, person, or organization – instead, it requires collective efforts to gain competency in recognizing and responding to trauma through ongoing attention, sensitivity, and skill-building in culturally responsive practices (SAMHSA, 2014). The articles in this special issue provide research, practical strategies, case illustrations, and valuable resources that can positively transform the well-being of rural youth and those invested in rural education. We selected six manuscripts to reflect each SAMHSA guiding principle with consideration of the importance of rural contexts.

The special issue starts with an article by Maria Frankland and Catharine Biddle that captures the principle of safety. The authors conducted a statewide (Maine) quantitative study to understand school counselors' perceived involvement in superintendents' crisis decision-making around mental health and social-emotional development during the COVID-19 pandemic. Framed by crisis decision theory (Sweeny, 2008), the authors found that school counselors' perceived involvement in crisis schooling was lowest in rural school districts. The authors call for rural district leaders to proactively prepare for crises by capitalizing on preexisting relationships with school counselors who are easily accessible resources to support students' psychological needs. Furthermore, the authors urge district leaders to prioritize the mental health needs of rural students in times of crisis in conjunction with their academic needs.

The second article in this issue centers around the guiding principle of peer support but focuses on rural school personnel. Hope Schuermann, professor of counselor education with expertise in trauma recovery, discussed how traumatic events such as school violence and shootings, student and faculty suicide, or carrying the burden of seeing children not have their basic needs met may contribute to the attrition of coping abilities and burnout of rural school staff. Schuermann detailed how many rural school personnel, who are not trained in mental healthcare, are put into positions of caring for students in distress, while living with their own mental health struggles. The author explained that rural school staff struggling with their own adversities can have trauma responses such as fight or flight reactions, unhealthy attachment patterns, hyperarousal, memory issues, disconnection from students and coworkers, and loss of emotion regulation abilities. In the article, Schuermann provided concrete strategies, with a particular focus on school staff, to address education, treatment, and prevention through the establishment of trauma-informed institutions utilizing the strengths of rural communities.

Continuing to focus on the mental health of adults working with children, the third article captures the guiding principle of collaboration and mutuality. In rural Appalachia,

authors Lori Caudle, Cathy Grist, and Hannah Thompson illustrated how a research-practice partnership can advance trauma-informed education and care in rural communities. The authors provided a description of the early stages of a partnership study with a rural Appalachian pre-kindergarten program and two universities aimed to address burnout, secondary traumatic stress, and compassion fatigue faced by early childhood professionals who may be exposed to high levels of stress and trauma in their work with young children.

The fourth article in the issue demonstrates the SAMHSA guiding principle related to empowerment, voice, and choice. Tameka Grimes, Jennifer Kirsch, Shannon Roosma, and Amanda Walters provided findings from a qualitative research study focused on the lived experience of eight rural school counselors across the United States who implement trauma-informed practices (TIP). The authors brought focus to the emotional experience of implementing TIP, receiving differential support from school leaders to implement TIP, and practical logistics for implementing TIP in rural schools. The findings from the research help to further the understanding of the idiosyncrasies experienced by rural school counselors providing TIP such as combatting community stigma, the emotional impact of heavy trauma caseloads, the value of having school- and district-level support for TIP, and building formal and informal collaborations with other professionals.

The fifth article reflects the SAMHSA guiding principle related to cultural, historical, and gender issues. Sarah Henry, Debra Jones, DeQuindre Hughes, and Ang'elita Dawkins make a resounding call to move beyond merely having information or being trauma-informed to becoming *trauma-competent*, which reflects a change in action. The authors provided perspectives to increase the understanding of historical and present contexts regarding trauma and ways to begin shifting mindsets and building skills to support rural Students of Color better. The scholars provided an overview of protective factors that support rural Students of Color, such as increasing student-staff connectedness, exploring school organizational routines, and implementing anti-racist social-emotional learning, all grounded in the SAMHSA principles.

To conclude this issue, we incorporated a research article by Travis Lewis, Lawrence Hodgkins, and Kelly Wynne that advances the guiding principle associated with trustworthiness and transparency. The study's findings help to further understand educators' perceptions regarding which forms of childhood trauma most severely impact learning outcomes for rural students. Using Q-methodology (McKeown & Thomas, 2013) with 351 teachers, school counselors, and school administrators from across North Carolina and Missouri, the participants' general perceptions centered around various forms of abuse from an adult, violent and unstable relationships at home, negative community and societal factors, and physical and mental illness. The authors found that educators in rural settings were more likely to perceive abuse and violence in the home as most harmful to students' academic outcomes. The findings of this study provide

researchers, educator preparation programs, and school leaders with insight into the misconceptions that may persist among subsets of PK-12 educators regarding traumatized children and potential areas of need for further professional learning opportunities to address the systemic marginalization of rural students.

Overall, the articles in this special issue reflect commitments to SAMHSA's six guiding principles of a trauma-informed approach. Each article individually and then collectively responds to the sense of urgency in our nation to address ongoing mental health concerns impacting education in rural spaces. The authors advocate for practitioners, researchers, community members, and policymakers to continuously gain knowledge and act to better support rural communities experiencing mental health disparities. Collective action will expand integrated support systems that positively transform rural students' educational outcomes and well-being.

About the Authors

Loni Crumb, PhD East Carolina University, College of Education

I am a Licensed Clinical Mental Health Counselor and Associate Professor in the Counselor Education Program at East Carolina University. My areas of interest include counseling in rural areas, rural education, and promoting holistic wellness for underserved populations. I serve as a Research and Innovation Associate in the ECU Rural Education Institute. My motivation to serve as a guest editor of this special issue is to highlight ways to collectively respond to the mental health concerns of rural residents who have persistently been without or have not had access to adequate and quality mental healthcare.

Jennifer C. Matthews, PhD East Carolina University, College of Health & Human Performance

I am an ECU professor in the Department of Health Education and Promotion and a certified Community Resiliency Model (CRM) Trainer. I am a substance use researcher focusing on the impact of trauma and resilience. As a public health researcher committed to empowering communities, it is important to conduct research that can be translated into practice meaningfully, particularly in rural areas where resources are scarce. As a guest editor in this special issue, I was allowed to highlight those researchers focusing on rural spaces and providing foundational knowledge on challenges associated with addressing mental health issues in rural communities.

Taryne Mingo, PhD University of Charlotte, Cato College of Education

I am a Licensed Clinical Mental Health Counselor, Assistant Professor, and Director of the School Counseling program in the Department of Counseling at UNC Charlotte. My research interests at the K-12 level of education include supporting inclusive classrooms and schools, specifically for elementary-aged Students of Color, and addressing the academic, social, and emotional needs of children and adolescents. I am honored to serve as guest editor of this special issue. I believe this privilege allows me to ensure that diverse representations of ideas and methodological frameworks are given space in academia. Specifically, these opportunities can be significant in providing context-specific, mental health-related recommendations for residents in rural areas.

Julia Lynch, EdD University of North Carolina Wilmington, College of Education

I am a Licensed Teacher, Assistant Professor, and Program Coordinator in the Department of Educational Leadership within the Curriculum & Instruction concentration at UNC-W. As an educator, I focus primarily on under-resourced rural schools that serve primarily Black and Brown communities. My research interests are teacher identity and pedagogical practices within rural education contexts. I considered it a privilege to serve as guest editor on this special issue, ensuring that culturally responsive and inclusive research and methodology highlight high-impact practices in rural educational spaces.

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References

Cantor, P., Osher, D., Berg, J., Steyer, L., & Rose, T. (2018). Malleability, plasticity, and individuality: How children learn and develop in context. *Applied Developmental Science, 23*(4), 307–337. https://doi.org/10.1080/10888691.2017.1398649

Centers for Disease Control and Prevention. (2021). Adverse childhood experiences prevention strategy. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/injury/pdfs/priority/ACEs-Strategic-Plan_Final_508.pdf

Crowe, A. & Kim, T. (2020). Ethnicity, life satisfaction, stress, familiarity, and stigma toward mental health treatment. *Journal of Counseling & Development*, *98*(1), 83–93. https://doi.org/10.1002/jcad.12302

Crumb, L., Appling, B., Jones, S. (2021). Don't wait, communicate: Rural school counselors and disaster mental health. *Professional School Counseling, 25*(1). https://doi.org/10.1177/2156759X211023119

Crumb, L., Mingo, T., Crowe, A. (2019). "Get over it and move on": The impact of mental illness stigma in rural, low-income United States populations. *Mental Health & Prevention, 13,* 143-148. https://doi:10.1016/j.mhp.2019.01.010

Duane, A., Casimir, A. E., Mims, L. C., Kaler-Jones, C., & Simmons, D. (2021). Beyond deep breathing: A new vision for equitable, culturally responsive, and trauma-informed mindfulness practice. *Middle School Journal*, *52*(3), 4–14. https://doi.org/10.1080/00940771.2021.1893593

Fears, A., Henry, S., & Grimes, T. (2023). A Rural Ecological School Counseling Framework. *Professional School Counseling*, *27*(1). https://doi.org/10.1177/2156759X231202494

McKeown, B., & Thomas, D. (2013). *Q methodology* (2nd Ed.). Sage. https://doi.org/10.4135/9781483384412

Mingo, T.M. & Cofield, D. (2023). Developmental and social considerations when conducting research with children and adolescents. In B. Zyromski & C. Dimmitt (Eds.). *Research in Schools: Advancing the evidence-base for the school counseling profession* (pp. 97-116). Oxford Press. https://doi.org/10.1093/oso/9780197650134.003.0005

Mullen, P. R., & Gutierrez, D. (2016). Burnout, stress and direct student services among school counselors. *The Professional Counselor, 6*(4), 344–359. https://doi.org/10.15241/pm.6.4.344

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Ruble, L., McGrew, J., Fischer, M., Findley, J., & Stayton, R. (2023). School and intrapersonal predictors and stability of rural special education teacher burnout. *Rural Special* Education *Quarterly, 42*(3), 124–135. https://doi.org/10.1177/87568705231180885

Simmons, D. (2021). Why SEL Alone Isn't Enough. *Educational Leadership*, *78*(6), 30–34.

Sweeny, K. (2008). Crisis decision theory: Decisions in the face of negative events. *Psychological Bulletin*, *134*(1), 61–76. https://doi.org/10.1037/0033-2909.134.1.61

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"They Didn't Ask Us!" School Counselor Perception of Involvement in Superintendent Decision-Making During Crisis Schooling

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Review of the Literature

Mental Health During Crisis Schooling

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

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

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

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

Crisis Leadership

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

Crisis Decision Theory

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

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

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

School Counselor Expertise

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

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

Rationale and Purpose of the Study

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

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

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

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

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

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

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

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

Methods

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

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

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

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

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

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

Results

Research Question #1

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

Figure 1

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

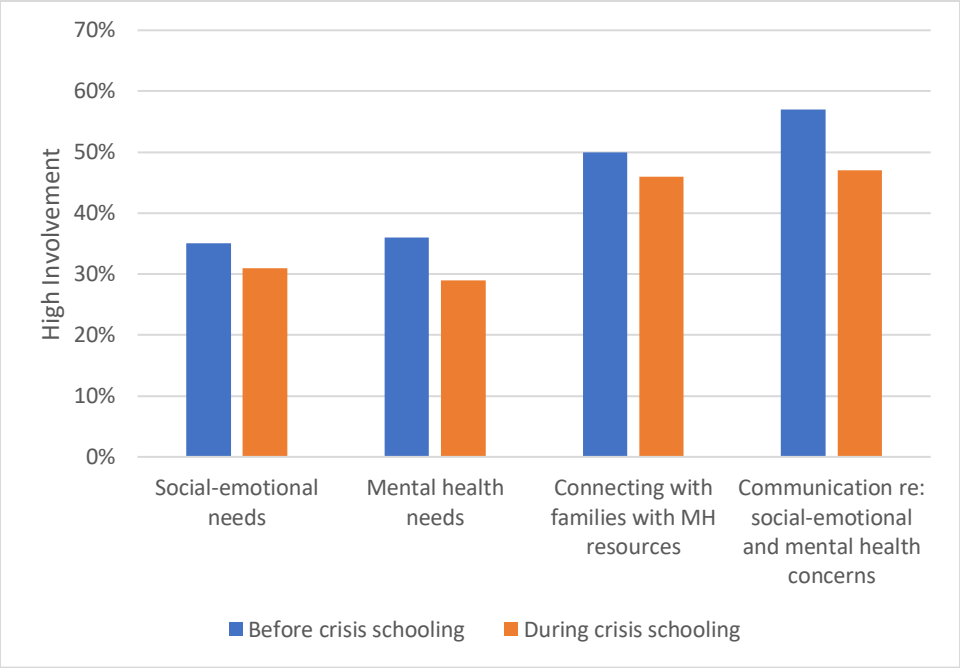


Table 1

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

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

Research Question #2

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

Figure 2

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

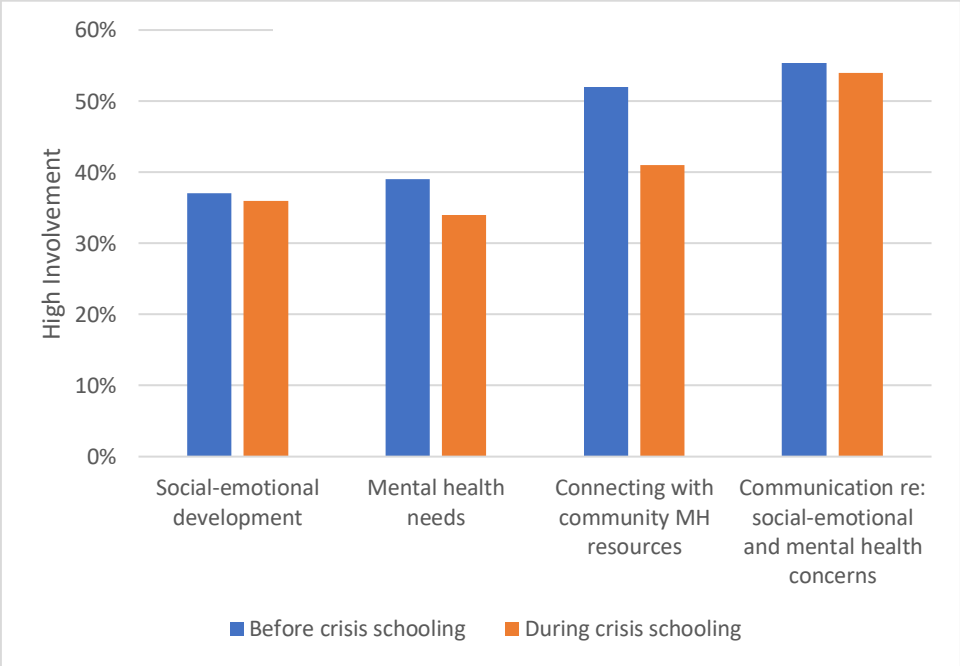
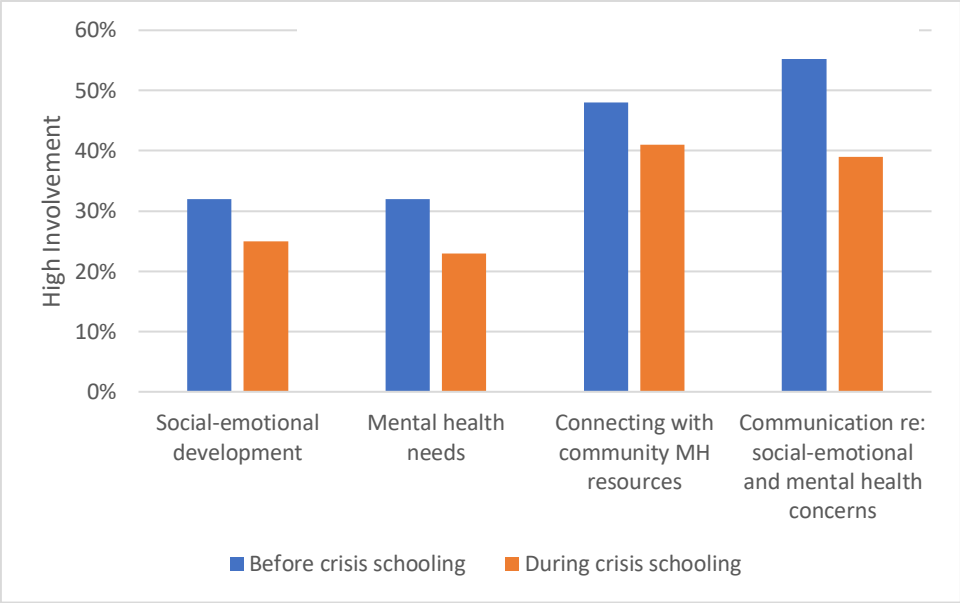


Figure 3

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



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

Table 2

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

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

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

Table 3

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

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

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

Table 4

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

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

Discussion

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

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

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

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

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

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

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

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

Implications for Rural Students

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

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

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

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

Limitations and Suggestions for Future Investigations

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

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

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

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

References

American Psychological Association. (2022). *Trauma.* https://www.apa.org/topics/trauma

American School Counselor Association. (2017). *The school counselor and school counseling programs.* https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-School-Counseling-Program

American School Counselor Association. (2019). *ASCA school counselor professional standards and competencies.* https://www.schoolcounselor.org/getmedia/a8d59c2c-51de-4ec3-a565-a3235f3b93c3/SC-Competencies.pdf

American School Counselor Association. (2020a). *The school counselor and social/emotional development.* https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Social-Emotional-Developm

American School Counselor Association. (2020b). *The school counselor and student mental health*. https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Student-Mental-Health

American School Counselor Association. (2021). *The role of the school counselor.* https://www.schoolcounselor.org/getmedia/ee8b2e1b-d021-4575-982c-c84402cb2cd2/Role-Statement.pdf

Aspinwall, L., & Taylor, S. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin*, *121*(3), 417–436 https://doi.org/10.1037/0033-2909.121.3.417

Azano, A. P., & Biddle, C. (2019). Disrupting dichotomous traps and rethinking problem formation for rural education. *The Rural Educator*, *40*(2), 4–11. https://doi.org/10.35608/ruraled.v40i2.845

Biddle, C., & Azano, A. P. (2016). Constructing and reconstructing the "rural school problem": A century of rural education research. *Review of Research in Education*, *40*(1), 298–325. https://doi.org/10.3102/0091732X16667700

Biddle, C., & Frankland, M. (2020). *Moving beyond crisis schooling*. University of Maine. https://umaine.edu/beyond-crisis-schooling/about-the-project/

Biddle, C., Sutherland, D. H., & McHenry-Sorber, E. (2019). On resisting "awayness" and being a good insider: Early career scholars revisit Coladarci's swan song a decade later. *Journal of Research in Rural Education*, *35*(7), 1–16. https://doi.org/10.26209/jrre3507

Brown, M. H., Lenares-Solomon, D., & Deaner, R. G. (2019). Every Student Succeeds Act: A call to action for school counselors. *Journal of Counselor Leadership & Advocacy, 6*(1), 86–96. https://doi.org/10.1080/2326716X.2018.1557574

Calderon, V. J. (2020). *U.S. parents say COVID-19 harming child's mental health. Gallup.* https://news.gallup.com/poll/312605/parents-say-covid-harming-child-mental-health.aspx

Centers for Disease Control and Prevention. (2020). *CDC fact sheet: Mental health among adolescents*. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/dash-mental-health.pdf

Centers for Disease Control and Prevention. (2022). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic.* https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html

Chiappero-Martinetti, E. (2014). Basic needs. In A. C. Michalos (Ed.), *Encyclopedia of Quality of Life and Well-Being Research* (pp. 329–335). Springer Netherlands. https://doi.org/10.1007/978-94-007-0753-5_150

Collaborative for Academic, Social, and Emotional Learning. (2020). *COVID 19 and remote learning: SEL and responding to the COVID-19 pandemic*. https://casel.org/fundamentals-of-sel/how-does-sel-support-your-priorities/covid-19-and-remote-learning/

Cooper, J. M. (2022). *Authentic leadership lessons from leading through a pandemic: Suburban superintendents share their stories* [Doctoral Dissertation, Miami University]. APA PsycInfo.

Cowan, K. C., & Rossen, E. (2013). Responding to the unthinkable: School crisis response and recovery. *Phi Delta Kappan*, *95*(4), 8–12. https://doi.org/10.1177/003172171309500403

de Voursney, D., Arienti, F., & Martone, K. (2021). *Mental health system development in rural and remote areas during COVID-19*. National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/7_Rural-RemoteTribal_508.pdf

Diliberti, M. K., & Schwartz, H. L. (2022). *District leaders' concerns about mental health and political polarization in schools: Selected findings from the fourth American School District Panel Survey*. RAND Corporation. https://www.rand.org/pubs/research_reports/RRA956-8.html

Education Week. (2020). *The Coronavirus spring: The historic closing of U.S. schools (a timeline).* https://www.edweek.org/leadership/the-coronavirus-spring-the-historic-closing-of-u-s-schools-a-timeline/2020/07

Education Week. (2021). *Map: Coronavirus and school closures in 2019–2020.* https://www.edweek.org/leadership/map-coronavirus-and-school-closures-in-2019-2020/2020/03

Ellis, S. (2020). *The growing mental health effects of COVID-19 for young adults.* HealthCentral. https://www.healthcentral.com/article/mental-health-effects-of-covid-19-on-students

Fairman, J., & Frankland, M. (2020). *Assessing and supporting students' social and emotional needs in Maine schools.* Maine Education Policy Research Institute. https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1017&context=cepare_state

Fidan, T., & Balcı, A. (2018). School administrators as legitimation agents: Linking perceived organizational legitimacy and legitimation strategies. *Educational Sciences: Theory & Practice*, *18*(2), 253–277. https://10.12738/estp.2018.2.0003

Frankland, M. (2021). Meeting students where they are: Trauma-informed approaches in rural schools. *Rural Educator*, *42*(2), 51–71. https://doi.org/10.35608/ruraled.v42i2.1243

Gill, I., & Saavedra, J. (2022, January 28). *We are losing a generation*. Brookings. https://www.brookings.edu/blog/future-development/2022/01/28/we-are-losing-a-generation/

Goldhaber, D., Strunk, K. O., Brown, N., Naito, N., & Wolff, M. (2020). Teacher staffing challenges in California: Examining the uniqueness of rural school districts. *AERA Open*, *6*(3). https://doi.org/10.1177/2332858420951833

Gostin, L. O. (2020). The great coronavirus pandemic of 2020–7 critical lessons. *The JAMA Forum*, *324*(18), 1816–1817. https://doi.org/10.1001/jama.2020.18347

Goswick, J., Macgregor, C. J., Hurst, B., Wall, P. J., & White, R. (2018). Lessons identified by the Joplin School Leadership after responding to a catastrophic tornado. *Journal of Contingencies and Crisis Management*, *26*(4), 544–553. https://doi.org/10.1111/1468-5973.12216

Green, E., & Fardulu, L. (2020). Schools transform into 'relief' kitchens, but federal aid fails to keep up. *New York Times*. https://www.nytimes.com/2020/04/19/us/politics/coronavirus-school-meals-relief.html

Grissom, J. A., & Condon, L. (2021). Leading schools and districts in times of crisis. *Educational Researcher*, *50*(5), 315–324. https://doi.org/10.3102/0013189X211023112

Handley, T. E., Kelly, B. J., Lewin, T. J., Coleman, C., Stain, H. J., Weaver, N., & Inder, K. J. (2015). Long-term effects of lifetime trauma exposure in a rural community sample. *BMC Public Health*, *15*(1), 1–8. https://doi.org/10.1186/s12889-015-2490-y

Harris, D. N., Liu, L., Oliver, D., Balfe, C., Slaughter, S., & Mattei, N. (2020). *How America's schools responded to the COVID crisis* (Project No. R305C180025) [Grant]. National Center for Research on Education Access and Choice. https://www.edworkingpapers.com/ai20-262

Harris, J. K. (2021). Primer on binary logistic regression. *Family Medicine and Community Health*, *9*(Suppl 1), 1–7. https://doi.org/10.1136/fmch-2021-001290

Hartman, S. L., Roberts, J. K., Schmitt-Wilson, S., McHenry-Sorber, E., Buffington, P. J., & Biddle, C. (2022). National Rural Education Association Research Agenda–2022–2027: A closer look at the research priorities. *Rural Educator*, *43*(3), 59–66.

Hartman, S., Stotts, J., Ottley, J., & Miller, R. (2017). School–community partnerships in rural settings: Facilitating positive outcomes for young children who experience maltreatment. *Early Childhood Education Journal*, *45*(3), 403–410. https://doi.org/10.1007/s10643-016-0796-8

Heled, E., & Davidovitch, N. (2020). An occupation in search of identity–What is school counseling? *Journal of Education and Learning*, *9*(5), 215–232. https://doi.org/10.5539/jel.v9n5p215

Hemmer, L., & Elliff, D. S. (2020). Leaders in action: The experiences of seven Texas superintendents before, during, and after Hurricane Harvey. *Educational Management Administration & Leadership*, *48*(6), 964–985. https://doi.org/10.1177/1741143219873073

Hill, P. T., & Jochim, A. (2021). *How can school superintendents lead during the COVID-19 crisis?* Brown Center Chalkboard. https://www.brookings.edu/blog/brown-center-chalkboard/2021/01/26/how-can-school-superintendents-lead-during-the-covid-19-crisis/

Johnson, T. (2017). *Crisis leadership : How to lead in times of crisis, threat and uncertainty*. Bloomsbury Business.

King-White, D. L. (2019). The role of school counselors in supporting mental health models in schools. *Journal of School Counseling*, *17*(4). https://files.eric.ed.gov/fulltext/EJ1210764.pdf

Laerd Statistics. (2018a). *Binomial logistic regression using SPSS Statistics.* https://statistics.laerd.com/spss-tutorials/binomial-logistic-regression-using-spss-statistics.php

Laerd Statistics. (2018b). *McNemar's test using SPSS Statistics.* https://statistics.laerd.com/spss-tutorials/mcnemars-test-using-spss-statistics.php

Lee, J. (2020). Mental health effects of school closures during COVID-19. *Lancet*, *4*(6), 421. https://doi.org/10.1016/S2352-4642(20)30109-7

Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic – United States, January 1–October 17, 2020. *Morbidity and Mortality Weekly Report*, *69*(45), 1675–1680. https://doi.org/10.15585/mmwr.mm6945a3

Leon, A. C. (1998). Descriptive and inferential statistics. In A. S. Bellack & M. Hersen (Eds.), *Comprehensive clinical psychology* (pp. 243–285). Pergamon. https://doi.org/https://doi.org/10.1016/B0080-4270(73)00264-9

Lochmiller, C. R. (2021). Rural superintendents' responses to COVID-19: Navigating local control during a public health crisis. *Frontiers in Education*, 6, 1–14. https://doi.org/10.3389/feduc.2021.617058

Longhurst, J., & Thier, M. (2021). Sharing relatively good news: Rural return-to-school more frequent and equitable than cities and suburbs. *Rural Educator*, *42*(2), 99–102. https://doi.org/10.35608/ruraled.v42i2.1220

Maine Department of Education. (2020). *The Maine Comprehensive School Counseling Program, Model 2.0.* https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/Maine%20Comprehensive%20School%20Counselor%20Program%20Model_0.pdf

Maine Department of Education. (2023). *Certification requirements*. https://www.maine.gov/doe/cert/requirements

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School and Clinic*, *56*(2), 67–73. https://doi.org/10.1177/1053451220914896

Mazurkiewicz, G. (2021). Educational leadership in times of crisis. *Risks*, *9*(5). https://doi.org/10.3390/risks9050090

Meit, M., Knudson, A., Gilbert, T., Yu, A. T.-C., Tanenbaum, E., Ormson, E., TenBroeck, S., Bayne, A., & Popat, S. (2014). *The 2014 update of the rural-urban chartbook*. https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/2014-rural-urban-chartbook-update.pdf

Milburn, T. W., Schuler, R. S., & Watman, K. H. (1983). Organizational crisis. Part I: Definition and conceptualization. *Human Relations*, *36*(12), 1141–1160. https://doi.org/10.1177/001872678303601205

Moffitt, P., Aujla, W., Giesbrecht, C. J., Grant, I., & Straatman, A. L. (2022). Intimate partner violence and COVID-19 in rural, remote, and Northern Canada: Relationship, vulnerability and risk. *Journal of Family Violence*, *37*(5), 775–786. https://doi.org/10.1007/s10896-020-00212-x

Moore, K. A., & Ramirez, A. N. (2016). Adverse childhood experience and adolescent well-being: Do protective factors matter? *Child Indicators Research*, *9*(2), 299–316. https://doi.org/10.1007/s12187-015-9324-4

Mueller, J. T., McConnell, K., Burow, P. B., Pofahl, K., Merdjanoff, A. A., & Farrell, J. (2021). Impacts of the COVID-19 pandemic on rural America. *Proceedings of the National Academy of Sciences*, *118*(1), 1–6. https://doi.org/10.1073/pnas.2019378118

National Advisory Committee on Rural Health and Human Services. (2017). *Understanding the impact of suicide in rural America: Policy brief and recommendations*.

National Alliance on Mental Illness California. (2020). *School during the pandemic: Mental health impacts on students*. Crisis Support. https://namica.org/blog/impact-on-the-mental-health-of-students-during-covid-19/

National Alliance on Mental Illness. (2020). *Mental health by the numbers*. https://www.nami.org/mhstats

National Association of School Psychologists. (2016). *School-based mental health services: Improving student learning and well-being*. https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mentalhealth/school-psychology-and-mental-health

National Association of State Boards of Education. (2016). *Educating students in rural America: Capitalizing on strengths, overcoming barriers.* https://files.eric.ed.gov/fulltext/ED571539.pdf

National Center for Education Statistics. (2022). *School locale definitions*. U.S. Department of Education. https://nces.ed.gov/surveys/ruraled/definitions.asp

National Policy Board for Educational Administration. (2015). *Professional standards for educational leaders.* https://www.npbea.org/psel/

National Rural Education Association. (2016). Research Agenda – 2016–2021 [PowerPoint slides]. https://www.nrea.net/wp-content/uploads/sites/18/2023/04/2016-2021-Research-Agenda.pdf

Oakes, J., Maier, A., & Daniel, J. (2017). *Community schools: An evidence-based strategy for equitable school improvement.* National Education Policy Center. https://eric.ed.gov/?id=ED574713

O'Malley, M., Wendt, S. J., & Pate, C. (2018). A view from the top: Superintendents' perceptions of mental health supports in rural school districts. *Educational Administration Quarterly*, *54*(5), 781–821. https://doi.org/10.1177/0013161X18785871

Osher, D., Cantor, P., Berg, J., Steyer, L., & Rose, T. (2018). Drivers of human development: How relationships and context shape learning and development. *Applied Developmental Science*, *24*(1), 6–36. https://doi.org/10.1080/10888691.2017.1398650

Plumb, J. L., Bush, K. A., & Kersevich, S. E. (2016). Trauma-sensitive schools: An evidence-based approach. *School Social Work Journal*, *40*(2), 37–60.

Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health*, *8*(1), 44–60. https://doi.org/10.1007/s12310-016-9174-3

Porter, B. J. (2011). *A portrait of school district crisis management: Leadership choices in Montgomery County during the sniper shootings of October 2002* [Doctoral dissertation, University of Maryland]. Digital Repository at the University of Maryland. http://hdl.handle.net/1903/10423

Rural Health Information Hub. (2022). *Barriers to mental health treatment in rural areas.* https://www.ruralhealthinfo.org/toolkits/mental-health/1/barriers

Schafft, K. A. (2016). Rural education as rural development: Understanding the rural school-community well-being linkage in a 21st-century policy context. *Peabody Journal of Education*, *91*(2), 137–154. https://doi.org/10.1080/0161956X.2016.1151734

Schechter, C., Da'as, R. A., & Qadach, M. (2022). Crisis leadership: Leading schools in a global pandemic. *Management in Education*, *0*(0), 1–8. https://doi.org/10.1177/08920206221084050

Spencer, M. R., Garnett, M. F., & Miniño, A. M. (2022*). Urban-rural differences in drug overdose death rates, 2020* (Issue Brief No. 440). National Center for Health Statistics. https://dx.doi.org/10.15620/cdc:118601

Steimle, J. L. (2022). Exploring the role of superintendent leadership in managing the COVID-19 crisis [Doctoral Dissertation, Russell Sage College, Esteves School of Education]. Sage Graduate School ProQuest Dissertations Publishing.

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/

Superintendent; powers and duties, Pub. L. No. Part 2; Chapter 101 §1055 (2021). http://www.mainelegislature.org/legis/statutes/20-a/title20-asec1055.html#:~:text=The%20superintendent%20is%20responsible%20for,to%20state%20laws%20and%20rules.

Sutherland, I. E. (2017). Learning and growing: Trust, leadership, and response to crisis. *Journal of Educational Administration*, *55*(1), 2–17. https://doi.org/10.1108/JEA-10-2015-0097

Sweeny, K. (2008). Crisis decision theory: Decisions in the face of negative events. *Psychological Bulletin*, *134*(1), 61–76. https://doi.org/10.1037/0033-2909.134.1.61

Taylor, J. (2020). Under the microscope: What is a crisis? *Psychology Today*. https://www.psychologytoday.com/us/blog/the-power-prime/202003/under-the-microscope-what-is-crisis

Thier, M., Longhurst, J. M., Grant, P. D., & Hocking, J. E. (2021). Research deserts: A systematic mapping review of U.S. rural education definitions and geographies. *Journal of Research in Rural Education*, *37*(2). https://doi.org/10.26209/jrre3702

U.S. Department of Education. (2021). *Supporting child and student social, emotional, behavioral and mental health.* https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf

United States Census Bureau. (2023). *State population totals and components of change: 2020–2022*. https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html

USAFacts. (2022, June 9). *Over one-third of Americans live in areas lacking mental health professionals.* https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/

Valentine, A. (2020, June 30). Commentary: Why "crisis schooling" shouldn't be part of our new normal. *Daily Yonder.* https://dailyyonder.com/commentary-why-crisis-schooling-shouldnt-be-part-of-our-new-normal/2020/06/30/

Virgiglio, G. (2021). *Exploring the role of the school superintendent in crisis management* [Doctoral Dissertation, Russell Sage College, Esteves School of Education]. Sage Graduate School ProQuest Dissertations Publishing. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation&res_dat=xri:pqm&rft_dat=xri:pqdiss:28860461

Walker, T. (2020, April 15). *Social-emotional learning should be priority during COVID-19 crisis*. NEA News. https://www.nea.org/advocating-for-change/new-from-nea/social-emotional-learning-should-be-priority-during-covid-19

Watson, K. R., Capp, G., Astor, R. A., Kelly, M. S., & Benbenishty, R. (2022). "We need to address the trauma": School social workers' views about student and staff mental health during COVID-19. *School Mental Health*, *14*(4), 902–917. https://doi.org/10.1007/s12310-022-09512-7

World Health Organization. (2020, October 13). *Impact of COVID-19 on people's livelihoods, their health and our food systems.* https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems

About the Authors

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

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

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

Hope Schuermann, *Eastern Oregon University*

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.

References

Acheson, K., Taylor, J., & Luna, K. (2016). The burnout spiral: The emotion labor of five rural U.S. foreign language teachers. *Modern Language Journal, 100*(2), 522–537. https://doi.org/10.1111/modl.12333

Anderson, J. R., Hughes, J. L., & Trivedi, M. H. (2021). School personnel and parents' concerns related to COVID-19 pandemic's impact related to schools. *School Psychology Review*, *50*(4), 519–529. https://doi.org/10.1080/2372966X.2020.1862626

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Baker, C. N., Peele, H., Daniels, M., Saybe, M. Whalen, K., Overstreet, S., & The New Orleans Trauma-Informed Schools Learning Collaborative. (2021). The experience of COVID-19 and its impact on teachers' mental health, coping, and

teaching. *School Psychology Review*, *50*(4), 491–504. https://doi.org/10.1080/2372966X.2020.1855473

Bell, H., Limberg, D. & Robinson, E. H. III (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education, 89*(3), 139–145. https://doi.org/10.1080/00094056.2013.792629

Bell, C. H., & Robinson, E. H. III. (2013). Shared trauma in counseling: Information and implications for counselors. *Journal of Mental Health Counseling, 35*(4), 310–323. https://doi.org/10.17744/mehc.35.4.7v33258020948502

Berceli, D., & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. *Journal of Evidence-Based Complementary and Alternative Medicine, 11*(3),153–165. https://doi.org/10.1177/1533210106297989

Biddle, & Brown, L. M. (2020). Banishing “Siberia” and student seclusion: Leading trauma-informed systems of change in a rural school. *Journal of Cases in Educational Leadership*, *23*(2), 85–97. https://doi.org/10.1177/1555458920910771

Björk L. G., Kowalski T. J., & Browne-Ferrigno T. (2014). The school district superintendent in the United States of America. In A. E. Nir (Ed.), *The educational superintendent: Between trust and regulation. An international perspective.* Nova Science Pub Inc. https://doi.org/10.52305/CNHU1004

Carlson, N. L., Monk, P. E., Irons, E., & Walker, C. P. (2010). First responders in the classroom: Triage training for teachers to respond to students after a natural disaster. *National Social Science Journal*, *35*(1), 38–45.

Chen Z., Roy K., Khushalani J. S., & Puddy R. W. (2022) Trends in rural-urban disparities in access to outpatient mental health services among US adults aged 18–64 with employer-sponsored insurance: 2005–2018. *Journal of Rural Health*, *38*(4), 788–794. https://doi.org/10.1111/jrh.12644

Christiansen, P. (2023, August 15). How to get free and low-cost internet. HighSpeedInternet.Com. https://www.highspeedinternet.com/resources/how-can-i-get-free-internet

Copeland, J. D. (2013). One head–many hats: Expectations of a rural superintendent. *The Qualitative Report, 18*(39), 1–15. https://doi.org/10.46743/2160-3715/2013.1461

Corrigan, P. W., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Morris, S., & Sullivan, G. (2014). Mental health stigma and primary health care decisions. *Psychiatry Research*, *218*(1–2), 35–38. https://doi.org/10.1016/j.psychres.2014.04.028

Crumb, L., Clark, M., & Long, S. M. (2020). Finding strength in the struggle: Addressing the mental health needs of children and families living in rural poverty. In H. Greene, B. Zugelder, & J. Manner (Eds.), *Handbook of research on leadership and advocacy for children and families in rural poverty* (pp. 195–219). IGI Global. https://doi.org/10.4018/978-1-7998-2787-0.ch009

Crumb, L., Mingo, T. M., & Crowe, A. (2019). "Get over it and move on": The impact of mental illness stigma in rural, low-income United States populations. *Mental Health & Prevention*, *13*, 143–148. https://doi.org/10.1016/j.mhp.2019.01.010

DeCino, D. A., Waalkes, P. L., & Iverson, V. (2023). Rural school counselors' experiences with dual relationships. *Journal of Child and Adolescent Counseling*. Advance online publication. https://doi.org/10.1080/23727810.2023.2195229

Ellis A., Konrad T., Thomas K., & Morrissey J. (2009). County-level estimates of mental health professional supply in the United States. *Psychiatric Services*, *60*, 1315–1322. https://doi.org/10.1176/ps.2009.60.10.1315

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those that treat the traumatized.* Routledge.

Figley, C.R., Lovre, C., & Figley, K.R. (2011). Compassion fatigue, vulnerability, and resilience in practitioners working with traumatized children. In V. Ardino (Ed.), *Post-Traumatic syndromes in childhood and Adolescence: A handbook of research and practice* (pp.417–432). John Wiley & Sons, Ltd. https://doi.org/10.1002/9780470669280.ch21

Fogelman, D. (2016-2022). *This is us* [TV Series]. Rhode Island Ave.

Gamm, L., Stone, S., & Pittman, S. (2003). Mental health and mental disorders- A rural challenge: A literature review. *Rural Healthy People 2010*, *1*, 165–170.

Germack H., Drake C., Donohue J., Golberstein E., & Busch S. (2020). National trends in outpatient mental health service use among adults between 2008 and 2015. *Psychiatric Services*, *71*(11), 1127–1135. https://doi.org/10.1176/appi.ps.201900576

Grimes, T. O. (2020). Exploring the phenomenon of rural school counselors' professional identity construction. *Professional School Counseling, 24*(1), 1–13. https://doi.org/10.1177/2156759x20965180

Hann-Morrison, D. (2011). The varied roles of school counselors in rural settings. *Georgia School Counselors Association Journal, 18*(1), 26–33.

Harker, R., Pidgeon, A. M., Klaassen, F., & King, S. (2016). Exploring resilience and mindfulness as preventative factors for psychological distress burnout and secondary traumatic stress among human service professionals. *Work (Reading, Mass.)*, *54*(3), 631–637. https://doi.org/10.3233/WOR-162311

Harper, F. (2019). *Coping skills: Tools & techniques for every stressful situation*. Microcosm Publishing.

Hastings, S. L., & Cohn, T. J. (2013). Challenges and opportunities associated with rural mental health practice. *Journal of Rural Mental Health*, *37*, 37–49. http://dx.doi.org/10.1037/rmh0000002

Jennings, P. A., & Greenberg M. T. (2009) The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research, 79*(1), 491–525. https://doi.org/10.3102/0034654308325693

Kush, J. M., Badillo-Goicoechea, E., Musci, R. J., & Stuart, E. A. (2022). Teachers' mental health during the COVID-19 pandemic. *Educational Researcher, 51*(9), 593–597. https://doi.org/10.3102/0013189X221134281

Menakem, R. (2017). *My grandmother's hands*. Central Recovery Press.

O'Brennan, L., Pas, E., & Bradshaw, C. (2017). Multilevel examination of burnout among high school staff: Importance of staff and school factors. *School Psychology Review*, *46*(2). https://doi.org/10.17105/SPR-2015-0019.V46-2

Oehlberg, B. (2011). Schools as a context of trauma prevention. In V. Ardino (Ed.), *Post Traumatic syndromes in childhood and adolescence: A handbook of research and practice* (pp. 233–242). John Wiley & Sons, Ltd. https://doi.org/10.1002/9780470669280.ch12

O'Malley, M., Wendt, S. J., & Pate, C. (2018). A view from the top: Superintendents' perceptions of mental health supports in rural school districts. *Educational Administration Quarterly*, *54*(5), 781–821. https://doi.org/10.1177/0013161X18785871

Oregon Health Authority (n.d.) The behavioral health workforce initiative. Oregon Health Authority Behavioral Health Services. https://www.oregon.gov/oha/HSD/AMH/Pages/Workforce-Initiative.aspx

Ostmo, P., & Rosencrans, J. (2022). *Rural mental health*. Rural Health Research Recap. https://www.ruralhealthresearch.org/assets/4960-22209/rural-mental-health-recap.pdf

Perry, B. & Winfrey, O. (2021). *What happened to you: Conversations on trauma, resilience, and healing*. Flatiron Books.

Polaha, J., Williams, S. L., Heflinger, C. A., & Studts, C. R. (2015). The perceived stigma of mental health services among rural parents of children with psychosocial concerns. *Journal of Pediatric Psychology*, *40*(10), 1095–1104. https://doi.org/10.1093/jpepsy/jsv054

Provasnik, S., Kewal Ramani, A., Coleman, M. M., Gilbertson, L., Herring, W., & Xie, Q. (2007). *Status of education in rural America*. U.S. Department of Education, National Center for Educational Statistics, Institute of Educational Sciences. https://nces.ed.gov/pubs2007/2007040.pdf

Rodriguez, V., Rojas, N. M., Rabadi-Raol, A., Souto-Manning, M. V., & Brotman, L. M. (2022). Silent expectations: An exploration of women pre-kindergarten teachers' mental health and wellness during Covid-19 and beyond. *Early Childhood Research Quarterly,* 60, 80–95. https://doi.org/10.1016/j.ecresq.2021.12.006

Sarkar, C., Webster, C., & Gallacher, J. (2018). Residential greenness and prevalence of major depressive disorders: A cross-sectional, observational, associational study of 94 879 adult U.K. Biobank participants. *Lancet Planetary Health*, *2*(4), 162–173. https://doi.org/10.1016/S2542-5196(18)30051-2

Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta, Indonesia: A study of elementary school teachers. *School Psychology International, 34*(4), 387–404. https://doi.org/10.1177/0143034312446889

Schaack, D. D., Le, V., & Stedron, J. (2020). When fulfillment is not enough: Early childhood teacher occupational burnout and turnover intentions from a job demands and resources perspective. *Early Education and Development, 31*(7), 1011–1030. https://doi.org/10.1080/10409289.2020.1791648

Schmelzer, G. L. (2018). *Journey through trauma: A trail guide to the five-phase cycle of healing repeated trauma.* Avery Books.

Shealy, K. M., Davidson, T. M., Jones, A. M., Lopez, C. M., & de Arellano, M. A. (2015). Delivering an evidence-based mental health treatment to underserved populations using telemedicine: The case of a trauma-affected adolescent in a rural setting. *Cognitive and Behavioral Practice, 22*(3), 331–344. https://doi.org/10.1016/j.cbpra.2014.04.007

Simien, J. (2017-2021). *Dear white people* [TV Series]. Lionsgate.

Stewart, H., Jameson, J. P., & Curtin L. (2015). The relationship between stigma and self- reported willingness to use mental health services among rural and urban

older adults. *Psychological Services*, 12(2), 141–148. https://doi.org/10.1037/a0038651

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Thompson, R. W., Arnkoff, D. B., & Glass, C. R. (2011). Conceptualizing mindfulness and acceptance as components of psychological resilience to trauma. *Trauma, Violence, & Abuse*, *12*(4), 220–235. https://doi.org/10.1177/1524838011416375

Tyrvainen, I., Ojala, A., Korpela, K., Lanki, T., Tsunetsugu, Y., & Kagawa, T. (2014). The influence of urban green environments on stress relief measures: A field experiment. *Journal of Environmental Psychology, 38*, 1–9. https://doi.org/10.1016/j.jenvp.2013.12.005

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Van der Kolk, B., McFarlane, A., & Weisaeth, L. (2012). *Traumatic stress: The effects of overwhelming experience on mind, body, and society***.** Guilford Press.

About the Authors

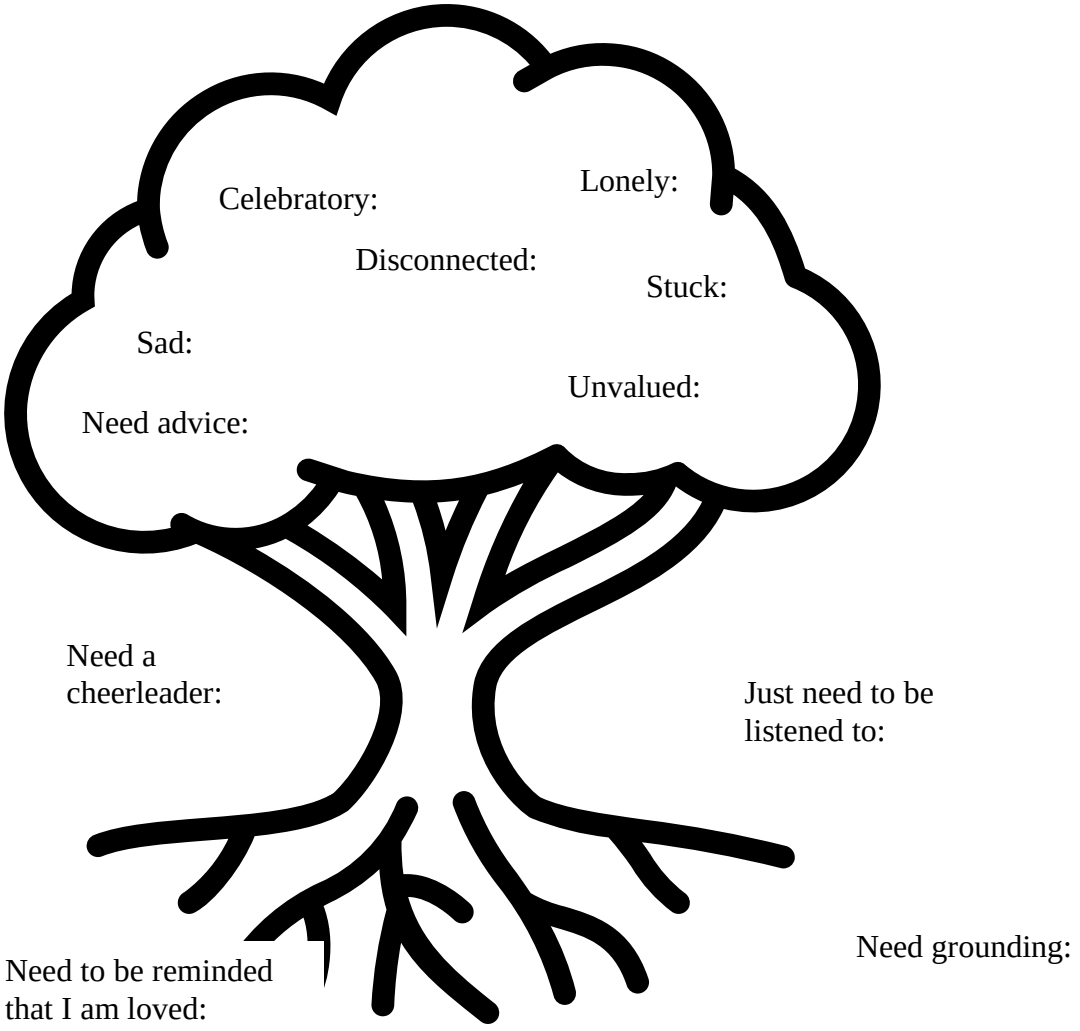
Dr. Hope Schuermann, **PhD** is currently a Licensed Mental Health Counselor and Qualified Supervisor in the state of Florida and has been licensed in Louisiana and Texas as well. She holds a Master's of Science in Community Counseling from Loyola University New Orleans and a Ph.D. in Counselor Education from the University of Central Florida. Dr. Schuermann's academic areas of specialization include trauma, specifically trauma in children and trauma from disasters, and pedagogy and supervision in Counselor Education. Her clinical areas of expertise are treating children, trauma recovery, and creative therapy approaches. Dr. Schuermann has published over 20 peer-reviewed articles and presented at over 40 international, national, and regional conferences. Her awards include the CORE Journal's Outstanding Outcome Research Article Award and the Rosser Educator Excellence Award. hschuermann@eou.edu

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:



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Trauma-Informed Research-Practice Partnership Building to Support Early Childhood Educators in an Appalachian Community

Lori A. Caudle, *University of Tennessee*
Cathy L. Grist, *Western Carolina University*
Hannah R. Thompson, *University of Tennessee*

Trauma-informed initiatives that prioritize educator well-being through equitable research-practice partnership (RPP) building are necessary to advance trauma-informed education and care for young children in rural Appalachian communities. Early stages of partnership building that consider dimensions identified by Henrick et al. (2017) foster trusting relationships, address the goals of partnering organizations, and work toward capacity building. Burnout, secondary traumatic stress, and compassion fatigue are common problems faced by early childhood professionals who may be exposed to high levels of stress and trauma in their work with young children. Thus, any initiatives with early childhood educators should include short- and long-term strategies to address the status of the workforce. Recognizing how trauma and social determinants of health impact the rural early childhood workforce and their ability to implement trauma-informed practices in the classroom is a first step toward holistic professional development. The purpose of this article is to highlight how the early stages of a partnership study with a rural Appalachian pre-kindergarten (pre-K) program and two universities provided a foundation for future research, practice, and partnership activities. Often, trauma-informed professional learning relies on classroom strategies and swift problem-solving techniques that do not consider the primary and secondary trauma faced by early childhood educators and how these traumas directly impact educators' ability to improve classroom practices.

***Keywords*: early childhood workforce, professional development, rural early childhood education, trauma-informed research-practice partnerships, social-emotional interventions**

In response to the COVID-19 crisis, school districts increased their use of trauma-informed practices to reduce the effects of collective trauma from the pandemic and additional trauma children faced while schools were closed (Arantes de Araújo et al.,

2021). Marginalized children and families, including those living in poverty, were among some of the most vulnerable groups impacted by the pandemic (Abrams & Szefler, 2020), which has substantial implications for educators working in rural communities. Rural communities, often known for building exceptional resilience (Eyre et al., 2017), are subject to issues with economic security, family well-being, food insecurity, and health security. COVID-19 exacerbated these social determinants of health for young children and increased risk for trauma (Sano & Mammen, 2022). While a heightened focus on child well-being at the district level was long overdue in most U.S. school systems, these trauma-informed interventions and programs must prioritize educators to be effective (Luthar & Mendes, 2020). Educator well-being and social-emotional competencies impact children's behaviors and the overall classroom environment (National Research Council, 2015; Nicholson et al., 2019). The pandemic and aftermath across the past few years position trauma-informed workforce interventions that prioritize educators to be even more paramount, especially for those teaching and caring for our youngest children living in rural communities.

The purpose of this article is to highlight the early stages of a trauma-informed research-practice partnership (RPP) study, the *Social-Emotional Learning Trauma-Informed Intervention Preschool Study (TIIPS)*, that included partners from two universities and one public pre-kindergarten (pre-K) program located in the Appalachian region of the United States. This study was built on the key tenets of effective RPP design outlined by Henrick et al. (2017) that prioritized collective learning within authentic experiences, activities, and contexts, many of which were informal. RPP involvement is particularly important for early childhood educators who often have fragmented, inconsistent professional learning opportunities (National Research Council, 2015). Unique challenges and disparities exist for the early care and education workforce who are often isolated from the K-12 system, have a high use of public assistance, and experience labor-intense working conditions, leaving little space or time for professional learning or development (Iruka et al., 2020; Kwon et al., 2020; Edwards et al., 2021). Though participating in RPPs does not alleviate cultural and environmental systemic inequities, it can help mitigate multi-level disparities within early care programs. By participating in an RPP established to build sustainable patterns and responsive relationships, early educators can engage in professional learning opportunities that meet the needs of their specific environment and everyday classroom realities.

Through a trauma-informed lens, this article details the formation of the TIIPS study within the existing RPP that was grounded in research on ECE workforce well-being and effective RPP design within Appalachian communities. Documenting the initial stages of study development advances understanding of how careful consideration of workforce well-being and healing, particularly among early childhood educators in rural Appalachia, situates trauma-informed RPPs in ways that are conducive to ongoing research and partnership activities.

The Early Childhood Workforce

The early childhood workforce includes not only certified teachers but also other individuals who educate and care for young children in public and private schools, Head Start, and community- and home-based childcare centers. While research on trauma experienced by early childhood educators is limited, some studies have found early childhood educators, and others employed in positions working directly with children and families, report higher levels of adverse childhood experiences in comparison to the general population (Grist & Caudle, 2021; Hubel et al., 2020; Whitaker et al., 2014). Due to these statistics, trauma-informed initiatives and programs for young children must embrace a holistic approach that considers workforce well-being and healing (Kwon et al., 2020; Nicholson et al., 2019). Further, early childhood educators are also disproportionately impacted by interlocking societal disadvantages, including experiencing classism, racism, and sexism, that are individually and interdependently associated with a range of social determinants of health (Kelley, 2020; Rosemberg et al., 2018). Research shows that as compared to middle school and high school educators, early childhood educators are underpaid, have limited workplace resources and benefits, experience much higher rates of poverty, have higher degrees of stress, and are more likely to be women of color (McLean et al., 2021; Whitebook, 2020; Whitebook & Sakai, 2004). The challenges and barriers faced by the workforce contribute to chronic stress (Kwon et al., 2020; McLean et al., 2021), retention issues (Totenhagen et al., 2016), and burnout (Ng et al., 2023).

Appalachian Communities

There are several reasons why there are high rates of early childhood trauma in Appalachia, which include the region's history of poverty, isolation, and lack of resources (Miller, 2018). Poverty can lead to heightened stress and unstable living conditions, which can increase the risk of child abuse and neglect (Miller, 2018). Isolation and limited resources also make it more difficult for families to access needed social services and community-level support, which can exacerbate the effects of trauma (Miller, 2018). Lack of regional and accessible resources contributes to limited mental health literacy and preventive care, which can create more barriers to mental health support for both children and adults (Crumb et al., 2021). According to the 2021 U.S. Census and the Appalachian Data Report, the Appalachian region expands across twelve states and encompasses 107 rural counties in the Southeastern United States (Pollard et al., 2023). Historically, Appalachia’s rural communities have been more vulnerable to the intergenerational transmission of poverty and trauma compared to the other 841 similarly situated rural counties across the United States (Pollard et al., 2023).

Before the COVID-19 pandemic, the Appalachian region had seen substantial gains in median household income (i.e., a 15% increase), workforce participation at 73.8%, and a decrease in the regional poverty rate down to 14.7% (Pollard & Jacobson,

2022). Unfortunately, these increases did not mitigate nor survive the widespread effects of the pandemic, which exacerbated disadvantages and intergenerational and regional poverty (Pollard et al., 2023). The pandemic redistributed the effects of poverty, family unit vulnerability, and related social determinants of health and health disparities (i.e., mental health disorders, substance abuse, greater risk for obesity, food insecurity, and maternal and child health; Hege et al., 2020). During the pandemic, the Supplemental Nutrition Assistance Program (SNAP) for families with children in the Appalachian region was higher than the national rate of SNAP at 21% versus 18% (Pollard et al., 2023). Today, 20% of the rural Appalachia population lives in poverty compared to the 15.4% of other rural counties in the United States and the national poverty rate of 11.6% (Creamer et al., 2022; Pollard et al., 2023). Alongside the lack of social safety nets and governmental aid, the cultural values and norms in Appalachian communities can contribute to the perpetuation of trauma. For example, the culture of stoicism and self-reliance can make it more difficult for individuals to seek help and support for themselves or their children (Miller, 2018). The emphasis on traditional gender roles can also contribute to the normalization of domestic violence and other forms of abuse (Miller, 2018), which may contribute to the increased rate of adversity in childhood and forms of trauma young children may experience living in rural communities (Hege et al., 2020).

The Appalachian region has a tumultuous history and has experienced a variety of traumas, including forced displacement, dangerous working conditions, environmental degradation, and the opioid epidemic. Understanding the historical and ongoing traumas experienced by these communities is essential to addressing the complex challenges facing educators, children, and families in the region. Historical traumas that have intergenerational and regional effects include the forced displacement of Indigenous tribes from their ancestral lands. The Cherokee Removal Act of 1830 led to the forced relocation of thousands of Cherokee people from their homes in Georgia to present-day Oklahoma. This traumatic event, known as the Trail of Tears, resulted in the deaths of thousands of Cherokee people from disease, starvation, and exposure (Sturm, 2008). Health and environmental disparities were also brought to the region by the coal mining industry in the late 19th and early 20th centuries (Hendryx & Ahern, 2008; Klein, 2011).

Opioid Crisis

More recently, Appalachian communities have experienced community and environmental traumas related to the ongoing opioid epidemic. The Appalachian region has been disproportionately impacted by the opioid epidemic, with high rates of opioid addiction, overdose, and death. This epidemic has been fueled by a combination of factors, including the over-prescription of opioid pain medications, poverty, limited access to healthcare and addiction treatment services, and cultural influences (Jones & Logan, 2019; Moody et al., 2017). The opioid crisis in Appalachian communities has been a complex and severe public health issue for decades. For the last two decades,

Appalachia has experienced some of the highest rates of opioid misuse, addiction, and overdose deaths in the country (Schalkoff et al., 2020). Access to education about opioid overdose and naloxone (which reduces overdoses) distributions is low in rural Appalachia (Macmadu et al., 2023). The economic and social impact of the opioid crisis in Appalachia is far-reaching. The epidemic has led to reduced workforce productivity, increased healthcare costs, and strained social services. Families and communities have been profoundly affected by the loss of loved ones and the challenges of addiction (Dasgupta et al., 2018).

Characteristics of Rural Appalachian Communities

Differences between rural Appalachian communities and other rural communities are numerous, with geographical location and culture being among some of these differences. Appalachian communities are predominantly located in the Appalachian Mountains, stretching from southern New York to northern Mississippi in the eastern United States, consisting of 206,000 square miles across 13 states (Pollard et al., 2023). These regions have a unique cultural heritage, including distinct music, crafts, and storytelling traditions influenced by Scots-Irish, English, and German settlers and Native Americans who inhabited many areas in Appalachia for long before Europeans settled. These communities are known for valuing spirituality, religion, informal communication, and possessing a sense of belonging that is strongly tied to the mountains in which they live (Helton & Keller, 2010). Other rural communities might have different cultural backgrounds and traditions, depending on their geographic location (Pollard et al., 2023).

Economic activities also differ between rural Appalachia and other rural communities. Historically, rural Appalachian communities relied on industries such as coal mining, timber, and agriculture (Trozzo, et al., 2019; Zipper & Skousen, 2021). However, the decline of coal mining and manufacturing in the region has impacted the economy and led to economic challenges (Zipper & Skousen, 2021). In contrast, other rural communities may depend on different economic activities, such as agriculture, fishing, tourism, or natural resource extraction. There is a history of poverty and socioeconomic issues in rural Appalachian communities. Many regions have experienced higher poverty rates compared to other rural areas. This can be attributed to the decline of traditional industries and limited access to education and healthcare services (Pollard et al., 2023). While rural communities outside the Appalachian region also experience poverty, the factors contributing to it differ in some regards. Healthcare and educational facilities may be more limited in rural Appalachian areas compared to other rural regions due to their remote locations, limited certified professionals, and unique economic challenges. This can lead to disparities in access to quality healthcare and educational opportunities, impacting the overall well-being and economic prospects of the residents.

Resilience in Appalachia

Historical traumas have ongoing effects that are passed down through the intergenerational transmission of trauma and are revealed through secondary and vicarious traumatic experiences of families, children, and educators. However, Appalachian communities are known for their resilience in the face of challenges, including economic hardship, trauma, and other social determinants of health. Some traits contribute to their resilience, such as social connections and support systems. Appalachian communities tend to have strong social networks that provide emotional support and practical assistance during difficult times (Eyre et al., 2017; Magill et al., 2021). These networks can include family members, friends, neighbors, community organizations, and churches. Another trait is a sense of place. Many people in Appalachia feel a strong attachment to their local communities and the natural environment, which can provide a sense of continuity and stability even in the face of change (Bollinger, 2019). This attachment can foster a sense of collective identity and pride that helps weather difficult times. Individuals living in Appalachian communities are also very resourceful and have a long tradition of self-reliance and resourcefulness that can be traced back to their rural roots (Eyre et al., 2017). These traits have helped people survive in challenging environments and adapt to changing economic conditions. Among Appalachian women, research has found their cultural values contribute to their resiliency (Helton & Keller, 2010). Overall, Appalachian culture is characterized by a strong work ethic, a love of family and community, and a reverence for the natural world (Bollinger, 2019). These values can provide a sense of purpose and meaning, ultimately acting as protective factors that help people persevere through difficult times.

Trauma

In this study, trauma is defined as any event that is an actual or perceived threat to an individual's safety (American Psychiatric Association, 2013), and in addition, the event or circumstances can be frightening or harmful emotionally, physically, or both (Bartlett & Sacks, 2019). Research has shown that trauma is a common occurrence among most individuals (Saunders & Adams, 2014). Benjet et al. (2016) found that 82.7% of adults in the United States have experienced at least one traumatic event, and one in four children will have experienced some sort of traumatic experience before their third birthday (Douglas et al., 2021; Briggs-Gowan et al., 2010). Early childhood trauma can have a significant impact on brain development. Trauma during the early years of life can disrupt the development of key brain regions, including the prefrontal cortex, amygdala, and hippocampus, which are critical for emotional regulation, memory processing, and cognitive functioning (Teicher & Samson, 2016). In addition to structural changes, early childhood trauma can also impact brain function. For example, children who have experienced trauma may have alterations in the way their brain processes information, leading to difficulties with attention, memory, and executive function (De Bellis, 2015).

These changes can affect a child's ability to learn and succeed in school. Individuals who experience early childhood trauma may have a heightened sensitivity to stress and exhibit symptoms of anxiety, depression, or post-traumatic stress disorder (PTSD) later in life (Hammen & Brennan, 2003). Furthermore, early trauma may also affect the development of attachment patterns, social skills, language abilities, healthy relationships, and regulated emotions.

Several studies have shown that early childhood trauma can lead to dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which is responsible for regulating cortisol production (National Research Council, 2015). Early childhood trauma can also have a significant impact on cortisol levels in individuals. Cortisol is a hormone produced by the adrenal gland in response to stress, and it plays an important role in the body's stress response system. Traumatic experiences during childhood can disrupt the body's stress response system and lead to dysregulated cortisol levels. Several studies have found that early childhood trauma can lead to increased cortisol reactivity. For example, a longitudinal study by Strüber et al. (2014) found that children who had experienced early childhood adversity had dysregulated cortisol responses to stress over time, suggesting that early trauma can have long-term effects on the HPA axis. Another study by Strüber and colleagues (2018) found that individuals who had experienced early life stress had increased cortisol reactivity in response to a social stressor. A study by Carpenter et al. (2007) found that children who had experienced physical abuse had higher cortisol levels than non-abused children. The researchers suggested this may be due to dysregulation of the HPA axis in response to chronic stress. Overall, studies suggest that early childhood trauma can have a significant impact on cortisol levels in individuals. Traumatic experiences can lead to dysregulated cortisol levels, which may have implications for physical and mental health outcomes.

Early Childhood Educator Well-Being

The early childhood workforce is engaged in the complex labor of providing nurturing environments for young children while being put in a position that lacks social safety nets, financial resources, and protective policies (Edwards et al., 2021; McLean et al., 2021). These inequities are exaggerated more so for early childhood educators working in the Appalachian region who are continually faced with navigating systems of oppression and mitigating the cyclical patterns of the environment (i.e., situational poverty, lack of upward mobility) and social inequities (i.e., racial oppression, regional stereotypes). Additionally, many early childhood educators working in rural communities were raised in the communities in which they are employed (Iruka et al., 2020), sometimes even attending the same schools in which they teach. Thus, they have experienced many of the same childhood experiences as children in their classrooms and are also at heightened risk of secondary traumatic stress, which exists when someone else's trauma impacts others' lives in traumatic ways (Figley & Ludick, 2017; Ormiston et al., 2022).

However, some research has found that educators choosing to teach in rural areas where they grew up contributes to their professional success and career stability (Leech et al., 2022).

The COVID-19 pandemic led to significant increases in workloads for early childhood educators who were expected to assume increased responsibilities without additional compensation, resources, or support, all while navigating an international health crisis (McLean et al., 2021). Studies show increased workloads and physically demanding work elevate burnout for educators (Blöchliger & Bauer, 2018), which is extremely problematic for early childhood educators who are at a higher risk of burnout than educators in K-12 settings (Kwon et al., 2020; Ng et al., 2023).

Burnout, secondary traumatic stress, and compassion fatigue are common problems faced by early childhood teachers who may be exposed to high levels of stress and trauma in their work with young children. However, researchers have identified several strategies that can be used to reduce these negative outcomes and promote teacher well-being. Jennings et al. (2013) found mindfulness-based stress reduction (MBSR) reduced burnout and secondary traumatic stress in early childhood teachers and determined that MBSR may be a useful tool for promoting teacher well-being. Kim et al. (2020) revealed how self-compassion was associated with lower levels of burnout, secondary traumatic stress, and compassion fatigue in early childhood teachers and that interventions aimed at promoting self-compassion may help reduce these negative outcomes. Additionally, a review by Sprang et al. (2018) identified several promising interventions for reducing secondary traumatic stress and compassion fatigue in child welfare workers, which may also apply to early childhood teachers. These interventions included self-care strategies, cognitive-behavioral therapies, and organizational support. Further, Woodhouse et al. (2019) found that a resilience-building intervention focused on promoting positive emotions and self-care reduced burnout and secondary traumatic stress in early childhood teachers. The researchers indicated that this type of intervention may help promote teacher well-being. Overall, studies suggest that interventions aimed at promoting mindfulness, self-compassion, self-care, and positive emotions may be useful for reducing burnout, secondary traumatic stress, and compassion fatigue in early childhood educators.

The Social-Emotional Learning Trauma-Informed Intervention Preschool Study

Conceptual Framework

TIIPS was established by customizing RPP dimensions of effectiveness identified by Henrick et al. (2017). The early stages of the study prioritized three of the five dimensions in Henrick and colleagues' framework. Dimension 1 work included *building trust and cultivating partnering relationships* that are necessary for productivity and sustainability. Fostering these types of relationships meant defining roles, engaging in collaborative decision-making through routine interactions, dismantling power

differences, establishing group norms, and respecting diverse perspectives and expertise among the group. Dimension 3 centered on s*upporting the partner practice organization in achieving its goals,* which was operationalized by prioritizing problems of practice and continually using strategies for improvement. Finally, components of dimension 5, *building the capacity of participating researchers, practitioners, practice organizations, and research organizations to engage in partnership work,* were initiated by shaping professional identities that saw value in collective inquiry, allocating resources and time to partnership activities, and supporting capacity building through leadership opportunities. Focusing on these three dimensions outlined by Henrick et al. positioned TIIPS for future rigorous research and knowledge generation in subsequent phases of the study.

Background

TIIPS originated from a pre-existing partnership and research alliance between a university professor and a local public pre-K program situated in an Appalachian area. For 15 years, an Early Childhood Mental Health Consultant (ECMHC), who is also a clinical psychologist and professor, has provided collaborative consultation through assessments and interventions for the teachers, children, and families who are part of this program. Over time, the primary components of this partnership have included ongoing professional development in the form of professional learning communities, coaching, and extensive relationship building. So far, these efforts have led to the adoption of new curricula (i.e., literacy, math, and social-emotional) and informal, individualized support for educators implementing social-emotional interventions for children. All lead teachers in the program have bachelor's or master's degrees, and the director's career has spanned over a decade in various positions in early childhood education. The program is centralized, meaning that all six classrooms are located near each other and that teachers, teaching assistants, and staff are in supportive collaborative teams, which creates stability and longevity. There has been less turnover in this program compared to other public pre-K programs, making this a unique early childhood educational context.

Present Study

Due to the COVID-19 pandemic and the increasing social-emotional needs of educators and children, TIIPS aimed to prioritize educator well-being while also supporting educators in implementing trauma-informed classroom-based interventions. TIIPS expanded the original partnership team to include additional faculty and student researchers across two universities for a total of 15 educators (including educational assistants), a program director, two university faculty, one graduate researcher, and one undergraduate researcher. The mental health consultant worked in coordination with the partnering pre-K program to identify potential areas where their partnership could grow, and this led to the development of TIIPS.

Main partnership activities across the school year included weekly group meetings attended by all partners on a rotating basis between the lead and assistant teacher cohorts. Specifically, all educators identified as educational assistants would join in team meetings with the university partners without the certified teachers and vice versa. These meetings provided time and space to build community while also learning more about the main tenets of trauma-informed work through a book study and reflections on classroom experiences. The program director joined most of these meetings. In addition to weekly meetings, one-on-one check-in meetings were held bi-monthly between a university partner and an educator (or a university partner and the program director). Weekly research meetings were held with the university partners, which provided important time for the team to debrief and adjust plans based on ongoing experiences and needs of the pre-K program. The partnering organization was able to provide feedback about the partnership through check-in surveys and informal communication.

In addition to meetings, ongoing classroom experiences and interactions were documented using 360-degree cameras and the *Teaching Pyramid Model Observation Tool* (TPOTS) assessments to support children's social-emotional development through teacher observation, understanding, and reflective coaching strategies (Hemmeter et al., 2018). 360-degree cameras in the classrooms were used to capture the daily movement and sounds of the early environment. The recorded observations were supported by in-person observations from the university researchers, almost daily visits by the ECMH consultant, and both formal and informal follow-ups between university partners and individual teachers.

Professional Identities and Roles

RPPs should be driven by shared goals, a range of expertise, and varied roles that evolve across time (Sjölund et al., 2022). Dimension five of the Assessing Research-Practice Partnerships framework, *capacity building of participating researchers, practitioners, practice organizations, and research organizations to engage in partnership work*, highlights how ongoing collaborative inquiry initiates capacity building by establishing identities, norms, and roles that sustain beyond the RPP (Henrick et al., 2017). TIIPS was created with a multidisciplinary team approach that brought together women researchers and practitioners with diverse experiences and professional expertise.

The ECMHC on the team is a clinical psychologist who brought extensive knowledge of preschool assessments and interventions. The role of the ECMHC in the partnership has evolved to include providing support and strategies for educators to use with children who have experienced trauma that presents itself through challenging behaviors. Support is provided on an ongoing basis by the ECMHC to individual children and their families as well. The role of the ECMHC includes initiating both formal and informal processes of integration into an early care community to provide preventative

care and capacity-building opportunities for intervention for adults who support children and families. ECMHC competencies focus on building social-emotional competencies in early childhood educators, the classroom, and families. These practices have been established in the early childhood mental health and practice-based coaching frameworks to act as a social-emotional and mental health resource for early childhood stakeholders (Silver et al., 2023; Snyder et al., 2015). While the overall responsibilities of the ECMHC did not change when TIIPS was established, there were new dimensions of classroom support, observation opportunities, and relationship building that occurred with a reframed focus on holistically supporting the teachers in implementing trauma-informed care interventions and practices. The trust that was previously established between the ECMHC and pre-K program community allowed TIIPS to be built on the authentic needs and interests of the educators, children, and community.

The other university faculty member is a former early childhood educator and current teacher educator who brought expertise in early childhood workforce development and research-practice partnerships. They began their career in higher education at a regional comprehensive university and transitioned to a research-intensive university after ten years in higher education. They began working with the pre-K program six years ago and have conducted several research projects with the ECMHC. They assumed a key role in teacher support for the project and supervised the graduate researcher.

The graduate student researcher is a former infant and early childhood mental health consultant and early childhood educator working with infant-toddler and young preschool-aged children and families. They are in training to become a teacher educator and researcher and are interested in researching the impact of adverse childhood experiences and teacher well-being through policies and practices that impact the early care and education workforce. As recommended by Henrick et al. (2017), the graduate student led much of the project activities, which contributed to power distribution and capacity building. The graduate student supervised an undergraduate student who was also a part of TIIPS. This student majored in psychology at a large research-intensive university in the region. They participated specifically in supporting data management and the creation of study resources to provide equitable opportunities for all teachers to participate with a baseline understanding during the bi-weekly meetings.

The director of the pre-K program held a critical role in the study. They acted as the liaison between (and for) the teachers, school district, university researchers, children, and families. Wearing many hats, they were able to support system-level changes and integrate professional learning opportunities into the daily environment, school culture, and classroom routines. Further, they bridged the gap between the university researchers and families participating in the program. The director also committed early on to dedicate time and resources to TIIPS, which is a strong indicator of RPP effectiveness and capacity building (Henrick et al., 2017).

A priority for TIIPS was to establish a partnership culture where educators not only held identities as practitioners but also assumed additional roles as co-inquirers and co-leaders ready to tackle problems of practice (Henrick et al., 2017). Educators needed to share in decision-making and project design. To ensure practitioners were provided ample opportunities to adopt new roles and responsibilities, TIIPS worked purposefully to position educators as equitable partners in the work. It is important to note that RPPs naturally lead to personal connections, sometimes including friendships, among partners due to the types of interactions and experiences that occur across time. While we do not view ourselves as insiders to the pre-K program, we are trusted members of a research-practice partnership that includes insiders from Appalachia and us, university researchers and collaborators. Due to their heavy involvement in the pre-K program, the ECMHC's role in the RPP was particularly unique and essential in building connections between the university team members and the pre-K program.

Positionality

At the onset of the project, TIIPS encompassed an assets-based framework built on mutual respect that positioned early childhood educators as authentic partners to disrupt long-standing power differences often found between researchers and practitioners (Vetter et al., 2022). Differences in power should not only be addressed but reduced by centering the voices of early childhood educators. TIIPS mitigated power differences by developing norms where all team members worked side-by-side and engaged in meaningful dialogue (Laughlin, 2021). In efforts to center the educators' voices, university partners facilitated meetings in ways that invited participation, used revoicing strategies, and encouraged different group members to share knowledge and experiences (Caudle et al., in press.). While voice can be a way to empower educators and community partners, this should be considered in conjunction with silence, which can also be a conscious way for women to represent agency (Harel-Shalev & Daphna-Tekoah, 2018).

Cultivating Relationships

Successful partnerships foster initiatives that involve joint learning of all partners by developing equitable relationships that ultimately lead to equitable outcomes (Henrick et al., 2017). Creating equitable relationships within RPPs is complex given the preexisting hierarchical, geographical, and institutional barriers (Brown & Allen, 2021). Trust must be fostered in the building of new relationships, but parties must also acknowledge the mistrust that exists between universities and rural communities in order for healing to begin and partnership work to grow. Professional at the core, RPPs depend on developing personal connections and relationships through formal and informal communication (e.g., emails, planned meetings, text messages, and spontaneous phone calls; Glazer et al., 2023; Lenhoff, 2020). Establishing responsive connections is a critical

step in understanding the day-to-day experiences of early childhood educators and reducing the effects of burnout and secondary traumatic stress.

Within TIIPS, we committed early on to invest significant time in relationship building. Informal conversations gave us opportunities to develop a common language, talk through more personal issues that impacted the partnership, and elevate voices that may not be as present in group discussions. One-on-one discussions led to the co-creation of individual goals, which are critical when implementing trauma-informed social-emotional interventions with young children. Further, these types of private conversations are essential for educators' well-being since navigating trauma-related behaviors in the classroom can frequently elicit intense emotional responses (de Ruiter et al., 2020). Building relationships required TIIPS to not only embrace individual communication that was sometimes spontaneous but also create routines that supported team collaboration within safe spaces, which is an indicator of effectiveness for the first RPP dimension identified by Henrick et al. (2017).

Creating Safe Spaces

A trauma-informed approach to RPP development should also include creating safe spaces where all partners can share experiences and perspectives, be present, feel emotions, and build responsive relationships. Educators and university partners need time and space to develop personal connections for a partnership to work. Professional learning communities are highly effective within RPPs, but there is a need for smaller, more intimate spaces to share and connect on a more individual basis, particularly within trauma-informed initiatives. TIIPS used a three-pronged approach to create safe spaces that included one-on-one check-ins between educators and university partners, group meetings with certified educators and university partners, and separate group meetings with educational assistants and university partners. The meetings and conversations with educators in the roles of teaching assistants were of particular importance since their voices are often not represented in RPPs (Cramer & Cappella, 2019), yet they play vital roles in early care and education. The program director attended most of the large group meetings and also met individually with a university partner. Due to geographical constraints, one-on-one and group meetings occurred both in person and online.

From a trauma-sensitive lens, creating spaces for the TIIPS team to share and model what it looks like to be present, navigate emotions, and build responsive relationships was intentional to foster similar interactions in early childhood classrooms. Also, TIIPS recognized that typical patterns of action in RPPs needed to be adjusted to allow for more time and space, especially due to the partnership being in a rural community that experiences ongoing collective, environmental, and personal traumas. Henrick and colleagues (2017) asserted that a key indicator of effectiveness is building trust and cultivating strong interpersonal relationships that capitalize on the knowledge

and experience of individuals and push the traditional boundaries of RPPs. In essence, relationship building cannot be rushed or minimized.

Reducing Burnout, Secondary Traumatic Stress, and Compassion Fatigue

TIIPS strived to establish a collaborative team that engaged in activities to address workforce burnout, secondary traumatic stress, and compassion fatigue. Staff in the program were surveyed about their understanding of trauma, needs for education, and information about children who had experienced trauma as well as secondary trauma, compassion fatigue, and burnout risk. Throughout the research project, staff were asked to complete bi-monthly surveys on personal well-being, perceptions of TIIPS, and perceived resources needed for successful implementation. Weekly informal and formal meetings with educators and university partners focused on practices to use with children who have experienced trauma as well as strategies for self-compassion and stress reduction. Through ongoing conversations, educators were encouraged to discuss their emotions, responses, and experiences related to the secondary trauma they may be experiencing from working with young children who had been traumatized, thus creating self-awareness. Discussions regarding how each member of the group took care of themselves took place frequently in these conversations. Educators discussed several strategies used to alleviate the stress experienced from their jobs, such as exercising, deep breathing, socializing with friends, resting, eating well, and getting appropriate sleep. Using the platform of bi-weekly meetings for members of the group to share about their experiences, to be heard, and to share with others who had similar experiences and feelings provided validation.

As previously mentioned, one-on-one, bi-monthly meetings with each staff member were conducted to discuss any needs they had as well as strategies and techniques that were going well. The director of the program also attended individual meetings and was able to share feelings and strategies for self-compassion. Support from the director of the program was essential to navigating the immediate needs of educators. Due to the nature of TIIPS, immediate access to team members was critical not only for educator support and well-being but also to navigating problems of practice. The child mental health consultant was at the center several times a week and also talked regularly by phone with many of the partnering educators. Additionally, one-on-one coaching was provided face-to-face on an as-needed basis on-site. University researchers were also available in both formal and informal capacities throughout the week, most notably through patterns of informational communication.

Future Directions

As TIIPS transitions out of the beginning stages, several future directions will be pursued by the team in upcoming years. Classroom videos will be used as both observational data and video-stimulated recall experiences. Specifically, classroom teaching teams will participate in reflective coaching sessions with university partners to

establish goals and growth patterns related to social-emotional classroom competencies through the implementation and use of a multi-tiered system of support. Bug-in-Ear (BIE) coaching will occur in addition to video recall and reflective supervision strategies of practice-based coaching (Grygas Coogle et al., 2018; Snyder et al., 2015) to provide individualized support for educators working with children exhibiting challenging behaviors. Overall, reflective coaching practices will be used that have been established in the early childhood mental health literature and through practice-based coaching to support the implementation of a trauma-informed framework that supports the well-being of the early childhood educators, school-wide stakeholders, and young children (Snyder et al., 2015).

The culture and community established within the TIIPS RPP framework have the opportunity to elevate the role and voice of early childhood educators as experts in supporting the children and families in their classroom communities while holistically implementing social-emotional learning interventions. This work establishes social-emotional competencies that support early educators in tailoring their environments (i.e., physical, emotional, temporal) to be responsive and respond to the direct needs of young children without re-traumatization. Teachers and teaching assistants will be encouraged to practice self-care strategies within the classroom environment to respond rather than react in stressful situations and model self-regulatory practices for young children.

Pre- and post-child assessment data will be used to show growth in children's social emotional and self-regulatory competencies. Teacher well-being and professional development subscales will also be used to understand the growth of early educators and adjust current practices to meet the educators' and the RPP's changing needs (Henrick et al., 2017; McMullen et al., 2020). One of the main aims of TIIPS is to support early educators in gaining knowledge, skills, and understanding of social-emotional competencies and emotional regulatory processes in themselves to become more attuned, self-regulated adults. TIIPS recognizes that psychological, mental, and physical well-being and regulatory health are continuous processes of development throughout the lifespan. By doing so, this study is nestled in a trauma-informed framework that supports building a balanced, safe environment for both children and adults that emphasizes the well-being and expertise of the ECE workforce (Kwon et al., 2020).

Professional learning community meetings with shared teaching practices, strategies, and collective reflection will be a continued practice to support scaffolding, mentorship, and knowledge-building for all educators. Through established relationships within the early care community, TIIPS intends to also fold in family connections within the next phases of the partnership. Equity-based trauma-informed practices used by early childhood educators that engage and involve families directly link to children's kindergarten readiness (Barnett et al., 2020). Future phases of the study will also involve

planning research activities based on Henrick et al.'s (2017) additional dimensions of RPPs not addressed in the initial stages of TIIPS.

Conclusion

This article demonstrates the importance of caring for the early care and education workforce through a trauma-informed lens that prioritizes educators. It has to be reiterated that, just like a young child's brain, the adult brain changes when impacted by trauma, chronic stress, and poor attention to individual and professional well-being. Trauma-informed partnerships in rural early childhood contexts take considerable amounts of time and consistent patterns of interaction to form trusting foundations. Researchers cannot quickly jump to classroom strategies or unattainable self-care strategies, which are methods often used in professional learning opportunities for early childhood educators when addressing burnout and compassion fatigue. Early childhood educators' voices are also critical components of change that must be elevated and responded to with compassion and thoughtfulness. RPPs that address dimensions of Henrick et al.'s (2017) framework through established and equitable group norms, emphasis on collaborative decision-making, and participation at all junctions that dismantle power hierarchies and disrupt patterns of oppression often found in early educator experiences are effective ways to support the early childhood Appalachian workforce. While it will take time to understand the impact of this partnership on the children, educators, families, and community, it is encouraging to know that there was interest and engagement in conversations across time, both individually and as groups, which is a good indicator of the pre-K program partners seeing value in our partnership.

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References

Abrams, E. M. & Szefler, S. J. (2020). COVID-19 and the impact of social determinants of health. *The Lancet Respiratory Medicine*, *8(*7), 659–661. https://doi.org/10.1016/S2213-2600(20)30234-4

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Arantes de Araújo, L., Veloso, C. F., Souza, M. de C., Azevedo, J. M. C. de, & Tarro, G.

(2021). The potential impact of the COVID-19 pandemic on child growth and development: A systematic review. *Jornal de Pediatria*, *97*(4), 369–377. https://doi.org/10.1016/j.jped.2020.08.008

Bartlett, J. D., & Sacks, V. (2019, April 10). *Adverse childhood experiences are different than child trauma, and it's critical to understand why.* Child Trends. https://www.childtrends.org/blog/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why

Barnett, M. A., Paschall, K. W., Mastergeorge, A. M., Cutshaw, C. A., & Warren, S. M. (2020). Influences of parent engagement in early childhood education centers and the home on kindergarten school readiness. *Early Childhood Research Quarterly*, *53*, 260–273. https://doi.org/10.1016/j.ecresq.2020.05.005

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., … Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine*, *46*(2), 327–343. https://doi.org/10.1017/S0033291715001981

Blöchliger, O. R., & Bauer, G. F. (2018). Correlates of burnout symptoms among child care teachers. A multilevel modeling approach. *European Early Childhood Education Research Journal, 26*(1), 7–25. https://doi.org/10.1080/1350293X.2018.1412012

Bollinger, J. (2019). Sense of place and resilience in Appalachia. *Journal of Appalachian Studies, 25*(2), 155–170.

Briggs-Gowan, M. J., Ford, J. D., Fraleigh, L., McCarthy, K., & Carter, A. S. (2010). Prevalence of exposure to potentially traumatic events in a healthy birth cohort of very young children in the northeastern United States. *Journal of Traumatic Stress*, *23*(6), 725–733. https://doi.org/10.1002/jts.20593

Brown, S. & Allen, A. (2021). The interpersonal side of research-practice partnerships. *Phi Delta Kappan*, *102*(7), 20–25. https://doi.org/10.1177/00317217211007333

Carpenter, L. L., Shattuck, T. T., Tyrka, A. R., Geracioti, T. D., & Price, L. H. (2007).

Effect of childhood physical abuse on cortisol stress response. *Psychopharmacology, 195*(4), 515–522.

Caudle, L. A., Quinn, M. F., Harper, F. K., Thompson, H., Rainwater, T., Flowers, C., & The CRRAFT Partnership (in press). “Any other thoughts?”: Establishing third space in a family-school-university STEM partnership to center voices of parents and teachers.

Creamer, J., Shrider, E. A., Burns, K., & Chen, F. (2022). *Poverty in the United States: 2021*. Census.gov. https://www.census.gov/library/publications/2022/demo/p60-277.html

Crumb, L., Crowe, A., Averett, P., Harris, J. A., & Dart, C. (2021). “Look like you have it together”: Examining mental illness stigma and help seeking among diverse emerging adults. *Emerging Adulthood*, *9*(6), 702–711. https://doi.org/10.1177/2167696819852563

Cramer, T., & Cappella, E. (2019). Who are they and what do they need: Characterizing and supporting the early childhood assistant teacher workforce in a large urban district. *American Journal of Community Psychology*, *63*(3-4), 312–323. https://doi.org/10.1002/ajcp.12338

Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid Crisis: No easy fix to its social and economic determinants. *American Journal of Public Health, 108*(2), 182–186. https://doi.org/10.2105/AJPH.2017.304187

De Bellis, M. D. (2015). The psychobiology of neglect. *Child Maltreatment, 20*(3), 188–196.

de Ruiter, Poorthuis, A. M. G., Aldrup, K., & Koomen, H. M. Y. (2020). Teachers’ emotional experiences in response to daily events with individual students varying in perceived past disruptive behavior. *Journal of School Psychology, 82*, 85–102. https://doi.org/10.1016/j.jsp.2020.08.005

Douglass, A., Chickerella, R., & Maroney, M. (2021). Becoming trauma-informed: A case study of early educator professional development and organizational change. *Journal of Early Childhood Teacher Education*, *42*(2), 182–202. https://doi.org/10.1080/10901027.2021.1918296

Edwards, E., Patton Terry, N., Bingham, G., & Singer, J. L. (2021). Perceptions of

classroom quality and well-being among Black women teachers of young children. *Education Policy Analysis Archives*, *29*(January–July). https://doi.org/10.14507/epaa.29.5964

Eyre, S. L., O'Neill, M., & Corbett, M. (2017). Community resilience in Appalachia: An exploratory study of rural communities. *Journal of Community Practice, 25*(2), 159–178.

Figley, C. R., & Ludick, M. (2017). Secondary traumatization and compassion fatigue. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Foundations in knowledge* (pp. 573–593). American Psychological Association. https://doi.org/10.1037/0000019-029

Glazer, J., Shirrell, M., Duff, M., & Freed, D. (2023). Beyond boundary spanning: Theory and learning in research-practice partnerships. *American Journal of Education*, *129*(2), 265–295. https://doi.org/10.1086/723061

Grist, C. & Caudle, L. A. (2021). An examination of the relationships between adverse childhood experiences, personality traits, and job-related burnout in early childhood educators. *Teaching and Teacher Education*, *105*, 103426. https://doi.org/10.1016/j.tate.2021.103426

Grygas Coogle, C.,Ottley, J. R., Rahn, N. L., & Storie, S. (2018). Bug-in-Ear eCoaching: Impacts on novice early childhood special education teachers. *Journal of Early Intervention*, *40*(1), 87–103. https://doi.org/10.1177/1053815117748692

Hammen, C., & Brennan, P. A. (2003). Severity, chronicity, and timing of maternal depression and risk for adolescent offspring diagnoses in a community sample. *Archives of general psychiatry*, *60*(3), 253–258. https://doi.org/10.1001/archpsyc.60.3.253

Harel-Shalev, A., & Daphna-Tekoah, S. (2018). Listening to silences and voices: A methodological framework. In J. Parpart & S. Parashar (Eds.), *Rethinking silence, voice and agency in contested gender terrains* (pp. 78–92). Routledge. https://doi.org/10.4324/9781315180458-6

Helton, L. R., & Keller, S. M. (2010). Appalachian women: A study of resiliency assets and cultural values. *Journal of Social Service Research*, *36*, 151–161. https://doi.org/10.1080/01488370903578124

Hemmeter, Snyder, P., & Fox, L. (2018). Using the Teaching Pyramid Observation Tool (TPOT) to support implementation of social–emotional teaching practices. *School Mental Health*, *10*(3), 202–213. https://doi.org/10.1007/s12310-017-9239-y

Hege, A., Bouldin, E., Roy, M., Bennett, M., Attaway, P., & Reed-Ashcraft, K. (2020). Adverse childhood experiences among adults in North Carolina, USA: Influences on risk factors for poor health across the lifespan and intergenerational implications. *International Journal of Environmental Research and Public Health*, *17*(22), 8548. https://doi.org/10.3390/ijerph17228548

Henrick, E. C., Cobb, P., Penuel, W. R., Jackson, K., & Clark, T. (2017). *Assessing research-practice partnerships: Five dimensions of effectiveness.* William T. Grant Foundation.

Hendryx, M., & Ahern, M. M. (2008). Relations between health indicators and residential proximity to coal mining in West Virginia. *American Journal of Public Health*, *98*(4), 669–671. https://doi.org/10.2105/AJPH.2007.113472

Hubel, Davies, F., Goodrum, N. M., Schmarder, K. M., Schnake, K., & Moreland, A. D. (2020). Adverse childhood experiences among early care and education teachers: Prevalence and associations with observed quality of classroom social and emotional climate. *Children and Youth Services Review*, *111*, 1–10. https://doi.org/10.1016/j.childyouth.2020.104877

Iruka, I. U., DeKraai, M., Walther, J., Sheridan, S. M., & Abdel-Monem, T. (2020). Examining how rural ecological contexts influence children's early learning opportunities. *Early Childhood Research Quarterly*, *52*, 15–29. https://doi.org/10.1016/j.ecresq.2019.09.005

Jennings, P. A., Frank, J. L., Snowberg, K. E., Coccia, M. A., & Greenberg, M. T. (2013). Improving classroom learning environments by Cultivating Awareness and Resilience in Education (CARE): Results of a randomized controlled trial. *School Psychology Quarterly, 28*(4), 374–390. https://doi.org/10.1037/spq0000035

Jones, C. M., & Logan, J. E. (2019). Opioid overdose deaths in Appalachia: Addressing current challenges and moving forward. *Journal of the American Medical Association, 321*(18), 1775–1776.

Kelley, A. (2020). *Public Health Evaluation and the Social Determinants of Health* (1st ed.). Routledge. https://doi.org/10.4324/9781003047810

Klein, A. (2011). The coal mining industry of Appalachia: A history of environmental devastation. *Environmental Justice, 4*(4), 225-231.

Kim, M., Goh, E., & Park, S. (2020). Self-compassion as a protective factor against burnout, secondary traumatic stress, and compassion fatigue among early childhood teachers*. Children and Youth Services Review*, *110,* 104836.

Kwon, K. A., Ford, T. G., Salvatore, A. L., Randall, K., Jeon, L., Malek-Lasater, A., Ellis, N., Kile, M. S., Horm, D. M., Kim, S. G., & Han, M. (2020). Neglected elements of a high-quality early childhood workforce: Whole teacher well-being and working conditions. *Early Childhood Education Journal*, *50*(1), 157–168.

Laughlin, L. M. (2021). Third space, partnerships, & clinical practice: A literature review. *The Professional Educator*, *44*(1), 21–33. https://doi.org/10.47038/tpe.44.01.05

Leech, N. L., Haug, C. A., Rodriguez, E., & Gold, M. (2022). Why teachers remain teaching in rural districts: Listening to the voices from the field. *The Rural Educator*, *43*(3), 1–9. https://doi.org/10.55533/2643-9662.1340

Lenhoff, S. W. (2020). Unregulated open enrollment and inequitable access to schools of choice. *Peabody Journal of Education*, *95*(3), 248–271. https://doi.org/10.1080/0161956X.2020.1776072

Luthar, S. S. & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, *8*(2), 147–157. https://doi.org/10.1080/21683603.2020.1721385

Macmadu, A., Gurka, K. K., Linn, H. I., Smith, G. S., & Feinberg, J. (2023). Third space, partnerships, & clinical practice: A literature review. *Substance Use & Misuse, 58*(2), 21–33. https://doi.org/10.1080/10826084.2022.2135967

Magill, C., Moseley, C., & Chaffin, C. (2021). Rural community resilience in the Appalachian region: Exploring the influence of community capital. *Rural Sociology, 86*(1), 83–111.

McLean, C., Austin, L. J. E., Whitebook, M., & Olson, K. L. (2021). Early childhood workforce index – 2020. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley.

https://cscce.berkeley.edu/workforce-index-2020/report-pdf/

McMullen, M. B., Lee, M. S. C., McCormick, K. I., & Choi, J. (2020). Early childhood professional well-being as a predictor of the risk of turnover in childcare: A matter of quality. *Journal of Research in Childhood Education*, *34*(3), 331–345. https://doi.org/10.1080/02568543.2019.1705446

Miller, S. E. (2018). Early childhood trauma in Appalachia: Understanding the scope, recognizing the impact, and developing effective interventions. *Child and Adolescent Social Work Journal, 35*(5), 477–490.

Moody, L., Satterwhite, E., & Bickel, W. K. (2017). Substance use in rural central Appalachia: Current status and treatment considerations. *Rural Mental Health, 41*(2), 123–135. https://doi.org/10.1037/rmh0000064

National Research Council. (2015). *Transforming the workforce for children birth through age 8: A unifying foundation.* The National Academies Press. https://doi.org/10.17226/19401

Ng, J., Rogers, M., & McNamara, C. (2023). A systematic review of burnout and quality of life of early childhood educators. *Issues in Educational Research*, *33*(1), 173-206. http://www.iier.org.au/iier33/ng.pdf

Nicholson, J., Perez, L., & Kurtz, J. (2019). *Trauma-informed practices for early childhood educators: Relationship-based approaches that support healing and build resilience in young children.* Routledge. https://doi.org/10.4324/9781315141756

Ormiston, H. E., Nygaard, M. A., & Apgar, S. (2022). A systematic review of secondary traumatic stress and compassion fatigue in teachers. *School Mental Health, 14*(4), 802–817. https://doi.org/10.1007/s12310-022-09525-2

Pollard, K., & Jacobson, L. A. (2022, September 27). *Appalachia data report identifies economic gains, key gaps heading into covid pandemic.* Population Reference Bureau. https://www.prb.org/resources/appalachia-data-report-identifieseconomic-gains-key-gaps-heading-into-covid-pandemic/

Pollard, K., Srygley, S., & Jacobsen, L. A. (2023). *The Appalachian region: A data overview from the 2017–2021 American community survey chartbook*. Appalachian Regional Commission.

Rosemberg, M., Gultekin, L., Pardee, M. (2018). High-ACE low wage workers: Occupational health nursing research and praxis through a trauma-informed lens. *Workplace Health and Safety, 66*(5), 233–240. https://doi.org/10.1177/2165079917736070

Sano, Y., & Mammen, S. (2022). Mitigating the impact of the Coronavirus pandemic on rural low-income families. *Journal of Family and Economic Issues, 43*, 227–238. https://doi.org/10.1007/s10834-021-09800-5

Saunders, B. E., & Adams, Z. W. (2014). Epidemiology of traumatic experiences in childhood. *Child and Adolescent Psychiatric Clinics, 23*(2), 167–184. https://doi.org/10.1016/j.chc.2013.12.003

Schalkoff, C. A., Lancaster, K. E., Gaynes, B. N., Wang, V., Pence, B. W., Miller, W. C., & Go, V. F. (2020). The opioid and related drug epidemics in rural Appalachia: A systematic review of populations affected, risk factors, and infectious diseases. *Substance Abuse*, *41*(1). 35-69. https://doi.org/10.1080/08897077.2019.1635555

Silver, H. C., Davis Schoch, A. E., Loomis, A. M., Park, C. E., & Zinsser, K. M. (2023). Updating the evidence: A systematic review of a decade of Infant and Early Childhood Mental Health Consultation (IECMHC) research. *Infant Mental Health Journal, 44*(1), 5–26. https://doi.org/10.1002/imhj.22033

Sjölund, S., Lindvall, J., Larsson, M., & Ryve, A. (2022). Mapping roles in research-practice partnerships: A systematic literature review. *Educational Review*, 1–29. https://doi.org/10.1080/00131911.2021.2023103

Sprang, G., Craig, C. D., & Clark, J. J. (2018). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Maltreatment, 23*(3), 245–255.

Strüber, N., Strüber, D., Roth, G., & Häuser, W. (2018). Neurobiological alterations in individuals with posttraumatic stress disorder: A review of structural and functional magnetic resonance imaging findings. *Neuroscience & Biobehavioral Reviews, 95,* 412–427.

Strüber, N., Strüber, D., Roth, G., & Hübener, M. (2014). Methylphenidate enhances early stage sensory processing and rodent performance of a visual discrimination task. PLoS One, *9*(3), 1326–1337.

Sturm, C. (2008). Displacement, removal, and erasure: The cultural politics of the Trail of Tears. *Annals of the Association of American Geographers, 98*(4), 857–876.

Snyder, P. A., Hemmeter, M. L., & Fox, L. (2015). Supporting implementation of evidence-based practices through practice-based coaching. *Topics in Early Childhood Special Education, 35*(3), 133–143. https://doi.org/10.1177/0271121415594925

Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry, 57*(3), 241–266. https://doi.org/10.1111/jcpp.12507

Totenhagen, C. J., Hawkins, S. A., Casper, D. M., Bosch, L. A., Hawkey, K. R., & Borden, L. M. (2016). Retaining early childhood education workers: A review of the empirical literature. *Journal of Research in Childhood Education, 30*(4), 585–599. https://doi.org/10.1080/02568543.2016.1214652

Trozzo, K., Munsell, J., Niewolney, K., & Chamberlain, J. L. (2019). Forest food and medicine in contemporary Appalachia, *Southeastern Geographer, 59*(1), 52–76. https://doi.org/10.1353/sgo.2019.0005

Vetter, A., Faircloth, B. S., Hewitt, K. K., Gonzalez, L. M., He., Y., & Rock, M. L. (2022). Equity and social justice in research practice partnerships in the United States. *Review of Educational Research, 92*(5), 829–866. https://doi.org/10.3102/00346543211070048

Whitebook, M. & Sakai, L. (2004). *By a thread: how child care centers hold on to teachers, how teachers build lasting careers*. W. E. Upjohn Institute for Employment Research. https://doi.org/10.17848/9781417524457

Whitebook, M. (2020). *Pay inequity in early childhood. Center for the Study of Child Care Employment.* https://cscce.berkeley.edu/blog/pay-inequity-in-early-childhood/

Whitaker, R. C., Dearth-Wesley, T., Gooze, R. A., Becker, B. D., Gallagher, K. C., & McEwen, B. S. (2014). Adverse childhood experiences, dispositional mindfulness, and adult health. *Preventive Medicine*, *67*, 147–153. https://doi.org/10.1016/j.ypmed.2014.07.029

Woodhouse, S. S., Scarborough, A. A., Donovan, E. E., & Handy, F. (2019). Building

resilience in early childhood teachers: A pilot study of a positive psychology intervention. *Early Education and Development, 30*(5), 598-614.

Zipper, C. E., & Skousen, J. (2021). Coals legacy in Appalachia: Lands, waters, and people. *The Extractive Industries and Society*, *8*(4). https://doi.org/10.1016/j.exis.2021.100990

About the Authors

Lori A. Caudle, Ph.D., is an assistant professor in the Department of Child and Family Studies at the University of Tennessee, Knoxville. Before this position, she was an assistant and associate professor of Birth–Kindergarten education at Western Carolina University from 2010–2019. Her main scholarship activities are rooted in a community-engaged, implementation science perspective and involve identifying ways to support and strengthen practices of the early care and education workforce through accessible preservice and in-service professional learning experiences. She prioritizes working with urban and rural early childhood educators from marginalized groups and centers her work in the areas of STEM and trauma-informed education. lcaudle@utk.edu

Cathy L. Grist, Ph.D., is a professor and director of the Birth–Kindergarten Program at Western Carolina University. She has particular expertise in early childhood assessment, trauma, social-emotional interventions, and interventions for young children with disabilities. Her research interests include preschool personality, assessment, social-emotional competence in young children, challenging behaviors, trauma in early childhood, and trauma experienced by early childhood professionals. She also provides psychological and behavioral assessments for preschool-age children in a local school system. clgrist@email.wcu.edu

Hannah R. Thompson, M.A.Ed., is a third-year doctoral student at the University of Tennessee, Knoxville in the Department of Child and Family Studies. Her research interests include barriers to the early care and education workforce, trauma-informed care, educators' lived experiences, adverse childhood experiences, and early childhood educators' capacity to support children's development of social emotional, and self-regulation skills. Specifically, Hannah's work supports educators through the use of Infant Early Childhood Mental Health and multi-tiered systems of support practices. hthomp28@vols.utk.edu

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

Tameka O. Grimes, *Virginia Tech*
Jennifer L. Kirsch*, East Tennessee State University*
Shannon K. Roosma*, Virginia Tech*
Amanda D. Walters*, Virginia Tech*

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.

References

Alvarez, J. M., Saunders, R., Neubauer, E., & Brown, C. H. (2022). School counselors implementing a trauma-informed approach through evidence-based practices. *Professional School Counseling*, *26*(1a). https://doi.org/10.1177/2156759X221086742

American School Counselor Association. (2022). *The school counselor and trauma-informed practice.* https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Trauma-Informed-Practice

American School Counselor Association. (2019a). *ASCA National Model: A framework for school counseling programs* (4th ed.). Alexandria, VA: Author.

American School Counselor Association. (2019b). *ASCA school counselor professional standards & competencies*. Alexandria, VA: Author. https://www.schoolcounselor.org/asca/media/asca/home/SCCompetencies.pdf

Atwood, A. M. (2021). Exploring the self-efficacy of crisis preparedness among school counselors in the rural setting [Doctoral dissertation, Regent University]. Regent University ProQuest Dissertations Publishing.

Berger, E., & Samuel, S. (2020). A qualitative analysis of the experiences, training, and support needs of school mental health workers regarding student trauma. *Australian Psychologist*, *55*(5), 498–507. https://doi.org/10.1111/ap.12452

Boulden, R. & Schimmel, C. (2021). More than just an internship: One university's collaboration with a rural school district to attract, develop, and retain school counselors. *The Rural Educator 42*(3), 56–62, https://doi.org/10.35608/ruraled.v42i3.1237

Crumb, L., Appling, B., & Jones, S. (2021). Don't wait, communicate: Rural school counselors and disaster mental health. *Professional School Counseling, 25*(1), 1–14. https://doi.org/10.1177/2156759X211023119

DeDiego, A., Hurt-Avila, K., & McGrath, A. (2022). Professional development needs in a predominantly rural state. *Journal of Counseling Research and Practice, 7*(2), 90–108. https://doi.org/10.56702/UCKX8598/jcrp0702.5

Fairman, J. C., & Frankland, M. C. (2020). Assessing and supporting students' social and emotional needs in maine schools. https://digitalcommons.library.umaine.edu/mepri/62

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Frankland, M. (2021). Meeting students where they are: Trauma-informed approaches in rural schools. *The Rural Educator*, *42*(2), 51–71. https://doi.org/10.35608/ruraled.v42i2.1243

Fruetel, K. M., Duckworth, R. C., Scott, S. L., & Fenderson, E. N. (2022). Exploring the experiences of counselors responding to crisis in rural communities. *Journal of Rural Mental Health, 46*(1), 40–49. https://doi.org/10.1037/rmh0000148

Giordano, A. L., Gorritz, F. B., Kilpatrick, E. P., Scoffone, C. M., & Lundeen, L. A. (2021). Examining secondary trauma as a result of clients' reports of discrimination. *International Journal for the Advancement of Counselling*, *43*(1), 19–30. https://doi.org/10.1007/s10447-020-09411-z

Grimes, L. E., Arrastia-Chisholm, M. C., & Bright, S. B. (2019). How can they know what they don't know? The beliefs and experiences of rural school counselors about STEM career advising. *Theory & Practice in Rural Education, 9*(1), 74-90. https://doi.org/10.3776/tpre.2019.v9n1p74-90

Grimes, L. E., Haskins, N., & Paisley, P. (2013). "So I went there": A phenomenological study on the experiences of rural school counselor social justice advocates. *Professional School Counseling*, *17*(1), 40–51. https://doi.org/10.5330/PSC.n.2013-17.40

Grimes, T. O. (2020). Exploring the phenomenon of rural school counselors' professional identity construction. *Professional School Counseling, 24*(1), 1–13. https://doi.org/10.1177/2156759X20965180

Grybush, A. L. (2020). *Exploring attitudes related to Trauma-Informed Care among teachers in rural Title I elementary schools: Implications for counselors and counselor educators* [Doctoral dissertation, University of North Carolina at Charlotte]. *UNC Charlotte Electronic Theses And Dissertations*.

Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings.* Guilford Press.

Herrenkohl, T. I., Hong, S., & Verbrugge, B. (2019). Trauma-informed programs based in schools: Linking concepts to practices and assessing the evidence*. American*

Journal of Community Psychology, 64(3–4), 373–388. https://doi.org/10.1002/ajcp.12362

Hollingsworth, M. A. (2019). Trauma informed practice: Increasing awareness for pre-service school counselors. *European Journal of Educational Sciences*, special edition, 116–129. https://doi.org/10.19044/ejes.s.v6a8

Holman, L. F., Nelson, J., & Watts, R. (2019). Organizational variables contributing to school counselor burnout: An opportunity for leadership, advocacy, collaboration, and systemic change. *The Professional Counselor*, *9*(2), 126–141. https://doi.org/10.15241/lfh.9.2.126

Jones, C. T., & Branco, S. F. (2020). Trauma-informed supervision: Clinical supervision of substance use disorder counselors. *Journal of Addictions & Offender Counseling*, *41*(1), 2–17. https://doi.org/10.1002/jaoc.12072

Johnson, K. F., Ieva, K., & Byrd, J. (2022). Introduction to the special issue on school counselors addressing education, health, wellness, and trauma disparities. *Professional School Counseling, 26*(1b), 1–4. https://doi.org/10.1177/2156759X221105451

Keesler, J. M., Tucker, M., Terrell, B., Shipman, K., & Osborne, R. (2021). Two schools, one rural county: Exploring adverse childhood experiences among school-aged youth. *Journal of Aggression, Maltreatment & Trauma*, *30*(1), 101–117. https://doi.org/10.1080/10926771.2020.1747130

Lane, J. J., Bohner, G. L., Hinck, A. M., & Kircher, R. L. (2020). Current administrative perceptions of school counselors: Kansas administrators' perceptions of school counselor duties. *Journal of School Counseling*, *18*(2), 1–26. https://eric.ed.gov/?id=EJ1241840

Lasater, K., Scales, M., Sells, K., Hoskins, M., & Dickey, J. (2022). Compassion: The legacy of the pandemic in rural schools and communities. *Journal for Multicultural Education*, *16*(1), 43–54. https://doi.org/10.1108/JME-08-2021-0151

Lent, J., & Schwartz, R. (2012). The impact of work setting, demographic characteristics, and personality factors related to burnout among professional counselors. *Journal of Mental Health Counseling*, *34*(4), 355–372. https://doi.org/10.17744/mehc.34.4.e3k8u2k552515166

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage. https://doi.org/10.1016/0147-1767(85)90062-8

Mattson, K. & Reynolds, J. (2018). *Exploring adverse childhood experiences in Appalachia.* Oak Ridge Associated Universities. https://www.orau.gov/hsc/downloads/RuralSummitForChildhoodSuccess/ACEs%20in%20Appalachia_Summary%20Report_FINAL.pdf

Moustakas, C. (1994). *Phenomenological research methods*. Sage. https://doi.org/10.4135/9781412995658

National Advisory Committee on Rural Health and Human Services. (2018). *Exploring the rural context for Adverse Childhood Experiences (ACEs): Policy brief and recommendations*. https://files.eric.ed.gov/fulltext/ED591840.pdf

National Center for Education Statistics. (2022). *Rural education in America*. U.S. Department of Education. https://nces.ed.gov/surveys/ruraled

National Child Traumatic Stress Network. (2016). What is a trauma-informed child and family service system? https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/schools/essential-elements

Nichols, L. M., Goforth, A. N., Sacra, M., & Ahlers, K. (2018). Collaboration to support rural student social-emotional needs. *The Rural Educator*, *38*(1). https://doi.org/10.35608/ruraled.v38i1.234

O'Neill, L., Guenette, F., & Kitchenham, A. (2010). 'Am I safe here and do you like me?' Understanding complex trauma and attachment disruption in the classroom. British Journal of Special Education, 37(4), 190–197. https://doi.org/10.1111/j.1467-8578.2010.00477.x

Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science*, *3*(3), 297–336. https://doi.org/10.1007/s41542-019-00045-1

Rumsey, A. D., McCullough, R., & Chang, C. Y. (2020). Understanding the secondary exposure to trauma and professional quality of life of school counselors. *Professional School Counseling, 24*(1), 1–11. https://doi.org/10.1177/2156759X20973643

Savitz-Romer, M. (2021). When the kids are not alright: School counseling in the time of Covid-19. Proceedings of the 2021 AERA Annual Meeting. 2021 AERA Annual Meeting. https://doi.org/10.3102/1689228

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA), 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration

Talbot, J. A., Szlosek, D., & Ziller, E. C. (2016). *Adverse childhood experiences in rural and urban contexts*. University of Southern Maine Rural Health Research Center. http://muskie.usm.maine.edu/Publications/rural/Adverse-Childhood-Experiences-Rural.pdf

U.S. Department of Education Office of Safe and Healthy Students. (2017). *Overview of the U.S. Department of Education non-regulatory guidance: Student Support and Academic Enrichment (SSAE) grants Title IV, Part A of the Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA)*.

Webb, Frank A., Michalopoulou, L. E. (2021). School psychologists as agents of change: Implementing MTSS in a rural school district. Psychology in the Schools, 1–13. https://doi.org/10.1002/pits.2252

Weiss, M. P., Rowe, D. A., Mims, P. J., & Farmer, T. W. (2023). There's no place like us: Beyond fidelity of implementation in rural contexts. *Journal of Emotional and Behavioral Disorders*, 154–167. https://doi.org/10.1177/10634266231155856

Wimberly, C. L., & Brickman, S. (2018). Counselors in rural schools: A position of leadership. *The Rural Educator*, *35*(2). https://doi.org/10.35608/ruraled.v35i2.353

Wells, T. (2022). School counselor perceptions and knowledge of trauma-informed practices. *Professional School Counseling, 26*(1), 1–13. https://doi.org/10.1177/2156759X221096352

Zyromski, B., Baker, E., Betters-Bubon, J., Dollarhide, C. T. & Antonides, J. (2020). Adverse childhood experiences: A 20-year content analysis of American Counseling Association and American School Counselor Association journals. *Journal of Counseling & Development, 98*(4), 351–362.

About the Authors

Tameka O. Grimes is an assistant professor of Counselor Education at Virginia Tech and the inaugural Scholar-In-Residence at the Center for Rural Education at Virginia Tech. Her research explores the professional identity construction of rural school counselors and school counselors' roles in addressing racial trauma in students' experiences in rural schools.

Jennifer L. Kirsch is an assistant professor at East Tennessee State University with a research specialization in wellness, professional quality of life, COVID stress, and trauma-informed care. She worked as a community counselor in central Virginia for years and has advanced training in TF-CBT and EMDR.

Shannon K. Roosma is a practicing counselor with research interests that include borderline personality disorder, trauma, and rural education.

Amanda D. Walters is a PhD student in Educational Psychology at Virginia Tech. Her research interests are trauma-informed practices in education as well as teacher preparation and retention. She formerly taught social studies and worked as an instructional coach in Virginia public schools.

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Correspondence concerning this article should be addressed to Tameka O. Grimes, 1750 Kraft Dr., Suite 2000, Blacksburg VA 24060. Email: togrimes@vt.edu

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?

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

Sarah M. Henry, *The Ohio State University*
Debra Jones, *The Ohio State University*
DeQuindre C. Hughes, *The Ohio State University*
Ang'elita Dawkins, *Grand Canyon University*

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

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

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

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

Trauma Prevalence and Trauma-Informed Practice

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

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

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

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

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

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

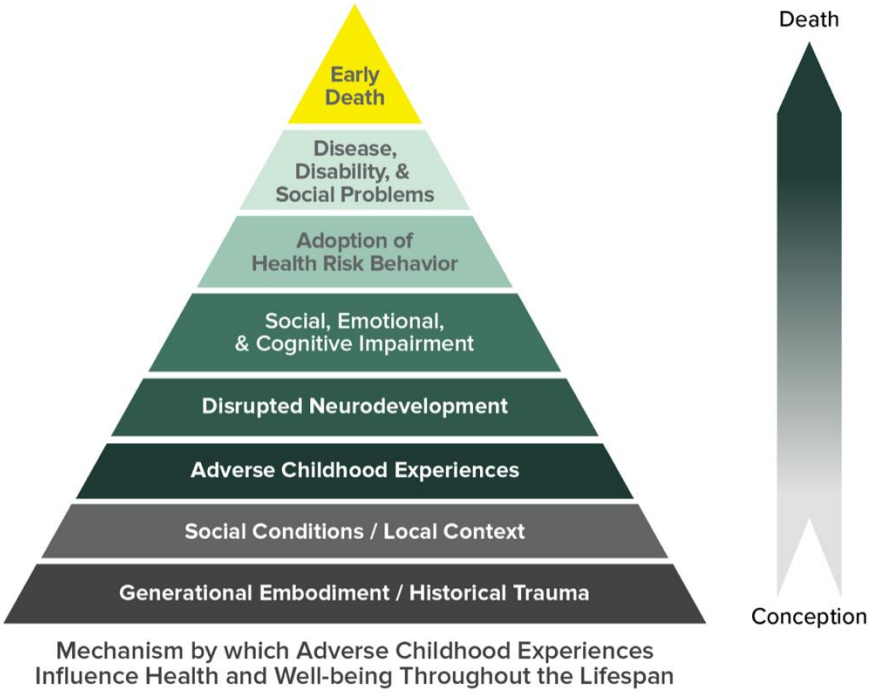
Shifting of Language and Mindset

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

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

Figure 1.

The ACEs Pyramid by Kaiser Permanente, California, USA.



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

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

Students of Color in Rural Spaces

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

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

Applications within the SAMHSA Model

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

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

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

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

Creating a Safe Environment

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

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

Routine

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

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

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

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

Building Relationships and Connectedness

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

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

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

Building Student-Staff Connectedness

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

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

Building School-Community Connectedness

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

Anti-Racist Social-Emotional Learning

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

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

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

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

Implications

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

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

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

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

Recommendations for Future Research

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

Conclusion

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

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

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

References

Beard, K. S., Vakil, J. B., Chao, T., & Hilty, C. D. (2021). Time for change: Understanding teacher social-emotional learning supports for anti-racism and student well-being during COVID-19, and beyond. *Education and Urban Society, 0*(0), 1–19. https://doi.org/10.1177/00131245211062527

Blitz, L.V., Kida, L., Gresham, M., & Brontsein, L.R. (2013). Prevention through collaboration: Family engagement with rural schools and families living in poverty. *Families in Society: The Journal of Contemporary Social Services, 94*(3). 157–165. https://doi.org/10.1606/1044-3894.4306

Brown, L. H., & Beckett, K. S. (2007). Chapter 3: Students Placed at Risk: Classroom Routines, School Rules, and Alienated Youth. *Counterpoints*, *309*, 35–49. http://www.jstor.org/stable/42979690

Byun, S., Meece, J.L., Irvin, M.L, & Hutchins, B.C. (2012). The role of social capital in educational aspirations of rural youth. *Rural Sociology, 77*(3), 355–379. https://doi.org//10.1111/j.1549-0831.2012.00086.x

Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, *35*(1), 13–105. https://doi.org/10.1177/0011000006292033

Center for Disease Control and Prevention. (2022, July 8). *Protective factors in schools.* U.S. Department of Health & Human Services. https://www.cdc.gov/healthyschools/protective_factors_schools.htm

Centers for Disease Control and Prevention. (n.d.). *CDC-Kaiser ACE Study.* U.S. Department of Health and Human Services. https://www.cdc.gov/violenceprevention/aces/about.html

Coburn, C. E., & Turner, E. O. (2011). Research on data use: A framework and analysis. Measurement. *Interdisciplinary Research & Perspective, 9*(4), 173–206. https://doi.org/10.1080/15366367.2011.626729

Crumb, L., Appling, B., & Jones, S. (2021). Don't wait, communicate: Rural school counselors and disaster mental health. *Professional School Counseling, 23*(1). 1–14. https://doi.org//10.1177/2156759X211023119

Crumb, L., Chambers, C. R., & Chittum, J. (2021). #Black boy joy: The college aspirations of rural black male students. *The Rural Educator, 42*(1), 1–19. https://doi.org/10.35608/ruraled.v42i1.969

Davis, L., & Buchanan, R. (2020). Trauma-informed practices in rural education. *Theory & Practice in Rural Education, 10*(1), 24–41. https://doi.org/10.3776/tpre.v10n1p24-41

Degruy, J. (2005). *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*. Joy Degruy Publications, Inc.

Diamond, J. B., & Lewis, A. E. (2018). Race and discipline at a racially mixed high school: Status, capital, and the practice of organizational routines. *Urban Education*, *54*(6), 831–859. https://doi.org/10.1177/0042085918814581

Edmondson, A. C. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly, 44*(2), 350–383. https://doi.org/10.2307/2666999

Edmondson, A. C., & Lei, Z. (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual Review of Organizational Psychology and Organizational Behavior, 1*(1), 23–43. https://doi.org/10.1146/annurev-orgpsych-031413-091305

English, A., & Stengel, B. (2010). Exploring fear: Rousseau, Dewey, and Freire on fear and learning. *Educational Theory*, *60*(5), 521–542. https://doi.org/10.1111/edth.2010.60.issue-5

Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA, 287*(2), 226-235. https://doi.org/10.1001/jama.287.2.226

Feldman M. S., Pentland B. T. (2003). Reconceptualizing organizational routines as a source of flexibility and change. *Administrative Science Quarterly, 48*, 94–118. https://doi.org/10.2307/3556620

Feldman, M. S. (2000). Organizational routines as a source of continuous change. *Organization Science*, *11*(6), 611–629. https://doi.org/10.1287/orsc.11.6.611.12529

Fink, J., & Siedentop, D. (1989). The development of routines, rules, and expectations at the start of the school year. *Journal of Teaching in Physical Education*, *8*(3), 198–212. https://doi.org/10.1123/jtpe.8.3.198

Fleming, A. R., Ysai, N. A., Harley, D. A., & Bishop, M. L. (2018). Resilience and strengths of rural communities. In D. A. Harley, N. A. Ysai, M. L. Bishop, & A. R. Fleming (Eds.), *Disability and vocational rehabilitation in rural settings: Challenges to service delivery.* (pp. 117–136). Springer. https://doi.org/10.1007/978-3-319-64786-9_7

Forman, S. R., Foster, J. L., & Rigby, J. G. (2021). School leaders' use of social-emotional learning to disrupt whiteness. *Educational Administration Quarterly*, *58*(3), 351–385. https://doi.org/10.1177/0013161x211053609

Giboney Wall, C. R. (2021) Relationship over reproach: Fostering resilience by embracing a trauma-informed approach to elementary education. *Journal of Aggression, Maltreatment & Trauma, 30(*1), 118–137, https://doi.org/10.1080/10926771.2020.1737292

Gonser, S. (2021, March 26). *5 Ways to Build Resilience in Students*. Edutopia. https://www.edutopia.org/article/5-ways-build-resilience-students

Grimes, L. E., Arrastia-Chisholm, M. C., & Bright, S. B. (2019). How can they know what they don't know? The beliefs and experiences of rural school counselors about STEM career advising. *Theory & Practice in Rural Education 9*(1), 74–90. https://doi.org/10.3776/tpre.2019.v9n1p74-90

Grimes, T. O. & Roosma, S. K. (2022). The impact of racial trauma: A needed conversation in rural education. *The Rural Educator, 43*(3), 41–53.

Grooms, A. A., & Childs, J. (2021). "We need to do better by kids": Changing routines in U.S. schools in response to COVID-19 school closures. *Journal of Education for Students Placed at Risk (JESPAR), 26(*2), 135–156. https://doi.org/10.1080/10824669.2021.1906251

Hammond, Z. (2014). *Culturally responsive teaching and the brain: Promoting authentic engagement and rigor among culturally and linguistically diverse students*. Corwin.

Iob, E., Lacey, R., Giunchiglia, V., & Steptoe, A. (2022). Adverse childhood experiences and severity levels of inflammation and depression from childhood to young adulthood: a longitudinal cohort study. *Molecular psychiatry*, *27*(4), 2255–2263. https://doi.org/10.1038/s41380-022-01478-x

Irvin, M. J., Bryan, S., Meece, J. L., Farmer, T. W., & Hutchins, B. C. (2012). Educational barriers of rural youth: Relation of individual and contextual difference variables. J*ournal of Career Assessment, 20*(1), 71–87. https://doi.org/10.1177/1069072711420105

Jagers, R. J., Rivas-Drake, D., & Williams, B. (2019). Transformative social and emotional learning (SEL): Toward SEL in service of educational equity and excellence. *Educational Psychologist, 54*(3), 162–184. https://doi.org/10.1080/00461520.2019.1623032

Johnson, K. & Lichter, D. (2022). *Growing racial diversity in rural America: Results from the 2020 Census* (Issue Brief No. 163). Carsey Research, University of New Hampshire. https://doi.org/10.34051/p/2022.09

Jones, S. D. (2020, September 22). *Reducing Racism in Schools: The Promise of Anti-Racist Policies*. Neag School of Education. https://education.uconn.edu/2020/09/22/reducing-racism-in-schools-the-promise-of-anti-racist-policies/

Kaslow, N. J., Falendar, C. A., Erickson Cornish, J. A., Goodyear, R., Hatcher, R., Leventhal, G., Shafranske, E., Sigmon, S. T., Stoltenberg, C., & Grus, C. (2004). Competencies in professional psychology. *American Psychologist, 59*(8), 774–781.https://doi.org/10.1037/0003-066X.59.8.774

Kitzmiller, E. M., & Burton, E. (2021). The threat of visibility and state-sanctioned violence for rural Black Lives Matter youth activists. *Journal of Research in Rural Education, 37*(7), 57–66. https://doi.org/10.26209/jrre3707-07

Kopstein, A., Karl, H. D., White, D. E., & Currier, C. (2014). *TIP 57 Trauma-informed care in behavioral health services*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. https://www.ncbi.nlm.nih.gov/books/NBK207201/pdf/Bookshelf_NBK207201.pdf

Lambert, D., Gale, J. A., & Hartley, D. (2008). Substance abuse by youth and young adults in rural America. *The Journal of Rural Health, 24*(3), 221–228. https://doi.org/10.1111/j.1748-0361.2008.00162.x

Maag Merki, K., Wullschleger, A. & Rechsteiner, B. (2022). Adapting routines in schools when facing challenging situations: Extending previous theories on routines by considering theories on self-regulated and collectively regulated learning. *Journal of Educational Change*, *24*, 583–604 https://doi.org/10.1007/s10833-022-09459-1

Manian, N., McColskey, W., Benton, K., & Lipshie, N. (2021). Implementing trauma-informed practices in rural schools. Rockville, MD: National Comprehensive Center at Westat.

Matlin, S.L., Champine, R.B., Strambler, M., O'Brien, C., Hofffman, E., Whitson, M., Kolka, L., & Kraemer Tebes, J. (2019). A community's response to adverse childhood experiences: Building a resilient, trauma-informed community. *American Journal of Community Psychology, 64.* 451–466. https://doi.org/10.1002/ajcp.12386

Mayes, R. D., Pianta, R., Oglesby, A., & Zyromski, B. (2022). Principles of antiracist social emotional justice learning, *Theory into Practice*, *61*(2), 178–187, https://doi.org/10.1080/00405841.2022.2036063

Merki, K. M., Grob, U., Rechsteiner, B., Rickenbacher, A. & Wullschleger, A. (2022). Preconditions of the teachers' collaborative practice: New insights based on time-sampling data. *Frontline Learning Research, 10*(1), 1–24. https://doi.org/10.14786/flr.v10i1.911

Merriam-Webster. (n.d.). Informed. In *Merriam-Webster.com dictionary*. Retrieved December 15, 2022, from https://www.merriam-webster.com/dictionary/informed

Minero, E. (2017, October 4). *When Students Are Traumatized, Teachers Are Too*. Edutopia; George Lucas Educational Foundation. https://www.edutopia.org/article/when-students-are-traumatized-teachers-are-too

Morse, M., Strompolis, M., & Srivastav. (2018). *The Adverse Childhood Experiences Study: Lessons Learned and Future Directions.* Children's Trust of South Carolina Research Brief. https://scchildren.org/wp-content/uploads/ACE-Research-Brief-2-Lessons-Learned-and-Future-Directions.pdf

National Center on Safe Supportive Learning Environments. (2023). *Protective factors*. American Institutes for Research. https://safesupportivelearning.ed.gov/training-technical-assistance/education-level/early-learning/protective-factors

National Institute of Mental Health (NIMH). (2020). *Coping with traumatic events*. Retrieved from: https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events

Nelson, A. (Host). (2022, July 5). *The impact of adverse and positive childhood experiences on rural children, with Elizabeth Crouch* [Audio Podcast]. RHIhub. https://www.ruralhealthinfo.org/podcast/aces-jul-2022

Nganga, L., Kambutu, J., Scull, R. W., & Tao Han, K. (2021). High school students of color in the U.S. speak about their educational experiences: Schooling, culture and pedagogy. *Journal of Social Studies Education Research, 12*(3), 1–27.

Parker, R. & Hodgson, D. (2020). "One size does not fit all": Engaging students who have experienced trauma. *Issues in Educational Research, 30*(1). 245–259.

Pemberton, J. & Edeburn, E. (2021). Becoming a trauma-informed educational community with underserved students of color: What educators need to know. *Curriculum and Teaching Dialogue, 23*(1–2), 181–196.

Perry, B. D., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing*. Flatiron Books.

Petrin, R.A., Schafft, K.A., & Meece, J.L. (2014). Educational sorting and residential aspirations among rural high school students: What are the contributions of schools and educators to rural brain drain? *American Research Journal, 51*(2), 294–326. https://doi.org/10.3102/0002831214527493

The Philadelphia ACE Project (2021). *Philadelphia ACE Survey*. https://www.philadelphiaaces.org/philadelphia-ace-survey

Pfefferbaum, B., Pfefferbaum, R.L., & Van Horn, R.L., (2015). Community resilience interventions: Participatory, assessment-based, action-oriented processes. *Community Resilience Assessment and Intervention, 59*(2). 238–253. https://doi.org/10.1177/0002764214550298

Phifer, L. W. & Hull, R. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health, 8,* 201–205. https://doi.org/10.1007/s12310-016-9183-2

Ratledge, A. (2020, December). *Recognizing diversity in rural America: College access strategies in rural communities of color.* MDRC: Rural Matters. *https://www.mdrc.org/publication/recognizing-diversity-rural-america*

Richter, A., Sjunnestrand, M., Romare Strandh, M., & Hasson, H. (2022). Implementing school-based mental health services: A scoping review of the literature summarizing the factors that affect implementation. *International Journal of Environmental Research and Public Health*, *19*(6), 3489. https://doi.org/10.3390/ijerph19063489

Rothstein, R. (2017). *The color of law: A forgotten history of how our government segregated America*. Liveright.

Ruggiano, C. (2022). Adapt and serve the community!: Voices of families of youth of color in predominantly white, rural communities*. The Rural Educator, 43*(1), 54–73. https://doi.org/10.35608/ ruraled.v43i1.1201

Schafft, K. A. (2016). Rural education as rural development: Understanding the rural school–community well-being linkage in a 21st-century policy context. *Peabody Journal of Education, (91)*2, 137–154, https://doi.org/10.1080/0161956X.2016.1151734

Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: a longitudinal survey. *BMC public health*, *7*, 1–10. https://doi.org/10.1186/1471-2458-7-30

Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence, 6*(1). 42–48. http://doi.org/10.1037/vio0000025

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health, 8.* 189–200. https://doi.org/0.1007/s12310-016-9181-4

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* U.S. Department of Health and Human Services. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Surface, J. L., & Theobald, P. (2014). The rural school leadership dilemma. *Peabody Journal of Education*, *89*(5), 570–579. http://doi.org/10.1080/0161956X.2014.955753

Tieken, M. C.& San Antonio, D. M. (2016). Rural aspirations, rural futures: From "problem" to possibility. *Peabody Journal of Education, (91)*2, 131–136. https://doi.org/10.1080/0161956X.2016.1151733

Tubin, D. (2015). School success as a process of structuration. *Educational Administration Quarterly, 51*(4), 640–674. https://doi.org/10.1177/0013161X15569346

United States Department of Agriculture, Economic Research Service. (2018). *Rural America at a Glance, 2018 Edition. https://www.ers.usda.gov/webdocs/publications/90556/eib-200.pdf?v=1536.8*

Wanless, S. B. (2016). The role of psychological safety in human development. *Research in Human Development, 13*(1), 6–14. https://doi.org/10.1080/15427609.2016.1141283

World Health Organization. (2023). *Cardiovascular disease*. https://www.who.int/health-topics/cardiovascular-diseases#tab=tab_1

About the Authors

Sarah M. Henry is a doctoral candidate at The Ohio State University in the Counselor Education and Supervision program as well as an adjunct professor with the College of William and Mary's online School Counseling program. She has experience as a high school counselor and financial aid advisor in rural public school settings. She is interested in the intersections of rurality, education, and social justice. henry.1078@osu.edu

Debra Jones is a third-year Educational Policy Ph.D. student in the Educational Studies department at The Ohio State University. Debbie has also completed the Anti-Racism in Education Graduate Certificate program, a Public Policy and Management graduate minor, and earned a master's in Healthcare Administration and a bachelor's in Human Services and Criminal Justice. Her research interest centers around the pillars of education, equity, and policy, specifically at the intersection of democracy and justice in education. Before pursuing her Ph.D., she served for six years as the deputy director of a government educational consulting program working with Ohio K-12 districts to implement trauma-competent, equity-centered practices, teaching culturally responsive approaches to educators and auditing discipline data for disproportionality alongside administrators. Jones.7661@osu.edu

DeQuindre C. Hughes is a doctoral candidate in The Ohio State University's Counselor Education and Supervision program. He is a former elementary school counselor with experience in rural and urban schools in Tennessee. He is interested in the career development of African American students and the supervision and preparation of elementary school counselors. Hughes.2026@osu.edu

Ang'elita Dawkins, PhD, is a full-time online instructor with Grand Canyon University in the counseling department. She also serves as an outpatient therapist within her community. Her research interests include trauma, counselor self-efficacy, and identity. Angelita.Dawkins@gcu.edu

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Trauma and Rural Schooling: Exploring Educators' Perceptions of the Impact of Various Forms of Childhood Trauma on Students' Academic Success

Travis Lewis, *East Carolina University*
Lawrence Hodgkins, *East Carolina University*
Kelly Wynne, *Missouri State University*

In order to develop a better understanding of the perceptions of educators regarding which forms of childhood trauma most severely impact learning outcomes for their students, this study employed Q-methodology with 351 teachers, school counselors, and school administrators from across North Carolina and Missouri. A four-factor solution emerged, centered around (1) various forms of abuse from an adult, (2) violent and unstable relationships at home, (3) negative community and societal factors, and (4) physical and mental illness. Patterns in perceptions emerged across the school community setting (urban, suburban, rural) of the participants. While educators in rural settings were more likely to perceive abuse and violence in the home as most harmful to students' academic outcomes, educators in suburban settings felt systemic community and societal traumas as well as physical and mental illness were more detrimental. The findings of this study provide researchers, educator preparation programs, and school leaders with insight into the misconceptions that may persist among subsets of PK-12 educators regarding traumatized children and potential areas of need for further professional training.

***Keywords*: trauma, trauma-informed schools, Q-methodology**

As PK-12 school practitioners, policymakers, and education researchers strive to identify and implement more effective approaches to support the learning and development of students, the issue of student mental health – most notably trauma and its effects on children – has continued to gain prominence in the field (Stratford et al., 2020). Childhood trauma is "a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens the life or physical security of a loved one can also be traumatic" (National Child Traumatic Stress Network [NCTSN], n.d., para. 1). Two out of every three children have experienced at

least one traumatic event, referred to as adverse childhood experiences or ACEs, by late adolescence (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023a). Due to the effects of trauma, many operate in a "survival mode of fight, flight, or freeze, limiting their ability to learn new information or regulate their emotions" (Reddig & VanLone, 2022, p. 3). As a result, childhood trauma is associated with poor academic outcomes (Sparling & Ford, 2022). More specifically, exposure in early childhood could lead to difficulty with attention, memory, cognition, behavioral regulation, and problem-solving, all critical to learning and academic success (Buxton, 2018; NCTSN, 2016; Van Der Kolk, 2014). Further, the more types of traumatic stress a child is exposed to, the greater their likelihood is for chronic absenteeism, behavior problems, and poor reading, writing, and math skill development (Blodgett & Lanigan, 2018).

For children in rural school communities, the effects of trauma on learning are even more pronounced. "Trauma disproportionately affects rural schoolchildren, putting them at greater risk of academic underachievement and other negative sequelae throughout the lifespan" (Frankland, 2021, p. 51). Children from rural communities go to school with high levels of stress and anxiety carried over from the home environment, resulting in attention and regulation problems that are associated with limiting one's ability to learn (Brown et al. 2022). While challenges for rural schools persist as a result of the trauma experienced by their students, trauma-informed approaches have shown evidence of mitigating the negative effects of trauma and helping close achievement gaps for rural students concerning their suburban and urban peers (Frankland, 2021). Trauma-informed approaches establish a common understanding among teachers and staff regarding how they view trauma and its effects on children, implementing schoolwide evidence-based practices to mitigate those effects to the extent possible (NCTSN, 2017a). With appropriate professional development, educators and schools are well positioned to recognize the signs of traumatic stress exhibited by their students and respond accordingly using trauma-informed practices (Perez, 2021).

Additional efforts to address childhood trauma's impact on education outcomes continue to grow. Over 27 states have instituted legislation that either encourages or requires educators to have training on student mental health and strategies for working with children who have experienced trauma (Education Commission of the States, 2020). To advance this progress, as new research and insights are developed and disseminated on the effects of trauma and how schools can best support traumatized students, it may be beneficial for educational researchers, leaders, and educator preparation programs to have a more nuanced understanding of how PK-12 educators – teachers, administrators, school counselors, etc. – view childhood trauma. More data are needed on what forms of trauma educators believe make effective teaching and learning more challenging as well as what factors influence educators' perceptions of childhood trauma, such as educators'

own personal or professional experiences along with relevant training or the lack thereof. Therefore, the question driving this study asked: What are the perceptions of PK-12 educators regarding which forms of childhood trauma they believe to be most impactful on student learning outcomes and academic success?

Literature Review

Types of Childhood Trauma

Chronic childhood trauma is experienced in many forms, including, but not limited to, abuse (physical, emotional, and sexual), neglect (physical and emotional), witnessing family violence, discrimination (on the grounds of race, gender, sexual identity, religion, etc.), and the death of a friend or family member (Larson et al., 2017). Other experiences that are considered to be traumatic for children include poverty, homelessness, substance abuse by a caregiver, incarceration of a caregiver, divorce and/or separation of caregivers, and mental illness of a caregiver (Larson et al., 2017). Some children fall victim to more than one traumatic event, known as polytrauma or complex trauma.

The consequences of childhood trauma can be severe and chronic. Early traumatic experiences in life have been found to affect cognitive and executive functions of the brain as well as information processing (Cai et al., 2023). Childhood traumas can also affect brain growth and development, which may influence school academic outcomes (2023). Personal identity traumas, such as childhood sexual abuse, may affect perceptual reasoning and working memory, while survival traumas, such as being shot, can affect processing speed (Kira et al., 2012). Abandonment traumas, such as being abandoned by one's mother or father, have been shown to negatively affect IQ (2012).

Research indicates that children and adolescents of low socioeconomic status (SES) and/or racial-ethnic minorities who experience chronic childhood trauma are more likely to develop anxiety, depression, conduct disorder, post-traumatic stress disorder (PTSD), suicidal ideation, and attention-deficit/hyperactivity disorder (ADHD) (Larson et al., 2017). They are also reported to have lower GPAs than their counterparts who are not exposed to trauma (2017).

Childhood Trauma and Academic Achievement

Studies have shown that youth exposed to chronic childhood trauma are at an increased risk of low academic achievement and experiencing mental health disorders (Blodgett & Lanigan, 2018; Larson et al., 2017; Perfect et al., 2016). The Substance Abuse and Mental Health Services Administration (SAMHSA; 2023a) reports that childhood trauma can lead not only to lower grades but also higher suspension and expulsion rates in schools. Children and adolescents of low SES and/or racial-ethnic minorities who experience chronic childhood trauma are reported to have lower GPAs

than their counterparts who are not exposed to trauma (Larson et al., 2017). Trauma-related PTSD, anxiety, aggressive behavior, and depression are found to be predictors of poor academic achievement (2017). Bully victimization, a form of trauma, is associated with poorer academic performance as well as increased mental health issues (Davis et al., 2018). Further, youth who experience bullying often attempt to cope with the stress related to their victimization through risk-taking behaviors such as substance use, which in turn negatively impacts academic achievement (2018).

Low academic achievement is often associated with low levels of social capital, leading to poverty (Larson et al., 2017). This results in a cycle of trauma being passed from generation to generation (2017). Youth who experience chronic trauma are more likely to have low academic achievement and increased risk for long-term medical and mental health issues as well as early death (2017). Further, the frequency of childhood trauma events had the largest impact on the subsequent development of mental health issues and low academic achievement (2017). Similarly, youth with higher exposure to childhood trauma, also referred to as adverse childhood experiences (ACEs), were more likely to have to repeat a grade, experience absenteeism, and have lower school engagement rates (Blodgett & Lanigan, 2018).

Addressing the Effects of Trauma in PK-12 Schools

Children who experience trauma are not doomed to poor academic and life outcomes (Bethell et al., 2016; Moore & Ramirez, 2016). Protective factors are "characteristics associated with a lower likelihood of negative outcomes or that reduce a [childhood trauma] risk factor's impact" (SAMHSA, 2019, p. 1). While some protective factors are fixed, others are variable over time and the amount of exposure to either the traumatic event or to the protective factor (2019). Elementary, middle, and secondary schools can play a significant role in the provision of protective factors and the prevention, identification, and treatment of mental health issues and disorders (Larson et al., 2017). In the absence of a nurturing relationship between a student and a caregiver at home, educators may be able to step in to offer the student a caring and secure relationship, allowing the child to be better able to regulate their emotions (Sparling & Ford, 2022). Supportive relationships such as these provide some level of protection against the effects of childhood trauma (Crouch et al., 2019; Durol-Beauroy-Eustache & Mishara, 2021; Robles et al., 2019, Zhu et al., 2021). The culture, race, and ethnicity of the child and their family can also be a protective factor in recovering from a traumatic event (NCTSN, n.d.). However, if there is a history of racism or discrimination against the child, it can increase the likelihood of the child experiencing post-traumatic stress symptoms (NCTSN, n.d.).

To support children through the addition of protective factors and building resiliency, several universal approaches can be taken by schools and communities.

School-based health centers (SBHCs) are a “model of pediatric primary care delivery that offers comprehensive services provided by a multidisciplinary team on school grounds” (Larson et al., 2017, p. 676). They provide increased access to medical care and mental health care, especially for minority and low SES youth. SBHCs lead to increased school attendance and student grades while decreasing dropout rates (2017).

Another means to address the chronic childhood trauma cycle is by developing trauma-informed schools. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015), trauma-informed schools assess and modify as needed every aspect of their organization to take into account a basic understanding of how trauma affects the lives of its students. For trauma-informed schools to be successful in their work to mitigate the effects of trauma, all levels of the school must be committed to the effort, particularly school administration (Wiest-Stevenson & Lee, 2016). Trauma-informed care is often seen as the primary responsibility of school social workers and school counselors; however, training should be provided to all school employees including administrators, teachers, and support staff, on how they can best support students who have experienced trauma. This is particularly important for teachers as they may misinterpret student behaviors as aggressive or problematic when the issue is more complex and related to current or previous forms of trauma (Von Dohlen et al., 2019).

Implementing a Positive Behavioral Interventions and Supports model (PBIS) is another means by which schools can support students who have experienced trauma. PBIS is an approach to behavior management in schools based on positive intervention, such as promoting and rewarding good behavior (Wiest-Stevenson & Lee, 2016). Exposing PK-12 students to positive coping mechanisms throughout their courses can be an effective intervention strategy in helping students with trauma backgrounds. These coping mechanisms can include deep breathing, positive imagery, and taking small timeouts to regroup when needed (2016). Teaching these skills can help children and adolescents to not only cope with past trauma but also equip them to positively cope with future stressors (2016).

Theoretical Foundation

To better understand the perspectives of rural educators relative to the lived trauma of their students, the *Building Trauma-Informed Teachers* theory (Brown et al., 2022) was utilized for this study. This grounded theory offers insight into how teachers in remote or rural communities work with their students in light of the complex forms of childhood trauma these students may have endured. Central to the theory is the emphasis placed on educators building and maintaining relationships with their students (2022).

The theory consists of seven progressive steps that capture the journey that teachers must advance through to be positioned to work successfully with children who have experienced childhood trauma (Brown et al., 2022). The steps are:

1. Journeying to remote or rural teaching, including adapting to culture shock;
2. Learning about complex childhood trauma;
3. Becoming culturally aware and responsive;
4. Building and maintaining relationships;
5. Understanding children's experiences;
6. Supporting children; and
7. Identifying what is needed to do the work (p. 4).

By explaining the developmental process through which experienced teachers in rural settings refine their pedagogical skills and shift their understanding in support of children who have experienced trauma, the building trauma-informed teachers theory provided the researchers herein with valuable insight into how educators' perspectives on the impact of various forms of trauma on student school outcomes may have been influenced by their own learning and personal experiences.

Methods

Perceptions are elusive, idiosyncratic, and difficult to quantify. As such, accurately measuring and analyzing something as subjective as the perceptions of individuals can be a daunting task. Q methodology is a research method developed in 1935 by William Stephenson to quantify subjectivity. Subjectivity, more specifically subjective communicability, is fundamental to Q methodology and "refers to the communication of a personal point of view" (McKeown & Thomas, 2013, p. 2). In the use of Q methodology, the researcher can apply quantitative measures to understand subjective attitudes and opinions that the participants communicate. Q methodology has been applied in a wide range of fields to explore perception data, including in education with studies examining the perceptions of school principals regarding the role of school counselors (Lewis et al., 2022), the perceptions of assistant principals on their idealized versus current leadership practices (Militello et al., 2015), and the perceptions of nursing students and faculty of the quality of online instruction in a nurse education program (Chung & Chen, 2020).

A Q methodology study has several steps: (1) identify a wide range of potential statements, known as the concourse, relative to the topic at hand and upon which the researcher seeks additional insight through gathering perceptions or opinions; (2) consolidate the potential statements to create a refined final set of statements, called the Q sample. (3) select participants to comprise the sample, referred to as the P sample; (4)

facilitate participants through a forced distribution of the statements, known as the Q sort; and (5) perform factor analysis to identify participant viewpoints (Chung & Chen, 2020; McKeown & Thomas, 2013). Additional qualitative data can be collected following the Q sort through open-ended responses where participants are asked to describe their thinking from the forced distribution process and the rationale for their sorting decisions. The following sections detail the Q methodology steps taken for this study focused on educator participants' perceptions of which forms of trauma they believe to be most impactful on student learning outcomes and academic success.

Concourse to Q Sample

The first step in conducting a Q methodology study involves developing an initial set of statements, referred to as the concourse. This set of statements is generated from an extensive literature review. For this study, a review of the literature led to the initial development of a concourse consisting of specific forms of childhood trauma. The concourse was most influenced by the list of trauma types identified by the Substance Abuse and Mental Health Services Administration's National Child Traumatic Stress Initiative (SAMHSA, 2023b) and the National Child Traumatic Stress Network (NCTSN, n.d.).

Once the concourse has been developed, the second step is for these initial statements to be edited, combined, and refined to create a final list of statements. A pilot study utilized a convenience sample consisting of volunteers from a graduate program in educational leadership and administration. The volunteers were invited to provide input on the concourse. All ten volunteers were either current teachers, or school counselors, or served in an instructional leadership capacity in their respective schools. They were all from rural and suburban school communities. The volunteers were asked to review and add to the statements. After review, several edits were made to the wording of the statements based on recommendations for clarity or consolidation from the volunteer educators. The final 23 Q sample statements are presented in Table 1.

Table 1

Elements of Student Trauma Q-Sample Statements

No.	Statement
1	Bullying
2	Medical trauma or chronic illness of a family member or caregiver
3	Medical trauma/chronic illness of student
4	Loss of parent/caregiver
5	Maternal depression
6	Poverty
7	Neglect – physical
8	Domestic violence
9	Incarceration/criminal behavior in the home
10	Mental illness in the home
11	Mental illness of the student
12	Divorce
13	Neglect – emotional
14	Community violence
15	Discrimination experienced by the student
16	Systemic racism
17	Foster care
18	Emotional abuse
19	Physical abuse
20	Sexual abuse
21	Substance abuse
22	Natural disaster
23	Homelessness

Sampling

The third step in conducting a Q methodology study is to identify participants, known as the P sample. Convenience sampling was used to recruit participants for this study. A mass email was sent out through several professional educator organization listservs for school administrators, teachers, and school counselors across the entire states of North Carolina and Missouri. The email provided informed consent as well as a link to an online demographic questionnaire in Qualtrics. Participants were also asked to forward the email to other qualified educators as appropriate within their educational organizations and networks through snowball sampling.

For this study, 351 PK-12 school administrators, counselors, and teachers completed the Q sort and open-ended survey. Table 2 presents background and demographic data on the participants overall and disaggregated by factor. Participants were predominantly female (80%), white (91%), experienced (66% greater than 12 years of experience), and rural (52%). School counselors comprised nearly half (42%) of respondents while only 11% were from urban settings.

Table 2

Participant Characteristics

Category	Descriptor	Number of Participants
Sex	Female	281
	Male	70
Race	White	321
	Black	16
	LatinX	5
	Asian	2
	Native American	1
	No Response	6
Current Role	Administrator	88
	Counselor	150
	Teacher	113
Years of Experience as an Educator	0-3	28
	4-7	54
	8-11	37
	12-15	60
	16-19	63
	20+	109
School Location	Rural	181
	Suburban	132
	Urban	38
	Total	351

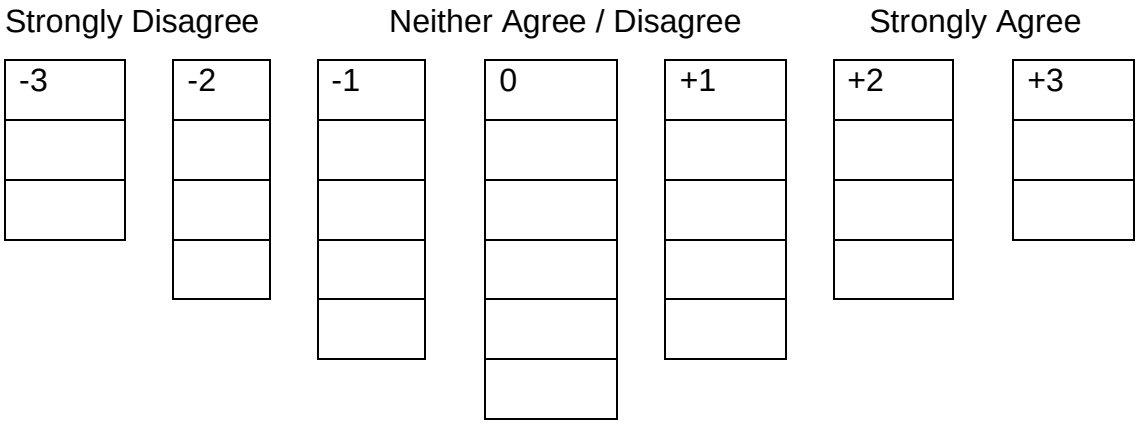
Sorting

The fourth step in conducting a Q methodology study involves having participants sort the Q sample's statements in response to a sorting condition. For this study, the condition for sorting was *This form of childhood trauma is impactful on student learning*

outcomes in school. Statements were uploaded into the QMethodology online sorting platform, and participants in their recruitment email clicked on a link to a demographic questionnaire. At the end of the demographic questionnaire, participants were linked to an online Q-sorting platform. The online Q sort was developed using QMethodology software. For the online Q sort, participants were provided with directions that tasked them with taking the list of statements with the different types of childhood traumas and individually sorting them – in drag-and-drop fashion – into the grid shown in Figure 2. This forced-choice distribution ranged in Likert-type fashion from a positive pole, where the participants placed statements with which they most strongly agree, through zero to a negative pole where these participants placed statements with which they most strongly disagree. For example, participants read the statement “Emotional Abuse” and had to place this statement into the grid based upon the degree – strongly agree to strongly disagree – to which they perceive that this form of childhood trauma is impactful on student learning outcomes in school. Only one statement may be placed in each location in the grid and all spaces must be filled. Participants were able to make changes to the placement of each statement until ready to submit their final sorted order of statements in the online platform. Upon conclusion of the Q sort, participants were directed to complete a brief open-ended survey in the QMethodology online software that required them to reflect on their decision-making process with the Q sort. The open-ended survey questions were used to better understand underlying participant beliefs and perspectives about the impact of various forms of childhood trauma on student academic outcomes in school. Specifically, participants were asked to describe what had the greatest impact on how they sorted the statements, share an explanation for why they placed statements in each of the +3 and –3 columns, and list any statements they had trouble sorting.

Figure 2

Q Sort Distribution Grid



Data Analysis

The fifth and final step in conducting a Q methodology study involves performing factor analysis. While traditional factor analysis involves identifying correlations across variables, Q methodology identifies correlations across participants. More precisely, the factor analysis groups participants with statistically similar perspectives, referred to as factors. “Q methodology examines individuals' points of view about a specific topic under investigation. A well-delivered Q methodology provides the key viewpoints among a group of participants and allows those viewpoints to be understood holistically” (Chung & Chen, 2020, p. E19).

For this study, the quantitative data collected from the Q sorts was analyzed using the KenQ online statistical software program. The software program was used to perform a by-person factor analysis to create a correlation matrix showing how each participant’s sort relates statistically with the other participants’ completed sorts. The potential value of emergent factors was considered by examining eigenvalues after rotation through the Varimax method (Watts & Stenner, 2012). Z scores for individual statements were compared to determine the statements that participants valued most highly. Factor arrays were used to create model sorts for each factor that represented the perspective of that factor. The qualitative data collected through the open-ended survey was examined for patterns and themes and analyzed with a general content analysis (Lincoln & Guba, 1985; Saldaña, 2021). The qualitative data were then combined with the quantitative factor analysis to understand participant viewpoints more thoroughly.

Positionality

The researchers are three White, middle-class, cisgender faculty at large public universities that serve predominantly rural regions. Two of us are male, and one is female. All are from rural communities and have a passion for service and research in support of such communities and the people therein. Additionally, we are all former PK-12 educators – two are former school counselors, and two are former school or district administrators. We acknowledge that our positionality is shaped by our privilege, our biases, and our access to resources and spaces, thus undoubtedly influencing our research. We continually strive to be humble and seek to actively listen to those participants and colleagues with different lived experiences than our own.

Findings

When highly corresponded Q-sorts are clustered together, a similarity emerges that is named a factor. Q methodology examines sorts holistically between participants rather than making a comparison of how individual statements were sorted by the participants (Watts & Stenner, 2012). The factors were named based on the statistical

characteristics of highly ranked statements and common themes that emerged from post-sort open-ended survey questions.

Two-, three-, four-, and five-factor solutions were considered. The correlation matrix between factors is shown in Table 3 for each potential solution. Three- and five-factor solutions each resulted in correlation values above 0.6 (values approaching 1.0 indicate a high degree of similarity between factors). The two-factor solution was discarded because it limits the variety of perspectives captured. A four-factor solution was selected because it offered the best balance between high values for variance, the inclusion of participants, and unique factors.

Of the 351 participants, 256 were loaded into one of the four factors. Table 4 presents demographic data on the participants by factor. Ninety-five participants did not load on a factor as they represent individuals whose viewpoints were not statistically similar to the four major viewpoints held by other participants.

Noteworthy for this study is the type of school in which the participating educators work for each factor or grouping. Factor 1 educators are predominantly rural, making up 56% of the Factor 1 group as compared to 33% suburban and 11% urban. Factor 2 educators are even more rural at 78% to 20% for suburban and 2% urban. In contrast to Factor 1 and Factor 2 educators, Factor 3 and Factor 4 groupings lean more suburban. For Factor 3, 51% are from suburban schools, 33% are from rural schools, and 16% are from urban schools. Similarly, for Factor 4, participating educators are 58% suburban, 34% rural, and 8% urban. Each factor was assigned a name by the researchers based on the prevailing forms of trauma deemed by participants within the factor, as evidenced by their sort and their open-ended responses, to be the most impactful on their student's academic outcomes.

Table 3

Correlations Between Factors for 2-, 3-, 4-, and 5-Factor Solutions

# of Factors	Correlation			
2	0.4938			
3	0.4169			
	0.6072	0.3429		
4		0.4120		
	0.5021	0.2535		
	0.4161	0.3280	0.2721	
5		0.3793		
	0.3288	0.2251		
	0.3549	0.2872	0.1276	
	0.6434	0.2715	0.4245	0.31854

Table 4

Participant Characteristics by Factor

Descriptor	Total	Factor 1	Factor 2	Factor 3	Factor 4	No Factor
Total	351	127	54	49	26	95
Female	281	104	41	37	20	79
Male	70	23	13	12	6	16
White	321	124	49	42	23	83
Black	16	1	1	5	2	7
LatinX	5	0	1	1	0	3
Asian	2	2	0	0	0	0
Native American	1	0	1	0	0	0
Did not indicate	6	0	2	1	1	2
Administrator	88	33	15	10	7	24
Counselor	150	61	23	16	10	40
Teacher	113	33	16	23	9	31
0-3	28	6	5	7	3	7
4-7	54	19	7	8	5	15
8-11	37	12	5	6	3	11
12-15	60	24	8	8	5	15
16-19	63	25	10	10	4	14
20+	109	41	19	10	6	33
Rural	181	71	42	16	9	43
Suburban	132	42	11	25	15	39
Urban	38	14	1	8	2	13

Factor One: Abuse and Violence at the Hands of an Adult

A total of 127 participants loaded significantly on Factor One, more than double that for any of the other factors making this the dominant viewpoint. Factor One captures the viewpoint of 36% of the participants. Counselors (48%), those who are white (98%),

female (82%), have 12 or more years of experience (71%), and from rural settings (56%) are the most represented in this factor.

Table 5 presents the statements ranked from highest to lowest from Factor One. Statements located on the boundaries of the distribution grid are most indicative of the group perspective. These extremes are important markers and representative of participants and their perceptions about how different types of trauma impact students.

The highest-scoring statements contained language such as abuse, neglect, and violence. These types of traumas may manifest in more visible and apparent manners. Abuse and neglect indicate the student is in a dangerous environment and does not have consistent access to a protective adult. Discrimination, community violence, and systemic racism were among the lowest-ranking statements.

Participants who loaded strongly on Factor One indicated that based upon their experience working with children in school, abuse in various forms at the hands of adults had a tremendously negative impact on student school outcomes. One participant encapsulated the prevailing perspective of members of this factor, saying "I often find students that come from a background of abuse are some of the most affected."

Systems-level forms of trauma seemed to be a challenge to sort out for members of this factor. Regarding the placement of the statement, one participant shared, “systemic racism was difficult. I am a white woman so I can't pretend to know what that feels like. The students of color in my school ‘seem’ to function very well, but I have never asked them about systemic racism.”

Table 5

Factor One: Placement of Statements

Score	Statement
+3	Sexual abuse
+3	Physical abuse
+2	Mental illness of the student
+2	Neglect – physical
+2	Emotional abuse
+1	Loss of parent/caregiver
+1	Domestic violence in the home
+1	Neglect – emotional
+1	Homelessness
0	Medical trauma/illness of student
0	Substance abuse in the home
0	Mental illness in the home
0	Incarceration/criminal behavior in the home
0	Foster care
-1	Poverty
-1	Bullying
-1	Medical trauma/chronic illness of a family member
-1	Parental divorce
-2	Maternal depression
-2	Discrimination experienced by the student
-2	Community violence
-3	Systemic racism
-3	Natural disaster

Factor Two: Conflict and Unstable Relationships at Home

A total of 54 participants (15%) loaded significantly on Factor Two, significantly fewer than Factor One and comparable to Factor Three (49). Counselors (42%), those who are white (91%), female (76%), have 12 or more years of experience (68%), and from rural settings (78%) are the most represented in this factor. The demographics of Factor Two are similar to Factor One except there is an even greater percentage of participants from rural settings (78% vs. 58%).

Table 6 presents the highest- and lowest-ranking statements for Factor Two. The highest-scoring statements in Factor Two contained language such as divorce and abuse, neglect, criminal activity, and mental illness in the home. Discrimination, community violence, and systemic racism were among the lowest-ranking statements. In making the placement of statements, participants indicated that they were driven by a deficit mindset toward students' homes and home life. "The majority of my students are from low-income families with little to no parental support for their student." Another participant noted that "our district/county has a large case of illegal substances that affect student home life." Other responses included language such as "no consistent bedtime, meals, hygiene, clean clothes"; "students have to get ready for school on their own because their parent won't get up, due to being strung out, drunk, or just don't care"; and "they're so quiet that they've been threatened at home to not say anything at school about what goes on at home."

Regarding difficulties found in sorting statements, similar to participants in Factor One, systemic trauma was a challenge for participants in Factor Two. A participant shared, "The minority population in our district is minuscule, and while I am certain systemic racism exists, it is not a topic with which I have a great deal of experience on the job." Similarly, with community trauma, another participant reflected that "the incidence of violence perpetrated by unknown people on our students is not something that I have seen students about much over my career".

Table 6

Factor Two High-Positive and High-Negative Statements

Score	Statement
+3	Poverty
+3	Parental divorce
+2	Substance abuse in the home
+2	Neglect – emotional
+2	Domestic violence in the home
+1	Emotional abuse
+1	Bullying
+1	Neglect – physical
+1	Incarceration/criminal behavior in the home
0	Mental illness in the home
0	Foster care
0	Mental illness of the student
0	Physical abuse
0	Homelessness
-1	Loss of parent/caregiver
-1	Sexual abuse
-1	Medical trauma/chronic illness of a family member
-1	Maternal depression
-2	Medical trauma/illness of student
-2	Discrimination experienced by the student
-2	Community violence
-3	Systemic racism
-3	Natural disaster

Factor Three: Negative External Community and Societal Factors

A total of 49 participants (14%) loaded significantly on Factor Three, significantly fewer than Factor One and comparable to Factor Two (54). In this factor, teachers (47%) and those from suburban settings (51%) represent the largest demographic groups in contrast to the other factors, primarily school counselors and those from rural settings. While participants who are White (86%), female (76%), and have 12 or more years of experience (57%) are again the most prevalent in this factor, the participants for this factor are relatively more diverse, male, and have less experience in educational settings.

Table 7 presents the highest- and lowest-ranking statements for Factor Three. A common theme among the highest-scoring statements contained language such as poverty, homelessness, and loss of caregiver. In contrast to the other three factors, discrimination, community violence, and systemic racism were not among the lowest-ranking statements. Qualitative responses included “with experience teaching in an urban area. I have observed students and community members being marginalized, schools underfunded, and poverty.” Participants in Factor Three seemed to have more of an asset-focused mindset, as one response stated, “I know students in this community can perform as well as their counterparts; however, teachers hired are not always motivated, genuine, or simply caring enough to teach to a student population that does not mirror themselves.”

Table 7

Factor Three High-Positive and High-Negative Statements

Score	Statement
+3	Poverty
+3	Sexual abuse
+2	Mental illness of the student
+2	Homelessness
+2	Loss of parent/caregiver
+1	Systemic racism
+1	Physical abuse
+1	Bullying
+1	Emotional abuse
0	Discrimination experienced by a student
0	Domestic violence in the home
0	Community violence
0	Neglect – emotional
0	Foster care
-1	Incarceration/criminal behavior in the home
-1	Neglect – physical
-1	Substance abuse in the home
-1	Medical trauma/illness of student
-2	Mental illness in the home
-2	Medical trauma/chronic illness of a family member
-2	Parental divorce
-3	Maternal depression
-3	Natural disaster

Factor Four: Physical and Mental Illness

A total of 26 participants (7%) loaded significantly on Factor Four, making this by far the smallest factor. The demographics are similar in some ways to Factor Three as those from suburban settings (58%) were the largest group while teachers (9) were represented nearly as much as school counselors (10) and those with 12 or more years of experience (57%) are nearly identical and less than the first two factors. Participants who are white (88%), and female (77%) are again the most prevalent and more similar to Factors One and Two.

Table 8 presents the highest- and lowest-ranking statements for Factor Four. A common theme among the highest scoring statements contained language such as mental illness of the student and medical trauma of the student and in the home. Similar to Factors One and Two, discrimination, community violence, and systemic racism were among the lowest-ranking statements. In their explanation for how they sorted the statements, participants expressed frustration with the lack of emphasis on mental health concerns and resources. One school counselor noted, “Our community has extremely limited resources for mental health. . . . [so] as a school counselor, I am the frontline worker for addressing suicidal ideation on a daily basis.” Another participant commented, “Students are ill, but they are unable to get medical help. Unfortunately, getting help for mental illness just isn’t as simple as getting help for pneumonia or even COVID-19”.

Table 8

Factor Four High-Positive and High-Negative Statements

Score	Statement
+3	Mental illness of the student
+3	Medical trauma/illness of student
+2	Loss of parent/caregiver
+2	Poverty
+2	Bullying
+1	Medical trauma/chronic illness of a family member
+1	Neglect – emotional
+1	Mental illness in the home
+1	Neglect – physical
0	Sexual abuse
0	Domestic violence in the home
0	Substance abuse in the home
0	Incarceration/criminal behavior in the home
0	Maternal depression
-1	Parental divorce
-1	Homelessness
-1	Emotional abuse
-1	Physical abuse
-2	Foster care
-2	Discrimination experienced by the student
-2	Systemic racism
-3	Natural disaster
-3	Community violence

Consensus Statements

A consensus statement is a statement that was placed in a statistically similar location on the grid in each of the model factor arrays. The four-factor solution utilized by this study generated two consensus statements with each on the negative side of the continuum. The consensus statements are shown in Table 9, natural disasters and maternal depression were not viewed as substantially negatively impacting student outcomes at school relative to other forms of trauma. Additionally, poverty was considered a significant form of trauma in Factors Two, Three, and Four (+3, +3, +2 respectively) but not in Factor One (-1).

Table 9

Consensus Statements

Statement	Grid Placement by Factor
Natural Disaster	-3 -3 -3 -3
Maternal Depression	-2 -2 -3 -1

Discussion

The descriptive names assigned to each of the four factors that emerged from the Q sort factor analysis were: (1) abuse and violence at the hands of an adult; (2) conflict and unstable relationships at home; (3) negative external community and societal factors; and (4) physical and mental illness. These distinct perspectives that emerged from the four factors offer meaningful insight that may be used as a starting point for further investigation. Rural educators were largely represented in Factors 1 and 2 while more suburban educators made up the majority for Factors 3 and 4. Out of 181 rural participants, 113 were loaded on Factors One or Two (62%). For rural educators, the results indicate that they largely perceive trauma inflicted directly by adults in the home or outside of school – such as physical, mental, and sexual abuse, violence, and unstable relationships – as most harmful to the academic outcomes of their students. In contrast, suburban educators place greater emphasis on systemic issues, such as poverty, homelessness, systemic racism, and community violence.

While Factor 1 was the largest group, despite being made up of a majority of rural educators, there was still a sizable number of suburban educators who fell into Factor 1 and supported the perception that abuse and violence at the hands of an adult were the most harmful forms of childhood trauma concerning student academic outcomes. Further,

while poverty was viewed as an influential component in school performance relative to childhood trauma in three of the four factors, it was not highly regarded by those in Factor 1, which accounted for 36% of participants and was made up of largely rural educators. These rural educators seem to frame poverty differently about childhood trauma, which warrants further investigation.

Factor 2 participants were predominantly rural and emphasized the negative effects of conflict and unstable relationships at home on students' academic outcomes. Open-ended survey responses indicate that experience with these forms of trauma impacting their students was the underlying rationale for these participants' sort decision. Research has found that conflict and instability in the home are more prevalent in rural communities (Calthorpe & Pantell, 2021; Crouch et al., 2020; DuBois et al., 2019; Peek-Asa et al., 2011). The results of this study, particularly around Factor 2, would support these previous findings.

Racism, discrimination, and community violence were only recognized as significant by Factor Three, where the participants tended to be younger, more diverse (albeit with small sample size), more suburban, and more likely to be classroom teachers with more frequent direct contact with students. To combat the effects of trauma within the school setting, marginalized students require compassionate, open, safe spaces that acknowledge the harm caused by systemic racism (NCTSN, 2017b). Schools and classrooms that do not offer such spaces will likely fail in efforts to close achievement gaps and improve outcomes for students of color (Howard, 2019). Given that the factors consisting of mostly rural educators captured perspectives that did not elevate the impact of systemic and community-based trauma, marginalized students impacted by such forms of trauma are not being fully supported within their rural schools. A dedicated schoolwide emphasis on meeting all students' needs through applying culturally responsive teaching strategies would be a worthy starting point. This requires school administrators to prioritize issues of equity and social justice in all aspects of their students' learning environment, from representative textbook content to the hiring of diverse faculty and staff (Grissom et al., 2021).

When training school personnel in trauma-informed approaches to use with students, it is important to note the subjective impacts that specific forms of trauma may have on a student. As one participant stated, "Every student is unique." While all trauma is significant in a child's life, each traumatic event will not have the same effect on a child's behavioral or academic performance in school. Variables such as a child's level of resiliency and the existence of any positive relationships in their lives contribute to a reduced effect of trauma on behavior or academic performance (Yule et al., 2019; Bartlett & Steber, 2019). Educators have a front-row seat to the behaviors students exhibit daily, making them the first line of defense at the school when supporting a child who may be

experiencing or have experienced a traumatic event. However, if educators are not aware of the existence of all of the various forms of childhood trauma, unfamiliar with the signs for each respective type of trauma, not privy to the importance of protective factors, or uninitiated into trauma-informed practices, they may otherwise label disengaged students as slow learners in need of exceptional children's services, contributing to growing levels of disproportional representation of some student populations in exceptional children's programming. Additionally, such educators may mistakenly identify symptoms of trauma as disruptive behaviors worthy of punishment, contributing further to disproportionally high rates of school removal for suspension for students of color (Dutil, 2020; Leban & Masterson, 2022; McGruder, 2019; Tuchinda, 2020).

Finally, two forms of childhood trauma were rated as not as impactful on student academic outcomes across all factors. They were maternal depression and natural disasters. For maternal depression, unlike some of the other forms of trauma, educators may not be as privy to the information and context about their students' mothers necessary to aid in identifying maternal depression as the cause of a student exhibiting the warning signs of childhood trauma. Therefore, their placement decision in the sort could have been impacted by a lack of exposure and experience with this particular form of childhood trauma. Natural disasters are not as widespread as other forms of trauma and, as such, affect specific communities rather than existing across almost all communities. Limited experience in working with students displaced or traumatized by such an event would explain the low consensus Q sort placement of natural disasters by participants.

Limitations

Several noteworthy limitations impact the findings of this study. Most significant is the lack of diversity in the participants. Q methodology is useful in identifying different perspectives within a group of participants. However, if the participants share similar viewpoints, the findings may need to be viewed cautiously. In this case, with 91% of participants identifying as White and 80% female, it is not surprising that viewpoints expressed in Factor One accounted for nearly as many participants (127) as the other three factors combined (129). While the perspectives of White females are worthy of investigation, the inclusion of more males and participants of color likely would have uncovered additional perspectives with a more even distribution across the factors.

Further, participants self-identified their demographic information, including whether or not their school community was rural, suburban, or urban. No definitions for these categories were provided, nor was any data or source referred to so as to assist participants in making this determination. Participants themselves were left to make their determination as to whether their school communities were rural, suburban, or urban.

Lack of experience with some forms of trauma in their students may have impacted our results. Weather-related trauma, such as home displacement or loss of a family member due to flooding, hurricane, tornado, or fire, may not have been widely experienced by the students of many teacher participants. This may explain why natural disaster resulting in trauma was rated low across all factors.

Finally, 95 participants, or 27% of all participants, did not load on a factor, meaning they did not share one of the four perspectives identified by the four factors identified in this study. More participants and increased diversity of participants could lead to more than four factors, thus providing additional potential loading options for these 95 participants so that their perceptions could be more meaningfully included.

Implications for Research and Practice

There are numerous implications for research and practice as a result of this study. For the largest factor, Factor One, qualitative responses indicated a lack of awareness as well as deficit thinking. The participants in this factor were predominantly rural, White, female, veteran educators. Comprehensive, ongoing professional learning in conjunction with the utilization of schoolwide trauma-informed practice has been shown to improve student well-being and overall school performance (Morton, 2022; Stokes, 2022). For rural school communities, utilization of Title I funding, partnerships with regional and online universities, and access to any local mental health resources could be the starting point for the development and provision of such training to expand rural educators' understanding of trauma in its various forms, the impact that adverse childhood experiences have on student academic performance, and strategies to support traumatized students in their classrooms or schools. Given the distinctions between responses for factors predominantly consisting of rural educators (Factors 1 and 2) – whose perspectives were influenced by their focus on problems in their students' homes – versus factors predominantly consisting of suburban educators (Factors 3 and 4) – whose perspectives were influenced by their view of systemic, societal issues, further research is needed on the nature of these differences in how rural and suburban educators' conceptualize the harm caused by trauma. Rural students may be experiencing different types of traumas than their suburban and urban peers (Sanchez et al. 2017), or perhaps their teachers and counselors are less skilled at identifying trauma caused by discrimination, racism, and community violence (Palma et al., 2023).

To combat the effects of trauma within the school setting, marginalized students require compassionate, open, safe spaces that acknowledge the harm caused by systemic racism (Palma et al., 2023; NCTSN, 2017b). Schools and classrooms that do not offer such spaces will likely fail in efforts to close achievement gaps and improve outcomes for students of color. A dedicated schoolwide emphasis on meeting all students' needs through applying culturally responsive teaching strategies would be an appropriate

starting point. This requires school administrators to prioritize issues of equity and social justice in all aspects of their student's learning environment, from representative textbook content to the hiring of diverse faculty and staff. Based upon the results of this study, marginalized, rural students would benefit the most from such steps by school and district leadership and policymakers.

In addition to providing current educators with ongoing professional learning in culturally responsive and trauma-informed practices, teacher and principal preparation programs must also emphasize these practices and related skill development in their coursework (Hoppey et al., 2021). Rural schools may lack the necessary funding and resources to provide such training and, therefore, must rely upon educator preparation programs to produce future employees for their schools who will be mindful of creating equitable, trauma-informed learning environments. This is even more significant when considering the challenges rural schools face in recruiting and retaining qualified, diverse educators (Brenner et al., 2021). Without such training and preparation, many teachers feel ill-equipped to meet the needs of their students, particularly those in poverty (Blitz et al., 2016) and in rural settings (Shamblin et al., 2016).

Educational leaders and policymakers have attempted to require PK-12 schools to implement trauma-informed practice, such as with U.S. Senate Bill 4614, known as the Trauma-Informed Schools Act of 2022. Unfortunately, these legislative efforts have been slowed by opposition due to funding concerns. Until such legislation is passed, further efforts to promote trauma-informed practices should be encouraged at the state and local levels. Additionally, teacher preparation programs and local school districts should collaborate to develop common practices and vocabulary around trauma for all educators, such that it is as ingrained into their lexicon as Bloom's taxonomy. This would help to counter the criticism that educator preparation programs have received for not providing practical training and skills in how to teach students affected by childhood trauma (Koenen et al., 2021).

References

Bartlett, J. D., & Steber, K. (2019, May). *How to implement trauma-informed care to build resilience to childhood trauma*. Child Trends. https://www.childtrends.org/publications/how-to-implement-trauma-informed-care-to-build-resilience-to-childhood-trauma

Bethell C., Gombojav, N., Solloway, M., & Wissow, L. (2016). Adverse childhood experiences, resilience and mindfulness-based approach: Common denominator issues for children with emotional, mental, or behavioral problems. *Child and*

Adolescent Psychiatric Clinics of North America, *25*(2), 139–156. https://doi:10.1016/j.chc.2015.12.001

Blitz L. V., Anderson E. M., & Saastamoinen M. (2016). Assessing perceptions of culture and trauma in an elementary school: Informing a model for culturally responsive trauma-informed schools. *Urban Review*, *48*(4), 520–542. https://doi:10.1007/s11256-016-0366-9

Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly*, *33*(1), 137–146. https://doi.org/10.1037/spq0000256

Brenner, D., Azano, A. P., & Downey, J. (2021). Helping new teachers stay and thrive in rural schools. *Phi Delta Kappan*, *103*(4), 14–18. https://doi.org/10.1177/00317217211065821

Brown, M., Howard, J., & Walsh, K. (2022). Building trauma informed teachers: A constructivist grounded theory study of remote primary school teachers' experiences with children living with the effects of complex childhood trauma. *Frontiers in Education (Lausanne), 7*. https:/doi.org/10.3389/feduc.2022.870537

Buxton, P. S. (2018). Viewing the Behavioral Responses of ED Children from a Trauma-Informed Perspective. *Educational Research Quarterly*, *41*(4), 30–49. https://www.proquest.com/scholarly-journals/viewing-behavioral-responses-ed-children-trauma/docview/2044334861/se-2?accountid=9784

Cai, J., Li, J., Liu, D., Gao, S., Zhao, Y., Zhang, J., & Liu, Q. (2023). Long-term effects of childhood trauma subtypes on adult brain function. *Brain & Behavior*, *13*(5), 1–9. https://doi.org/10.1002/brb3.2981

Calthorpe, L. M., & Pantell, M. S. (2021, January). Differences in the prevalence of childhood adversity by geography in the 2017-2018 national survey of children's health. *Child Abuse & Neglect*, 111, https://doi.org/10.1016/j.chiabu.2020.104804.

Crouch, E., Radcliff, E., Probst, J. C., Bennett, K. J., & McKinney, S. H. (2020). Rural-Urban Differences in Adverse Childhood Experiences Across a National Sample of Children. *The journal of rural health*: *Official journal of the American Rural Health Association and the National Rural Health Care Association*, *36*(1), 55–64. https://doi.org/10.1111/jrh.12366

Crouch, E., Probst, J. C., Radcliff, E., Bennett, K. J., & McKinney, S. H. (2019, June). Prevalence of adverse childhood experiences (ACEs) among U.S. children. *Child Abuse & Neglect*, *92*, 209–218. https://doi.org/10.1016/j.chiabu.2019.04.010 .

Chung, J. & Chen, H. (2020). Using Q Methodology in Nursing Education Research. *Nurse Educator*, *45* (2), 19–20. https://doi.org/10.1097/NNE.0000000000000692

Davis, J. P., Merrin, G. J., Tan, K., Dumas, T. M., Espelage, D. L., Madden, D., & Sung Hong, J. (2018). Examining the pathways between bully victimization, depression, academic achievement, and problematic drinking in adolescence. *Psychology of Addictive Behaviors*, *32*(6), 605–616. https://doi.org/10.1037/adb0000394

Dorol-Beauroy-Eustache, O., & Mishara, B. L. (2021). Systematic review of risk and protective factors for suicidal and self-harm behaviors among children and adolescents involved with cyberbullying. *Preventive Medicine*, *152*(1), 1–12. https://doi.org/10.1016/j.ypmed.2021.106684

DuBois, K. O., Rennison, C. M., & DeKeseredy, W. S. (2019, January). Intimate partner violence in small towns, dispersed rural areas, and other locations: Estimates using a reconception of settlement type. *Rural Society*, *84*(4), 826–852. https://doi.org/10.1111/ruso.12264 .

Dutil, S. (2020). Dismantling the school-to-prison pipeline: A trauma-informed, critical race perspective on school discipline, *Children & Schools*, *42*(3), 171-178. https://doi.org/10.1093/cs/cdaa016

Education Commission of the States. (2020). 50-state comparison: State K-3 policies. https://www.ecs.org/50-state-comparison-state-k-3-policies-2023/

Frankland, M. (2021). Meeting students where they are: Trauma-informed approaches in rural schools. *The Rural Educator*, *42*(2), 51–71. https://doi.org/10.35608/ruraled.v42i2.1243

Grissom, J. A., Egalite, A. J., & Lindsay, C. A. (2021, February). How principals affect students and schools: A systematic synthesis of two decades of research. The Wallace Foundation. http://www.wallacefoundation.org/principalsynthesis .

Hoppey, D., Mills, K., Reed, D., & Collinsworth, C. (2021). Teacher candidates' perspectives of infusing innovative pedagogical methods and trauma-informed practices into a teacher education program during the COVID-19 pandemic. *School–University Partnerships, 14*(3), 43–69. https://www.proquest.com/scholarly-journals/teacher-candidates-perspectives-infusing/docview/2575930980/se-2

Howard, T. C. (2019). Why race and culture matter in schools: Closing the achievement gap in America's classrooms. Teachers College Press.

Kira, I., Lewandowski, L., Somers, C. L., Yoon, J. S., & Chiodo, L. (2012). The effects of trauma types, cumulative trauma, and PTSD on IQ in two highly traumatized adolescent groups. *Psychological Trauma: Theory, Research, Practice and Policy*, *4*(1), 128–139. https://doi.org/10.1037/a0022121.

Koenen, A., Borremans, L. F. N., De Vroey, A., Kelchtermans, G., & Spilt, J. L. (2021). Strengthening individual teacher-child relationships: an intervention study among student teachers in special education. *Frontiers in Education*, *7*. (Lausanne). https://doi.org/10.3389/feduc.2021.769573

Larson, S., Chapman, S., Spetz, J., & Brindis, C. (2017). Chronic childhood trauma, mental health, academic achievement and school-based health center mental health services. *Journal of School Health*, *87*(9), 675–686. https://doi.org/10.1111/josh.12541

Leban, L., & Masterson, M. (2022). The impact of childhood school suspension on dropout and arrest in adolescence: Disparate relationships by race and adverse childhood experiences. *Criminal Justice and Behavior*, *29*(4), 550–569. https://doi.org/10.1177/00938548211041387

Lewis, T., Jones, K. D., Militello, M., & Meisenhelder, R. (2022). A clear and consistent focus on students: Principals' perceptions of the role of school counselors. *Journal of School Leadership*, *32*(1), 3–26. https://doi.org/10.1177/1052684620972067

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Sage. https://doi.org/10.1016/0147-1767(85)90062-8

McGruder, K. (2019). Children learn what they live: Addressing early childhood trauma resulting in toxic stress in schools. *Mid-Western Educational Researcher*, *31*(1), 117–137. https://www.mwera.org/MWER/volumes/v31/issue1/V31n1-McGruder-COMMENTARY.pdf

McKeown, B., & Thomas, D. (2013). *Q methodology* (2nd Ed.). Sage. https://doi.org/10.4135/9781483384412

Militello, M., Fusarelli, B. C., Mattingly, A., & Warren, T. (2015). "We do what we're told": How current assistant principals practice leadership and how they wish they could. *Journal of School Leadership*, *25*(2), 194–222. https://doi.org/10.1177/105268461502500201

Moore, K. A. & Ramirez, A. (2016) Adverse childhood experience and adolescent well-being: Do protective factors matter? *Child Indicators Research*, *9*(2), 299–316. DOI: 10.1007/s12187-015-9324-4

Morton, B. M. (2022). Trauma-informed school practices: Creating positive classroom culture. *Middle School Journal*, *53*(4), 20–27. https://doi.org/10.1080/00940771.2022.2096817

National Child Traumatic Stress Network (n.d.). *About child trauma*. https://www.nctsn.org/what-is-child-trauma/about-child-trauma

National Child Traumatic Stress Network (2016). *Symptoms and behaviors associated with exposure to trauma*. http://www.nctsn.org/trauma-types-early-childhoodtrauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma

National Child Traumatic Stress Network. (2017a). *Creating, supporting, and sustaining trauma-informed schools: A system framework.* https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

National Child Traumatic Stress Network. (2017b). *Addressing Race and Trauma in the Classroom: A Resource for Educators. National Center for Child Traumatic Stress.* https://www.nctsn.org/sites/default/files/resources/addressing_race_and_trauma_in_the_classroom_educators.pdf

Palma, C., Adbou, A. S., Danforth, S., & Griffiths, A. J. (2023). Are deficit perspectives thriving in trauma-informed schools? A historical and anti-racist reflection. *Equity & Excellence in Education*. https://doi.org/10.1080/10665684.2023.2192983

Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*, *20*(11), 1743–1749. https://doi.org/10.1089/jwh.2011.2891

Perez, N. (2021, December 8). Classroom strategies to support students experiencing trauma. SRI International, Institute of Education Sciences (IES). https://ies.ed.gov/ncee/edlabs/regions/appalachia/blogs/blog51_strategies-to-support-students-experiencing-trauma.asp

Perfect, M., Turley, M., Carlson, J., Yohanna, J., & Gilles, M. P. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990–2015. *School Mental Health*, *8*(1), 7–43. https://doi.org/10.1007/s12310-016-9175-2

Reddig, N., & VanLone, J. (2022). Pre-service teacher preparation in trauma-informed pedagogy: A review of state competencies. *Leadership and Policy in Schools*, 1–12. https://doi.org/10.1080/15700763.2022.2066547

Robles, A., Gjelsvik, A., Hirway, P., Vivier, P. M., & High, P. (2019). Adverse childhood experiences and protective factors with school engagement. *Pediatrics*, *144*(2), 1–8. https://doi.org/10.1542/peds.2018-2945

Saldaña, J. (2021). The coding manual for qualitative researchers (4th Ed.). Sage.

Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The Partnerships Program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health*, *8*, 189–200. https://doi.org/10.1007/s12310-016-9181-4

Sparling, E., Woods, K., & Ford, A. (2022). Evaluation of an ACE-informed whole-school project development. *Educational Psychology in Practice*, *38*(1), 37–56. https://doi.org/10.1080/02667363.2021.2016373

Stratford, B., Cook, E., Hanneke, R., Katz, E., Seok, D., Steed, H., Fulks, E., Lessans, A., & Temkin, D. (2020) A scoping review of school-based efforts to support students who have experienced trauma. *School Mental Health*, *12*, 442–477. https://doi.org/10.1007/s12310-020-09368-9

Stokes, H. (2022). Leading trauma-informed education practice as an instructional model for teaching and learning. *Frontiers in Education*, 7. https://doi.org/10.3389/feduc.2022.911328.

Substance Abuse and Mental Health Services Administration. (2015). Treatment, prevention and recovery. http://store.samhsa.gov/facet/Treatment-Prevention-Recovery

Substance Abuse and Mental Health Services Administration. (2019). Risk and protective factors. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Substance Abuse and Mental Health Services Administration. (2023a). Understanding child trauma. https://www.samhsa.gov/child-trauma/understanding-child-trauma

Substance Abuse and Mental Health Services Administration. (2023b). Recognizing and treating child traumatic stress. https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#types

Tuchinda, N. (2020). The imperative for trauma-responsive special education. *New York University Law Review*, *95*(3), 766-836. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4030024

Van Der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Random House.

Von Dohlen, H. B., Pinter, H. H., Winter, K. K., Ward, S., & Cody, C. (2019). Trauma-informed practices in a laboratory middle school. *Middle School Journal*, *50*(4), 6–15. https://doi.org/10.1080/00940771.2019.1650549

Watts, S., & Stenner, P. (2012). *Doing Q methodological research: Theory, method and interpretation*. Sage. https://doi.org/10.4135/9781446251911

Wiest-Stevenson, C., & Lee, C. (2016). Trauma-Informed Schools. *Journal of Evidence-Informed Social Work*, *13*(5), 498–503. http://dx.doi.org/10.1080/23761407.2016.1166855.

Yule, K., Houston, J., & Grych, J. (2019). Resilience in children exposed to violence: A meta-analysis of protective factors across ecological contexts. *Clinical Child and Family Psychology Review*, *22*, 406–431. https://doi.org/10.1007/s10567-019-00293-1 .

Zhu, C., Huang, S., Evans, R., & Zhang, W. (2021). Cyberbullying among adolescents and children: A comprehensive review of the global situation, risk factors, and preventative measures. *Frontiers in Public Health*, *9*, 1–12. https://doi.org/10.3389/fpubh.2021.634909.

About the Authors

Travis Lewis, Ed.D., is an assistant professor within the College of Education at East Carolina University. He provides instruction in educational leadership and administration in both PK-12 and higher education settings. His research focuses on the influence of school leadership practices on K-12 teacher recruitment and retention, the role of student services and student affairs staffing in PK-12 and higher education, the effects of social and emotional learning on student outcomes, and building resiliency in school-aged children.

Lawrence Hodgkins, Ed.D., is a teaching assistant professor within the College of Education at East Carolina University. He provides graduate instruction in educational leadership and administration to K-12 teachers and school leaders. His research interests include improving instructional practices, authentic community engagement, and school

transformation. Dr. Hodgkins has previously served as a teacher, coach, assistant principal, district office leader, and principal in eastern North Carolina public schools.

Kelly Wynne Lettieri, Ph.D., is a staff counselor at East Carolina University's Center for Counseling and Student Development. Dr. Lettieri provides a variety of counseling services to ECU students, outreach services to educate the ECU community, and supervision to counselor trainees in the clinic.

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TPRE Editorial Board for Volume 13, Issue 1

RURAL EDUCATION INSTITUTE

Call for Manuscripts to *Theory & Practice in Rural Education*
http://tpre.ecu.edu

Schedule and submission dates:

Spring 2024	January 15, 2024	General topics
Fall 2024	March 31, 2024	Educator Residencies in Rural Spaces
Spring 2025	January 15, 2025	General topics
Fall 2025	March 31, 2025	Special issue TBA

The editors of the *Theory & Practice in Rural Education(TPRE)* invite authors to submit manuscripts for forthcoming issues. *TPRE* is a peer-reviewed journal published electronically twice per year, spring and fall. We are predominantly interested in manuscripts related to promising and effective educational practices in rural schools, educator preparation for rural P-16 institutions, and issues related to distinct rural populations. We invite several types of articles and/or multimedia creations, including those with an international focus: practice-based; educational innovations; partnerships for education; research-based articles; review articles; and book reviews focusing on rural education. Please see Author Guidelines at the website for additional submission information.

All proposals will be subject to double blind peer review.

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Theory & Practice in Rural Education (TPRE)

Call for a Special Issue on Educator Residencies in Rural Spaces

In this upcoming 2024 special issue of TPRE, we aim to highlight research, teaching, and professional practices that examine educator residencies in rural settings. We are particularly interested in manuscripts that explore the development and study of rural residencies built upon an asset-based window into the lived reality of people in rural places by privileging their knowledge, focusing on their empowerment, and disavowing deficit-oriented narratives of rurality.

Teacher residency models in educator preparation improve the quality of new teachers (Educators for Excellence, 2018; NCTR, 2020; Rockman et al., 2018; Teach Plus Teacher Preparation, 2015), increase retention (Barnes et al., 2007; Carver-Thomas, 2018; Rosenberg & Miles, 2017; NCTR, 2021), and positively impact student achievement (Lindsay & Hart, 2017; NCTR, 2021). Teacher residencies can increase diversity in the teacher pipeline (Azar et al., 2020; Carver-Thomas, 2018). Residency programs have proven to be "on par with high-quality traditional teacher preparation programs," (Carver-Thomas, 2018, p. 7). In comparison, studies find alternative licensure programs result in lower retention by as much as double to triple percentages, particularly for teachers of color (Carver-Thomas, 2018). Educator residencies are characterized by year-long student teaching internships in which the resident is not the teacher of record, ongoing feedback and coaching with an experienced mentor teacher, and rigorous graduate coursework aligned with the experiential aspects of the internship. In many teacher residencies, co-teaching is often utilized to help novice teachers develop their pedagogical skills or create classroom communities (Bacharach et al., 2010; Goodnough et al., 2009; Roth & Tobin, 2005; Ruys et al., 2010; Weinberg et al., 2019).

Manuscripts selected for this special issue might address aspects of the following concerning rural educator residencies:

- Leveraging school-university-community collaborations in rural residencies
- Strength or asset-based frameworks that support rural residencies and empower rural students
- Residencies that develop equity-focused teacher practice
- Policy recommendations for rural residencies
- Innovative practices in curricular and/or clinical experiences that support educator residencies
- Critical components of rural residencies
- Advantages, challenges, and/or opportunities regarding residency practices across P-20 rural schools and communities
- Community-based initiatives related to the teacher and school leader residencies

Those interested in being considered for this special issue should submit a full manuscript to the TPRE system (http://tpre.ecu.edu) by **March 31, 2024.** Questions about possible topics or ideas should be sent to Dr. Kristen Cuthrell (cuthrellma@ecu.edu) and Jennifer Williams (williamsjen16@ecu.edu). All submissions will go through the TPRE process of double-blind review by experts in the field. TPRE Author Guidelines: http://tpre.ecu.edu/index.php/tpre/about/submissions#authorGuidelines

Estimated Timeline

- Manuscripts Due March 31, 2024
- Double Blind Review Process:
    - Approximately two-month turnaround (April/May)
- Articles selected for Revise/Resubmit or Minor Edits
    - Revise/Resubmit Deadline: 45 days from receipt of feedback (May/June)
- Second (limited) Double Blind Peer Review Process from resubmissions:
    - Approximately one-month turnaround (July)
- Final selection of articles selected for Minor Edits
    - Deadline: one month from receipt of feedback (September)
- Expected Publication Date: October 2024

References

Azar, T., Casciana, R., Puma, J., (2020). *Impact of resident-mentor pairs on teacher effectiveness*. National Center for Teacher Residencies. https://nctresidencies.org/resource/impact-of-resident-mentor-pairs-on-teacher-effectiveness/#:~:text=Among%20host%20teachers%20using%20the,TES)%20for%20the%20host%20teacher

Bacharach, N., Washut Heck, T., & Dahlberg, K. (2010). Changing the face of student teaching through co-teaching. *Action in Teacher Education*, *32*(1), 3–14.

Barnes, G., Crowe, E., & Schaefer, B. (2007). *The cost of teacher turnover in five school districts: A pilot study*. National Commission on Teaching and America's Future.

Carver-Thomas, D. (2018). *Diversifying the teaching Profession: How to recruit and retain teachers of color.* Learning Policy Institute. https://doi.org/10.54300/559.310

Educators for Excellence. (2018). *Voices from the classroom: A survey of America's educators*. Educators for Excellence. https://e4e.org/sites/default/files/2018_voices_from_the_classroom_teacher_survey.pdf

Goodnough, K., Osmond, P., Dibbon, D., Glassman, M., & Stevens, K. (2009). Exploring a triad model of student teaching: Pre-service teacher and cooperating teacher perceptions. *Teaching and Teacher Education*, *25*(2), 285–296. https://doi.org/10.1016/j.tate.2008.10.003

Lindsay, C. A., & Hart, C. M. D. (2017). Exposure to same-race teachers and student disciplinary outcomes for black students in North Carolina. *Educational Evaluation and Policy Analysis*, *39*(3), 485–510.

National Center for Teacher Residencies. (2020). *NCTR annual report.* https://nctresidencies.org/wp-content/uploads/2021/01/NCTR-Annual-Report December-2020-FINAL.pdf

Rockman, et. al. (2018). *A different, more durable model.* Urban Teacher Residency Project. https://rockman.com/docs/downloads/TQPXCombinedReport

Rosenberg, D., & Miles, K. (2017). *Growing great teachers: How school system leaders can use existing resources to better develop, support, and retain new teachers—and improve student outcomes*. Education Resource Strategies.

Roth, W., & Tobin, K. (Eds.). (2005). *Teaching together, learning together*. Peter Lang.

Ruys, I., Van Keer, H., & Aelterman, A. (2010). Collaborative learning in pre-service teacher education: An exploratory study on related conceptions, self-efficacy, and implementation. *Educational Studies*, *36*(5), 537–553. https://doi.org/10.1080/03055691003729021

Teach Plus. (2015). Teacher Preparation Flash Poll. https://teachplus.org/teacher-polls

Weinberg, A., Sebald, A., Stevenson, C., & Wakefield, W. (2019). Toward conceptual clarity: A scoping review of coteaching in teacher education. *The Teacher Educator*, *55*(2). 1–24. https://doi.org/10.1080/08878730.2019.1657214