

The Lived Experiences of School Counselors Related to Natural Disaster Trauma

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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### **Abstract**

The purpose of this hermeneutic phenomenological study was to understand and describe the lived experiences of school counselors in South Carolina regarding natural disaster trauma and their perceptions regarding their ability to work effectively with students during and after disasters. The experiences of school counselors regarding their perceptions of effectiveness when working with students both during and after natural disasters prior to this study were unknown. The American School Counselor Association (ASCA) Model provided the framework for this study as it outlines the necessary preparation for and execution of a school counselor's work with students, while Herman's trauma theory and Halpern and Tramontin's natural disaster mental health theory provide the grounding regarding trauma. Using these theoretical guidelines and the over-arching question, "What are the lived experiences of school counselors pertaining to natural disaster trauma," the research sought to answer: (1) How do school counselors feel about their preparedness and ability to help students affected by natural disaster trauma, and (2) How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have past personal experience with natural disasters? School counselors who are current members of a school counselors' association in South Carolina were the target population. A convenience sample of school counselors was interviewed utilizing semi-structured open-ended questions. Interview transcriptions were coded and analyzed for patterns and recurrent themes. Two main themes were evident from the analysis: (1) COVID-19 was a game-changer, and (2) School counselors need to be trauma-informed. Results from this study can be used to inform and shape counselor educator programs and professional development opportunities in the future.

*Keywords:* school counselor, ASCA, natural disaster, trauma, COVID-19

### **Dedication**

To Presley and Georgie – Every time I sat at the computer and wondered if I could do this, I heard your voices saying, “Momma, you CAN do this.” I wanted to give up so many times. I remembered that you had faith in me, and I did not want to let you down. I am a better person because I am your mother. You two are the best gifts I have ever received. I am beyond proud of both of you and love you so very much!

To Logan – Thank you for loving my baby and being such a wonderful husband to her. You are the son I always wished I had, and I love you! I am beyond grateful for all the times you encouraged me.

To Pitts – Who would have thought 36 years ago that we would be where we are today? You have always been my biggest cheerleader, my rock, and my best friend. This accomplishment partly belongs to you because you sacrificed as much as I did to get to this point. Thank you for believing in me when I could not. I am forever yours; I love you!

To those who have suffered trauma of any kind – The more we know about trauma, the more we can help. I pray you are always able to find a helper.

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I am grateful to both my chair, Dr. Richard Green, and my reader, Dr. Dwight Rice. Both men, though I have never even met them in person, have prayerfully supported me. The last few years came with some challenges in my life; both Dr. Green and Dr. Rice, possibly without even realizing it, provided support, kind words, prayers, and encouragement when it was needed the most. I appreciate their wisdom and guidance. I appreciate, too, the school counselors who took time out of their already hectic days to help me achieve my dream by letting me interview them. School counselors, keep fighting the good fight!

I am especially grateful to both of my grandmothers, Juanita Baxley and Mollie Carroll, who taught me the value of education. One said, "Get your education." She didn't say how or in what area, but she said it often enough that I knew it was important. The other only had a third-grade education, and she always lamented that fact. Education has changed my life in innumerable ways by exposing me to ideas, people, and cultures, and by being the catalyst for me to learn to think for myself both critically and unapologetically. I am grateful that I live in a country where this is possible.

I ended this process a much different woman from when I started. Ephesians 2:8 says that God's grace has given me a gift—which in my youth, I admit, I sometimes rejected. I have learned to lean on Him through sunshine and shadow alike, and I know that through Him, I *can* do *all* things (Philippians 4:13) especially difficult ones. I hope that I will always remember that.

**Table of Contents**

Abstract.....	3
Dedication.....	4
Acknowledgments.....	5
Table of Contents.....	7
List of Tables.....	11
List of Abbreviations.....	12
Chapter One: Introduction.....	13
Overview.....	13
Background.....	14
Situation to Self.....	19
Problem Statement.....	21
Purpose Statement.....	22
Significance of the Study.....	23
Research Questions.....	25
Definitions.....	27
Summary.....	28
Chapter Two: Literature Review.....	30
Overview.....	30
Theoretical Framework.....	30
Herman’s Contemporary Trauma Theory.....	31
Halpern and Tramontin’s Disaster Mental Health Theory.....	34
ASCA National Model.....	37

Related Literature.....	40
Trauma’s Conceptualization: Past to Present.....	41
Causes of Trauma.....	43
The Trauma Response.....	53
Trauma-Informed School Counseling.....	54
Summary.....	64
Chapter Three: Methods.....	66
Overview.....	66
Design.....	66
Research Questions.....	69
Setting.....	69
Participants.....	70
Procedures.....	72
The Researcher’s Role.....	73
Data Collection.....	74
Interviews.....	74
Data Analysis.....	76
Trustworthiness.....	77
Credibility.....	78
Dependability and Confirmability.....	79
Transferability.....	80
Ethical Considerations.....	80
Summary.....	81

Chapter Four: Findings.....83

    Overview.....83

    Participants.....83

        Counselor 1.....85

        Counselor 2.....85

        Counselor 3.....86

        Counselor 4.....86

        Counselor 5.....87

        Counselor 6.....87

        Counselor 7.....87

        Counselor 8.....88

        Counselor 9.....88

        Counselor 10.....89

Results.....89

Theme Development.....90

    Theme One: COVID-19 was a Game-changer.....92

    Theme Two: School Counselors Need to be Trauma-informed.92

Research Question Responses.....94

    Summary.....100

Chapter Five: Conclusion.....102

    Overview.....102

    Summary of Findings.....103

    Discussion.....104

Implications.....	112
Delimitations and Limitations.....	115
Recommendations for Future Research.....	117
Summary.....	118
References.....	120
Appendices.....	146
Appendix A: IRB Approval Letter.....	146
Appendix B: Consent Form.....	149
Appendix C: Participant Recruitment Form.....	152
Appendix D: Interview Transcript Sample.....	153

**List of Tables**

Table 1. Individual Participant Demographics.....71

Table 2. Participants’ Overall Demographic Characteristics.....84

Table 3. Repeated Words and Phrases for Theme Development.....90

**List of Abbreviations**

American Counseling Association (ACA)

Adverse Childhood Experiences (ACEs)

American Mental Health Counselors Association (AMHCA)

American Psychological Association (APA)

American School Counselor Association (ASCA)

Council for Accreditation of Counseling & Related Educational Programs (CACREP)

Council for the Accreditation of Educator Preparation (CAEP)

Coronavirus Disease of 2019 (COVID-19)

Disaster Mental Health (DMH)

Individual Graduation Plan (IGP)

Post-traumatic stress disorder (PTSD)

Recognized ASCA Model Program (RAMP)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Social Emotional Learning (SEL)

Secondary Traumatic Stress (STS)

## **Chapter One: Introduction**

### **Overview**

The number of recorded natural disasters has increased substantially over the last two decades (Ritchie, 2022). Nearly 20% of people in the United States will experience natural disasters such as hurricanes or tornadoes at some point in their lives (Wilson-Genderson et al., 2018). This amount pales in comparison to the worldwide effect of the recent COVID-19 pandemic. Levers (2022) stated that natural disasters adversely impact mental health, and Wilson-Genderson et al. affirmed that research consistently finds an association between natural disasters and mental health disorders. As technologies have advanced, disaster warning, and thus disaster preparation, has improved in some areas, but mental health services and approaches after disasters remain somewhat inconsistent and time-limited (Bernstein & Pfefferbaum, 2018). Communities suffer economic impact from disasters, ecosystems are disrupted, property is destroyed, and lives are lost. Still, survivors' mental health and well-being, particularly children's, are not adequately addressed (Bernstein & Pfefferbaum, 2018).

Warbington et al. (2019) state that 342 natural disasters in 2016 alone caused 8,733 deaths, \$154,000,000,000 in damages, and affected over 569.4 million people. Contrast these statistics with the latest numbers on the COVID-19 pandemic, where 78,389,155 cases in the United States have been reported with 932,894 deaths, and the unemployment rate stood at 6.9%, with 11.1 million unemployed (Centers for Disease Control and Prevention, 2022). When natural disasters affect entire communities, students and educators are part of these communities. Because the aftermath of natural disasters can bring physical, psychological, emotional, and academic issues, educators, specifically school counselors, are uniquely equipped to support students. This research aimed to describe school counselors' experiences when working with

students living in South Carolina during and after natural disasters.

In Chapter One, the background section explains the studied problem, including its social, historical, and theoretical aspects. The Situation to Self section outlines the motivation for researching the problem, including the philosophical assumptions and framework that guide the study. The Problem Statement provides a general outline of the problem, including specific details, its focus, and population sample information. The Purpose Statement explains the study's expected outcomes, focus, and intentions. The how and why of the study that consists of the theoretical, empirical, and practical significances that the study enhances are provided in the Significance of the Study section. The Research Questions section encompasses a description and discussion that includes the main research question and sub-questions. Definitions of pertinent terms that one needs to understand in the context of the study are included. Lastly, the Summary will show an overall synthesis of the main ideas presented in the chapter.

### **Background**

Childhood trauma is widespread, prevalent, and well-documented. Approximately one in four children experience abuse and neglect by age 18; added trauma from natural disasters increases this prevalence (Finkelhor et al., 2015). While it is not an absolute that children will develop trauma from a natural disaster, some will exhibit traumatic stress symptoms, and some will go on to develop any number of psychological concerns that can impact their academic performance (Reinbergs & Fefer, 2017). Rumsey and Milsom (2019) state that children who have experienced trauma are more likely to drop out of school than those who have not experienced trauma. Traumatized children are more likely to exhibit a lack of engagement, and this, too, has implications for dropping out of school (McDermott et al., 2019).

Reinbergs and Fefer (2017) attest that because natural disasters affect whole communities, the case can be made to universally screen for and attend to students regarding trauma. School counselors can provide such mental health services to students. The services they provide would be beneficial only if they were well-delivered, well organized, prevention-based, data-based, involved the community at large, and efficiently used available resources; barriers to delivery also must be identified and addressed (Reinbergs & Fefer, 2017). This section will provide the historical, social, and theoretical aspects of school counselors and their work to mitigate the potential trauma experienced by their students during and after natural disasters.

### **Historical**

The seeds of school counseling were sown in the early 1900s in the form of vocational counseling. At the time, principals and teachers performed much of this guidance. In the 1930s, the focus moved from the vocational perspective to a psychological one due partly to the rise of the mental hygiene, psychometric, and child study movements (American School Counselor Association, 2019). School counseling became more organized as it had a clearly defined set of duties centralized under one main structure entitled “pupil personnel services” (American School Counselor Association, 2019). The organization of guidance services strengthened in the 1940s and ‘50s as counselors worked to aid the war effort while simultaneously looking to improve their services. This was when the American School Counselor Association (ASCA) was established (American School Counselor Association, 2019).

As ASCA developed and matured, the idea of a more comprehensive school counseling program began to take shape during the ‘60s and ‘70s. However, there were still concerns about what services counselors provided and how they were delivered. Throughout the ‘80s, ‘90s, and into the 21<sup>st</sup> century, the concept of the comprehensive school counseling program was refined

and solidified as many states in the early 2000s began to develop state models. Roles became more clearly defined, verbiage was tailored to reflect these newly defined roles, and accountability became a buzzword. While many school administrators still see school counselors' tasks as pertaining to class schedules, test coordination, and career guidance, ASCA affirms that school counselors are trained to attend to the mental health needs of their students (American School Counselor Association, 2019; Gruman et al., 2013).

Howell et al. (2019) propose that the school counselor is the best-equipped person in a school to recognize trauma in students and to coordinate an effort to address it. Graham and Negrelli-Coomer (2018) also posit that the school counselor possesses skills that impact change and act as a buffer against damaging trauma; however, there remains debate about the school counselor's role in mental health within the educational realm (American School Counselor Association, 2019). Also, even though there is a clarion call for trauma work in schools, the role of the school counselor is still very inconsistent (Howard et al., 2021; Howell et al., 2019). Furthermore, despite what these researchers have posited, scant research exists on actual school counselors' perceptions of their preparedness for dealing with trauma, particularly natural disaster trauma.

### **Social**

Consider the 30-year average of annual fatalities due to weather-related incidents: lightning killed 39 people annually; tornadoes killed 69; floods killed 85; hurricanes killed 46; and heat fatalities killed the most people at 143 along with a thirty-year total of \$676,637,000,000 in property damages (National Weather Service, 2021). COVID-19's numbers are more sobering. Since January 21, 2020, there have been 78,389,155 cases of COVID-19 in the United States, with 932,894 deaths (Centers for Disease Control and Prevention, 2022).

Livers (2022) points out that entire populations can experience an “intense release of emotions” (p. 375) after natural disasters, which cause various stress reactions, and these stress reactions have an impact on both the mental and physical well-being of people. Since natural disasters can affect large swaths of people, all at once as well as over time, including children who may have already experienced at least one kind of trauma, it is imperative for school counselors to understand the complexities of trauma and be well-prepared to effectively work with those impacted.

Stressor upon stressor results in cumulative stress; if not addressed, this can result in post-traumatic stress disorder (PTSD) (Livers, 2022; van der Kolk et al., 2005). Responses to trauma include fear, terror, helplessness, and despair, all of which impair a child’s ability to cope both in school and at home (Garo et al., 2018). Exposure to chronic trauma raises the risk of juvenile delinquency and school failure. When the exposure happens early in childhood, it impacts not only the child’s future physical and mental well-being but the potential development of adolescent and adult criminal behavior as well (Buffington et al., 2010; Fritzon et al., 2021; Stinson et al., 2016;). Hurless and Kong (2021) indicate that school counselors can promote “effective management of a student’s emotional and behavioral difficulties” (p. 57). This study shows how school counselors feel about their ability to manage students’ difficulties effectively.

### **Theoretical**

Norman Gysbers introduced a school counseling model in the 1960s, encompassing the three domains of academic achievement, career readiness, and social and emotional learning (American School Counselor Association, 2019). This concept grew to become the ASCA National Model, which outlines what school counselors should know and be able to do (American School Counselor Association, 2019). School counseling programs, run by

professional school counselors and grounded by the ASCA National Model, are expected to be comprehensive and developmental while also being results-oriented (American School Counselor Association, 2019).

Early on, the Model's focus was on the three main domains, but nearing the end of the 20<sup>th</sup> century, it landed mostly on academic achievement. In recent years, however, research has shown that social and emotional learning (SEL) has become a great need amongst our nation's youth due to the rise in adverse childhood experiences, or ACEs (Hurless & Kong, 2021). School counselors have direct contact daily with children exposed to traumatic events (Parker & Henfield, 2012), and it is important for them to understand the origins and theories of trauma.

Contemporary trauma theory has its roots in Freudian psychoanalysis, but it emphasizes the process of dissociation rather than repression (Herman, 1997; Putnam, 1989; Siegel, 1995; van der Kolk, 1991). Herman's work in contemporary trauma theory furthered the discussion of the intersection of stress and trauma and how traumatic circumstances can be relived. For instance, contemporary trauma theory posits that traumatic memories are recorded in a person's memory whole or intact and are kept separate from the rest of a person's memory; yet the memories can be triggered later by something experienced in the environment making it important to address trauma from the outset (Levers, 2022). This has implications for school personnel because something in the school environment could trigger students.

In recent years, American communities have experienced trauma in the form of mass violence, hate crimes, and natural disasters; while most of these events did not target children directly, children can still be deeply affected (Rumsey et al., 2020). It is estimated that over 46 million children, many of whom are school age, are affected by trauma each year. School counselors who are well-versed in trauma theory and disaster mental health theory can be most

beneficial in helping their students (Parker & Henfield, 2012). Through a natural disaster lens, this study extends the work done by contemporary trauma theorists by focusing on school counselors' perceptions of their effectiveness when working with their students.

### **Situation to Self**

In 1989, Hurricane Hugo, one of the most significant storms to hit the United States at that time, battered the coast of South Carolina. I was then a 17-year-old senior in high school. Most people I knew, including myself and my family, stayed during the storm. It was not supposed to hit us, until it changed course at the last minute. My father, a captain in the local fire department working in the department's incident command, was separated from us during the storm. Throughout the night, I did not know if he was alright, if my friends were alright, or if we had a house to go back to in the morning. In the hurricane's aftermath, my classmates and I spent weeks out of school with no electricity and no actual roof over our heads for many of us. Yet, no adults asked how we were doing; no one asked how we *felt* about our circumstances. Looking back, it was an unspoken agreement that we would all just keep going on, one day at a time until things were back to normal. However, I and others my age who had stayed during the hurricane had trouble dealing with storms for a long time after. Over 30 years later, whenever a hurricane approaches, we can still remember clear details of where we were at landfall, the sounds we heard, and the fear we felt as if it were still September 21, 1989.

For the last 24 years, I have worked with students as a school counselor, and while we in South Carolina have been mercifully spared the likes of Hurricane Hugo thus far, my students have had to deal with something on a grander scale: COVID-19. Unlike with hurricanes, there was no time to prepare appropriately. What started as two weeks to stop the virus' spread turned into two years of economic upheaval, thousands sickened, loss of life, and the constant

knowledge that we did not know from one day to the next what we were doing or what was expected of us. Students were already struggling emotionally pre-pandemic, and I found myself struggling to meet the emotional needs of my students as we navigated the effects of the COVID-19 pandemic. Even still, as we come out of the pandemic, the emotional after-effects on my students remain staggering.

Natural disasters are a multi-faceted trauma because they not only affect a person individually, but they also affect the whole community. Additionally, the effects of natural disasters vary, ranging from mild inconveniences to a complete upheaval in one's life. I wanted to find out how other school counselors felt about their preparedness to help students navigate natural disaster trauma, and I wanted to find out how they felt about their effectiveness as they were going through or have had previous experience with natural disasters.

Because I am a school counselor and live where my research is situated, I was very careful to separate my own lived experiences from those of my participants in this study. As part of the hermeneutic process, I made my bias explicitly known at the beginning of the interviews with the participants. I was careful to allow the participants to tell their own stories while I remained as neutral to their responses as possible. While I reflected upon the words of my participants, I remained aware of any influence that my own experiences may have exerted on the data analysis. This required journaling of these thoughts, feelings, and observations; in short, while hermeneutic phenomenology does not use bracketing in the Husserlian manner, my prejudgments, nonetheless, were set aside (Peoples, 2021). Finally, to preserve the fidelity of my study, I was very transparent in my written analysis of the research of any impact that my prejudgments had on the research.

Ontologically speaking, I assumed that each school counselor participant I interviewed would bring their unique views, histories, and perspectives to their practice (Cuthbertson et al., 2019); thus, it was also assumed that each person would differ in how they perceived their effectiveness when working with students. Grounded in social constructivism, gathering the information regarding their multiple realities allowed for the emergence of any themes amongst the group responses (Moustakas, 1994). In social constructivism, people seek to make sense and meaning of their world personally and professionally (Denzin & Lincoln, 2018). Analyzing school counselors' information in this current study regarding their preparedness, effectiveness, and any meaning they ascribed to their work enhances what we know, as there are relatively few studies on the topic.

### **Problem Statement**

The problem was that even though many studies agreed that school counselors need to know about trauma, how to prevent or mitigate it, and are ideally situated to do so, the available studies cannot agree on school counselors' preparation and effectiveness, particularly as it applies to natural disaster trauma. It was also not known how school counselors feel about their own preparation and effectiveness. Nickerson et al. (2019) state that crisis events impact nearly every school; over 100 million children worldwide are affected by disasters in a typical year (Lai et al., 2016). When school is disrupted, students' academic performance and social development are hindered (Lai et al., 2016). With the advent of COVID-19, *every* school has been impacted in some way (Pincus et al., 2020). Mental health experts predict unprecedented levels of mental health concerns and behavioral issues along with higher-than-expected levels of depression, anxiety, substance abuse, PTSD, and suicide. This is in addition to any other natural disasters that have occurred or will occur in the foreseeable future.

There is research to show that trained, professional school counselors as a frontline of sorts are effective when working with traumatized children (Hurless & Kong, 2021; Pincus et al., 2020; Reinbergs & Fefer, 2017; Rumsey & Milsom, 2019); yet, there is also research that says that school counselors' training when working with traumatized children is lacking or that school counselors' duties preclude them from being able to work with such children in the necessary capacity (Howard et al., 2021; Howell et al., 2019; Moh & Sperandio, 2022). School counselors may be personally dealing with the after-effects of trauma or are simply burnt out, which may hinder their services (Mullen et al., 2018, 2021). Overall, there is no consensus on the effectiveness and preparation of school counselors for dealing with trauma. The problem was confounded by the lack of research on the efficacy and preparation of school counselors when dealing with the multifaceted and complex natural disaster trauma. Indeed, an exhaustive search yielded very few studies to date (Crumb et al., 2021; Limberg et al., 2020).

### **Purpose Statement**

The purpose of this hermeneutic phenomenological study was to describe the experiences of school counselors living in South Carolina regarding their perceptions of their preparation for and effectiveness in working with students traumatized by natural disasters. Natural disasters are generally defined as sudden events, such as hurricanes, earthquakes, and pandemics, and usually result in damage to property, deaths, or both (Merriam-Webster, n.d.). School counselors are defined as certified and licensed educators with at least a master's degree in school counseling. Professional school counselors address students' academic, career, and social and emotional needs with a program guided by the ASCA National Model (American School Counselor Association, 2019). Preparation of school counselors for working with students is generally

defined as the individual school counselor having received graduate-level course work or continuing education regarding trauma as well as the more specific natural disaster trauma.

Born from Freud's early theories regarding trauma, contemporary trauma theory, as presented by Herman as well as disaster mental health theory as presented by Halpern and Tramontin, grounded this study as they explained the nature of trauma (Halpern & Tramontin, 2007; Herman, 1997). The ASCA National Model provides the framework under which school counselors are expected to carry out their work and grounded this study as well.

### **Significance of the Study**

This research study added to the school counseling discipline in several ways. It empirically enhanced the body of literature regarding school counselors' work with students traumatized by natural disasters, added to the body of literature regarding contemporary trauma theory and disaster mental health theory, and provided valuable insight for those who train and supervise school counselors as they prepare for work with students or are already working with students.

### **Empirical Significance**

There is a multitude of studies regarding counselors' work with traumatized students, including those who have any number of ACEs (Graham & Negrelli-Coomer, 2018; Greene et al., 2016; Howard et al., 2021; Zyromski et al., 2020). These studies looked at the importance of being trauma aware, informed, and prepared to work with traumatized students. Less frequently, studies looked at what counselors should do for students after disasters (Lai et al., 2016; Limberg et al., 2020; Pincus et al., 2020; Warbington et al., 2019). These limited studies show that school counselors can help mitigate disaster trauma, but in most of these studies, the research barely mentioned natural disasters and their complexity, was not current enough to include COVID-19

data, or was not specifically referring to school counselors but rather counselors in private practice or working for community agencies.

An exhaustive search of the most relevant research specifically regarding natural disaster trauma and school counselors yielded just two studies (Crumb et al., 2021; Limberg et al., 2020). Crumb et al. looked at the impact that natural disasters had on students living in rural areas. Their study most closely parallels this research as it looks to determine the preparation and perceived effectiveness of school counselors when dealing with natural disaster trauma; however, their study did not incorporate COVID-19 as the latest natural disaster that affected all students rather than just rural ones.

### **Theoretical Significance**

Contemporary trauma theory and disaster mental health theory research tends to mostly provide information for clinicians or social workers (Greene et al., 2016; Nickerson et al., 2019). Regarding schools, the focus of research tends to be on school psychologists or classroom teachers in general. It focuses rarely on school counselors. When it does, the central theme is that school counselors need to be aware of trauma and how best to mitigate it either in themselves or in the students with whom they work (Graham & Negrelli-Coomer, 2018; Howard et al., 2021; Parker & Henfield, 2012; Rumsey et al., 2020). Still, there is a lack of studies regarding school counselors and the complexity of natural disaster trauma. This study contributes knowledge from the viewpoint of school counselors to the collaborative research on trauma theory.

### **Practical Significance**

While the nation deals with COVID-19 and its effects, those in South Carolina also deal with the threat of natural disasters like tornadoes, hurricanes, and flooding. School counselors must deal effectively with students who experience the complexity of natural disaster trauma

while vulnerable children with a history of any number of ACEs have the potential for compound trauma (Limberg et al., 2020; Zyromski et al., 2020). This study provides those who lead school counseling training programs with the information necessary to adequately train school counselors for dealing with natural disaster trauma. It also informs school districts of any additional training that needs to be initiated and implemented for school counselors to be effective.

### **Research Questions**

The purpose of this research study was to describe the lived experiences of school counselors residing in South Carolina regarding their work with students during and after natural disasters. Three questions of particular interest guided this study, and the responses from the inquiry were collected and categorized for resulting themes and patterns.

#### **Central Research Question**

The central research question was *What are the lived experiences of school counselors related to natural disaster trauma?* This main question aimed to illuminate how school counselors feel about their professional lives concerning natural disaster trauma. Counselor educator standards set forth by the ASCA National Model outline the responsibility of school counselors to respond effectively to crises (American School Counselor Association, 2019; Limberg et al., 2020); yet counselors may feel unprepared when dealing with natural disaster trauma (Crumb et al., 2021; Limberg et al., 2020.)

#### ***Sub-question One***

The first sub-question asked was *How do school counselors feel about their preparation and effectiveness when working with students affected by natural disaster trauma?* School counselors are often the only mental health providers students may have access to, but according

to Crumb et al. (2021), school counselors report having little to no disaster preparation training. Despite this, school counselors are seen by their administrators as the mental health experts in the school building and are even asked to train teachers on natural disaster trauma (Crumb et al., 2021; Limberg et al., 2020). It is essential to understand how school counselors feel about their preparation and effectiveness as this has implications for school counseling programs, training, and the effective delivery of services.

### ***Sub-question Two***

The second sub-question asked was *How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have experience with natural disasters?* School counselors are helping professionals. As such, they are expected to attend to students' many emotional needs (Golberstein et al., 2020). School counselors must be able to work with students without taking on their emotional pain (Litam et al., 2020). Research studies on professional non-school-based counselors have shown that there is potential for increased stress, compassion fatigue, and burnout related to working with clients' trauma; providing disaster mental health counseling to traumatized clients has been shown to increase this potential as well (Litam et al. 2020). Since they may be experiencing many of the same stressors as their clients, it has been shown that it is vital for professional non-school-based counselors to understand and be able to effectively mitigate the effects of natural disaster trauma in order to effectively work with their clients (Gleeson, 2020). It makes sense that this should hold true for school counselors as well, but school counselors' efficacy when working with students traumatized by natural disasters even as they share or have shared the same stressor was not known.

### Definitions

This section will briefly define several key terms useful to know in the context of this study.

1. *ACEs* – Adverse childhood experiences are potentially traumatic experiences that may have immediate or long-term consequences (Felitti et al., 1998).
2. *Compassion Fatigue* – Compassion fatigue can be described as the result of chronic exposure to students’ trauma, large caseloads, and/or a lack of support or resources and can cause physical as well as emotional difficulties in the helping professional (Can & Watson, 2019).
3. *Dissociation* – Dissociation refers to disruptions in certain cognitive processes that can lead one to perceive altered states (Vine et al., 2020).
4. *Disaster Mental Health (DMH)* – Disaster mental health involves short and long-term counseling interventions that deal with catastrophic incidents whether they are man-made or naturally occurring (Stebnicki, 2017).
5. *Hermeneutic Phenomenology* – a type of philosophical thinking that utilizes an observer’s interpretation of text or language, also known as interpretive phenomenology or existential phenomenology (Sloan & Bowe, 2014).
6. *Hyperarousal* – When humans experience trauma, the self-preservation system stays in a state of constant vigilance, and symptoms such as being easily startled, overreactions to slight provocations, and poor sleep characterize such a state (Herman, 1997).
7. *Natural Disaster* – Natural disasters are catastrophic events of nature that include hurricanes, tornadoes, earthquakes, and pandemics (Levers, 2022).

8. *School Counselor* – School counselors are master’s level educators with a background in counseling and education theories who typically work in kindergarten through 12<sup>th</sup> grade educational settings to assist students with their academic, career, social, and emotional needs (Blake, 2020).
9. *Social Emotional Learning* – Social Emotional Learning aims to simultaneously improve personality development while dampening maladaptive behavior (Moreno-Gomez & Cejudo, 2018).
10. *Secondary Traumatic Stress* – Secondary Traumatic Stress or vicarious trauma occurs when a person is indirectly exposed to trauma such as the case with counselor and traumatized student (Rumsey et al., 2020).
11. *Trauma* – Exposure to actual or threatened death, violence of a sexual nature, or serious injury by either direct experience or the witnessing of the event as well as repeated exposure to details of such events constitutes trauma (Briere & Scott, 2015).

### **Summary**

Chapter One introduced this phenomenological study which sought to understand the lived experiences of school counselors. Children are experiencing higher than ever levels of trauma, and the impact of trauma and its widespread challenges necessitate an effective, systematic, and purposeful response (Gubi et al., 2019). The school counselor is often the front-line response to trauma due to their proximity and availability to students and the expectations of their profession’s ethical standards (Cook et al., 2019). As natural disasters increase in frequency, it is imperative for school counselors to be adept at working with traumatized children especially those dealing with compounded trauma like that of natural disasters. The problem was that there is no consensus in the literature regarding the school counselor's role, the

school counselor's preparedness, and the school counselor's effectiveness regarding natural disaster trauma (Howard et al., 2021).

## **Chapter Two: Literature Review**

### **Overview**

While Chapter One provided an overview of this study, Chapter Two reviews the guiding theoretical framework as well as provides a systematic and thorough review of the literature on trauma and school counselors' roles in working with traumatized youth. Since the purpose was to describe the experiences of school counselors when working with this population, the theories that grounded and guided this study were contemporary trauma theory, including disaster mental health theory, and the ASCA National Model. Secondly, a review of the literature specifically included an overarching discussion of trauma, its origins, natural disasters and their emotional aftermath, and school counselors' preparedness and effectiveness when dealing with such. To conclude the chapter, it is shown that there is relatively little research regarding school counselors' perceptions of their preparedness and effectiveness when working with traumatized students.

### **Theoretical Framework**

It is assumed in qualitative research that there are multiple realities, and qualitative researchers use their raw data to build a conceptual understanding of the problem at hand (Garvey & Jones, 2021). Using theoretical frameworks aids studies by providing suggestions for exploring potential concepts and relationships. Since the purpose of this hermeneutic phenomenological study was to describe the experiences of school counselors working with youth traumatized by natural disasters, the following provided the framework for the current study: Contemporary trauma theory with its accompanying disaster mental health theory, by such theorists as Herman and Halpern and Tramontin respectively, and the ASCA National Model. Contemporary trauma theory seeks to understand and explain the essence of trauma, its origins,

and its effects on people while disaster mental health theory expounds upon contemporary trauma theory from a natural disaster perspective. The ASCA National Model outlines what school counselors should know and be able to do when working with their students (American School Counselor Association, 2019).

### **Herman's Contemporary Trauma Theory**

Traumatic events happen and have been happening as long as humans have been around to interpret them as such. The 19<sup>th</sup> century work of Janet, Charcot, and Freud laid the groundwork for understanding trauma and its manifestations (Herman, 1997). In the modern era, one of contemporary trauma theory's most prominent theorists is Judith Herman who continues to further the understanding of trauma. She suggests that overwhelming force, the trauma itself, renders a victim powerless and helpless (Herman, 1997). When this force is natural in origin, it is defined as a disaster (Herman, 1997). While clinicians have long understood that trauma can damage a person's psyche, modern-day research now includes examining the trauma related to ACEs, rape, and combat as well as that of natural disasters.

It was once thought that traumatic events were outside the scope of ordinary human experience; that they were a rare occurrence. Herman (1997) affirms that trauma experiences *are* extraordinary but not because they are rare; it is because they overwhelm people's ability to cope. Indeed, traumatic experiences are anything but rare as it has been reported that at least 60% of adults reported having at least one ACE, and almost 25% reported three or more ACEs (Perry & Winfrey, 2021). Unlike everyday problems, traumatic events, such as threats to life and body or encounters with violence and death, cause people to lose their sense of meaning, connection, and control. Herman (1997) identified that terror and disconnection are at the core of trauma, calling into question where one fits in the world. With traumatic incidents, humans are

confronted with helplessness as well as terror, and this evokes the “responses of catastrophe” (Herman, 1997, p. 33).

Attempts to quantify trauma have been unsuccessful, but it is known what increases the likelihood of harm as well as the symptomology of trauma. Being taken by surprise, trapped, or exposed to the point of exhaustion increases the likelihood of harm: Likewise, exposure to extreme violence, physical violation, or injury, or bearing witness to grotesque death also increases this likelihood (Herman, 1997). In these examples, the common characteristic is the terror and helplessness that each incites.

Typically, when a person is threatened, the threat arouses the sympathetic nervous system. This arousal causes a person to feel a rush of adrenaline which enables him or her to focus on the threat, ignore bodily signals such as hunger, fatigue, or pain, and become prepared to fight or flee. When neither fighting nor fleeing is possible, the person’s system is overwhelmed and becomes disorganized. Because of this, the ordinary response to danger becomes exaggerated and prolonged even after the threat has passed. The trauma has, in effect, changed the person’s physiological arousal, cognition, emotion, and memory processes (Herman, 1997). Normally integrated functions may become severed from one another. When this fragmentation occurs, a person may have intense emotion with limited or no memory of the event, or the person may remember everything clearly but have no emotion. In effect, the nervous system of the traumatized person disconnects from the present, and the person’s ensuing symptoms follow a universal thread amongst trauma victims.

Herman (1997) maintains that the disconnected functions of the autonomic nervous systems express their symptomology in three ways: hyperarousal, intrusion, and constriction. She acknowledges that people who have suffered trauma may exhibit these symptoms that are readily

identifiable with PTSD; however, she suggests that depression, numbing, and a state of detachment can also be symptoms though they are less likely to be initially attributed to PTSD (Herman, 1997). With hyperarousal, the nervous system stays on high alert as if danger is imminent. Remaining in this state causes people to startle easily, and their sleep becomes disrupted. They also display disproportionate reactions to the slightest provocations. With intrusion, the traumatizing event is continually relived to the point that a person cannot resume their normal lives. It is thought that the traumatic memory becomes encoded in an abnormal form of memory, and this abnormal form of memory rises to the consciousness as flashbacks and nightmares (Herman, 1997). The traumatized person can also be triggered by otherwise innocuous sights, sounds, or smells which bring the person back to the original event as if it were happening in the present. Constriction, or numbing, occurs when fighting or fleeing is futile. The person surrenders, freezes, and “escapes” from the situation by altering their state of consciousness (Herman, 1997). In this detached state, there are distortions of time, reality, judgement, and initiative as well as sensation. Herman (1997) also posits that there is a “dialectic of trauma” (p. 47) in untreated survivors that manifests in a back and forth between intrusive and constrictive symptoms. Because of this, survivors may be misdiagnosed.

School counselors will encounter traumatized youth in schools. It is incumbent upon them to understand the origins of trauma and to be able to recognize the symptoms in their students in order to effectively mitigate it (Ecklund et al., 2018). If the frontline mental health professionals of a school are not well-versed in trauma theory, they will not be effective in helping to resolve the trauma. The possibility exists that trauma’s resulting symptomology will have adverse effects on children’s behavior and learning in schools as it has been shown that early traumatic stress impacts development and increases the chances of higher rates of

disruptive behavior in school, dropping out of school altogether, and juvenile delinquency (Fritzon et al., 2021; Porche et al., 2011; Suh et al., 2007; van der Kolk et al., 1996).

Herman's trauma theory suggests that because trauma overwhelms the individual and subsequently causes disconnected functions of the autonomic nervous system in which these disconnections cause detrimental symptomology in the person experiencing them, it becomes important to be aware of the prevalence of traumatic experiences as well as effective interventions to counter the effects (Herman, 1997; Perry & Winfrey, 2021; van der Kolk, 2014). Chafouleas et al. (2021) echo this assertion that the research shows the importance of realizing and recognizing the resulting impact of trauma on students.

### **Halpern and Tramontin's Disaster Mental Health Theory**

Within their disaster mental health theory, Halpern and Tramontin (2007) convey that disasters are events capable of causing both emotional and physical trauma but with an impact that extends beyond just one person. Disasters can affect, devastate, and sometimes eradicate entire communities. Everyone is affected by a disaster regardless of their role or how they came to be involved in it (Halpern & Tramontin, 2007), and this includes children in schools.

From the effects of the Indian earthquake of 1934, the impact on survivors of the Cocoanut Grove nightclub fire in 1944, the breaking of the Buffalo Creek Dam in 1972, the Three Mile Island reactor meltdown in 1979, the aftermath of the 9/11 terrorist attacks in 2001 to the present COVID-19 pandemic, studying the effects of disasters, manufactured or natural, has provided modern-day researchers with a well-rounded conceptualization of trauma (J. Bellinger, personal communication, August 15, 2022). By the early 2000s, when it was already known and accepted that natural disasters could cause trauma, there was speculation that, due in part to our increased access to media worldwide, people were at risk of becoming traumatized by natural

disasters without even having direct involvement with them. Disaster mental health (DMH) counseling, under the auspices of disaster mental health theory, has since developed a framework for understanding and helping those suffering from natural disaster trauma (Halpern & Tramontin, 2007).

In the DMH framework, the period following a disaster can be divided into two main periods. The first period happens before and during the impact of a natural disaster. Halpern and Tramontin (2007) affirm that if there is a warning of an impending disaster, people can prepare as best as they can; however, as was the case with COVID-19, there was no time to prepare. Halpern and Tramontin posit that if there is no time to prepare, people are at an initial cognitive and emotional loss as they try to figure out what is happening. Increased feelings of helplessness and uncertainty reinforce the trauma of the disaster, and shock is expected during this stage. Magnified arousal levels and the initiation of the fight or flight response are seen in this stage regardless of whether the person is at the core of the impact. This first stage is considered the most crucial, and what happens to a person emotionally, physically, and behaviorally has implications on how well a person does long-term (Halpern & Tramontin, 2007). It seems logical that school counselors, who have daily contact with students, would be a first line of defense.

The second period, what happens after the disaster, can be divided into four phases. The heroic phase occurs during and immediately after the disaster and is one in which gallant efforts are made to help those most devastated by the disaster. Such efforts are made collectively as people work to provide relief in the honeymoon phase (Halpern & Tramontin, 2007). The disillusionment phase begins as the community starts to adjust, rebuild, and regain some semblance of normal. The hope that characterized the honeymoon stage starts to dwindle. The reconstruction phase can last from several months to a person's entire life, according to Halpern

and Tramontin. It can be filled with extreme challenges depending on the extent of the destruction or damage, whether physical or mental.

There are concepts of disaster that determine the level of the disaster's effect on survivors as they move through these phases. The proximity of the impact determines how much a survivor is affected (Halpern & Tramontin, 2007; Stebnicki, 2017). Those closest to the impact generally have the most needs and significant reactions to the event. In large disasters, certain places can be affected entirely while others close by are barely touched; however, it has been shown that the more intense the exposure to the disaster, the more intense of a reaction will be experienced (Halpern & Tramontin, 2007). Concepts that could impact survivors' levels of trauma and mental health status include loss and grief, feelings of guilt and shame, and vulnerability.

Children are among the most vulnerable in a disaster due to their dependence on others (Halpern & Tramontin, 2007; Stebnicki, 2017). The American Counseling Association (ACA), the American Psychological Association (APA), and the American Mental Health Counselors Association (AMHCA) all understand the impact of natural disasters and provide training for counselors as well as outreach to survivors (Stebnicki, 2017). Each of these associations has devoted resources regarding how best to aid traumatized children (American Counseling Association, 2022; American Mental Health Counselors Association, 2022a; American Psychological Association, 2022). Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) devotes a significant portion of its focus to disaster mental health, including resources for dealing with childhood traumatic stress (Substance Abuse and Mental Health Services Administration, 2022).

Combining what is known about trauma with what is known about the trauma of natural disasters provides a more nuanced understanding of trauma's conceptualization. Herman's

(1997) theory focuses on trauma's effects on the individual while Halpern and Tramontin's (2007) theory shows that natural disaster trauma not only affects the individual but the community at large which, in turn, also affects the individual and compounds the trauma. Baryshnikova and Pham (2019) state that there is limited literature regarding the topic of natural disasters' effects on mental health. This study adds to the literature by studying the school counselor's role in mitigating natural disaster trauma's effects.

### **ASCA National Model**

School counselors are responsible for establishing and delivering a program that meets their students' needs and works to improve student outcomes (American School Counselor Association, 2019). The program must fulfill its school's mission and strive to significantly impact student achievement, attendance, and discipline (American School Counselor Association, 2019). As a profession, school counseling at its roots existed solely to provide occupational guidance, but throughout the years, as the world children live in has changed, the needs of children have also changed (Gysbers, 2005). School counselors, more than ever before, are charged with attending to the mental health of their students (Pincus et al., 2020).

The ASCA Model outlines the components of a successful school counseling program, and the school counselor is responsible for implementing these components. School counselors, certified and licensed educators who have at least the minimum of a master's degree in school counseling, follow three sets of standards that define the profession: *Manage* – consisting of the program focus and planning tools to effectively guide the design and implementation of the school counseling program in a way that elicits results; *Deliver* – delivering developmentally appropriate activities and services targeted to help students improve attendance, achievement, and discipline; and, *Assess* – determining the program's effectiveness, where and how to make

improvements, and showing how students are better as a result of the program (American School Counselor Association, 2019). Thus, the Model provides both a theoretical framework for delivering services as well as a delivery assessment in its pursuit of student success.

Within the Model are professional standards for school counselors as well as standards and competencies for students. The professional standards for school counselors outline the mindsets and behaviors they must have and do for their program to succeed (American School Counselor Association, 2019). The mindsets are beliefs that school counselors should hold about their students' progress and success, while the behaviors are those that the school counselor exhibits through the implementation of the school counseling program. Each behavior has competencies that can be used to further define the individual behaviors. Multiple behaviors and competencies are available for use when working with students in crisis (American School Counselor Association, 2019).

School counselors' mindsets (M) pertinent to this study include beliefs that every student can learn and succeed (M1), every student should graduate prepared for life after high school (M3), every student should have access to a comprehensive school counseling program (M4), and such a school counseling program should promote and enhance students' academic, career, social, and emotional outcomes (M7). Students' outcomes in each of these areas have the potential to be affected by trauma (Fritzson et al., 2021; Porche et al., 2011; Suh et al., 2007).

While the behaviors associated with these school counselor mindsets do not specifically mention trauma, trauma-informed school counseling would inform and shape the behaviors to address the presence of trauma. Behavior-Professional Foundation 1 (B-PF 1) states that school counselors should apply developmental, learning, counseling, and educational theories to their work with students. Behavior-Professional Foundation 6 (B-PF 6) states that school counselors

should demonstrate the understanding of the impact of cultural, social, and environmental influences on student success and opportunities. Behavior-Direct and Indirect Student Services (B-SS 3) states that school counselors should provide short-term counseling in small group as well as individual settings.

As a result of research done by the University of Chicago Consortium on Chicago School Research, there are 35 total standards for students, which encompass career, academic, social, and emotional domains. Of particular attention to this research is that of the social and emotional domains. Within these standards, school counselors promote certain mindsets (M) in their students. Belief in the development of their whole, emotionally healthy selves (M 1), building self-confidence in their abilities to succeed (M 2), and possessing a positive attitude toward their learning (M 6) are all actions that a school counselor can work to instill and foster within students (American School Counselor Association, 2019). Student behaviors (B) in self-management skills (SMS) as a result of such mindsets include, but are not limited to, demonstrating the ability to overcome learning barriers (B-SMS 6), demonstrating the ability to effectively apply coping skills to problem situations (B-SMS 7), and demonstrating the knowledge of personal safety skills (B-SMS 9) (American School Counselor Association, 2019).

The school counselor's professional competencies within the social and emotional domain pertain to helping students manage their emotions and learn and apply interpersonal skills (Behavior-Student Services [B-SS] 3.b). School counselors must implement a program that meets their students' emotional and interpersonal needs (Behavior-Professional Foundation [B-PF] 1 a, c, d, & f). The school counselor is expected to be able to explain the impact of ACEs as well as trauma and to be able to effectively utilize techniques to support traumatized students (B-PF 6 b; B-SS 3 e). They are also expected to be able to "respond with appropriate intervention

strategies to meet the needs of the individual, group, or school community before, during, and after crisis response” (B-SS 3 e) (American School Counselor Association, 2019, p. 11).

Within the classroom, traumatized students may exhibit certain behaviors that affect their learning. These behaviors may manifest as personal, cognitive, or social (Mears, 2012). Students may feel anger, fear, and irritability, which could also be exhibited in school (Ray & Hocutt, 2016). Schools are supposed to be safe places for students and provide routines, structure, and predictability (Hoover et al., 2018), but Nickerson et al. (2019) emphasize that crisis events impact all schools at some point. School counselors are said to be well-trained and the most readily available personnel to help traumatized school-age children (American School Counselor Association, 2019).

Being well-versed in trauma theory, its causes, symptomology, and prevalence provides school counselors with knowledge to effectively serve their traumatized students. Kruczek et al. (2022) assert that it is crucial for school counselors to be able to provide trauma-informed services to their students because trauma has the potential for adverse impacts. Even though the ASCA Model requires that school counselors support traumatized students, the possibility exists that school counselors are not adequately prepared to do so. This research sought to answer the question of whether school counselors feel prepared to effectively work with traumatized students.

### **Related Literature**

Every year, millions of children are affected by trauma (Rumsey et al., 2020), and millions more are affected by natural disasters (Codreanu et al., 2014). Due to the impact of trauma on children’s behavior and learning, it is incumbent upon schools to understand, recognize, and systematically address trauma (Gubi et al., 2019). Regardless of the trauma’s

etiology, school personnel should be adequately prepared and capable of delivering a trauma-informed program to students (Gubi et al., 2019; Hoover et al., 2018; Howard et al., 2021).

School counselors are expected to manage the emotional needs of all students affected by crisis events (Warbington et al., 2019). However, it was not previously known how school counselors feel about their preparation and ability to deal with traumatized students' needs effectively.

### **Trauma's Conceptualization: Past to Present**

Throughout history, people have dealt with wars, natural disasters, and interpersonal and social violence. Humanity has long understood that trauma can have a profound psychological effect. Levers (2022) believes that the trauma from the past, particularly from the eras of the Middle Ages to the Age of Enlightenment, influenced how contemporary trauma theorists conceptualize the impact of trauma on people's psyches.

The aftermath of psychological stressors often led to the institutionalization of people, particularly marginalized people (Levers, 2022). During the Middle Ages, asylums were used to separate lepers from the general population (Foucault, 1973), but once leprosy had been contained, the buildings began to be used for people who displayed mental health concerns (Levers, 2022). Foucault (1973) surmised that these groups took the place of the lepers because society needed a scapegoat to fill a segregation void, and this is when he posits that the concept of *madness* was born. The persecution of these scapegoats, now deemed *mad*, filled the mental asylums and subjected these individuals to horrendous conditions. These early conceptualizations of trauma were often tied to the idea of individual weakness or sin on the part of the mentally ill person (Levers, 2022).

In the late 19<sup>th</sup> century, as the medical field began examining mental problems, the most notable advance came in the study of hysteria (van der Kolk, 2014). Hysteria was a mental

disorder most often exhibited by women and characterized by emotional outbursts, suggestion susceptibility, and unexplained contractions and paralysis of body parts (van der Kolk, 2014).

The early pioneers of neurology and psychiatry, Jean-Martin Charcot, Sigmund Freud, and Pierre Janet, discovered that trauma was at the root of hysteria (Herman, 1997; Levers, 2022; van der Kolk, 2014). In 1889, Charcot felt that traumatized people continued to act out the trauma even after the traumatic event had passed (van der Kolk, 2014).

World War I's aftermath seemed to strengthen this perspective on trauma. Charles Myers, a notable psychologist who studied combat-related disturbances, noticed that many men coming home from war exhibited the same behaviors that Charcot and Freud had noticed in the women they labeled hysterical (Levers, 2022). Myers named what he saw as *shell shock* and attributed it to the result of combat's psychological trauma and stress (Herman, 1997; Levers, 2022; van der Kolk, 1996). This view differed from the earlier views suggesting that trauma resulted from weak temperament or poor moral character. In the 1940s, American psychiatrist Abram Kardiner's work sought to eliminate the label *hysterical* as it seemed to perpetuate the notion of trauma deriving from weakness or internal flaws (Herman, 1997).

Symptoms of what we now call post-traumatic stress disorder or PTSD were portrayed in movies of the '40s and '50s, and during the Vietnam War, the war's atrocities were broadcast via television into the average American's home. People could see trauma and its repercussions at a time when Americans questioned the United States' role in the war. The women's liberation movement also examined the trauma women and children suffered, which had not been discussed until that time (Herman, 1997). As a result of the social movements of the '60s and '70s, a renewed interest in research regarding trauma and its impact was sparked.

Due to such research results, the trauma construct evolved. For example, its relationship to mental health diagnoses changed. In 1952, the American Psychological Association released the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I). The *DSM-I* sought to expound upon and refine the diagnoses surrounding stress-related reactions listed in the *International Statistical Classification of Diseases, Injuries, and Causes of Death* (ICD-6) (Levers, 2022). In 1980, based largely on Kardiner's work, the new diagnosis of PTSD was added (Levers, 2022). Since then, there have been several updates to the *DSM*, each attempting to clarify the causes and refine the symptomology of the trauma response.

### **Causes of Trauma**

As the understanding of trauma has evolved and deepened over time, it is now accepted that traumatic events encompass two main outcomes: physical and emotional trauma. Physical trauma refers to bodily injury or death resulting from an accident or violence, while emotional trauma refers to an emotional wound that lasts for some time (Halpern & Tramontin, 2007). This study utilizes a discussion of adverse childhood experiences due to their prevalence in modern-day society as well as that of natural disaster traumatic experiences due to the increasing occurrences of natural disasters as potential causes of trauma.

### ***Adverse Childhood Experiences (ACEs): A Primer***

ACEs are adverse experiences before the age of eighteen, including abuse, physical and emotional neglect, as well as the impact of experiencing natural disasters. Some specific examples of elements defining ACEs also include sexual abuse; violence against the mother; interpersonal or societal violence; having a household member with a substance use or mental health problem; or having an incarcerated family member (Lund et al., 2020). Felitti et al. (1998) published a landmark study regarding the relationship between ACEs and the development of

medical, mental health, and behavioral issues in adulthood. While it has been known that abuse in childhood carried long-term detrimental consequences, the Felitti study helped solidify a broader awareness of the impact of adverse experiences and subsequent physical and mental health concerns in adulthood (Hambrick et al., 2019).

A high percentage (64%) of the almost 10,000 participants in that original ACEs study reported at least one ACE (Felitti et al., 1998). The study also showed a dose-response correlation in that the more ACEs a child experienced, the more likely the person would experience adverse physical and mental health outcomes in adulthood (Merrick et al., 2019; Stillerman, 2018). A study by Copeland et al. (2018) showed that ACEs potentially impact not only psychological and physical functions but subsequent financial and educational functioning as well.

### *ACEs' Effects on Children*

Dysregulation of bodily systems, including the resulting impact on brain development and executive functioning, has been noted due to ACEs (Letkiewicz et al., 2021; Lund et al., 2020). Additionally, adults who experienced four or more ACEs had a much greater likelihood of having type 2 diabetes, poor heart health, obesity, and digestive disorders (Klassen et al., 2016; Monnat & Chandler, 2015; Park et al., 2016; Rehkopf et al., 2016). Higher occurrences of mental health disorders, such as anxiety, depression, PTSD, and suicidality have been shown to occur the higher the number of ACEs experienced (Bielas et al., 2016; Brockie et al., 2015; Copeland et al., 2018; Remigio-Baker et al., 2014). Having experienced six or more ACEs places a person at significant risk for premature death (Hambrick et al., 2019).

It has been shown that adversity during any developmental period can be detrimental; however, since adolescence is a time of rapid, organizational change in the brain (Hambrick et

al., 2019), ACEs are associated with several risky behaviors during adolescence. This is in addition to any dose-response-related outcomes. Having intercourse by the age of 15, having multiple sexual partners, contracting sexually transmitted diseases, and becoming pregnant are all closely related to incidences of earlier childhood ACEs (Zyromski et al., 2020). The age at which such youth begin drinking is lower, and disordered alcohol use is seen as well (Silveira et al., 2020). Young adults who have experienced multiple ACEs are also at greater risk for incarceration (Baglivio et al., 2015).

Blodgett and Lanigan (2018) noticed a dose-response connection between ACEs and school performance. Poor school attendance, behavioral issues, and failure to meet grade-level academic standards were outcomes related to ACEs (Blodgett & Lanigan, 2018; Cronholm et al., 2015; Finkelhor et al., 2013). Bethell et al. (2014) also found lower school attendance rates. A leading social determinant of health is high school graduation; the presence of ACEs directly impacts the risk of dropping out of high school (Morrow & Villodas, 2018). Youth with trauma experience have a higher rate of dropping out of school compared to those who have not experienced trauma (Rumsey & Milsom, 2019).

Overall educational attainment decreases as the number of ACEs increases, and decreased educational attainment is associated with reduced employment opportunities (Liu et al., 2013). When working with students' academic struggles, lack of engagement, and behavioral challenges, school counselors need to examine any underlying issues of trauma (Rumsey & Milsom, 2019). Aho et al. (2017) stated that 84.1% of high school students had experienced a traumatic event, and over three-quarters had at least one peritraumatic reaction. While many children will exhibit resilience in response to these events, there are some children who will develop symptomology that affects their social and emotional learning, their behavior, and their

academics (Hodges et al., 2013; Iachini et al., 2016). Since it is estimated that over 46 million children a year are affected by trauma, understanding trauma and how it affects students is essential to the school counseling profession (American School Counselor Association, 2019; Rumsey et al., 2020). According to Howell et al. (2019), the school counselor is the best person in the school to facilitate a trauma-informed approach toward helping all students; yet it was not known how school counselors feel about their ability to do so.

### *Natural Disaster Trauma*

According to Felder et al. (2014), the number of natural disasters in the United States increased substantially in the 20 years prior. In the past 10 years, Hurricane Sandy in 2012 caused the damage or destruction of over 650,000 homes in the Northeast. Subsequent flooding caused extensive damage in several counties of both New York and New Jersey. Mental health effects remained four years after that storm (Schneider et al., 2018). In 2015, South Carolina experienced a 1,000-year flood. This event had a .1% chance of ever occurring. Many South Carolina residents found themselves homeless, and out of the 46 counties, thirty-six were declared disaster areas (Limberg et al., 2020). In 2017 and 2019, respectively, 1,300 and 800 tornadoes were recorded in the United States by the National Oceanic and Atmospheric Administration (NOAA) (National Oceanic and Atmospheric Administration, 2022). Louisiana, already no stranger to natural disasters including the devastating Hurricane Katrina of 2005, experienced severe flooding in 2016, and, later, Hurricane Harvey pummeled Texas in 2017 (Mann et al., 2018). As of this writing, parts of the western coast of Florida have been decimated by Hurricane Ian's wrath (J. Bellinger, personal communication, October 15, 2022).

Advancements in disaster early warning systems and recovery efforts have perhaps mitigated the loss of life, but disasters still take a toll on communities. These life-threatening

events put individuals, especially vulnerable populations like children, at risk for multiple mental health consequences, and this has been well established within research (Gruebner et al., 2017; Morganstein & Ursano, 2020; Pain & Lanius, 2020). Over a span of 40 years, researchers have documented survivors' experiences as they dealt with displacements, emotional distress, personal losses, and family separation (Packenham et al., 2021).

Natural disasters usually begin suddenly and can potentially leave chaos in their wake. Disasters disrupt the normal functioning of individuals, families, and entire communities, and this disruption may exceed the communities' abilities to cope (Crumb et al., 2021). Disrupted psychological functioning can occur as part of the traumatic experiences associated with disasters. There is a heightened risk for serious mental health issues such as PTSD, depression, anxiety, and substance abuse (Gallagher et al., 2016). There is a known correlation between natural disaster trauma exposure and increased mental health concerns (Gallagher et al., 2016).

There are four typical responses to a natural disaster: (1) minimal symptoms; (2) predominant depression; (3) predominant PTSD; and (4) comorbid PTSD and depression (Cohen et al., 2016). The population rates of psychological distress after a disaster can double or even triple. Pain and Lanius (2020) noted that risk factors for prolonged mental distress include pre-existing psychiatric disorders, poverty, and inadequate housing. Severity of symptoms seems to directly correlate with exposure level.

### ***Natural Disasters' Effects on Children***

PTSD and depression are the most reported problems after a disaster (Gruebner et al., 2017). Several studies suggest rates of depression range from 5-50% after a natural disaster (Tang et al., 2014), with adolescents having an exceptionally high risk for depression (Cohen et al., 2016). Risk factors for adolescents include low socioeconomic status, low social support, and

poor relationships (Brown et al., 2019). Given this risk for depression and possible suicidality, it is recommended that individuals be screened for symptoms (Cao et al., 2015; Kolves et al., 2013). The United States Preventative Services Task Force (2016) recommends screening if adequate interventions are readily available. Because children and adolescents are especially vulnerable to the effects of natural disaster trauma (Cobham & McDermott, 2014), Cohen et al. (2016) posit that school counselors are well-suited to provide this screening to identify children who are exhibiting depressive symptoms and to deliver or facilitate the types of services they may need. It was not known if school counselors feel that they are qualified to provide and interpret such screenings to students.

Trauma following a disaster can have severe consequences for children as they are often unable to understand what has happened entirely, and their ability to cope with it is limited in scope (Cadamuro et al., 2015). Le Brocque et al. (2017) recognize that children may have poorer outcomes than adults simply because of how they interpret the event and may be affected by different stressors than adults. Children's psychological distress symptoms can ultimately interfere with their emotional and cognitive functioning (Cadamuro et al., 2015; Le Brocque et al., 2017).

Children living in areas affected by disaster may feel frightened and worried about their own lives and those of loved ones (Bokszczanin, 2012). Children are vulnerable to PTSD, depression, generalized and separation anxiety, sleep disturbances, and behavior problems after disasters (Fernando & Wilkins, 2015; Geng et al., 2018; Le Brocque et al., 2017), and if separation from a parent occurs due to a disaster, the risk of PTSD and depressive symptoms is incredibly high (Hansel et al., 2013; Usami et al., 2012).

The presence of pre-existing, pre-disaster behavioral problems, past separation from family members, or perception of one's life or a loved one's life being threatened increases the risk of psychological distress (Le Brocque et al., 2017). Studies have also shown that students of ethnic, cultural, and linguistic diversity and students with low socioeconomic status have much higher trauma rates than the national average (Crumb et al., 2021; Hurless & Kong, 2021). Since so many children have experienced at least one ACE, the added trauma of a natural disaster cannot be overlooked. It is vitally important to identify factors and provide intervention to children to counter the effects of natural disaster trauma on their psychological functioning. While some say that school counselors have been trained to do so (American School Counselor Association, 2019; Cadamuro et al., 2015), it was unclear if school counselors feel the same. The intention of this research was to allow school counselors to share their stories of working with students of all backgrounds and circumstances after natural disasters.

### ***COVID-19***

As a result of natural disasters, lessons have been learned that have formed, or are in the process of creating, policy within schools to meet traumatized students' needs (Jacobs et al., 2016). Little knowledge, however, existed on preparing for COVID-19's impact.

COVID-19 was declared a pandemic in March of 2020 (McKegney, 2021). Large-scale disasters like COVID-19 affect thousands of people in communities where there may be a lack of access to qualified mental health care professionals (Zanon et al., 2016). COVID-19 has shown this to be true as the landscape of counseling has changed due to the pandemic (Hoffman, 2021). Hoffman emphasized that all modes of therapies needed to adjust in such situations because disaster work is filled with "complexities" that require counseling professionals to differ in how they respond (Hoffman, 2021, p. 37), but it was not yet clear if the change in modalities was

effective. Hoffman's research shows that relationship building is crucial in disaster response. Relationships can provide a sense of safety, security, and connection, which can benefit long-term healing. School counselors are ideally situated to build such relationships (Howell et al., 2019); however, it was previously unclear if school counselors felt that they were able to build or maintain relationships, especially as they worked remotely, during the COVID-19 pandemic.

### *COVID-19's Effects on Children*

With COVID-19, schools dealt with unprecedented mental health concerns related to school shut-downs, quarantine protocols, and stay-at-home orders. Students were dealing with issues such as social isolation, sickness and death of loved ones, and overall uncertainty (Pincus et al., 2020). Researchers have shown that children experiencing loneliness reported higher depressive symptoms; as a result, students experiencing social isolation and loneliness have a higher risk of depression and anxiety as adults (London & Ingram, 2018). Family dysfunction, drug and alcohol abuse, and technology addiction have been seen as well since the pandemic began. Pincus et al. echoed the concerns regarding possible suicidality, technology addiction, and school safety if the mental health issues were not dealt with appropriately. Rasberry et al. (2020) emphasized that mental health concerns must be properly addressed to prevent potential school violence.

Technology addiction was on the rise long before COVID-19 (Hou et al., 2019), but the pandemic has served to heighten the awareness of it. Technology usage rates among youth increased anywhere from 25% to 50%, presumably as a way to connect with peers during lockdowns (Gough, 2020; Hutchison, 2020). Pincus et al. (2020) predicted that the pandemic would cause an increase in these numbers. Several problems exist concerning this increased technology use; students' school performance and emotional and social well-being will suffer

(McKegney, 2021; Pincus et al., 2020). Once again, it is noted from Pincus et al.'s study that schools should screen students to determine issues related to psychological distress, and they contend that school counselors are trained to provide such screening to assist with students' emotional and social needs. According to Cohen et al. (2016), relatively few screening measures exist; however, Pincus et al. have identified several that school counselors should be able to deliver and interpret to identify chronic stressors or traumatic events. It was not known if school counselors are aware of or trained to use such measures. This study sought to uncover how school counselors felt about their preparation for effectively screening and working with students after a natural disaster.

Before the pandemic, suicide was the leading cause of adolescent death as the suicide rate had risen steadily from 2000 to 2016 (Miron et al., 2019). Research has shown a clear correlation between natural disasters and suicidality (Cousins, 2016; Pruitt et al., 2020). Because of this, it has been suggested that suicide prevention plans be put in place at schools for returning students. Research has also shown a correlation between the rise in suicide and a rise in social media usage (Miron et al., 2019; Twenge et al., 2018). Pincus et al. (2020) attest that it will likely get worse as the use of technology, namely social media, increases as a result of the habits formed during the lock-down. These findings are especially important as school counselors work with their students transitioning into full-time, on-campus school attendance.

Since the outset of the COVID-19 pandemic, students have been stuck in the impact stage of the disaster and may have increased feelings of uncertainty (Hitchcock et al., 2021). At the beginning of the pandemic, students may have had feelings of confusion as they were uncertain about safety, when school would reopen, and other concerns. Life settled into a new normal, and it could be said that students may have started to feel somewhat optimistic (Hitchcock et al.,

2021). Students have likely been moving through the stages in a circular, rather than linear, fashion. Research has shown that uncertainty contributes to psychological distress other than that caused by natural disasters (Afifi et al., 2012); adolescents' feelings of uncertainty may contribute to a sense of trauma.

Moreover, it is not yet known how COVID-19 might affect school safety. There is a correlation among a lack of self-confidence and resilience, family dynamics, and triggering events to school violence (Lenhardt et al., 2018). Natural disasters threaten individuals' satisfaction with basic safety and needs (Weems et al., 2016). COVID-19 and its policies caused tensions to run high; anger and frustration increased, and students may find that school is an outlet for such tensions (Pincus et al., 2020). Additionally, the likelihood is high that some of these students have already experienced one or more ACEs. Students are dealing with the effects of the social isolation of COVID-19 in addition to the possible existence of any number of ACEs; trauma will likely cause an increase in mental health concerns for our adolescents (Pincus et al., 2020). Thus, school counselors must be well-versed in trauma-informed approaches (Howard et al., 2021). This study sought to determine how prepared school counselors felt to deliver such approaches.

It was also not yet known how COVID-19 has affected school counselors. Because students may have fears about their or their loved ones' lives, school counselors are by virtue providing trauma counseling (Abrams, 2020; Litam & Hipolito-Delgado, 2021). If school counselors are already experiencing vicarious trauma related to the trauma of their students' experiences with ACEs, they may become more susceptible to emotional arousal, and this may lead to compassion fatigue and burnout (Litam et al., 2020). This research provides information

to further the study of COVID-19 and its effect on school counselors as they deliver counseling to traumatized students.

### **The Trauma Response**

While stress has historically been used to imply force exerted *on* a physical body, it began to describe one's inner state in the 17<sup>th</sup> century (Hayward, 2005). The work of Hans Selye resulted in the understanding that stress can act *on* a physical body and *within* a physical body (Sapolsky, 2004). Stress is an acute reaction immediately following an adverse event. The body processes strive to stay in homeostatic balance—a state in which all physiological processes are kept at the optimal level for functioning. A stressor disrupts this homeostatic balance, and the stress response is what the body does to reestablish homeostasis (Perry, 2006; Sapolsky, 2004). Traumatization occurs as a result of cumulative stress.

Primary traumatization can encompass acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). ASD comprises intrusive, avoidant, and hyperarousal-related psychological reactions to a stressor (Briere & Scott, 2015). It is characterized by overwhelming anxiety, dissociation, and physical illness that tends to occur within a month of the event (Levers, 2022). PTSD has three major symptom clusters: re-experiencing the traumatic event, avoidance behaviors, and increased psychological arousal (Briere & Scott, 2015). ASD and PTSD share similar symptoms, but ASD is diagnosed much sooner after the traumatic event. Psychosocial effects usually start immediately, hence the diagnosis of ASD, but some adverse effects caused by trauma may develop over time. If the symptoms of ASD last longer than four weeks, then PTSD is suspected (Briere & Scott, 2015; Levers, 2022).

*The Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> edition (American Psychiatric Association, 2022) defines trauma as exposure to an actual or threatened death,

serious injury, or sexual violence either by directly experiencing it, witnessing it, learning of it happening to a close family member, or experiencing repeated or extreme exposure to details of the event; however, there remains some criticism of the requirement for trauma to be limited to the exposure to actual or threatened death (Briere & Scott, 2015).

The term that best describes trauma is still a conundrum for some researchers. Words such as trauma, toxic stress, ACEs, and traumatic events are used interchangeably (Zyromski et al., 2020). While popular culture uses the word *trauma* to indicate just about any stressor, professionals tend to agree that trauma must tax an individual's coping mechanisms to be considered as such (Briere & Scott, 2015; Gilliland & James, 1997; Herman, 1997; Levers, 2022; van der Kolk, 2014). According to Briere and Scott, trauma lies in the eye of the beholder: They believe that if the event is highly upsetting, temporarily overwhelms the individual, and provides lasting psychological symptoms, it qualifies as trauma. This definition is more encompassing than that of the *DSM* (American Psychiatric Association, 2022). Because trauma researchers and mental health professionals, as well as society in general, differ in their opinions regarding what constitutes trauma, it seems plausible that there might be confusion amongst school personnel on how best to define trauma. This study provides information on how school counselors conceptualize trauma in their work with students.

### **Trauma-Informed School Counseling**

School engagement and graduation from high school are top priorities for schools (Rumsey & Milsom, 2019). When students are not engaged in school, they are more likely to drop out (McDermott et al., 2019). Negative consequences of dropping out include lower employment, increased involvement with the criminal justice system, and poor health outcomes (Rumsey & Milsom, 2019). Because traumatized youth drop out of school at a significantly

higher rate than those who have not experienced trauma, it is vitally important for school counselors to be able to work effectively with their students. While schools and school counselors cannot always prevent traumatic experiences happening to their students, a trauma-informed school counselor can be aware of how trauma influences their students' chances of success, and they can provide relevant interventions and services (Rumsey & Milsom, 2019).

### ***Historical Development of the School Counseling Profession***

The development of the school counseling profession has been more cyclical than linear, as the historical review of the profession has shown a lack of steady role clarity and program consensus (Kolbert et al., 2016). The concept of school counseling has been around for more than 100 years as it was born during the Progressive Movement of the early 1900s under the term “vocational guidance” (Gysbers, 2010). Vocational guidance was needed then due to four conditions: labor division, technology growth, the extension of vocational education, and the spread of modern democracy (Brewer, 1942; Gysbers, 2010). The curriculum incorporated vocational aptitude and interest activities into the core subject areas. Students were encouraged to learn about jobs by researching occupations and spending time working in the community with community members who did the jobs they were interested in (Gysbers, 2010).

Academic advisement was a critical component of vocational guidance in that vocational counselors worked to set students' schedules to maximize their exposure to occupations while in school, thus helping students determine their likes and dislikes regarding professions and helping them find and be successful at their careers of choice. It was assumed this aim would help mitigate the number of students who lacked purpose and direction in their lives by providing a motive for their *life-career* (Bloomfield, 1915). It was reasoned that students would be less likely to drop out of school, fulfill their life's purpose, and become productive citizens (Gysbers, 2005).

As the profession worked its way from the late teens through the late '20s, the school counseling profession shifted from a purely vocational guidance focus to more of an educational one giving teachers the job title counselors. This rendition of counselors' primary job was to perform their teaching duties and their additional list of guidance duties to assist with their pupils' intellectual growth, albeit with little to no organizational structure (Gysbers, 2005). Anything that had to do with education, learning, or instruction in the pursuit of becoming productive citizens became educational guidance, and some felt this educational guidance to be synonymous with organized education. Organized education was the means to an end as its goal was no longer preparing one for college but for life in general (Gysbers, 2010). Vocational guidance remained on a limited level within this educational model, but with the advent of the mental health movement, the profession's structure once again changed.

In the 1930s, as the term *guidance* was becoming the catchall for the vocational and educational guidance provided to students, it was noted that more significant numbers of students were plagued by personal problems (Rudy, 1965). More personnel, including actual counselors, were added to schools' faculties to address the issue, and guidance came to be seen as an all-inclusive service encompassing matters of school, family, health, religion, and one's life's work. Still, this iteration of guidance lacked a central, coordinated program. Many thought it was a function of education rather than a "function existing in its own right" (Miller, 1961, p. 6). It was thought that without a coordinated program, guidance, and especially its counseling component, would fall to the bottom of the long list of duties performed by staff members.

Some semblances of program coordination would come with the introduction of the guidance services concept. The guidance services concept provided a framework that would help promote its legitimacy to state departments of education and local school districts (Roeber et al.,

1969). While it did prove its legitimacy, as shown by the backing of various state and federal legislation from the 1940s to the 1960s, the need for a strengthened position and services approach became apparent (Gysbers, 2005). There was a need for a program that was not just a stand-alone one but one that was equal and complementary to other programs in education; one that could provide individual planning and counseling, consultation, and referral; and one that could provide program support through management and consultative services (Gysbers, 2005). Incorporating the needed position and services models, a comprehensive guidance program was born (American School Counselor Association, 2003; Gysbers & Henderson, 2000; Myrick, 2003).

Throughout the next several decades, the Model evolved in its response to students' needs. The problems of substance abuse, school violence, changing families, and mental health issues could not be ignored. Beginning in the 1970s and built upon in the '80s and '90s, the American School Counselor Association endorsed the official ASCA National Model in 2003 (American School Counselor Association, 2003). This Model, now in its fourth edition, outlines what counselors should know and be able to do (American School Counselor Association, 2019).

### ***The Role of the School Counselor: Then and Now***

The school counselor's role at the beginning of the profession was to assist students by providing a formalized and systematic approach to understanding their career aspirations (Kolbert et al., 2016). In the 1930s, to coincide with the shift from a career development focus to that of social and mental adjustment, "pupil personnel services," a term used to encompass a more holistic view of the student of which the school counselor's role supported, became an integral component of the educational system (Gysbers, 2010; Kolbert et al., 2016). This holistic view of a student's academic, personal, and career development is still used today (Kolbert et al.,

2016). Nonetheless, role confusion became evident in the 1940s and has persisted for roughly 50 years despite the use of various frameworks (Gysbers, 2010; Howard et al., 2021; Howell et al., 2019).

### ***Role Confusion***

This role confusion could be seen in the lack of consensus regarding the title and focus of the profession throughout the profession's evolution (Kolbert et al., 2016). The job title has changed multiple times throughout the years. The term *counselor* was initially used even though most of the counseling services, in the beginning, were provided by teachers and principals. Words such as *advisor*, *personnel worker*, and *guidance counselor* have all been used as well. Having a professional identity helps people to understand their roles; their sense of belonging and oneness within the profession is enhanced. Likewise, a lack of professional identity, hence a lack of role definition, hinders one's work (Heled & Davidovitch, 2021). In 1993, the term professional school counselor gained favor, but with the recent edition of the ASCA National Model, professionalism is now implied, and school counselor is the preferred term (American School Counselor Association, 2019).

In addition to the lack of clarity regarding job title, the overall focus of the profession was historically called into question. There had been a debate as to whether school counseling should have an education focus or a psychological one (Kolbert et al., 2016). Some states require teaching as a background for school counselors, and some states have eliminated this requirement as graduate programs have become more psychologically focused. A search of modern-day school counselor requirements yields a wide variety amongst states (American School Counselor Association, 2019). The group identity of the school counseling field suffers when there is no consensus on its expectations and characteristics; the clearer the perception of

the profession's purpose and outcomes to all stakeholders, the more successful the profession will be (Heled & Davidovitch, 2021). The development, introduction, and use of the ASCA National Model have provided a much-needed framework for school counselors. Still, it has been noted that there are anecdotal reports of the Model's implementation meeting resistance.

Despite the role confusion and contradictory research regarding the logistics of needed mental health interventions for traumatized students, Greene et al. (2016) state that school counselors, as a part of their master's level training, are nonetheless exposed to and prepared for dealing with crises, trauma, and disasters. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) provides accreditation for clinical counseling and school counseling programs, and ASCA provides the National Model, which outlines what counselors should know and be able to do (American School Counselor Association, 2019; Council for Accreditation of Counseling and Related Educational Programs, 2016). Both entities state that school counselors are more than adequately prepared to provide services. Since 2009, emergency preparedness and trauma response have been a part of CACREP's standards (Mascari & Webber, 2008). Yet, CACREP school counseling standards include only one specific mention of trauma: understanding the school counselors' roles and responsibilities in relation to the school emergency management plans, crises, disasters, and trauma (2. e). Several other standards can be interpreted to imply trauma, but trauma is not explicitly mentioned elsewhere (The Council for Accreditation of Counseling and Related Educational Programs, 2016).

This contrasts with clinical counselor standards. CACREP standards for this professional group specifically mention understanding and recognizing the effects of crisis, disasters, and trauma on diverse individuals across the life span (2.f.3.g); suicide prevention models and strategies (2.F.5.1); crisis-intervention, trauma-informed, and community-based strategies

(2.F.5.m); procedures for identifying abuse and trauma and reporting of abuse (2.F.7.d); and the impact of crisis and trauma on individuals with mental health diagnoses (Moh & Sperandio, 2022; The Council for Accreditation of Counseling and Related Educational Programs, 2016). Moh and Sperandio state that despite these standards, many graduate-level school counselor educator programs do not include CACREP's requirement of a human development and growth core area that teaches the effects of crisis, disasters, and trauma on individuals across the life span. Moreover, they contend that graduate programs across mental health disciplines also neglect to impart the knowledge and skills counselors need to work with those exposed to trauma. Many studies echo their assertion (Cook et al., 2017; Kumar et al., 2019; Webber et al., 2017). This particular research regarding school counselors' perceptions of their preparedness for dealing with trauma further clarifies this issue for counselor educator programs.

Some states' counseling governing boards do not require a master's degree from a CACREP-accredited program for school counselors (Moh & Sperandio, 2022), but ASCA, which has worked closely with the Council for the Accreditation of Educator Preparation (CAEP) to develop standards for school counselor educator programs, provides the National Model to guide school counselors' work (American School Counselor Association, 2019). Using the National Model, school counselors are tasked with using evidence-based counseling theories to promote student development (B-PF1.a) through individual, small-group, and classroom settings (B-PF1.d), staying current with research and best practices (B-PF34.a), explaining the impact of ACEs and trauma, and demonstrating techniques to support traumatized students (B-SS3.d, e). A trauma-focused lens may be implied; however, trauma and crisis are mentioned only once in the CACREP standards and twice in the ASCA standards for school counselors (American School Counselor Association, 2019; The Council for Accreditation of Counseling

and Related Educational Programs, 2016). There is disagreement regarding the level of preparedness provided by counselor educator programs.

Langley et al. (2013) confirmed that 75% percent of youth mental health services occurred in the school setting, and the need for schools to deliver trauma-informed interventions has also been recognized in other studies (Chafouleas et al., 2016). Howell et al. (2019) believe that school counselors are the ideal individuals to provide the interventions because they have a daily presence in schools, are part of the school's routines, and have relationships with not only the students but general school personnel. Howell et al. state that school counselors can effectively work with all stakeholders to provide the extra support traumatized students need.

While studies have agreed on the importance of trauma-informed schools, research has been contradictory regarding the preparation of school professionals, namely school counselors, and their implementation of trauma-informed practices. Pincus et al. (2020) emphasize that the school counselor's role is critical in delivering services during times of crisis. Nonetheless, despite increasing attention on trauma-aware practices in schools, the function and role of the school counselor remains unclear (Howard et al., 2021). Crumb et al. (2021) noted this role discrepancy as well. Tang (2020) posits that school counseling is a multifaceted profession where professionals deliver a diverse range of services, and this may leave little time to devote to mental health concerns.

### ***Trauma-informed Care***

Trauma-informed care does not mean trauma therapy (Knight, 2018). Instead, it is a way for mental health professionals, including school counselors, to be sensitive to the connection between a student's present-day challenges and any current or past trauma. It is essential to understand that youth exposed to traumatic events often have high rates of adverse cognitive

developmental outcomes which can impact academic and social development (Hoover et al., 2018; Yohannan & Carlson, 2019). Trauma-informed research-based practices can help a student succeed; the school is the ideal place to provide such services.

According to Yohannan and Carlson (2019), schools have readily available access to students, can provide services free of charge, understand the holistic nature of children's functioning, and have well-trained mental health professionals delivering the services. However, they specifically mention school social workers and psychologists rather than school counselors (Yohannan & Carlson, 2019). Hoover et al. (2018) recognize, too, that schools are the ideal settings to offer safe and supportive environments, and that school staff is well-positioned to identify and provide interventions to traumatized youth. However, while they contend that there needs to be a broader implementation of trauma interventions in schools with services specifically provided by school "staff," there is no mention of school counselors (Hoover et al., 2018).

Schools, including their counselors, may not be able to, or even want to, provide trauma-informed services to the extent that research has noted. Shu-chin and Pope (2019) stated that educators focus more on vocational training than trauma-informed practices. Jenkins et al. (2017) found that support for trauma-informed services was strong for elementary educators but tapered down as students moved into adolescence. Perry and Daniels (2016) noted that little research is available regarding school professionals' ability to provide trauma-informed services even as it is increasingly stressed as a priority.

Warbington et al. (2019) suggest that schools become staging areas for providing support after disasters to families, with school counselors leading the helm, because such leadership helps individuals build resilience after a disaster. Schools, as the center of relief efforts, can offer

mental health services delivered by staff that parents know and trust, and the school counselor can be a vital part of the relief effort (Bernstein & Pfefferbaum, 2018; Coombe et al., 2015).

Nonetheless, Warbington et al. (2019) point out that school counselors may lack the skills or knowledge to effectively help their students after a disaster. School counselors are often members of the communities they serve during and after natural disasters, and blurred boundaries and excessive trauma exposure may result (Bell & Robinson, 2013). Providing mental health support can be emotionally taxing for school counselors, especially if they have not been adequately trained to provide such care (Crumb et al., 2021; Hydon et al., 2015). This research helps to clarify the conflicting viewpoints currently in the literature. It also shows how school counselors feel about their effectiveness even as they are experiencing or have experienced trauma including that of natural disasters.

Crumb et al. (2021) state that school counselors, even with minimal training, are expected to be the mental health experts in the school. A school counselor might experience personal and vicarious trauma from counseling affected students (Warbington et al., 2019). It is not yet known how trauma exposure might impact school counselors' work (Rumsey et al., 2020), nor has a lack of trauma-informed training been evaluated (Berger & Samuel, 2019). The literature has shown evidence that even indirect exposure to trauma is linked to secondary traumatic stress (STS) and increased feelings of burnout; however, no studies have researched STS specific to school counselors. School counselors would likely neglect their own needs to attend to the needs of their students (Warbington et al., 2019). School counselors might also feel a sense of duty and responsibility for their students but lack the resources to support children while attending to their other duties (Essary et al., 2020). This research helps to fill this gap in the literature.

Lai et al. (2016) recognized that numerous barriers exist to attending to traumatized students' needs after a disaster. School decision-makers may make it difficult for personnel to establish and maintain partnerships, identify essential helpers, and understand the community's needs. They state that school personnel may not agree on delivering mental health assessment and intervention, and parents may not fully trust staff to provide such services adequately. The contention is that adequate funding to carry out the needed interventions is lacking across US schools (Lai et al., 2016). This study allowed school counselors to tell their stories of working with traumatized youth in schools.

### **Summary**

The school counseling profession has evolved. From its vocational roots, the work has had to change as the needs of children have changed (Gysbers, 2010; Kolbert et al., 2016). While a career focus is still needed, research has increasingly shown more children than ever have experience with at least one ACE (Baglivio et al., 2015; Bielas et al., 2016; Blodgett & Lanigan, 2018; Copeland et al., 2018; Felitti et al., 1998; Fritzon, et al., 2021). These children bring their trauma experiences with them to school every day; therefore, school counselors will encounter traumatized children in their work (Hurless & Kong, 2021; Iachini et al., 2016). Because of this, and because school counselors are often the only mental health professionals in the school, it is incumbent upon them to be aware that trauma exists, to be knowledgeable in trauma-informed practices, and to be prepared to deliver effective trauma-informed services (Hoover et al., 2018; Howell et al., 2019).

Not only have incidences of trauma increased, but natural disasters and their potential traumatic after-effects have also increased (Ritchie, 2022). While not everyone will exhibit a stress response after a natural disaster, children with one or more ACE have a higher likelihood

of a prolonged stress response. School counselors need to be well-versed in disaster mental health concepts to mitigate this potential stress response (Kumar et al., 2019).

Since school counselors work with traumatized students, there is a risk for vicarious traumatization, compassion fatigue, and eventual burnout (Mullen et al., 2021). Each of these phenomena can potentially affect the work school counselors do with their students (Parker & Henfield, 2012; Rumsey et al., 2020). Because school counselors are often members of the communities in which they serve, there is a higher risk in times of natural disasters for them to have a prolonged stress response as they work with their students (Tang, 2020; Wilson-Genderson et al., 2018). Accumulated stress is detrimental to one's well-being and functioning and can lead to long-term mental health concerns (Briere & Scott, 2015; van der Kolk et al., 1996; van der Kolk et al., 2005).

Despite extensive research on the need for school personnel to be trauma-informed, as well as research stating that school personnel are indeed informed and prepared to work with traumatized students (Graham & Negrelli-Coomer, 2018; Howard et al., 2021), scant research exists regarding how school counselors feel about this as it pertains to their work with students. Few studies exist that show how school counselors think about their effectiveness in working with students both during and after a natural disaster. Furthermore, even fewer studies exist that seek to answer how school counselors feel about their ability to deliver trauma-informed care as they are experiencing or have experienced natural disaster trauma. This study fills this gap in the literature, and the research results will inform counselor education program standards and delivery as well as professional development opportunities for school counselors.

## **Chapter Three: Methods**

### **Overview**

This hermeneutic phenomenological study sought to answer the overarching question *What are the lived experiences of school counselors related to natural disaster trauma?* Sub-questions regarding school counselors' work with students dealing with natural disaster trauma further provided data and are outlined in this chapter. To aid in answering these questions, the research design provided the foundation and is discussed along with the study's procedures and analysis of the collected data. All pertinent information needed for the study is provided to include detailed information on the participants and setting. To ensure fidelity of the study, a discussion of trustworthiness will conclude the chapter.

### **Design**

Choosing an appropriate research design was crucial to obtaining the desired results (Starks & Trinidad, 2007). For this qualitative study, hermeneutic phenomenology was used as the research design of choice. Hermeneutic phenomenology is the human science that studies people and uses an observer's interpretation of text and language to elucidate a person's lived experiences (Sloan & Bowe, 2014; van Manen, 1990).

### **Study Type**

Qualitative inquiry's primary purpose is to describe experiences as they are lived (Morrow, 2007); thus, this study was qualitative in nature since it sought to describe the experiences of school counselors as they work with traumatized students. Qualitative inquiry was the best suited study type because it answers questions that pertain to the how and what of a matter rather than the why (Creswell, 1998). Since qualitative research approaches can uncover meaning in experiences that other methods cannot, it is particularly useful for investigating

topics for which there is a lack of previous research (Morrow, 2007). For these reasons, a qualitative approach was appropriate for use as there existed little information on the topic. It allowed school counselors to share their experiences of the what and how of working with traumatized students.

Knowing and understanding these experiences through qualitative research can be used to develop interventions in schools (Kopala & Suzuki, 1999). Creswell et al. (2007) stated that researchers using a qualitative study type further the understanding of the counseling process by strengthening the knowledge and understanding of topics within the field. More in-depth knowledge of timely topics such as working with traumatized youth could certainly advance the field of school counseling.

### **Research Design**

Phenomenology is a theoretical perspective that encourages investigating people's experiences since the phenomena of an experience are said to determine behavior (Sloan & Bowe, 2014). Van Manen (1990) felt that phenomenological research begins with identifying something of interest to the researcher with this something being a particular phenomenon that people experience. This phenomenon in phenomenology is, more to the fact, the "lived experience" of the research participants (van Manen, 1990, p. 39). In his phenomenological research, Van Kaam "operationalized" the research by investigating "feeling understood" (Moustakas, 1994, p. 12). This study sought to understand the lived experiences of school counselors related to their work with students and natural disaster trauma; thus, the use of phenomenological inquiry was the perfect fit.

With its origins rooted in anthropology, sociology, and the humanities, qualitative research became more visible during the 1990s (Creswell & Creswell, 2018). Phenomenological

research sprang from philosophy and psychology with its focus on describing the lived experiences of people pertaining to a particular phenomenon. These descriptions are the “essence” of the experiences for the participants who have all experienced the phenomenon (Creswell & Creswell, 2018, p.13). Van Manen (1990) preferred to use interviews as the source of descriptions. The descriptions derived from interviews provided the data, and these data were analyzed. The aim of the analysis was to determine what an experience meant for the participants who have experienced it (Moustakas, 1994).

The data analysis in hermeneutic phenomenology involves the use of the hermeneutic circle. The process begins by first examining the text; “reflective interpretation” is then needed so that the researcher can develop a fuller understanding of the phenomenon (Moustakas, 1994, p.10). Any prejudgments that the researcher has are corrected by this understanding of the data which then leads to new prejudgments (Moustakas, 1994). Themes are isolated within the text and are viewed as written expressions of the lived experience (Sloan & Bowe, 2014). In short, hermeneutic phenomenology involves examining the text and reflecting on it to discover new concepts or themes that are meaningful (van Manen, 1990). The researcher then rewrites the themes while interpreting the meaning of the phenomenon (Sloan & Bowe, 2014).

As I am a school counselor and have experience with natural disasters, I was keenly interested in exploring what other school counselors felt about their experiences related to natural disasters, particularly in their work with students. Because I have prejudgments on this topic, I took the hermeneutic phenomenological approach to this research. There was no way that I felt I could bracket out my experiences regarding this phenomenon as Husserl suggests (Peoples, 2021).

Heidegger, a student of Husserl, suggested that we are always in the world we research (Peoples, 2021); thus, the use of the hermeneutic circle was appropriate for use in analyzing the data. Within the hermeneutic circle, data are broken down during the analysis into parts and then synthesized into a whole unit once more which provides the opportunity for a new understanding to emerge. As one moves through the analysis again, this circular process provides more opportunities to reach an even better understanding. The research design of hermeneutic phenomenology was also appropriate because it is the approach that is especially relevant to researchers in education according to van Manen (Smith et al., 2021).

### **Research Questions**

Three questions of particular interest guided this research:

1. What are the lived experiences of school counselors related to natural disaster trauma?
2. How do school counselors feel about their preparation and effectiveness when working with students affected by natural disaster trauma?
3. How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have experience with natural disasters?

### **Setting**

The geographical setting was South Carolina. While admittedly convenient to the researcher, South Carolina has, within the last five years alone, dealt with an historic 1,000-year flood as well as Hurricanes Matthew, Irma, Florence, Dorian, and Ian (South Carolina Emergency Management Division, 2022). The state of South Carolina has also had in recent history a crippling ice storm, major flooding, tornadoes, and fires which affected many counties. With the advent of COVID-19, all counties in the state were affected to some degree even as other natural disasters continued to occur (South Carolina Emergency Management Division,

2022). This geographical location was appropriate because residents have either experienced or will experience a natural disaster while living in the state.

South Carolina is host to ABC Association which boasts over 900 members who live and work in the state. Membership of this professional organization, which is governed by an elected board of practicing school counselors, includes those who work in a variety of settings from elementary to high school, public to private school. Membership is composed of a variety of ages, races and ethnicities, and years of experience. This association is a chartered division of the American School Counselor Association and was appropriate for use because not only do the members live and work in a state familiar with natural disasters, but the members are also, or should be, familiar with the ASCA National Model.

### **Participants**

The participants were school counselors who live and work in the state of South Carolina and are members in good standing of ABC Association. The participants had at least two years of experience as a school counselor and currently work in a public or private school serving grades kindergarten through 12th. Purposeful sampling was used to select participants who were representative of this association's composition and who reside in various geographic parts of the state. Purposeful sampling allowed for the selection of "information-rich" cases that aided the data to reach a point of saturation (Duan et al., 2015, p. 525). Additionally, snowball sampling was utilized. Noy (2008) argued that snowball sampling provides for the most fruitful research data; therefore, utilizing snowball sampling also helped to reach saturation. Saturation, rather than a set and rigid sample size, was the goal (Peoples, 2021) though Creswell and Creswell (2018) suggested that three to 10 participants for a phenomenological study was the norm. Due

to the COVID-19 pandemic, all participants had experience with a natural disaster; however, the interview delved more deeply into this topic.

The sample of participants consisted of eight females and two males. Eight counselors identified as female, and two identified as male. Both males identified as Caucasian while four women identified as Caucasian with the remaining four women identifying as African American. All counselors are current members of the ABC Association and had at least a master's degree along with experience as a school counselor ranging from two years to 24 years. No monetary compensation was offered for each counselor's participation; however, a thank you card with a small token of appreciation was sent upon completion of the interview and transcript check.

**Table 1**

*Individual Participant Demographics*

Counselor	Age	Sex	Ethnicity	Marital Status	Years of Experience
1	40-44	F	Caucasian	Married	19
2	50-54	F	Caucasian	Married	16
3	25-29	F	African Am.	Single	2
4	40-44	M	Caucasian	Married	15
5	55+	F	African Am.	Married	20
6	45-49	F	Caucasian	Married	24
7	40-44	F	Caucasian	Married	19
8	50-54	F	African Am.	Divorced	6
9	45-49	F	African Am.	Married	17
10	30-34	M	Caucasian	Single	5

### **Procedures**

Research approval was obtained from both Liberty University's Institutional Review Board (IRB) as well as from ABC Association. Due to a delay in ABC Association's dissemination of the participant request email, a purposive sample of school counselors was initially culled from my own network of colleagues who, in turn, knew of people who were interested in participating in the study. A recruitment email was eventually sent to all members of ABC Association asking for participation. The participants consisted of five counselors who were either acquaintances or friends of acquaintances and five counselors who responded to the email sent out by ABC Association. Upon selection, participants were given a consent form and were scheduled for their semi-structured interviews. Two professional school counseling colleagues reviewed the interview questions to ensure clarity and intended purpose. Interviews were conducted virtually via Zoom and were recorded for subsequent analysis and transcription. All interviews were private and confidential, and all data were stored on a password-protected computer. All interviewees were given numbers in written materials to protect confidentiality (Counselor 1, Counselor 2, etc.).

The data collected from these interviews were transcribed and thoroughly organized. As part of member checking, each participant was provided a transcript of his or her interview and allowed time to revise or elaborate their statements accordingly. Then, data analysis began by using suggestions from Creswell and Creswell for data analysis which included breaking down into smaller pieces the statements the participants made about their experiences (Creswell & Creswell, 2018). These smaller pieces were assigned a word to represent a category, and descriptions were developed. These categories and descriptions were used to answer the

questions concerning the lived experiences of school counselors related to natural disaster trauma.

### **The Researcher's Role**

I am a school counselor living and working in South Carolina. I have lived in South Carolina my entire life and have personally experienced a multitude of natural disasters. For much of my career, I have been a professional school counselor working in public schools with experience in all grades from pre-kindergarten to 12<sup>th</sup> grade. I also am very familiar with the ASCA National Model as it has been required by my district, and I have been both a past contributing member of a counseling program that achieved Recognized ASCA Model Program (RAMP) status as well as a current member of a RAMP certified school counseling program. RAMP recognizes schools with data-driven counseling programs that are comprehensive and aligned with the ASCA National Model (American School Counselor Association, 2019).

My experience dealing with natural disasters and their resulting trauma prompted me to study this phenomenon. Despite being well-versed in the ASCA National Model, I admit that I have not been fully trained to deal adequately with traumatized youth in my school, and I became curious if others felt the same way. My experience as a school counselor, living in South Carolina and having dealt with natural disasters, strengthened my ability to work with the participants. I believe it was easier to build rapport, and my background allowed for a more refined and clear understanding of the participants' responses. However, as a human instrument within this research, I declared these prejudgments prior to the beginning of the interviews (van Manen, 1990).

In hermeneutic phenomenology, there is no need to suspend our judgments of our experiences; essentially, our experiences do not hinder the research (Peoples, 2021). In the

hermeneutic circle, any prejudgments that I had prior to interviewing the participants were corrected through the interview process and its resulting data analysis (Moustakas, 1994). This led to a “fuller, more meaningful” understanding of the phenomenon (Moustakas, 1994, p. 10). Nonetheless, as a technique of the hermeneutic circle, I journaled about any such prejudgments and biases before I analyzed the data so that I took nothing said for granted, and that what was reported were the participants’ stories rather than my own.

### **Data Collection**

Data collecting commenced once approval had been obtained from Liberty University’s Institutional Review Board, and all participants declared informed consent. To achieve the methodical spontaneity that is essential to phenomenological research (Giorgi, 1985), semi-structured interviews were conducted with members of ABC Association. Conducting interviews this way provided for that initial spontaneous response which allowed for the essence of the experience to come through while the follow up interview provided a more precise assessment of the data (Giorgi, 1985). These preliminary interviews and my observations as researcher were the key methods of data collection.

### **Interviews**

Semi-structured interviews are the preferred method of interviewing because they allow researchers to construct relevant questions that address key aspects of the study (Peoples, 2021). Semi-structured interviews also allow for a balance between the topic itself and any other organically derived information (Giorgi, 1985). The primary research questions were supported by the interview responses which provided a clear picture of the participants’ experiences. Due to travel constraints, interviews were held virtually by Zoom and were recorded so that participants could be observed as well as heard. Interviews lasted from approximately 40 to 75

minutes. Prior to the interviews, an observation and interview protocol was developed (Creswell & Creswell, 2018). The confidential interviews consisted of the following questions and responses were transcribed for later analysis:

1. Please introduce yourself as if we have just met.
2. Please tell me a little about yourself, your family, what you like to do in your free time, etc.
3. What made you decide to pursue school counseling as a career?
4. Please describe your counselor preparation program including the year you graduated.
5. How long have you been a school counselor and in what settings have you worked?
6. What are your current job's responsibilities? Please describe in detail.
7. Please describe as detailed as possible your experience working with students during the COVID-19 pandemic.
8. Please describe as detailed as possible your personal experience living and working through the COVID-19 pandemic. How has that impacted your work?
9. Besides the pandemic, what other disasters or threat of disasters, if any, have you experienced in your lifetime, and how has that impacted your work? If applicable, please describe as detailed as possible.
10. Please describe as detailed as possible a situation, if any, in which you experienced working with a traumatized student.
11. Please describe as detailed as possible a situation, if any, in which you experienced working with a student affected by a natural disaster.

12. What tools or techniques, if any, do you have to use with traumatized students, including those traumatized by natural disasters? If you are currently using or have used tools or techniques, how did you obtain them? Please describe as detailed as possible.
13. Please provide examples of any professional development related to working with traumatized students, including those traumatized by natural disasters, you may have had.
14. How do you use the ASCA National Model in your work with students?

Questions one through three were ice-breaker questions which allowed me to get to know the participants better and allowed for a rapport to be built (Moustakas, 1994). Questions four through 14 were pertinent to the study to determine the preparation and effectiveness that school counselors have when working with their traumatized students, particularly those who have been traumatized by natural disasters. Questions eight and nine specifically looked at how counselors who have experience with natural disasters felt their work might have been affected by those experiences. As a component of member checking, each participant was given a written copy of the interview's transcript for their review. All participants reviewed their transcripts and verified them for accuracy with no needed changes.

### **Data Analysis**

The method of analyzing data in a phenomenological study is emergent, meaning that data will emerge and change as the analysis occurs (Peoples, 2021). There were, however, steps which were followed that will allow for replication of this study. Creswell and Creswell (2018) outline the following steps that were used for data analysis:

1. *Gather and organize the data in preparation for analysis.* This would include transcribing the interview. In preparing the transcript, I removed any unnecessary

language, if needed, so that the essence of the meaning behind the words was not clouded.

2. *Thoroughly digest and reflect on the data.* Generate preliminary meaning units. This step allowed opportunities to reveal the overall meaning as well.
3. *Organize the data and code into smaller pieces.* To these smaller pieces, I assigned a word representing a category.
4. *Descriptions or themes will begin to emerge.* I looked for the emergence of any complex themes.
5. *Convey the research findings.* This was achieved by using a narrative passage which provided detailed descriptions of the data as well as the uncovered themes emerging from the data.

### **Trustworthiness**

Qualitative studies differ from quantitative studies in several ways. Quantitative studies seek to make inferences from scores on test instruments and seek to show internal and external validity of their experimental or quasi-experimental research designs while qualitative research uses a “lens not based on scores (or) instruments but a lens established using the views of people who conduct, participate in, or read and review a study” (Creswell & Miller, 2000, p. 125). Nonetheless, qualitative researchers must show that their studies are credible, and that the results can be trusted (Korstjens & Moser, 2018). Trustworthiness that a study is and does what it is purported to be and do includes such concepts as credibility, dependability and confirmability, and transferability (Lincoln & Guba, 1985).

## **Credibility**

In phenomenological research, credibility means that the research findings are valid and accurate. It also means that the research findings are a “correct interpretation of the participants’ original views” (Korstjens & Moser, 2018). Akin to establishing internal validity for quantitative studies, credibility shows accuracy using several techniques (Creswell & Creswell, 2018). The techniques used to ensure credibility were researcher reflexivity, member checking, and peer review.

### ***Researcher Reflexivity***

The goal of reflexivity is to enhance the credibility of the research by carefully monitoring the effects of the researcher’s values, beliefs, knowledge, and biases (Berger, 2015). One way to do this is for researchers to let their beliefs and biases be known early in the research so that readers would know and understand the researcher’s position (Creswell & Miller, 2000). The use of the section “The Researcher’s Role” in this study was one such example. Interpretive commentary was also used in the finding’s discussion section to aid in this goal (Creswell & Miller, 2000). Because reflexivity requires a constant internal dialogue as well as critical self-evaluation on the part of the researcher, the interpretative commentary showed evidence of awareness of my effect on the research.

### ***Member Checking***

With reflexivity, the onus for research validity lies with the researcher. With member checking, validity is established by the participants (Creswell & Miller, 2000). In qualitative research, the researcher’s beliefs and interests have the potential to taint the research; however, this potential can be reduced with the active involvement of the participants by having them check and confirm the results (Birt et al., 2016). Member checking strengthens the data since

both the researcher and the participants are looking at the same data but through a different lens (Korstjens & Moser, 2018). Each participant was given a transcript of their interview to review and provide feedback regarding the accuracy of the transcript. Each member agreed that their transcripts were accurate.

### ***Peer Review***

While this study was reviewed by a dissertation committee, that alone is often not enough to establish validity (Peoples, 2021). Peer review, or peer debriefing, was used to enhance the accuracy of the study. This involved using a doctoral level non-school counseling colleague to review the study and ask questions about it to ensure that the account of the study was something that people, other than the researcher, would understand (Creswell & Miller, 2000). The peer review included checking the transcripts for inaccuracies, the relationship of the research questions to the data, and the level of data analysis (Creswell & Miller, 2000).

### **Dependability and Confirmability**

Dependability is to qualitative research what reliability is to quantitative research. Dependability, referring to the stability of findings over time (Korstjens & Moser, 2018), occurs when another researcher can follow the “the decision trail used by the researcher” (Thomas & Magilvy, 2011, p.153) and is different from using replication to show quantitative studies’ reliability. The strategies that were used to show dependability included the provision of a detailed description of the study’s research methods as well as having peers participate in the data analysis process.

Confirmability occurs when transferability, credibility, and dependability have been established (Thomas & Magilvy, 2011). Findings reach a level of confirmability when they can be confirmed by other researchers (Korstjens & Moser, 2018). Confirmability for qualitative

research is similar to objectivity for quantitative research and was achieved by using a self-critical attitude on my part, using a journal to record any feelings, biases, or insights that I had, and being careful to be a follower rather than a leader in the interview process (Thomas & Magilvy, 2011).

### **Transferability**

Transferability in a study refers to being able to apply the findings of the study to other groups or settings within qualitative research, a study's findings have transferability when readers of the study can associate the results with their own personal experiences. To achieve this goal, "rich," "thick," and "dense" descriptions are used to provide details regarding the participants and the research process (Creswell & Creswell, 2018, p. 200; Denzin, 1989; Korstjens & Moser, 2018; Thomas & Magilvy, 2011).

The techniques used to demonstrate transferability included ensuring that the participants were selected based on expert knowledge of their positions within schools as well as ensuring that the participants were knowledgeable about the studied phenomena (Daniel, 2019). Another avenue of demonstrating transferability was to discuss the delimitations of the research as well as the context in which the research was undertaken; this included any choices made during the study or any challenges that were faced (Daniel, 2019).

### **Ethical Considerations**

Van Brown (2020) noted that there has been a long history of ethics concerns regarding research on people. There were several ethical considerations addressed to alleviate any potential concerns. The privacy of the participants was protected using numbers and as limited identifying characteristics as possible. The interviews in real time were between the participant and researcher only. Recorded interviews were viewed only by the researcher. Both interview related

endeavors were undertaken only after the participants had been informed and had agreed. Notes, rough manuscript drafts, and interview transcriptions were stored on a password-protected hard drive.

The most paramount concern was for the comfort of the participant. Because the nature of the interview questions could evoke painful memories of past or current trauma and its potentially unpleasant feelings, participants were fully informed, both verbally and by written notice, of their ability to opt out at any time. No one opted out. A list of counseling resources would have been provided, if needed, but it was not. The interview could also have been stopped if the participant showed distress; however, this option was not needed during the interviews.

### **Summary**

Chapter Three contained the methodology for this qualitative study. The hermeneutic phenomenological research design sought to describe the lived experiences of school counselors related to natural disaster trauma. Describing lived experiences is the very essence of phenomenological inquiry.

This chapter offered insight into the participants, setting, and procedures for data collection and analysis. The participants were purposively selected to be a representative sample of ABC Association members. This association is comprised of members who live and work in South Carolina, a state that is no stranger to natural disasters, and who were ideally suited for this research due to their geographic location and knowledge of the ASCA Model. Data analysis started as soon as the data collection began (Lincoln & Guba, 1985). Data that were collected from observations and semi-structured interviews were coded and analyzed according to strategies put forth by Creswell and Creswell (2018). The resulting themes are thoroughly discussed in subsequent chapters. To ensure trustworthiness, credibility was secured by peer

review, member checking, and researcher reflexivity. Dependability was achieved as I remained mindful of any biases, feelings, or insights and worked to make these known verbally to participants or through journal writing. Transferability was demonstrated using detailed and vivid descriptions within the study.

Finally, ethical considerations were addressed in Chapter Three. The confidentiality and privacy of the research participants were maintained with one-on-one interviews, the use of numbers rather than names, and the use of password-protected storage for all transcribed and written materials. Of utmost importance was the overall emotional well-being of the participants. Participants were made explicitly aware of the opting out process should any discomfort arise as a result of this study. A list of available resources was at the ready for participants if needed, and the option of stopping the interview was available to all participants; however, these options proved unnecessary.

## **Chapter Four: Findings**

### **Overview**

The purpose of this hermeneutic phenomenological study was to set forth in detail the experiences of school counselors when working with their students regarding natural disaster trauma. This study examined school counselors' perceptions of their preparation and effectiveness when working with youth in that context. Additionally, it sought to illuminate how school counselors felt about their work with students as they personally were currently dealing with or had experience with natural disasters. Thus, the interviews held with school counselors sought to answer the following specific research questions:

1. What are the lived experiences of school counselors related to natural disaster trauma?
2. How do school counselors feel about their preparation and effectiveness when working with students affected by natural disaster trauma?
3. How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have experience with natural disasters?

This chapter begins with a description of each of the 10 participants as well as a brief narrative of their experiences as shared by each school counselor in their interviews. After transcription, data from these interviews were analyzed and organized into themes that provided insight into how school counselors felt about their work with students traumatized by natural disasters. The chapter concludes with a thorough discussion of such themes and how they serve to answer the research questions.

### **Participants**

Ten school counselors responded to my emailed request to share their experiences of working with students. Each counselor had at minimum, a master's degree in school counseling,

and was currently employed in a kindergarten through 12<sup>th</sup> grade public school. The median years of experience were 14 years, and the median age of the participants was 45. Of the 10 participants, 60% identified as Caucasian while the remaining 40% identified as African American. Eight identified as female, and two identified as male. Each was familiar with the ASCA National Model, and each was a member in good standing of ABC Association. A composite of the participants' data is included in Table 2 below. Immediately following the table is a brief introduction and narrative for each participant. To protect confidentiality, counselors are identified throughout by number only. Very specific identifying information not relevant to the research was changed in the narratives to protect confidentiality.

**Table 2***Participants' Overall Demographic Characteristics*

		N	%
Gender	Male	2	20
	Female	8	80
Ethnicity	African American	4	40
	Caucasian	6	60
Age	25-29	1	10
	30-34	1	10
	35-39	0	0
	40-44	3	30
	45-49	2	20
	50-54	2	20
	55+	1	10
Marital Status	Single	2	20
	Married	7	70

	N	%
Divorced	1	10
Experience		
0-5 years	2	20
6-10 years	1	10
11-15 years	1	10
16-20 years	5	50
21-25 years	1	10
25+	0	0

### **Counselor 1 (40-44 years old)**

Counselor 1, Caucasian, is married with children. She has had almost 20 years of experience working at the high school level. She began her work while still a school counseling intern, something that happens infrequently today. Her work experience as an adult was limited to school counseling. She became a school counselor because she wanted to make a difference in children's lives. While she has had experience with natural disasters, she stated that they did not affect her the way COVID-19 did. She reported that the pandemic was a very stressful time for her as she juggled her responsibilities at home while navigating the expectations of working with students who were attending school online.

### **Counselor 2 (50-54 years old)**

Counselor 2, Caucasian, is married with children. She has had over 15 years of experience as a school counselor. She initially started out in the finance sector where she excelled in customer service. Putting her customer service skills to use and taking a professor up on his advice to pursue a counseling career, she entered the school counseling profession. Counselor 2 has had a history of trauma, including that of natural disasters. She reported that she still experiences heightened anxiety with the threat of storms, but that it has only served to amplify

her sympathy for people dealing with the changes that natural disasters bring about. She was especially sympathetic for those with a traumatic past also dealing with COVID-19 trauma as the anticipation of something bad happening can be a “big trigger” (Interview with Counselor 2, 2023).

**Counselor 3 (25-29 years old)**

Counselor 3, African American, is single with no children. She is a new school counselor with two years of experience working in an elementary school. Despite her recent graduation from graduate school, she reported that her classes were underwhelming, and she could hardly remember them. She reported that she relies on copious notes she took in graduate school to refresh her memory when she has had particularly hard cases and is grateful that she has a mentor in her building with whom she can collaborate on issues that might arise. COVID-19 was a more positive personal experience for her in that it allowed her to slow down and take stock of the things for which she was grateful. Professionally, she has seen a sharp decline in her students’ communication, academic, and behavioral skills. She was concerned with how COVID-19 has affected those of her students already dealing with trauma of some sort.

**Counselor 4 (40-44 years old)**

Counselor 4, Caucasian, is married with children. He has 15 years of experience at the middle school level. He, like Counselor 2, had a background in customer service, and like Counselor 1, wanted to go into school counseling to make a difference. He reported, though, feeling exhausted and burnt out as school counselors have become “mental health band-aids” since the pandemic (Interview with Counselor 4, 2023). He said that COVID-19 had an immense impact; school counselors have no tools to help with the trauma, and already traumatized

students are even more traumatized. As a result, he did not feel like a good counselor during the pandemic, and even now, struggles to meet his students' needs at times.

**Counselor 5 (55+ years old)**

Counselor 5, African American, is married with children and grandchildren. She has been a school counselor for 20 years primarily in high schools but also in some alternative programs for students to earn their diplomas. Counselor 5 has had a background of working with a particular state agency but had to leave because of burnout due to the amount of trauma towards children she encountered. Nonetheless, she reported that her calling is to help others. She felt that her background has been beneficial in her work with students traumatized by hurricanes, flooding, and even COVID-19, but now, the increase in anxiety, agitation, and claustrophobia that her students are exhibiting has her concerned.

**Counselor 6 (45-49 years old)**

Counselor 6, Caucasian, is married with children. She has been a school counselor for 24 years in a variety of settings, elementary as well as high school. Counselor 6 started working in an adult mental health facility but quickly felt that she could be of more use working with children. She feels bogged down, though, by the amount of Individual Graduation Plans (IGPs) that she must do. IGPs are meetings held by state law with every student every year in order to determine students' post-secondary goals and ways that students can meet those goals. While she feels that these meetings are important, she was concerned that they keep her from doing more work with her students in the social and personal realm of the ASCA National Model.

**Counselor 7 (40-44 years old)**

Counselor 7, Caucasian, is married with no children. She has had 19 years of experience working in high schools across the Southeast. She currently works in a special magnet program

which draws students from all over her county. She felt that her district did not make the ASCA National Model a big deal which she found strange and different from the other counties where she has worked. She tried to do things from the Model on her own because she felt that they are important, but she said that she does not feel supported by her district. Her personal experience with COVID-19 was good; however, she said her students are dealing with increased anxiety, depression, and what she calls “COVID laziness” which refers to students having gotten used to doing the bare minimum and getting credit for it (Interview with Counselor 7, 2023).

**Counselor 8 (50-54 years old)**

Counselor 8, African American, is divorced with grown children. She has had six years of experience as a school counselor and currently works in an alternative school for high school students. She has had a large number of students with histories of significant trauma and untreated mental illness. COVID-19 made things worse for her students in that the pandemic “knocked a lot of people down” including her, and she has found it “hard to deal” (Interview with Counselor 8, 2023). She has seen her students’ mental health get worse after COVID-19, but the parents of the students often refuse to accept services and support. She reported that she felt unsupported by her administration as well and felt overwhelmed in her position. She credited faith and good medicine for helping her to continue to serve as a school counselor.

**Counselor 9 (45-49 years old)**

Counselor 9, African American, is married with children. She has had 17 years of experience working in both elementary and middle schools. Counselor 9 has a personal history of trauma related to abuse and neglect. She began her adult career in a more general counseling field working with adults; however, she felt this particular line of work was too stressful, so she switched to work as a school counselor. She stated that she feels like her colleagues are her

family, and this bond helps her to work successfully with her students. She feels that Social Emotional Learning (SEL) is important for navigating the effects of trauma, especially the added trauma of COVID-19. She laughed when she said the ASCA National Model mostly focuses on data and not with helping those suffering with trauma like what she sees in her school daily.

**Counselor 10 (30-34 years old)**

Counselor 10, Caucasian, is single with no children. He has had approximately five years of experience as an elementary school counselor in a magnet school. Every day for him at school is different as he says he “wears many hats” and “serves many roles” (Interview with Counselor 10, 2023). He stated that he tries to follow the ASCA National Model but admits he sometimes gets lost in all the data. Like most of the other participants, he felt that his internship was what prepared him the best for his work, and he feels that he has great rapport and solid relationships with his school community. Still, he feels that “no one is prepared” for the aftermath of COVID-19 (Interview with Counselor 10, 2023).

## **Results**

The experiences of school counselors as they work with traumatized students in times of natural disasters have not been known until this study; thus, there was a need to investigate this topic further. This research study identified and described the lived experiences of 10 school counselors, all of whom are actively working with students in public school systems across the state of South Carolina. The transcriptions of the participants’ semi-structured interviews provided rich data which were used to answer the research questions and reveal what school counselors think and feel about their work.

### Theme Development

The close readings of the participants' semi-structured interviews' transcribed texts as well as the careful observation of the recorded videos enabled me not only to gather information but interpret and analyze this information for a more meaningful understanding (Moustakas, 1994). These close readings included one read-through for initial understanding, one read-through for note-taking on observations and any other important items that stood out, a third reading with common phrases pulled out and listed, and a final reading after codes were developed from the phrases disaggregated from the text. I was able to identify two main themes from this code analysis of their experience telling. Thus, in this section, the results of the study are presented thematically. Afterwards, the actual research questions will be answered according to their relevance to each theme presented. Table 3 presents the oft-repeated words and phrases culled from the interview transcriptions that helped shape the themes.

**Table 3**

*Repeated Words and Phrases for Theme Development*

Repeated words and phrases	Developed codes	Related themes
Increased suicide risk assessment	SRA	Game-changer
Building rapport important	RAP	Prep, effectiveness
Building relationship important	REL	Prep, effectiveness
Increased trauma	TRA	Game-changer
Increase in anxiety	ANX	Game-changer
Increase in depression	DEP	Game-changer
Can't remember grad school	GRAD	Prep, effectiveness

Repeated words and phrases	Developed codes	Related themes
Increase in mental health issues	MH	Game-changer
Grad school prep lacking	GRPR	Prep, effectiveness
Counseling was my calling	CALL	Effectiveness
Mentor was super helpful	MEN	Effectiveness
ASCA framework and accountability	ASCA	Effectiveness
I feel unprepared	UNP	Prep, effectiveness
My students are/were scared	STU	Game-changer
I feel ineffective	INF	Prep, effectiveness
Role ambiguity	AMB	Effectiveness
Practicum/Internship prepared better	INT	Prep, effectiveness
My faith gets me through	GOD	Effectiveness
I am burnout	BUR	Effectiveness
Too many role demands	ROL	Effectiveness
Little to no training/techniques	TEC	Prep, effectiveness
COVID-19	COV	Game-changer
Increased stress	STR	Game-changer
Kids have no coping skills	COP	Game-changer
Increase in problem behaviors	BEH	Game-changer
Wanted to make a difference	DIF	Prep, effectiveness

***Theme One: COVID-19 was a Game-changer***

Each of the 10 participants shared the experience of seeing an overall increase in academic, behavioral, and mental health concerns in their schools since COVID-19. The school counselors have collectively seen an increase in depressive symptoms, an increase in anxiety symptoms including social anxiety and incidences of claustrophobia, an increase in problem behaviors in both the social and physical realms, and a decline in overall academic performance. Several school counselors also reported a concerning increase in suicide risk assessments due to suicidality. While each participant said that they saw trauma before COVID-19 and certainly dealt with the aftermath of such trauma, COVID-19 was a “game changer” (Interview with Counselor 4, 2023). While many researchers predicted that COVID-19 would have an effect on children (McKegney, 2021; Pincus et al., 2020), the full extent that school counselors are seeing was not completely expected. COVID-19 was unprecedented; Counselor 1 called it a “dark time for our students” (Interview with Counselor 1, 2023).

During the pandemic, the participants reported that their students were worried about getting sick or losing their loved ones. The students were forced to stay at home with limited to no in-person contact with peers and teachers. In effect, their main outlet for socialization was taken away. Students attended school online with varying degrees of parental participation and assistance. Students in dysfunctional households had no respite from such households during the day. Students returned to school academically behind, socially stunted, and with maladaptive mental and physical behaviors, which school counselors all said were overwhelming to them.

***Theme Two: School Counselors Need to be Trauma-informed***

While every participant agreed that being trauma-informed was vitally important to their work with traumatized students, they also all agreed that their graduate program did not

sufficiently prepare them for the real world of working with traumatized students. In fairness, this statement pertained to the coursework required by graduate programs. Every participant felt that their practicum and internship better prepared them than the coursework; yet they conceded that they still felt under prepared. Additionally, many participants mentioned that having a mentor was vital to their perceived success. What was not expected was the overall disdain for the graduate programs. Several participants laughed at the mention of their graduate programs. Counselor 3 said that her coursework went “in one ear and out the other” while Counselor 5 said, “The book can’t help.”

If school counselors are seeing unprecedented mental and behavioral health concerns, and they all feel that they were not prepared for such, it was expected that counselors would not feel effective in their work. Counselor 4 reported “I feel unprepared,” and “I feel ineffective,” along with recognized feelings of burnout. Counselor 6 said that, “we are just moving kids along who aren’t educated” as she shared her concerns for her students.

The majority of participants reported that the ASCA National Model gave them a framework and accountability piece for working with students, but only one counselor appeared to be implementing the Model with fidelity. Additionally, the participants reported many demands on their time, role ambiguity in some instances, and a lack of administration or district support needed in order to effectively do their jobs. Regarding the school counselors themselves, surprisingly, the participants were split regarding whether COVID-19 had any effect on them or their work. Some said their work suffered while some said the experience of COVID-19 made them grateful to be alive which allowed them to be more sympathetic toward their students.

## **Research Question Responses**

The purpose of this study was to describe school counselors' experiences of working with students traumatized by natural disasters. The research questions were designed to elicit school counselors' thoughts, feelings, and perceptions about their work. Using the research questions as a guidepost, the participants were able to expound on the questions about their own individual experiences working in South Carolina schools. The following narratives show how the questions were answered, and how the answers built the themes of the research results.

### ***Research Question One***

*What are the lived experiences of school counselors related to natural disaster trauma?*

This question was the over-arching one to get a feel of the participants' thoughts about their work in general, and it supported the development of theme one. The participants shared what their days consisted of, and what they were expected to do. However, the consensus was that the after-effects of COVID-19 were taking over as the main part of their work with students.

Many of the participants reported that they got into the school counseling field for altruistic reasons. Counselor 1 said she wanted "to help others" while Counselor 5 wanted "to make a difference." They knew that they were embarking on a career that expected them to attend to the three main components of a student's school life, as outlined by the ASCA National Model, the academic, career, and social and personal domains (American School Counselor Association, 2019), but they assumed that there would be somewhat of a balance amongst the three.

It was reported that daily, school counselors are pulled in several different directions. Counselor 10 said that counselors "wear many hats and serve many roles." On the academic front, they meet with students regarding a multitude of issues ranging from study skills to dual

credit, or pre-college, course registration. The career domain can include setting up career presentations or field trips to businesses. By South Carolina law, as part of preparing students for post-secondary life, every school counselor serving eighth to 12<sup>th</sup> graders must meet with every student every year to formulate a student's IGP. These meetings, the counselors said, take up a great deal of time because they last 30 minutes or longer per student. Time, they said, that took away from addressing students' other increasing mental health concerns. Counselor 6 said she wants to do small groups or classroom guidance, but she "cannot because of IGPs."

Regarding the social and personal domain, the participants reported that they certainly dealt with mental health issues prior to COVID-19, and issues ran the gamut. Some students needed help getting along with others, with sharing, or, with older children, dealing with dating concerns. School counselors also saw students who had histories of trauma including that from sexual, physical, and emotional abuse. While some of the counselors reported that they had worked with students to overcome trauma from natural disasters such as hurricanes and flooding, interestingly, these occurrences, while traumatic, seemed to cause no lasting issues with their students according to the participants. However, all participants reported an overall increase in working with students as a result of COVID-19. Counselor 4 called COVID-19 an "absolute game-changer." Counselor 4 also said that traumatized students were even more traumatized due to COVID-19. He had this to say about his experience with the pandemic:

It was very much like putting a bandage on a wound that needed 35 stitches, constantly changing out the bandage, putting a new one on, picking up another bandage, slapping it on, and doing it over and over and over (Interview with Counselor 4, 2023).

Counselor 3 reported that since students returned to school after the pandemic lock-down, she had seen a decrease in communication skills, engagement, focus, and personal responsibility.

She said that “being at home in front of a screen negatively impacted” her elementary students and that there was definitely “inappropriate media watching,” which she felt also negatively impacted her students’ behavior. Counselor 2 saw a large increase in feelings of isolation due to the pandemic lockdown, and students were not sure how to act once back in the classroom. Several participants mentioned that students’ behavior had to be “retrained.”

Counselor 7 saw a steep decline in academic performance due to what she dubbed “the COVID laziness” referring to the bad habits that children developed during the lockdown. Many other counselors echoed this sentiment and stressed that online learning was severely lacking in rigor and relevance. The majority of participants saw an increase in attendance issues, too, as a result of COVID-19. Counselor 5 reported that she had several high school students who refused to come to school. One student, in particular, would hide in her closet at home and refuse to come out for her grandfather. Her grandfather would call the school for help in getting his grandchild out of the house. Counselor 9 saw an increase in panic attacks and emotional dysregulation in her elementary aged students while Counselor 8 reported that her students were just “trying to survive.”

### ***Research Question Two***

*How do school counselors feel about their preparation and effectiveness when working with students affected by natural disaster trauma?* The answers to this question supported the development of both theme one and theme two. The participants said that COVID-19 had a tremendous impact on their students, but they lacked the tools to help. The participants consistently reported seeing increased trauma in their schools from COVID-19; however, none of the participants could remember receiving any trauma-informed classes during graduate school. Counselor 3 said she could only remember a speaker who came in for one class, but it

“wasn’t very much information.” Counselor 2 said that “theories are not helpful with responsive services. (We are) doing stuff on the fly.” Some of the counselors felt that the most useful class they took was a basic counseling skills one in which they learned such concepts as active listening and reflecting. They reported that these basic skills helped them to establish rapport and build relationships which they considered to be the singular driving force for effectiveness, and this echoes Hoffman’s (2021) assertion regarding the importance of relationship building. However, they also reported that they did not learn anything specific about trauma nor did they learn any specific counseling techniques for working with traumatized students other than those very basic skills. Counselor 9 said she “wished we could do a program where it was just more of what we actually do now in the field.”

The majority of the participants also said that they had not received any professional development on trauma-informed care. Two of the participants said they tried to learn about trauma on their own by reading books and looking at online sites in order to help their students. Counselor 6 specifically said she felt like “she could, should be better prepared.” Counselor 10 summed it up like this: “no one was prepared.”

Most participants reported caseloads of 300+ students which many lamented was too high to meet the increased needs of students. Counselor 6 said that “there isn’t enough time in the day to do what counselors should be doing.” Counselor 8 said she “does too much administrative work” that left her little time to focus on what her job actually entailed. In her work with students expelled from their home schools, the majority have a history of trauma. She said that “kids with trauma got worse as a result of COVID-19.”

Eighty percent of the participants feel that they are currently ineffective in their jobs. Even with mental health therapists and social workers on staff to help balance the load,

participants still feel overwhelmed and stressed. When asked about her effectiveness as a school counselor dealing with COVID-19, Counselor 9 said, “I don’t feel I’m qualified” and, “I don’t have the time (to do what I need to do).”

The ASCA National Model provides school counselors with a framework for effectively carrying out their work with students. This Model recommends that programs and interventions are data-driven. The Model is designed to help counselors be proactive rather than reactive; however, the volume of what the school counselors encounter on a daily basis leaves them, in the words of Counselor 5, “putting out fires.” Counselor 2 echoed this sentiment, “ASCA is good to have, but in practice, it doesn’t help.” Several participants chuckled when asked how the Model helps them in their work with students. They said that it was all about data but nothing else to really help them. Besides, some said, “we don’t time to do any of the stuff they want anyway.”

Participants also reported that their school districts were lacking in providing them with trauma-informed professional development. Counselor 1 felt that her district was “trying their best, but they seemed to provide more professional development in the past” [when it’s really needed now]. This particular district provided a screening tool for school counselors to use in order to identify students in need of intervention during the pandemic. Counselor 4 in the same district said that the implementation of the screening tool was a “kerfuffle” since the screener was expected to be disseminated with no real interventions provided to support any identified needs. Counselor 10 was the only counselor who reported that his district has made sure to provide training and resources in trauma-informed care for both counselors and teachers which he felt was useful for working with COVID-19 trauma.

***Research Question Three***

*How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have experience with natural disasters?* The answers to this question also supported the development of theme one and theme two. Participants were split on their experiences of working with students during and after COVID-19. Some of them felt much like their students did: scared, lonely, and depressed, and were able to identify with their students. Counselor 8 reported that the experience of COVID-19 triggered past trauma, and she had to go on medication to help her cope which she felt negatively affected her work. Counselor 1 said she felt very frustrated and stressed during the pandemic and that she shared “the burden with her students.” School counselors well-versed in trauma theory would be able to recognize trauma symptoms within themselves, and thus might seek help and supervision from other counselors in order to protect their work with their students.

Some of the participants felt that the experience of the pandemic either did not affect them at all or it helped them positively. Counselor 2 said that as a result of the pandemic and all that her students faced, she found herself “feeling more compassionate and empathic” towards them. Counselor 9 reported feelings of loneliness and depression because she was away from her co-workers whom she sees as part of her family. She explained it like this:

Everybody’s good. I guess. We didn’t realize how much of a relationship we had with each other. We’re very supportive over here, and because of just me being here for so long, these people here are my family. That’s why I drive so long every day [to get to school] because they are my family, and I honestly mean they are my family.

For Counselor 9, the pandemic lockdown felt as though she had been separated from her family, her support system, but she reported that returning to work made her happier. This happiness, she

thought, helped her work with students. Counselor 8 felt the complete opposite about her co-workers and her administration. She reported that there was an utter lack of support from the top down for her and the students in her building. This seemed to have exacerbated her anxiety and feeling that she is not making a worthwhile contribution to her school. Counselor 7 reported that she had somewhat of a positive experience during the pandemic. She knew many of her colleagues were still struggling personally, but she felt that, as a result of her COVID-19 experience, her effectiveness with students had not changed. This mix of personal reactions towards the pandemic and how the reactions pertained to the participants' work was unexpected.

### **Summary**

Chapter Four presented the findings regarding school counselors' lived experiences regarding natural disasters and their work with students. Ten school counselors from across the state of South Carolina were interviewed and had the opportunity to share their experiences as seen through their eyes. The transcripts of these interviews were carefully analyzed and, as a result, two distinctive themes emerged.

Theme one, "COVID-19 was a Game-changer," was supported by research question one—the more general of the three questions. The responses from all 10 of the participants pointed to an overall increase in concerns exhibited by their students as a result of the COVID-19 pandemic. The participants reported that they had already been seeing trauma as a result of abuse and neglect as well as from occasional natural disasters such as hurricanes and flooding, but COVID-19 brought things to a completely unprecedented level.

Theme two, "School Counselors Need to be Trauma-informed," was supported by research questions two and three. Participants reported that the coursework for their graduate programs was lacking, and that the only things from graduate school they felt prepared them

albeit minimally were their practicum and internship. They reported learning nothing about trauma, its background, or techniques to use when working with traumatized children. In effect, 90% of the participants did not feel prepared to deal with trauma at all. Then along came the pandemic, and many more children were traumatized. Previously traumatized youth were traumatized even more. Some participants felt that they did not receive support from their districts to adequately provide for their students' needs. The school counselors felt ineffective, overwhelmed, and helpless.

The results were mixed regarding how the school counselors' own experiences affected their work with students. Some reported that the pandemic had them stressed, unable to cope, and scared. This, they reported, negatively affected their work with students. On the other hand, some reported that their pandemic experience made them feel grateful to be alive and to be more sympathetic to what their students were going through. They felt in that instance, their work with students was greatly enhanced.

## Chapter Five: Conclusion

### Overview

The purpose of this hermeneutic phenomenological study was to describe school counselors' experiences regarding natural disasters. The study looked at their experiences working with students during and after natural disasters. The problem that prompted this study was the lack of studies concerning this topic: while there are many studies concerning trauma and its effects on children, studies that provide school counselors the opportunity to tell their stories of working with students traumatized by natural disasters are rare. The following research questions guided this study:

1. What are the lived experiences of school counselors related to natural disaster trauma?
2. How do school counselors feel about their preparation and effectiveness when working with students affected by natural disaster trauma?
3. How do school counselors feel about working with students of natural disaster trauma as they are currently experiencing or have experience with natural disasters?

Chapter 5 provides a brief summary of the findings as presented in the previous chapter. These findings are discussed as they pertain to the current, relevant literature and to the theoretical frameworks, trauma and disaster mental health theories, and the ASCA National Model. Implications for this research and the effects on the school counseling field are discussed, delimitations and limitations are brought forth, and finally, any recommendations for future research are provided for consideration.

### Summary of Findings

Analysis of data obtained from interviewing 10 school counselors from the state of South Carolina resulted in two main themes regarding how these counselors felt about their work with students regarding natural disasters. The first theme, “COVID-19 was a Game-changer,” as supported by research question one, speaks to the level to which the pandemic infiltrated the participants’ work. Every participant spoke about the increase of trauma symptoms as experienced by their students. Incidences of depression, anxiety, and suicidality were at an all-time high. Students’ behaviors after returning from lockdown interfered with classroom learning and had to be addressed and redirected. Academically, students came back from online learning behind where they should have been otherwise. Everyone agreed that online learning stunted social growth and lacked academic rigor and relevance. Many were concerned that students lacked the skills necessary to enter the real world after graduation.

The intent of research question one was to elicit what the school counselors’ experiences were in general. This was done to help paint a picture of what the school counselors’ jobs were like daily. As they shared many of their duties, it became apparent that there was one topic that dominated everything else: COVID-19. School counselors are tasked with facilitating the academic, career, social, and personal growth of their students, but with the advent of the pandemic, the students’ needs overwhelmed the school counselors. When given the opportunity to share, COVID-19 was the bulk of what they wanted to discuss.

While theme one encompassed what the school counselors were experiencing overall, theme two, “School Counselors Need to be Trauma-informed,” spoke to how the counselors felt about their preparation and effectiveness for dealing with natural disaster trauma. Research questions two and three supported theme two.

The participants reported that their graduate programs had been lacking in preparation in trauma-informed care, and their school districts failed to provide trauma-informed professional development in normal times much less during an unprecedented pandemic. Research question two sought to elicit how the school counselors particularly felt about their preparation and effectiveness dealing with students traumatized by natural disasters. Participants felt that their practicums and internships prepared them better for their work with students in general, but with the lack of trauma-informed care, they were unprepared for the increased trauma they saw on a regular basis. With heightened concerns as a result of the pandemic, the counselors felt this lack of preparation more acutely.

Research question three was used to find out how school counselors felt about working with their students during or after natural disasters as they were personally going through a natural disaster. The answers to this question were mixed and unexpected. One would assume that a worldwide pandemic might make everyone sad and depressed; however, for some of the participants, quite the opposite was true. Several participants reported having had a good personal experience as a result of the pandemic which made them feel more effective with their students. Nonetheless, there were those with the expected answers of feeling scared, lonely, and sad, and not surprisingly, they felt these emotions negatively impacted their work. These participants felt woefully unprepared to deal with the natural disaster trauma they were seeing, and they felt their effectiveness was lacking.

### **Discussion**

The theoretical frameworks used were Herman's trauma theory, the disaster mental health theory of Halpern and Tramontin, and the ASCA National Model. Succinctly, Herman's theory asserts that trauma experiences overwhelm people's ability to cope (Herman, 1997) while

Halpern's and Tramontin's (2007) disaster mental health theory outlines stages that people go through as they deal with natural disasters. Their theory posits that people exhibit certain behaviors and emotions depending upon the stage of disaster, and these behaviors and emotions require intervention to preclude lasting effects. The ASCA National Model provides the framework for what school counselors should know and be able to do when working with students (American School Counselor Association, 2019). This section will look at the relationship of the findings with the theoretical and empirical literature.

### **Relationship of Findings to Theoretical Literature**

Using Herman's criteria for trauma, the argument could be made that students were traumatized as a result of COVID-19. Because trauma overwhelms people's ability to cope, not surprisingly, the majority of participants reported that their students' coping skills were lacking after the pandemic. The participants also said that their students feared getting sick or losing a loved one as a result of the pandemic. The threat to life and body is a core tenet of trauma and causes people to lose their sense of meaning, connection, and control (Herman, 1997). Herman felt that this fear and feeling of disconnection are at the core of trauma and make people question where they fit in the world. The participants reported that their students had trouble reconnecting with others upon their return to school after the lockdown. They felt that their students' social growth was stunted during the lockdown.

Participants reported that they noticed an increase in problem behaviors in their students upon return to school. Herman (1997) noted that threats to a person arouse the sympathetic nervous system. A rush of adrenaline can help a person focus on the threat and become prepared to fight or flee. If neither of these options is possible, the person's system becomes overwhelmed and disorganized. The trauma response becomes exaggerated and prolonged even after the threat

has passed. Hyperarousal is one symptom of this prolonged response. With hyperarousal, the nervous system stays in a state of high alert as if danger is imminent. As noted previously, people in this state startle easily and slight provocations bring about disproportionate responses. This could provide an explanation for the increase in problematic student behaviors.

Disasters can cause emotional and physical trauma with an impact that extends beyond one person (Halpern & Tramontin, 2007). COVID-19 impacted the entire world in some way. During the first stage of a disaster, if there is sufficient warning, people can prepare for the impending disaster, and if people do not have time to prepare, people experience cognitive and emotional loss as they try to make sense of what happened. People did not have time to prepare for COVID-19.

During this stage, helplessness and uncertainty make the experience worse for those experiencing the disaster. The first stage is considered the most crucial; if proper interventions are not available, there are long-term implications on the emotional, physical, and behavioral well-being of the survivors (Halpern & Tramontin, 2007). Loss, grief, and vulnerability are all concepts that can impact survivors' levels of trauma. It makes sense that school counselors, as frontline mental health assistance, would be ideally suited to provide proper interventions, but it was reported by the participants that they, collectively, had no background in trauma nor specific interventions to help with those traumatized.

Children are among the most vulnerable in a disaster due to their dependence on others (Halpern & Tramontin, 2007; Stebnicki, 2017). For this reason, many mental health associations provide resources (American Mental Health Counselors Association, 2022; American Psychological Association, 2022; American School Counselor Association, 2019), but there is a disconnect in getting this information to school counselors. Only one participant reported that his

school district provided adequate training while two participants reported that they sought out information on their own. Seventy percent of participants reported no other interventions than establishing rapport and relationship and basic counseling skills. All of these are the bare minimum expectations for school counselors to know and be able to do.

With regards to the participants, there was a mixed review pertaining to COVID-19's impact on them as professionals. It was clear that some exhibited the classic symptoms of trauma, such as increased stress and anxiety as well as feeling overwhelmed, which are outlined in the theories of Herman, Halpern, and Tramontin. They felt these symptoms greatly affected their work; yet some felt that COVID-19 gave them a renewed purpose in life. This was an unexpected finding which seems to speak to resilience on the part of the participants.

The ASCA National Model, in providing a framework for school counselors' work with students, outlines the mindsets, behaviors, and competencies of professional school counselors. The mindsets are beliefs that school counselors should have about their students while the behaviors are those exhibited as a result of the mindsets. School counselors should be able to apply theories to their work with students (B-PF 1), and they are expected to provide appropriate intervention strategies to meet the needs of students and their school communities as part of a crisis response (American School Counselor Association, 2019), but every participant shared that they had no trauma theory coursework while in graduate school, nor had they, with the exception of one, been given any training in trauma-informed care by their district. The Model also states that school counselors should provide small-group counseling, but several participants said that role demands due to COVID-19's after-effects kept them from providing this service.

In summation, while the participants felt that having a framework to guide and assess their work was useful, 90% of the participants were not implementing the Model with fidelity.

As the emotional, social, and behavioral demands increased, the participants found themselves dealing with whatever the day brought them instead of planning a comprehensive program, working that program, and assessing its outcomes as the Model requests.

### **Relationship of Findings to Empirical Literature**

The data analysis revealed two main themes. Theme one showed that the COVID-19 pandemic was a game-changer for students and school counselors alike. School counselors have reported trauma symptoms exhibited by their students to include higher rates of depression, anxiety, and suicidality. While no one could have been totally prepared for an unprecedented worldwide event like the pandemic, theme two revealed that school counselors are not as trauma-informed as they should be, and as a result, their effectiveness when working traumatized youth is questionable.

#### ***Theme One***

The findings showed that school counselors have seen an increase in social, emotional, behavioral, and academic concerns as a result of the COVID-19 pandemic. While these concerns were on the rise pre-COVID-19, the participants reported that what they were seeing post-COVID-19 was a game-changer.

The participants consistently reported a lack of student coping skills upon re-entering school. The lack of coping skills is consistent with trauma literature that suggests trauma, by nature, taxes one's coping skills (Briere & Scott, 2015; Gilliland & James, 1997; Herman, 1997; Levers, 2022; van der Kolk, 2014). Briere and Scott assert that highly upsetting events that temporarily overwhelm the individual qualify as trauma. The participants reported that some of them and their students were overwhelmed and distressed. Additionally, participants reported that students were showing symptoms of Acute Stress Disorder (ASD). Research has also shown

a correlation between natural disasters and suicidality (Cousins, 2016; Pruitt et al., 2020). Before the pandemic, suicide was already the leading cause of adolescent death (Miron et al., 2019).

Participants reported a rise of suicide risk assessments after the lockdown.

Research regarding children experiencing loneliness suggests that higher depressive symptoms, social isolation, and loneliness predict a higher risk of depression and anxiety when they are adults (London & Ingram, 2018). Participants reported that their students were isolated during the lockdown from the one place where they could easily see their friends. Several participants noted that not only were their students away from their main social outlet, but they were stuck at home in often dysfunctional households. These children were not able to access their safe spaces.

Participants reported an increase in inappropriate social media consumption by their students in addition to a rise in technology use overall due to online learning during the lockdown. There is a known correlation between an increase in suicide and an increase in social media use (Miron et al., 2019; Twenge et al., 2018).

Participants also reported seeing an increase in problematic behaviors upon the return from the pandemic lockdown. It was noted that many behaviors needed to be re-trained as students forgot how to stay in their seats, raise their hands, or ask permission to do things. One participant suspected that poor behaviors were due in part to the inappropriate social media watching. It is plausible that students learned bad habits while out of school. It is also possible that very young children simply forgot what was taught to them before the lockdown and needed to be reintroduced to classroom behavior. Nonetheless, the possibility exists that the adverse behaviors the participants reported directly resulted from trauma.

Several participants noted that students suffered academically upon returning from the lockdown. Online learning was said to be lacking in rigor and relevance. Many parents still had to work even while their children were at home. If this was the case, the participants said, children would often not do their work. Some participants reported that their districts moved students on to the next grade level or gave passing grades for incomplete or subpar work, and this caused a great deal of concern for the participants reporting that phenomenon.

The results were mixed regarding the participants and how they felt that the pandemic affected them. Some participants felt deeply affected by the pandemic while some felt rejuvenated. Few research studies examine the kinds and amounts of trauma that school counselors encounter or what effects it may have on them (Rumsey et al., 2020), but it was suspected in the available literature that they would neglect their own needs in order to attend to their students' needs (Warbington et al., 2019). This study aimed to fill the gap in the literature about how vicarious or compounded trauma would affect school counselors. While it makes sense that feelings of anxiety and stress would occur with exposure to trauma, particularly if the school counselors put their students' needs above their own, this was not clearly shown.

### ***Theme Two***

Multiple studies present the idea that school counselors are the ideal people within a school to provide trauma interventions (Howell et al., 2019; Yohannan & Carlson, 2019). Crumb et al. (2021) asserted that school counselors are expected to be the mental health experts in the school, and this assertion was echoed by Greene et al. (2016) as well. This study provides information on how school counselors feel about implementing mental health interventions in schools.

Participants relayed that they had not received formal training on trauma-informed care despite recommendations from counseling program accreditation councils (Moh & Sperandio, 2022). The findings support the numerous studies that have noted that graduate programs across mental health disciplines fail to impart the knowledge and skills necessary to effectively work with trauma victims, something that the participants all reported in their interviews (Cook et al., 2017; Kumar et al., 2019; Moh & Sperandio, 2022; Webber et al., 2017).

Using the ASCA National Model as a guide, master's level school counselors are expected to plan, deliver, and assess a comprehensive school counseling program that meets the needs of their students. This Model calls for school counselors to be knowledgeable about theories; yet, while participants could remember graduate school theory classes, they said that these classes were not useful in their daily work. It also calls for providing services to students individually, in small groups, and in classroom settings. Some participants were able to provide classroom guidance, but because they were part of the master schedule, they had little time to implement anything else. Some reported that the number of individual meetings kept them from reaching more students through the classrooms.

School counselors are expected to stay current with research and best practices; however, only one counselor reported district training on trauma, two counselors mentioned that they seek out readings on current literature on their own, and of the remaining participants, some said their districts provide some kind of training but more often than not, it was not especially relevant to their needs. Finally, the Model calls for school counselors to be able to effectively explain the impact of ACEs and trauma, and to provide interventions to support traumatized students (American School Counselor Association, 2019). No interventions other than establishing rapport and building a relationship could be identified by the participants.

This study established that the participants did not feel prepared to work with traumatized students. It also established that their effectiveness was in question as well. While some participants said that the experience of the pandemic caused them to be grateful for their lives and to more easily identify with what their students were going through, half of the participants had concerns regarding how their work was impacted. Working with traumatized students increases the risk for vicarious trauma, compassion fatigue, and burnout (Mullen et al., 2020). It has been shown that these phenomena can greatly impact the work school counselors do with their students (Parker & Henfield, 2012; Rumsey et al., 2020), and this was evident in some of the participants' responses.

### **Implications**

This section sets forth the theoretical, empirical, practical, and Christian worldview implications of the study.

#### **Theoretical Implications**

Important knowledge was added to the emerging research on trauma related to COVID-19. While it is difficult to say when the pandemic ended, as some would argue that it is still occurring, it may be too soon to determine any lingering effects. Trauma theory acknowledges that the likelihood of harm increases the longer the traumatic event lingers (Herman, 1997). For younger children, disasters can have severe consequences because they lack understanding of the event, and their ability to cope is already limited in scope (Cadamuro et al., 2015). Some adverse effects could still develop over time; thus, PTSD is a very real possibility for some students (Briere & Scott, 2015; Levers, 2022). Students are already showing higher rates of depression and anxiety. Additionally, there is a dose response to traumatic events, the higher the number of traumatic events, the higher the risk of later adverse outcomes both in mental and physical health

(Felitti et al., 1998). This is especially concerning for those students with ACEs experience. Yet, participants have said that they are not well-versed in trauma theory and interventions to support their students.

Several of the participants also shared that they have been exhibiting increased stress and anxiety, too. Heightened stress and anxiety increase the risk for compassion fatigue and burnout (Litam et al., 2020). It is vitally important that school counselors are adequately trained in trauma theory, can recognize trauma's symptomology, and be able to provide successful interventions to ameliorate, to the best extent possible, the exacerbation of symptoms both within themselves as well as their students to effectively work with students.

### **Empirical Implications**

In the past 30 years, trauma theory has been researched extensively. Since the landmark study of Felitti et al. (1998), there has been an extensive body of research dedicated to ACEs and their effects, and the impact of natural disasters has been well-documented as well (Gruebner et al., 2017; Morganstein & Ursano, 2020; Pain & Lanius, 2020). However, research on school counselors and trauma has been conflicting.

Some outline that school counselors are the best qualified employees in a school to provide mental health interventions (American School Counselor Association, 2019; Howell et al., 2019; Pincus et al., 2020), while others note that the school counselor's role remains undefined and subject to being assigned duties that leave little time devoted to mental health concerns (Crumb et al., 2021; Tang, 2020). Quite frequently, the studies focus on the effectiveness and preparation of counselors in clinical settings rather than schools (Hoover et al., 2018; Yohannan & Carlson, 2019). Little research has been made available regarding school counselors' ability to provide trauma-informed services even as the need for such services has

increased (Perry & Daniels, 2016). Literature pairing school counselors and natural disaster trauma is rare. This research adds to the literature to better understand the relationship between school counselors and natural disaster trauma.

### **Practical Implications**

Because school counselors are in the school setting every day with students, it makes sense that they would be uniquely poised to offer services to traumatized students. However, due to the increase in mental health concerns, the participants found themselves unprepared to do so, either through a lack of graduate program and professional development training or because of the demands on their time. The limited available research suggests that school counselors can be a vital part of a disaster's relief effort, but they must be prepared and provided the tools to do so in order to be effective (Bernstein & Pfefferbaum, 2014; Coombe et al., 2015). Graduate programs must go beyond basic counseling skills to provide trauma-informed theory and intervention. School districts must provide relevant and timely professional development, and school leaders must ensure that school counselors have the time and tools they need to adequately meet the needs of their students.

### **Christian Worldview Implications**

In 1 Thess 5:21, Christians are called to "Prove all things; hold fast that which is good" (King James Version, 1611/2023); however, research is challenging. When research goes a different way than what was expected, temptation arises to change elements of the data to fit a desired outcome. Likewise, a Christian worldview can inform the interpretation of the overall research findings. To have a Christian worldview means that every aspect of one's life is interpreted within the framework of God's story; thus, it is possible that the data analysis and

findings were influenced by my worldview. Nonetheless, careful consideration was given to maintain researcher reflexivity.

### **Delimitations and Limitations**

Within research studies, researchers work within parameters or boundaries. Sometimes the reasons for these boundaries include lack of time or financial resources. These boundaries are what is known as delimitations of a study and are presented in this section. Limitations of a study, also presented in this section, provide transparency on factors that might influence a study's results.

#### **Delimitations**

Because the purpose of this study was to describe the experiences of school counselors regarding natural disasters, an area lacking in research studies, boundaries were needed in order to target this group and bring forth their experiences. I chose the hermeneutic phenomenological design because it is the design of choice when inquiring about such experiences, or specific phenomenon, of the participants (Peoples, 2021). In Heidegger's hermeneutic phenomenology, he ascertained that people understood and interpreted information in a way that helped them make sense of the world. This is an especially appropriate design choice because, as a school counselor, I am in the world, or *Dasein* as Heidegger referred to it, of school counselors. Part of the hermeneutic circle process of interpretation included me as a key instrument. I began with a pre-understanding of the world of school counselors, gathered new information, and revised my understanding.

Participants needed to be actively employed school counselors for inclusion. There was no need to request that participants be 18 years of age or older as it was implied due to the level of education required to be a school counselor. At the outset, eight participants were anticipated

to be sufficient to reach data saturation. Per Creswell and Creswell (2018), three to 10 participants tend to be the norm needed. Data were approaching saturation around mid-way through participants; nonetheless, 10 participants ultimately were interviewed. Participants needed to be familiar with the ASCA National Model. To that end, I chose to limit my study participants to those who are members of ABC Association. As a subsidiary of ASCA, ABC Association is well-versed in the Model. The setting for my study, the state of South Carolina, was admittedly convenient; however, it was pertinent to the study as South Carolina has experienced numerous natural disasters.

### **Limitations**

Peoples (2021) pointed out that no research study is perfect; there will always be limitations. Several limitations were identified for this study. First, though generalizability is not a goal of phenomenological inquiry, the sample size and location inhibited generalizing the results to the rest of the population of school counselors. While the sample size was demographically adequate for the purpose of this study, there are hundreds of school counselors living and working in South Carolina. Thus, the sample may have presented a limited overall view of South Carolinian school counselors' experiences. The location of the study was used for its convenience; however, other states experience natural disasters, and they are not accounted for. The results may not be reflective of school counselors' experiences of living and working in other states.

Secondly, I am a school counselor living and working in South Carolina. I was careful to make my presumptions and pre-understandings known to the participants at the outset and was careful to let the participants tell their own stories rather than to interject my own; however,

while I used researcher reflexivity, peer review, and member checking to ensure trustworthiness, the possibility still exists for bias in the findings.

### **Recommendations for Future Research**

Only 10 school counselors were interviewed, but it is possible that school counselors across the world are seeing the same increase in student concerns. A larger study focusing on several specific areas of interest for further research includes how COVID-19 might influence the social, emotional, behavioral, and academic realms both separately and together. Research regarding the long-term effects of the lockdown, its increased technology and social media use, and the lack of academic rigor and relevance of online classes will prove invaluable to not only school counselors but educators in general.

Barriers to implementing the ASCA National Model have been somewhat studied in the literature, but studies are needed to describe the use of the Model in post-pandemic times. The data have shown there are new challenges faced by school counselors, and more needs to be known. This knowledge would be expected to help strengthen school counselors' preparation and, by extension, their effectiveness.

During the interviews, two interesting concepts were brought to light that could be suggestions for future research. Counselor 9 had a personal history of neglect and abuse as a child. She also had experience with a hurricane and its subsequent flooding. Far from causing her more trauma, the hurricane and flooding were a "welcome respite" from the abuse and neglect she suffered (Interview with Counselor 9, 2023). She mentioned that everyone was so focused on surviving that they simply forgot to abuse her. Her experience seems to be antithetical to the existing trauma research. If this phenomenon is experienced more often than expected, it could add to what is known about trauma.

Several of the participants mentioned that their experiences with COVID-19 made them feel grateful to be alive, that they were more positive towards their students, and that they found ways to make their pandemic experience meaningful. They all said that it was their faith in God that caused them to view those experiences in a positive manner. While there is research regarding faith in God and its mitigating effect on any number of mental health symptoms, researching the relationship between faith in God and its effects on the trauma of COVID-19 could prove fruitful to the body of trauma literature.

### **Summary**

The purpose of this hermeneutic phenomenological study was to describe the experiences of school counselors regarding natural disaster trauma. Numerous studies exist about trauma and its effects. Fewer studies exist regarding the relationship between trauma and school counselors. Rare is the study that pairs school counselors with natural disaster trauma. The seeds for this research were sown with hurricanes, flooding, and tornadoes in mind; however, from the interviews, it was abundantly clear that the pandemic was at the forefront of thought.

Two outcomes are significant to note. One, the COVID-19 pandemic has caused an alarming increase in various concerns. The increase in depression, anxiety, and suicidality that school counselors are seeing is frightening. Students have forgotten how to act in classrooms and with one another socially. Bad habits from the pandemic lockdown have set in, and academically, students are graduating from high school potentially unprepared for the world of work.

It is clear that interventions are needed to mitigate the pandemic's effects, but as the second outcome suggests, school counselors are not prepared to provide interventions, nor do they feel effective in their work as a result. School counselors reported less than adequate

graduate counselor preparation programs, and little to no timely and relevant professional development. Additionally, school counselors reported that sometimes their role demands keep them from being able to implement the comprehensive program Model that is designed especially for school counselor effectiveness. Finally, while some participants reported positive personal outcomes from the pandemic, 50% said they were overwhelmed, stressed, and anxious, which has implications for their effectiveness and increases the risk for compassion fatigue and burnout. More needs to be done to educate school counselors in trauma-informed care for the benefit of their students as well as themselves.

Counselor 4, in his interview, conveyed the majority of the participants' thoughts when he said:

I don't know if I was prepared to be that mental health counselor. I was prepared to be a school counselor to talk about study skills and academic skills and career exploration through [career program] and [career program] and things along those lines. But I don't know if I was adequately prepared to deal with the level of mental health issues, especially traumas, that we've come into, and then to be that mental health bandage as much as possible.

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APPENDIX A: IRB APPROVAL LETTER

**LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

December 14, 2022

Jennifer Bellinger

Richard Green

Re: IRB Exemption - IRB-FY22-23-560 The Lived Experiences of School Counselors

Related to Natural Disaster Trauma

Dear Jennifer Bellinger, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR

46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

**G. Michele Baker, MA, CIP**

*Administrative Chair of Institutional Research*

**Research Ethics Office**

**APPENDIX B: CONSENT FORM****Consent**

**Title of the Project:** The Lived Experiences of School Counselors Related to Natural Disaster Trauma

**Principal Investigator:** Jennifer Baxley Bellinger, Doctoral Candidate, School of Behavioral Sciences, Liberty University

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. To participate, you must be a member, in good standing, of [REDACTED], hold a current job as a school counselor in either a public or private school (K-12), have at least two years of experience as a school counselor, and currently reside in the state of South Carolina. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

**What is the study about and why is it being done?**

The purpose of the study is to examine the lived experiences of school counselors when dealing with natural disaster trauma.

**What will happen if you take part in this study?**

If you agree to be in this study, I will ask you to do the following:

1. Participate in a one-on-one interview either in person, via Zoom, or Google Meet. Interviews will be recorded and should take approximately one hour.
2. Participate in member checking of the interview transcript. Member checking involves reviewing the written transcript of the recorded interview to make sure that the transcript wording is correct and says what the participant meant to say. Transcript review should take approximately thirty minutes or less.

**How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to the school counseling discipline include a better understanding of school counselors' roles when dealing with natural disaster trauma, and this understanding could enhance how school counselors are educated and trained within their counselor education programs as well as their professional development.

**What risks might you experience from being in this study?**

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants for any signs of distress and discontinue the interview if needed. Participants will be able to stop the interview if needed as well. Counseling services referral information will be provided if needed.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

**How will personal information be protected?**

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings will be stored on a password-locked computer for three years and then deleted. The researcher will have access to these recordings.

**Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or [REDACTED]. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

### Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Jennifer Bellinger. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Richard Green, at [REDACTED].

### Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

### Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

The researcher has my permission to audio-record and video-record me as part of my participation in this study.

---

Printed Subject Name

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**APPENDIX C: PARTICIPANT RECRUITMENT FORM**

Dear John Smith:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to explore the lived experiences of school counselors related to natural disaster trauma, and I am writing to invite eligible participants to join my study.

Participants must be members in good standing of the [REDACTED], have at least two years of experience as a school counselor, currently work in a public or private school serving any grade kindergarten through twelfth grade, and currently reside in the state of South Carolina. Participants, if willing, will be asked to participate in a semi-structured interview with the researcher. The interview will be recorded and transcribed, and will take approximately one hour. As part of a process called member-checking, the transcript of the interview will be made available to you to ensure that what you wanted to say was recorded accurately. It should take approximately 30 minutes to complete the member-checking procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at [REDACTED] or [REDACTED] to schedule an interview.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Jennifer Bellinger  
Doctoral Candidate, Liberty University

[REDACTED]

**APPENDIX D: INTERVIEW TRANSCRIPT**

Speaker 1 (00:00):

I'm going to ask you questions. I have a list of 14 questions, but as I'm talking to you, just like when you're doing a counseling session or a suicide risk assessment, you're not like 1, 2, 3, 4. As you're talking you may touch on something that I was going to ask. I won't obviously ask that question again. And it's your complete perspective. But don't... you just be honest. Okay.

Speaker 1 (00:53):

While this research is not completely anonymous, it is confidential because, well, you've got somebody in there, but you guys are all okay with it. I don't have anybody in here. Nobody can hear me. Nobody has access to this stuff. It's all password protected. Also, you can stop this interview anytime you want. Likewise, if I notice any distress, we can stop.

Speaker 2 (01:10):

Cool.

Speaker 1 (01:11):

That's my disclaimer. I have to tell you that. So okay. So to start off with, please introduce yourself as if we don't know each other.

Speaker 2 (01:21):

Good morning. My name is [REDACTED]. I'm a counseling [REDACTED] Middle School in [REDACTED] South Carolina. This is my eighth year at [REDACTED] Middle in my 15th, maybe 14th or 15th year as a professional school counselor with [REDACTED].

Speaker 2 (01:45):

I think this is my 15th year. Yeah, I think, cause I did the one year split and then I want to say seven years at [REDACTED] Middle School. And now I think this is my eighth year here. Seventh grade.

Speaker 1 (01:56):

Okay. Can you tell me a little bit, just a little bit more in depth about you? What did you like to do for fun? A little bit about your family or anything interesting that you want me to know about you?

Speaker 2 (02:13):

Oh yeah, sure. So I guess my history is I'm not your typical counselor. I had no educational history coming into this job itself. So I started working food and beverage and was a psychology major at the [REDACTED], where I met my beautiful wife, [REDACTED] We've been married for, oh boy

Speaker 1 (02:33):

<laugh> get this right [REDACTED]?

Speaker 2 (02:35):

Yep. This one's big [REDACTED] years. Oh, nice. Two wonderful children. I have an [REDACTED]

[REDACTED]

[REDACTED]

Speaker 1 (02:48):

Gives you a different perspective.

Speaker 2 (02:50):

Oh lord. Yeah. I think as counselors we quite often try to put ourselves in the shoes of parents and what parents would want to know or need from us. And now being a middle school parent myself, it's had an added perspective to it for sure. I also have an [REDACTED], who is in [REDACTED], which is exciting. We live [REDACTED], South Carolina. Been down here next to [REDACTED] for over 20 years now. Or what some of those [REDACTED], I guess, that came here for college and just never left. My family's originally from [REDACTED].

Speaker 1 (03:28):

Wait, where are you from? It glitched out.

Speaker 2 (03:31):

No, no problem. So I'd say, if you ask me where I'm from, I typically say I'm originally from [REDACTED], but I moved from [REDACTED], South Carolina. Oh, okay. Eighties. So I was seven or eight. And then I lived [REDACTED] for 10 years doing end of elementary, middle high school. And then I came to [REDACTED] pretty soon

Speaker 1 (03:53): Oh, okay. Okay.

Speaker 2 (03:55):

Got into counseling through psychology degree, got out of college with the psychology degree and was like, okay, now what? I worked at the [REDACTED] I

guess it was the homeless slash unaccompanied youth home that they had there. Between zero and 17 students were typically taken out of foster care or runaway kids that would come in and need a place to stay. Went from there to the [REDACTED], which was the adolescent home. So I worked there, helped open up that house, and I was being a house parent. And within that job I kind of found the passion for school counseling in the sense that I was able to be a liaison with the different middle and high school for these kids and finding kids that had a very difficult home life and not a lot of supportive parents. It was truly the, the school is the out there. I like to be outside as much as possible. I like to hike. I like to kayak. I recently have taken up what I called a [REDACTED]. This was something, yeah, this was something that 25 years ago a friend of mine introduced me to and I was like, this is super dorky.

Speaker 1 (05:03):

It seems really hard.

Speaker 2 (05:06):

[REDACTED]

[REDACTED]

Speaker 1 (05:13):

No, everybody cannot [REDACTED].

Speaker 2 (05:16):

Yeah, yeah. No, not

Speaker 2 (05:19):

Oh yeah. So I'm being that I'm [REDACTED] and I used to play basketball and soccer and my knees aren't what they used to be, I had to give up basketball and soccer a few years back, and I struggled to find that physical activity that fit the bill. I don't like running, so I find that punishment. So I can't just like go, I'm going to go for a run. I love walking my dog but this golf at least allows me to have an activity with an aim to it. And really I'm just going for a few miles, walks through the woods. So I do that for fun. Love the beach.

Speaker 1 (05:50):

Important to stay active. Yes.

Speaker 2 (05:52):

Yeah, it is fun. And it's my peace time now. So

Speaker 1 (05:57):

Your meditation, your self-care.

Speaker 2 (05:59):

It is definitely a lot of my self-care. at the [REDACTED] conference that we were [REDACTED] [REDACTED] there was a lot of tasks and things that I needed to do as part of that. But whenever I got to a point on Friday where it was, I had done the registration, [REDACTED]. I had gone to a few sessions and it was like I saw a time block where there wasn't a session I was really interested in. I left and I went and [REDACTED] [REDACTED]. This was change clothes, go out there and then come back, put the clothes back on and go to the next session.

Speaker 1 (06:29):

it's really important with the job that we do that you have to take care of yourself. Super important.

Speaker 2 (06:35):

Yeah. It's something that I found interesting because I had that almost sense of guilt in taking those kind of things. Mm-hmm. Like I should be at those sessions and still come in. I should be here at this conference, I should be there to support everybody regularly. I should be at each session. But then when you go to a session that's like self-care 365, you're like, no. You know, need to fill that part of your bucket too.

Speaker 1 (06:58):

Right.

Speaker 1 (07:00):

Well, you said something. You said you started out in a different couple of career paths because you obviously have a psychology degree and it sounds like you wanted to do something with that. You started working with the kids at [REDACTED], right. But I guess you started, it sounds like you wanted to work more with kids. So is that when you got into your grad program? Is that what I'm understanding?

Speaker 2 (07:32):

It was with the psychology degree. I graduated and I, I'd found within food and beverage...And I made very good money in working [REDACTED] at different restaurants, [REDACTED] And I

found I could use my affability and likable to drive up tips. And one of the jobs that I actually got right out was a salesman. And I did very well. Right out of college, I made close to 50, \$60,000 selling fine tailored clothes. My dad had this job with a place called the [REDACTED]. So we would basically go to banks and talk to people as the bankers and set them up with clothes and we would be a tailor. so I'd have my tape measures and I would measure in seams and leg sizes, and I would try to match different suits and shirts and ties for ladies and gentlemen with means. But I did that for a little less than a year. I had a moment at the same time I was doing that. I was working I stopped working [REDACTED], delivering pizza just for extra scratch. I had a moment where I delivered thousands of dollars in clothing to a banker during the day and then a \$25 pizza delivery to the get same guy at night. And he didn't recognize me. And I had that just kind of moment of where it was not personable and it wasn't impactful.

Speaker 1 (08:53):

So wait, is that a real story, [REDACTED]?

Speaker 2 (08:55):

It is.

Speaker 1 (08:56):

That's Crazy.

Speaker 2 (08:57):

It was on [REDACTED]. Yeah, I still remember it. The guy didn't tip either, so I was kind of surprised. Cause I know I was thinking ...,he spent

Speaker 1 (09:03):

Because he spent all of his money on his clothes.

Speaker 2 (09:07):

Thousand dollars and at the time I upsold different ties and these ties, they are, they're fancy, nice ties. I still got quite a few of them.

Speaker 1 (09:16):

But how crushing for you to spend that much time with somebody and then he just didn't even register you.

Speaker 2 (09:25):

Yeah, I thought, and surely when he opened the door and I saw him, I was like, oh, surely he's going to recognize me and this is going to be this awkward interaction .But no, it was very quick and I was looking him straight in the eye and smiling and saying, Hey, how you doing? Good to see you again. And nothing,

Speaker 1 (09:40):

You know what? It might've been just as awkward for him and he was a very good actor and was like, I can't believe what's happening right now.

Speaker 2 (09:49):

Yeah. It was awkward enough for me that I was like, I don't know this. It felt weird. And with that psychology degree, with that time, I felt like I was using it incorrectly. So that's kind of where the genesis of working at [REDACTED], I didn't know what I

was getting into when I started there. I was getting paid, I think 5 56 bucks an hour six 50. It was very close to the minimum wage at that time in the early two thousands. So I had to work two full-time jobs. But I found working 40 hours a week delivering pizza, paid the bills, but working another 30 hours a week with students from such diverse backgrounds with a myriad of issues being helpful in that way was like, okay, this is what I want to do. This is what I'm not too bad at it. I like helping kids. Let me see what I can do.

Speaker 1 (10:36):

One paid the bills, one fed you physically, one fed you mentally.

Speaker 2 (10:41):

Absolutely. Yeah. Yeah, absolutely.

Speaker 1 (10:44):

can you tell me specifically the classes that you had in grad school and how you felt that they prepared you to do the actual job you ended up doing?

Speaker 2 (11:05):

Sure. I feel like some of the basic ones, your introduction to education, your introduction to students with disabilities laid a pretty good groundwork of what to expect in education from the very basics. I do feel like the practicum and internship experiences were the most beneficial for me.

Speaker 1 (11:23):

The most impactful,

Speaker 2 (11:25):

Oh my gosh, yes. Because I never had any experience in education, so I didn't know what a school environment was like to work in. I knew what it was like to be a student in a school, but not what to be an adult, an employee of the school.

Speaker 1 (11:40):

It's a different animal.

Speaker 2 (11:42):

I found some aspects of some other classes were good. We did a group counseling class that quite often was a group counseling session from week to week to week. I think the professor was trying to emulate that style within his class to make that whole group a group session. So that was interesting because I didn't have experience with group counseling before that. I do believe probably the most impactful class besides the practicum and internship would've been an introduction to counseling skills. I'll say sometimes that you can ask my wife [REDACTED], I'm sometimes very stereotypical male and I needed to learn to listen and what it meant to be an active listener. I quite often, I think before taking those classes, listened to respond and had my own ideas and thoughts in mind of what was needed to say rather than just actively being there and listening to a student or person and being there with them in that moment.

(12:40):

Right. So those learning things, paraphrasing and summarizing and reflection and different things that were taught within that I think was pretty helpful for me. The theories class

was also great to be able to learn, here's reality, the theory of counseling. And at the time in the early two thousands, it was, here's brief solution focus counseling, this is all the rage we got to get in 'em, get out really quick. But it was good to learn some of those basic techniques so that when I did get into the internship, I had at least a base knowledge of what to expect and how to help.

Speaker 1 (13:15):

Sure. A bag of tools, tool bag.

Speaker 2 (13:18):

Yeah, I did. I didn't feel like I was unequipped for

Speaker 1 (13:21):

Do you recall having any classes on dealing with students who have been traumatized in any way from sexual abuse, to domestic violence, to natural disasters, to

Speaker 2 (13:41):

Death

Speaker 2 (13:44):

No, not that I recall. If we talked about trauma and trauma-informed therapy or counseling, it would've been very brief to the point that I can't even recall a single session or not. I know we talked about different things like revelation of sexual abuse or dealing with students with physical abuse, but I don't think that it was in that time, in the late, about 2006, 2008, I don't

think that, I don't think we had set sessions or even a set course, which focused on trauma-informed counseling.

Speaker 1 (14:18):

Well, since you've been working as a counselor what kinds of specific instances have you come across where you've had to deal with traumatized students?

Speaker 2 (14:30):

Sexual abuse, and having a student that has been sexually abused divulge that information to you? That's happened on probably between five and eight times. That's always difficult. Physical abuse. Physical abuse has happened on multiple occasions. And so unfortunately, I can joke that I, I've memorized the number to [REDACTED] Department of Social Services. But because I mean, what [REDACTED], my intern here, I think since we've come back from Christmas break, I think we've had to call the Department of Social Services three times. Just yesterday, our coworker, who is a half-time counselor, [REDACTED] [REDACTED], had to deal with a student who divulged sexual abuse. A first grader death of a family caregiver has been something that I've dealt with regularly. I would say, not in the sense that I see a student every week for it, but I would say I know I have a couple of girls that have a dad that passed away that will regularly come and check in, and that's part of that ongoing grief counseling that student's going through.

(15:42):

Natural disasters fortunately, knock on wood, nothing quite yet has hit too much. We've dealt with some students that are here. [REDACTED] itself is a very big population of Hispanic population. Our school itself is a third white, third black, a third Hispanic, which is great. But we

have a lot of people that are undocumented to immigrants and a lot of trauma that they've dealt with to get from Honduras or Guatemala has been, it's something that we barely scratch the surface with those students because they quite often don't have that full trust of mm-hmm. (Dude is) sitting in the office (how do we know) that he's not going to call i n s or something like that.

Speaker 2 (16:25):

So typically, I'll see students that have had for a couple years that I'll build up trust enough to where we can talk about it. But I would say especially that my experience has been working in Title one schools since my first year was split between two schools that weren't Title one. Ever since then, it's been Title one Tough Populations, and it's been a regular part of my job. It is a needier population.

Speaker 1

One thing I want to ask you real quick ...something that you said that I want to circle back around to in just a minute. What's interesting when we talk about natural disasters, most people do tend to think of a hurricane or earthquake or whatever, but we are just coming out of the biggest one that has hit us collectively, and that falls under the natural disaster umbrella. COVID. But I'm interested in hearing your thoughts about how things are now dealing with kids, how they compare to pre covid kids, how things just in general are for you, your job, and how prepared do you feel to deal with it?

Speaker 2 (17:43):

Those are great questions, Ms. Bellinger. I did not think of covid as a natural disaster, but that Covid itself was an absolute game changer for our kids in our school. I mean, it was amazing how impacted our students were. As you can imagine during that time when students in March

of, what was it? 2020? 2020 when we shut down schools and everybody went home for those few months, I would guess if our population is say 750 students, I would guess close to about 250, 300 kids were completely disengaged from school. You couldn't get in touch with 'em. They would not log on at all. And that's not including the kids that would log on virtual education and just mute and turn their video off and then go off and play video games or whatever else. Who knows? But it didn't seem like they were engaged in education.

(18:37):

I would say it was such an incredible game changer with students because when they came back, they quite often struggled socially and academically. So that's not atypical with middle schoolers to have a student sixth, seventh, or eighth grade that struggles socially and academically. But it was atypical to have just such a huge cohort of kids that was the norm for Yeah, just the sheer number you're seeing Yeah. Yeah. It was so greatly impacted. The entire population had, if you take my 750 kids here, I would say we had about 50 kids that were okay, were fine. They had good families, they were taken care of. They logged into their computers every day. They turned all their schoolwork in. They still interacted with friends online or in person in short little ways that they kept those social connections up. So those kids came back and weren't necessarily as affected.

(19:33):

But I would say a huge percentage of students were that first year when we came back to school, not 2021, but 21, 22 last year. It was just awful. It was just very difficult. Students didn't know how to human, they didn't know how to deal with conflict. They didn't know how to deal with respecting others and boundaries and how to treat adults. I think of it as we all had our own little norms during that time. And if your family was kind and conscientious and dealt with

conflicts well, and you know, treated everybody with respect and everybody had an equal voice and things were done in a manner that was healthy, then those students could come back and interact with each other very well. We know that that's not the norm. Homes kids go home to, or parents are yelling all the time, and then the kids yell back and people can get aggressive and hit each other.

(20:26):

And that was a way that conflicts were solved. So those students took those learned behaviors for a year and a half of being in their own bubble, so to speak, and then brought it back into the larger society school and just really struggled to go, what do you mean? I can't yell back at the teacher? I've been yelling at my teacher, mom, dad, whoever, at home for the last year and a half, this is normal. And it was trying to teach these kids that, no, this is not how we treat different people a whole, I feel like the whole year, last year was retraining, just retraining.

Speaker 1 (20:55):

It sounds like you might be saying that prior to Covid school was almost like a buffer. You might have gone home and dealt with this kind of stuff, but then when you came to school there were different expectations, but then you're back home on lockdown and all of a sudden you're immersed 24 7, not just, you know, you don't get that eight hour break away from that family. So now 24 7 down, well, assuming that the parents were home, but now they're concentrated and then you're back into the school environment.

Speaker 2 (21:33):

Absolutely. I mean, if you think of, we've got students that we see regularly that have dealt with domestic violence, for example. And if that's the norm within the house of the way,

mom and dad treat each other, or dad and girlfriend, mom and boyfriend, whatever the situation may be, that learned behavior that kids took affected the way they had relationships with other students. And a lot of our kids, to your point, school is their safe place. School is their happy place. If home is dysfunctional and it's frustrating and they don't feel like they get the love and connections that they need, at least they can come to school and see some good friends that make them feel better and see some adults that bring out the best in that. For a lot of our students, they just did not have that. They sat in the dysfunction,

Speaker 1 (22:22):

Sat and stewed in it almost. how well do you feel prepared? How have you been dealing with that at work? I mean, it's an unprecedented thing and you already don't , have a background to deal with trauma. How are you guys handling what you're seeing?

Speaker 2 (22:52):

So last year it was very much putting a bandaid on a wound that needed 35 stitches, constantly changing out the bandage, putting a new one on, picking up another bandage, slapping it off, and doing it over and over and over. Whether it was students that were dealing with unhealthy conflict situations or students that were dealing with a range of anxiety issues from being back into the situation. Because we had many, many, many students who family was very, very covid cautious. And when they came back into school, they had a lot of anxiety about being around people again. And I think it has taken just time and more patience than I'd ever had to show. And I think in counseling, we learned to be more patient, humans in general, because we have to understand we're getting people at their best, best and worst at different points.

(23:46):

So you have to give them time and to figure things out. But I don't think I've been as patient as I had to be last year with dealing with just a myriad of issues that would repeat on time. Again I don't feel like we were adequately prepared. I don't know. I don't feel like we got what we needed out of our district leadership at that point in time, if I'm being candid, to prepare us to help these students. We did a social-emotional learning screener in [REDACTED] School District that went out to every single student, which it was a kerfuffle in itself because the concept of social emotional learning itself, some of our families just are against just off the rip.

Speaker 1 (24:30):

people don't understand what it really is

Speaker 2 (24:33):

Right? It's just want to check on your kid and help just teaching just like a math teacher. But sometimes we're teaching emotional regulation or sometimes we're teaching anxiety reduction techniques, things that are important to life, just like learning how to multiply and divide fractions

Speaker 1 (24:48):

life skills.

Speaker 2 (24:49):

Right? Absolutely. But I found that for our district, when we got that data, we didn't actually do much with it. So we would get say 50 kids that said, Hey, they scored high on the

social emotional learning screener. So we would just then check in with the students, talk to the parents, and that was about it. There wasn't like a toolbox of, Hey, you've got these kids that are high flyers on this social-emotional learning screener. And we've looked at the data and said that for students that are dealing with depression, anxiety, here's some tools to help them reintegrate back into the school system for students dealing with domestic violence or other issues or conflict. Here's some tools to help those kids. We got the screener, we got the data. And then because of, I think being candid, the political issue of being a social emotional learning screener itself, it kind of went nowhere. So we didn't really have a lot of tools outside of what we already came equipped with back in 2019 before the pandemic to come back into school and help kids with that.

Speaker 1 (25:50):

Did you get any training on the implementation of the screener itself?

Speaker 2 (25:56):

We did. I believe our school psychologist gave us information on how to get, and very basically interpret the screener. We did get a very brief introduction to that

Speaker 1 (26:07):

Sure. But nothing, nothing after that?

Speaker 2 (26:10):

Right.

Speaker 1 (26:11):

So no, nothing to say here's what you need to do? If you notice that people are high, here's what we're going to do. So nothing there, no scaffolding there to support the kid after you've already identified them?

Speaker 2 (26:35):

That that's very true. And I think our district was also very surprised at the number of students expressing needs via that screener. So a school like ours, and I'm purely guessing here, Ms. Bellinger, but if we had 750 kids, I would say we probably had about 120 rated high and another 300 rated yellow needing assistance. So when you're looking at, it was more than 50% of our population at the time.

Speaker 1 (27:03):

That's a significant number.

Speaker 2 (27:05):

Yeah. So when you're looking at a Title one population and saying, 60% of your kids are totally impacted by this COVID pandemic, and it was like, okay, great. We knew everybody was really impacted. This 60% was just immensely impacted compared to the other 40%. We knew that, but we didn't have any tools to do more than, Hey mom, we're concerned about your kid based on a screen result. Hey, seventh grade team of teachers, please keep an eye out on Little John because we know he might be going through some tough times beyond that, pulling them in and using the same counseling techniques and that we'd had before.

Speaker 1 (27:41):

You've got a special population of kids. It sounds like you already, because of all the other stressors or trauma already, that they're impacted even more. Did that push them over the edge when they came back? Did Covid push them over the edge?

Speaker 2 (28:03):

Into,

Speaker 1 (28:04):

How did it affect you personally, if you don't mind me asking? And then how did it affect your work with kids, what are your thoughts on that?

Speaker 2 (28:15):

I mean, I think personally no family members passed at that point in time, but that was something that we were very concerned about. At the point we had I've got a couple of aunts, uncles, and my mom that are heavy smokers. So when you've been smoking your whole life and now you're 75, and being concerned about them on a regular basis was something. I was definitely concerned for my kids. But we were able to figure out little pocket bubbles many families did to go, here's our play, great play date group. And then you'd schedule your little dates and then you would give it time just in case something passed and then you would get back together. So I think compared to a lot of situations, I'm very thankful for the means that we had and the opportunities we were able to give our kids. And my wife I think three out of the four of us got covid.

(29:08):

I was never diagnosed with it, but probably had it as well. So I, I think we all got ill at some different points during that time. Many others did. So that was impactful. It was very difficult, I think, but not nearly what everybody dealt with professionally. I did not feel like I was a very good counselor, not from that march on. And that was just basically because our students weren't engaged. So I would do a regular, had a toolbox available that kids could click to and different relaxation rooms and a way to online email and ask if you needed to see me. But I would say during those few months, I had three or four students that I would check in with regularly once or twice a week. And then maybe another 20, 25 students checked in once. So that's 30 kids compared to right now where I can walk out this door and see 700. So I think

Speaker 1 (30:06):

Now, you're talking about when you were online, when everything was locked down, you were online only?

Speaker 2 (30:12):

Right. And I think the next year when we had that kind of blended pathway where we had students in the school and students at home, the biggest issues that we had were academic counseling. It was pulling teeth just to get kids to engage. And then parents quite often would find out via report cards or progress reports that their kids hadn't done any schoolwork. So it was quite often a scramble. So I definitely felt very much, very less effective as a counselor, which was frustrating professionally for sure.

Speaker 1 (30:41):

What about any feelings of burnout?

Speaker 2 (30:44):

Absolutely. Yeah. Yeah. I'd say more so the next year when everybody came back in, just because it was so exhausting trying to reintegrate everybody back into school and themselves and get back to expectations of, no, you can't just use the restroom when you want. No, you just can't eat snacks in class. Yes, you need to raise your hand and ask permission. No, we don't curse out our students. I think there was a lot of burnout for me personally last year with all of that going on during the blended year. Although I didn't feel very effective. There was only 350 students in the school building, so I felt very effective for those 350 students. I was there. I was able to get in classes, give them much more time and attention, but that was only half the population, so that was difficult.

Speaker 1 (31:29):

Well, that's an interesting point that might speak to caseloads. How many counselors do you have there now?

Speaker 2 (31:37):

We have two and a half counselors.

Speaker 1 (31:39):

Oh, you told me that. Okay. So if you have seven, you have roughly three 50 apiece? Roughly?

Speaker 2 (31:48):

Roughly, yeah, roughly. Okay. I mean, my personal, I would love it if we had three full-time counselors and then we could have a sixth, seventh, and eighth grade counselor and they

rotate through with the group and really get to know all your kids, really get to know all the teachers. We just don't really have that set up here, unfortunately, with our halftime counselor being a couple days. So basically, Ms. [REDACTED], my co-partner, co-counselor here, it's like we kind of just split it up. [REDACTED]

[REDACTED] If you asked our principal, it might be that I'm the counselor from A through L and she's M through Z. But in practice, it's more of what's our populations we're dealing with, who's connecting with whatever counselor's available,

Speaker 1 (32:28):

Whatever the needs are of the day. Let me see if, I think you've really touched on a lot of I think you've touched on everything. Is there anything that you want to share that I did not? Anything about just with your work in general, or how prepared you feel to deal with the students and possibly any trauma that they do bring to school?

Speaker 2 (33:10):

I do feel like although I was very prepared from somebody that wasn't an educator to go into education, I believe my program very well prepared me to be a counselor. I could be a school counselor I could do middle or high school counseling. But I think just like any other job, it takes getting into the position itself to really figure out what the parameters of that job are and how to best work in that field. So I think actual experience at [REDACTED] my first year and then really being full-time the next year at [REDACTED], getting fully involved and invested into the school was helpful. But I do think there was a lack of in-depth counseling. Here's some basic techniques that we can do, but a lot of it, I joke with counselors and my intern, that I find in

a Title one school, I am a mental health bandaid but I'm also, unfortunately, quite often these students, mental health counselor because we have parents and families that as much as we may want and extol them to get their child help outside of the school building, mental health still has stigmas attached to it for many people.

(34:18):

And there's money issues and time, and it's difficult. And a lot of people, it's quick to dismiss. 11 to 14 year old and say, oh, they're going through puberty, they'll figure things out. This is just a phase. That kind of stuff. So with that, quite often, I don't know if I was prepared to be that mental health counselor. I was prepared to be a school counselor to talk about study skills and academic skills and career exploration through SCOIS and other Naviance and things along those lines. But I don't know if I was adequately prepared to deal with the level of mental health issues especially traumas that we've come into, and then to be those that mental health bandaid as much as possible.

Speaker 1 (34:57):

Sounds like the sheer scope and number of what you're having to deal with was not expected.

Speaker 2 (35:05):

And that might be a byproduct of working mostly with Title One schools. I think if I could have gone to other schools in these last 15 years, I could have a completely different experience.

Speaker 1 (35:15):

Yeah, sure. Okay. Well, I thank you, [REDACTED],

Speaker 2 (35:15):

Thank you