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Human Service Professionals' Perceived Ability to Support Title I Schools During the COVID-19 Pandemic

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Walden University

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Michael Brown

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Walden University
2022

Abstract

Human Service Professionals' Perceived Ability to Support Title I Schools During the
COVID-19 Pandemic

by

Michael Brown

MA, Walden University, 2020

MA, Springfield College, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

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November 2022

Abstract

Human service professional practitioners (HSPPs) who work in Title I schools help students overcome challenges including absenteeism and behavioral problems and serve as liaisons between the school, family, and student. The pivot to online education during the COVID-19 school shutdowns meant that HSPP services also pivoted. The purpose of this generic qualitative study was to understand how HSPPs perceived their ability to serve Title I students during the pandemic through the lens of Bandura's self-efficacy theory. Semistructured interviews were conducted with 15 HSPPs who delivered services to Title I students before and during the pandemic. Participants reported their service delivery was effective prior to the pandemic despite a lack of resources. Themes from coding analysis included (a) an ability to effectively deliver services before the COVID-19 pandemic despite a lack of resources; (b) not feeling that their job was undoable; (c) significant disruptions in pandemic service delivery (increasing student needs, changes in job responsibilities, communication/trust issues); (d) there was no way to be prepared; and (e) they gained helpful insights into professional priorities, the use of new organizational tools, and new resources for disruptions. Results could be used by HSPPs, education administrators, and stakeholders in the development of comprehensive virtual plans in schools, which could help parents, HSPPs, and school administrators pivot more smoothly and mitigate potential issues during these types of events.

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Chapter 1: Introduction to the Study

The Coronavirus 19 (COVID-19) pandemic across the United States required administrators to shut down school facilities (P. Liu et al., 2020). Human service professional practitioners (HSPPs) who previously provided in-person guidance to children were forced into a sudden transition to the online telehealth and telesupport model (U.S. Department of Education, 2020). This series of events afforded a unique opportunity to investigate the roles of HSPPs who work with schools during epidemics and pandemics. Providing a better understanding of how prepared HSPPs were for this kind of transition, how well communication between different stakeholders (parents, professionals, administrators) occurred during the pandemic, and ways that HSPPs think could have better prepared them for the transition may provide information that could be used in the future to make these transitions go more smoothly. Researchers have shown that HSPPs with a high degree of confidence in their ability to support struggling students, even during economic perils, generally fair well with their recipients regardless of how services are rendered (Dick & Shaughnessy, 2020). However, these professionals admit to the extra workload challenges of distance learning in addition to workload challenges during normal times (Kaden, 2020). The problem addressed in the current study was HSPPs' perceived challenges related to their ability to render guidance to students during the COVID-19 pandemic in Title I school environments. Developing a plan that can help parents, HSPPs, and school administrators be prepared for these types of events for Title I schools could make the transition smoother and mitigate issues that arise when schools and services need to pivot due to world events. This chapter provides

an overview of the study, including a brief discussion of the background of the problem, the gap in the literature, the theoretical framework used in the study, and the research methodology.

Background

COVID-19 impacted the academic, support, and socialization functions of the public school system, and school-age children, their families, and educators found that what was considered normal had been disrupted (Borup et al., 2020). The move to online instruction for schools resulted in challenges to all stakeholders, including altering the delivery of support and services previously offered face-to-face (Anwar et al., 2020). Challenges included interventions provided by the HSPPs to ensure that students and families who needed services and support with academics, mental health, and other social issues were identified and their needs met (National Organization for Human Services, 2021). This was especially true for students who received Title I school services because those schools typically receive less funding for teachers, which impacts the quality of service (Rivera, 2019).

Title I Schools

Title I schools serve underprivileged children through financial support from the federal government through the Title I Part A Program (Florida Department of Education, 2020). Title I program funding supports early education services, as well as the recruitment and retention of effective educators and staff. Schools receiving Title I funds are required to meet specified goals including improved achievement, coordinated education, and increased parental involvement (Lancker & Parolin, 2020). Programs that

do not meet specified goals may lose Title I funds. Title I school supply programs that are not found in regular schools include monetary incentives for teachers and additional resources for classroom supplies, after-school activities, and parental engagement all geared toward student achievement (Florida Department of Education, 2020)

Title I students faced additional and disproportionate challenges related to school shutdowns related to the importance of social distancing during COVID-19 (Adedoyin & Soykan, 2020; Wilke et al., 2020). Social distancing is related to negative impacts on mental health including discipline problems or distress, depression, and feelings of isolation (Akdeniz et al., 2020; Faherty et al., 2019). These problems may be compounded for students who struggled to receive Title I and other special services during school shutdowns (Dorn et al., 2020; Hyde, 2020).

Inadequate equipment and lack of high-speed internet access for students and families with low socioeconomic status has also been an important factor hindering successful experiences with online learning (Greenhow & Chapman, 2020). The long-term impacts of school closures due to COVID-19 included learning loss as well as decreases in social skills and had a greater negative impact among low-income, Black, and Hispanic students (Dorn et al., 2020). These are the students who are primarily served by Title I schools. These schools are already trying to counteract discrepancies that existed before the situation created by the pandemic, so this would have resulted in their jobs being even more difficult.

Role of HSPPs in Title I Schools and the Pandemic

HSPPs are professionals who support educators, other staff, students, and families (Dice et al., 2018). In Title I schools, HSPPs support the school climate, attendance, and the development of meaningful relationships between students and their families with teachers and administrators. HSPPs' roles within a Title I school typically encompass the provision of support in the category of student counselor, caseworker, nurse, or psychologist (National Organization for Human Services, 2021). The HSPP is also the connection between the school, government services, and the family.

HSPPs' role in connecting students and parents while ensuring the curriculum and students' health during a pandemic has been highlighted as a key component to student success (Rudenstine et al., 2021). However, the working relationship between the HSPP and the student/family depends on access to open and efficient communication, as well as the resources to identify options, attitudes, and solutions for at-risk students and families (Anwar, 2020; Stark et al., 2015). Students and families most difficult for HSPPs to reach also tend to be the most vulnerable. These transient students, those experiencing homelessness, students with disabilities, and students living in poverty who are all groups served by Title I programs (Kaden, 2020).

HSPPs may find it necessary to rely on synchronous meetings as opposed to asynchronous delivery of information and subsequent feedback (Alea et al., 2020). This may not have been possible during the pandemic, which could have resulted in HSPPs losing connections with their clientele. The HSPPs also may not have been trained to provide crisis counseling or trauma-informed care treatment or had experience in this

area (Chatters & Liu, 2020). How HSPPs perceived their ability to provide appropriate and necessary services to their students during a pandemic was unknown.

Problem Statement

Before the pandemic, the role of HSPPs who worked in Title I schools was to help children overcome challenges such as absenteeism or behavioral problems, which can hinder student success (Rivera, 2019). HSPP educational support personnel working in Title I schools take on interdisciplinary roles such as caseworkers for children at risk of academic failure, human services counselors, and liaisons addressing unique cases such as chronic truancy (Dice et al., 2018). These practitioners also work in schools serving students from households with incomes at or below the poverty level and who often perform below academically acceptable standards (Richerme, 2020). Researchers have shown that HSPPs with a high degree of confidence in their ability to support struggling students, even during economic perils, generally fare well with their recipients regardless of how services are rendered (Dick & Shaughnessy, 2020). However, these professionals admit to the extra workload challenges of distance learning in addition to workload challenges during normal times (Kaden, 2020).

The problem addressed in the current study was HSPPs' perceived challenges related to their ability to render guidance to students during the COVID-19 pandemic in Title I school environments. Although previous research provided important findings, I did not find a study that addressed HSPPs' perceived ability to render guidance to students during the COVID-19 pandemic in Title I schools. Further research was

warranted to address the perceived ability of HSPPs working in Title I schools to render guidance to students during the COVID-19 pandemic.

Purpose of the Study

The purpose of this generic qualitative study was to better understand how HSPPs working in Title I schools perceived their ability to render guidance to students during the current COVID-19 pandemic. The findings from this study could generate ideas and insight into similar service-oriented roles within other non-Title I school districts by providing effective adjustments to be made in Title I schools during natural and other disasters. As Nasr (2020) indicated, such information could illuminate how HSPPs in Title I schools can better prepare for a transition to distance learning if necessary. Understanding HSPPs' perceptions of their abilities during the COVID-19 pandemic could provide insights into their behavioral responses (Metsala & Harkins, 2019). These findings could lead to the development of tailored training or the creation of a hiring model that aligns with crisis-based skill sets required for HSPPs who work during pandemics and are employed by Title I schools (Kaden, 2020).

Research Question

How do HSPPs in Title I schools perceive their ability to render educational guidance to students during the COVID-19 pandemic?

Theoretical Framework

The theoretical framework used for this study was Bandura's (1971) self-efficacy theory. Self-efficacy theory proposes that self-perception is developed through direct engagement with activities and experiences that foster growth in self-worth, perceived

ability, and confidence (Bandura & Adams, 1977). Human abilities are intrinsic and predict human confidence and performance outcomes (Usher & Pajares, 2008). Elevating a person's self-perception of their abilities produces a change in behavior from task avoidance to engagement attributable to improved self-confidence (Bandura & Adams, 1977). Self-efficacy can also be used to better understand human behavior as well as work satisfaction (Skaalvik & Skaalvik, 2007).

Self-efficacy theory was developed in response to the idea that consistent behavior patterns are the result of conditioned (operant) responses (Rogers & Skinner, 1956). Bandura's (1977) initial work is rooted in the idea that personality is developed through learning, and that thinking represents a significant factor in the determination of behavioral tendencies. Bandura (1982) later included learning and cognition as critical sources of variation in behavioral response. Reciprocal determinism, observational learning, and self-efficacy all play a part in personality development (Bandura, 1986). Later, self-efficacy was used independently from other components to explain motivation and behavior (Metsala & Harkins, 2019). This resulted in the self-efficacy theory.

Elements of Self-Efficacy Theory

Self-efficacy theory is used to explain expectations of self as the beliefs regarding a person's ability to perform tasks necessary for attaining a specific valued goal (Bandura, 1977). Self-efficacy is developed through performance, vicarious experiences, persuasion, and physiological/emotional states. The interaction of these elements determines behavior, making self-efficacy theory a unifying principle for behavioral change (Bandura, 1977).

Performance is considered the most important element because achievement demonstrates personal mastery of skills (Bandura, 1977). Bandura (1977) hypothesized that temporary failures that are eventually overcome can strengthen resiliency. The effects of failure on self-efficacy are influenced by the timing and pattern of the failures (Vagni et al., 2020). Vicarious experiences, or observing another's behavior and its consequences, also play an important role in the development of behavior. Through vicarious experience, behaviors are rewarded or inhibited by seeing what behaviors are punished (Bandura, 1977). Determinism functions because of the observed behaviors and consequences.

Persuasion, or the idea of leading people to believe in their ability to cope, is considered one of the weaker elements of self-efficacy, though the support of other individuals can still increase self-efficacy (Bandura, 1977). Emotional and corresponding physiological states represent the last element of self-efficacy. Individuals are more likely to expect success when they are not beset by aversive arousal than if they are tense and viscerally agitated (Bandura, 1977). These are immediate conditions and do not necessarily conform to long-term exposure to stressful conditions (Krystal & McNeil, 2020). The combined elements produce varying levels of self-efficacy because individuals form their beliefs by interpreting information from each of the four elements across multiple experiences (Vagni et al., 2020). The intensity of interactions and the combination of these elements within certain settings can also influence the development of self-efficacy (Rieder et al., 2019).

Environmental influences such as stress and fear can also impact self-efficacy (Shahrour & Dardas, 2020) because efficacy level interacts with the responsiveness of the environment to produce a series of predictive variables including success, depression, apathy, and effort intensification (Bandura, 1977). For example, a person with a high level of self-efficacy in a responsive environment is likely to be successful because their perception of their abilities in a changing environment promotes success and motivation. Conversely, a person with a low level of self-efficacy in a responsive environment may be depressed by the combination of environmental instability and a lack of confidence in their abilities, hindering attempts at success.

Self-Efficacy and Professional Behavior

Self-efficacy helps researchers understand human behavior and possible reactions when professionals are placed in difficult situations under stress in the workplace (Marsh et al., 2019). Prolonged exposure to stressful situations has been found to result in secondary traumatic stress (Vagni et al., 2020), and self-efficacy is a strong predictor of psychological stress (Shahrour & Dardas, 2020) and anxiety (Xiong et al., 2020). Researchers have noted the important role self-efficacy has in job satisfaction and overall well-being, and therefore must be addressed when considering the stress levels of professionals (Jiang et al., 2020) and their perceived challenges in the daily fight against a global pandemic (Shahrour & Dardas, 2020; Vagni et al., 2020).

Nature of the Study

The approach used for this study was a generic qualitative design. A generic qualitative inquiry allows for flexibility in methodology and does not conform to

traditional inquiries such as case studies, ethnography, and grounded theory (Kahlke, 2018). Data were collected using semistructured interviews. The sampling strategies used were purposeful sampling and snowball sampling. These sampling methods are often used together to ensure a large enough sample to reach saturation, approximately eight to 15 study participants. Saturation occurs when repetition with the data collected from the interviews becomes apparent and no new information is being discovered (Rijnsoever, 2017). The population of interest for this study was school-based HSPPs employed at Title I schools during the COVID-19 pandemic during the 2019–2020, 2020–2021, and 2021–2022 academic years. For this study, HSPPs included school counselors, school nurses, and school-based social workers. Recruitment was done through the publication of a study announcement on online social media groups and the Walden University Participant Pool.

Definitions

The following is a list of definitions used in my study:

Asynchronous: Learning activities that can take place at any time. The teacher and students do not have to be online at the same time (Malik et al., 2017).

Distance learning: The provision of educational and support services by schools to students using technology via synchronous and asynchronous formats (Alea et al., 2020).

Emergency preparedness: Having the necessary communication systems and the basic human resources in place to function in a pandemic or natural disaster (Kruger et al., 2018).

Human service professional practitioners (HSPPs): Professional advocates who assist with the service needs of their select student and community population based on their expertise. Professional responsibilities consist of a wide range of services from developing individual plans for mental, educational, social, and emotional support (Frey et al., 2017). For the current study, HSPPs included school counselors, social workers, and nurses employed at Title I schools.

Synchronous: Students working in real time (at the same time) with teachers and classmates in learning activities online (Malik et al., 2017).

Title I schools: Public schools recognized under Title I, Part A (Title I) of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act. Title I schools serve primarily children from low-income families and are provided supplemental funding according to the act to help ensure that all children meet challenging state academic standards (Richerme, 2020)).

Assumptions

Reality is subjective and involves multiplicity as seen by study participants (Kahlke, 2014). It is the responsibility of the researcher to explore the participants' meaning rather than assume there is a common understanding (Walker, 2015). Demonstrating a good understanding of the qualitative methodology as well as the design through the execution of the interviews by articulating participants' views and their human experience ensures trustworthiness (Yazan, 2015).

Epistemological assumptions include uncertainty surrounding the influence of the researcher's interaction with that being researched (Anderson, 2016). There is an

assumption that the participants will respond to questions honestly. It is not feasible for the researcher to validate every participant's response; therefore, the researcher must assume participants' contributions are truthful. To help ensure credibility, purposeful sampling and member checking are used to increase confidence in the accuracy of the data provided by the participant in the interview (Vaismoradi et al., 2016). Each participant in the current study was mailed a copy of their transcribed interview and asked to review it for accuracy to enhance credibility (see Cope, 2014).

It is not possible to eliminate all biases among the researchers. Therefore, it should be acknowledged that some biases and/or perceptions may affect the interpretation and coding of the data (Cho & Lee, 2014). However, Bowen et al. (2017) stated that verification of findings for most studies includes the consistent use of memoing for audit trail purposes. Reflexive journaling, participant checking of transcripts, and audio recordings were also used to confirm the results of the current study.

Scope and Delimitations

The scope of this study included participants who identified themselves as HSPPs who worked during the COVID-19 pandemic in Title I schools. The information collected in this study was generalizable to those who were HSPPs in Title I schools only. Those who provide services in other schools are important, but the difference in clientele needs, caseloads, and available resources at non-Title I schools limited generalizability of findings to those working in other types of schools.

Limitations

There were a few limitations and challenges anticipated in this study. One limitation was that qualitative samples are relatively small and the generalization of results to larger populations needs to be done with caution (Kahlke, 2014). Qualitative studies generally provide context-specific data that can provide a foundation for future research that is quantitative and potentially more generalizable (Maxwell, 2021). Another potential limitation included challenges regarding the ability to access HSPPs who worked in Title I schools during the pandemic (see Lawson et al., 2016). Economically challenged communities within city boundaries serving Hispanic populations may have had language barriers as well as limited or nonexistent internet and equipment access. In this study, I sought to recruit English-speaking participants. Moreover, participant recruitment through Title I school districts could have presented a trust barrier to participation if viewed as a study supported by school administrators (see Hartman et al., 2017). This barrier was addressed by using informed consent and stressing the research protocol designed to build trust through the consent process. Finally, this generic study was considered minimal risk because it did not involve any form of contact with students or vulnerable populations; only HSPPs were contacted.

Significance

The significance of this study is that the information generated has the potential to be used by HSPPs and education administrators in the development of a comprehensive plan in preparation for a natural or other pandemic in Title I schools. HSPPs are vital to the dissemination and communication of critical support to Title I students and their

families (Rudenstine et al., 2021). Knowing what did and did not work from an HSPP professional view regarding preparation to continue to deliver services during a pandemic could be an important piece of information to inform future preparedness for these professionals and others working in Title I school environments.

Summary

In this chapter, I provided an overview of my study. I identified the research problem in the context of societal problems faced by students at Title I schools and described the purpose of the study. I provided the research question and the theoretical framework that grounded the study. I described the nature of the study, including the qualitative approach, and provided key definitions. I identified assumptions, scope and delimitations, and limitations of the study. I also addressed the significance of the study and the potential use of findings for social change. In the next chapter, I provide the literature search strategy, which includes the search terms and databases used to obtain the relevant academic resources. A thorough and detailed literature review that addresses the relevant key concepts follows. I also discuss the theoretical framework and the justification for choosing this theoretical foundation.

Chapter 2: Literature Review

The spread of the novel Coronavirus (COVID-19) disrupted education in what was typically conducted in physical school buildings as academic settings (Kaden, 2020). The associated conditions required educators to change their methods and protocol of instruction delivery (Centers for Disease Control and Prevention [CDC], 2021). Although distance learning was not a new concept, traditional educator roles in content delivery were altered relative to how lessons were planned, executed, and configured for student involvement and subsequent assessment (Dhawan, 2020; Mohammed et al., 2021). Students were forced to adapt to new methods and skills to learn in an unfamiliar forum (Kaden, 2020; Mohammed et al., 2021).

During the pandemic, educators and students identified new challenges that impacted student learning and growth on a holistic level (Alea et al., 2020; Chen et al., 2020; Rasmitadila et al., 2020). School communities were trying to overcome barriers by increasing and extending technology needs remotely and into the homes of students in need. There was widespread school provision of Wi-Fi service; laptops/tablets; expanded food service; and communication solutions for educators, parents, and students (Babatunde et al., 2020; Dorn et al., 2020). However, the challenges were faced not only by educators, parents, and students. Nickerson and Sulkowski (2020) posited that HSPPs who worked with schools, educators, and students also faced challenges in maintaining academic standards while trying to comply with pandemic protocols issued by the CDC.

The pandemic conditions of 2020 led to a paradigm shift in education system delivery in the United States and around the world (World Health Organization [WHO],

2020). Social isolation protocols meant to protect public health led to the necessity to replace traditional in-person learning and service provision with distance learning (also known as e-learning, online, or virtual learning) with varying levels of success (Basilaia & Kvavadze, 2020; Dorn et al., 2020). The problem addressed in the current study was HSPPs' perceived challenges related to their ability to render guidance to students during the COVID-19 pandemic in Title I school environments.

Although recent research regarding HSPPs provided important findings (Harker et al., 2016), I did not find a study that addressed HSPPs' perceived ability to render guidance to students during the COVID-19 pandemic in Title 1 schools. The purpose of this generic qualitative study was to better understand how HSPPs working in Title I schools perceived their ability to render guidance to students during the COVID-19 pandemic. The findings from this study may be used by HSPPs to develop service-oriented training within non-Title 1 school districts by providing effective adjustments to be made during natural and other disasters.

In this chapter, I describe the literature search strategy. I also provide the theoretical foundation used to frame this study. I then discuss crises and pandemics to give context for the study. I also discuss the HSPPs who provide support in Title 1 schools. Next, I discuss modes of education delivery and barriers to academic achievement. I conclude the chapter with a summary.

Literature Search Strategy

The literature search strategy I used for this study consisted of data from multiple sources. I searched for literature through the Walden University Library, the Department

of Education, the National Association of Social Workers, and Google Scholar. The primary databases used were Education Source, ERIC and SAGE journals, ProQuest, and Walden Dissertations. Due to the shortage of literature and current research on the COVID-19 pandemic, I had to use literature from research conducted in other countries during natural disasters and pandemics. I also used recently approved dissertations and conference proceedings. The keywords searched were *academic barriers, community schools, COVID-19, crisis and pandemics, distance learning, education reform, emergency preparedness, human services, human services professional practitioners, natural disasters, national pandemics, no child left behind, online learning, school reform, self-efficacy, self-perception, teachers' mindset, Title I human services educators, urban education, and urban educators.*

Theoretical Foundation

The theory used for this study was the self-efficacy theory (Bandura, 1971). Self-efficacy theory is used to describe how self-perception is developed through direct engagement with activities and experiences that foster growth in self-worth, perceived ability, and confidence (Bandura & Adams, 1977). According to Bandura and Adams (1977), elevating a person's self-perception of their abilities produces a change in behavior from task avoidance to engagement attributable to improved self-confidence. Human behavior and abilities are intrinsic predictors of human confidence, satisfaction, and performance outcomes (Usher & Pajares, 2008). Therefore, self-efficacy can also be used to better understand human behavior as well as work satisfaction (Skaalvik & Skaalvik, 2007).

Development of Self-Efficacy Theory

The concept of self-efficacy is a primary component of social learning theory (Bandura, 1977, 1997, 2012). Social learning theory, which later became social cognitive theory (SCT), was developed in response to the idea that consistent behavior patterns are the result of conditioned (operant) responses (Rogers & Skinner, 1956). Bandura's (1977) initial work was based on the hypothesis that personality develops through learning, and Bandura further posited that thinking and reasoning represent significant aspects of behavioral tendencies.

Bandura (1982) revised SCT to emphasize learning and cognition as critical sources of individual differences in behavioral response. In SCT, the concepts of reciprocal determinism, observational learning, and self-efficacy play a part in personality development. Although many of these components are present in social learning theory, the addition of self-efficacy was novel to SCT (Bandura, 1986).

Self-efficacy was later used on its own to explain motivation and behavior as a theoretical concept (Metsala & Harkins, 2019). Self-efficacy theory is widely used to guide studies in psychological and related fields such as social work, public health, education, medicine, nursing, communications, organizational behavior, and management (Maddux et al., 2018). Researchers have investigated the role of self-efficacy in beliefs and human behavior (Rieder et al., 2019; Skaalvik & Skaalvik, 2007). Researchers have found that motivation is enhanced when individuals perceive they are making progress in learning, which results in an increase in their sense of self-efficacy for performing well

(Schunk, 1989). Self-efficacy theory continues to be used as a lens through which human behavior may be explained or predicted (Shahrour & Dardas, 2020).

Self-efficacy theory can also be used to understand how an individual's responses and behaviors can be explained when exposed to high stress (Vagni et al., 2020). Those who maintain a high threshold for anxiety tend to excel and are generally resilient in stressful environments (Forsyth & Carey, 1998). The integration of an individual's belief-framed perception of a stressful challenge and their ability to respond to that challenge influence their outcome expectations. Self-efficacy theory has been applied to understand other health-related contexts, such as in HIV prevention research, with mixed evidence for the relationship between self-efficacy (for safer sex) and sexual risk behavior (Forsyth & Carey, 1998). The use of self-efficacy theory in studies is often considered with locus of control, sense of coherence, learned helplessness, and other behavioral constructs (Forsyth & Carey 2009).

Elements of Self-Efficacy Theory

Self-efficacy theory is used to explain expectations of self as the beliefs regarding a person's ability to perform tasks necessary for attaining a valued goal (Bandura, 1977). These beliefs are critical determinants of behavior and present self-efficacy theory as a unifying principle for behavioral change (Bandura, 1977). Self-efficacy beliefs developed from the interaction of four main elements: performance, vicarious experiences, persuasion, and physiological/emotional states (Bandura et al., 1996).

Performance

Performance achievements are important because the achievements demonstrate personal mastery of skills (Bandura, 1977). Repeated success increases mastery expectations while repeated failure lowers them. Strong efficacy expectations may reduce the negative impact of intermittent failures (Bandura, 1977). Bandura (1977) hypothesized that temporary failures that are overcome can strengthen resiliency. The effects of failure on self-efficacy are influenced by the timing and pattern of the failures (Vagni et al., 2020).

Vicarious Experience

Observing another person's behavior and its consequences plays an important role in the development of behavior. Bandura (1977) suggested that a person may choose to model behaviors vicariously depending on whether the behavior is reinforced or punished. Through vicarious experience, behaviors are determined to be acceptable and rewarded or inhibited by seeing what behaviors are punished (Bandura, 1977). Determinism functions because of observed behaviors and consequences.

Persuasion

Persuasion is the idea of leading people into believing in them by suggesting their ability to positively cope with their overwhelming past (Bandura, 1977). Although improvements to self-efficacy are likely weaker than those contributed via performance because they are not based on authentic experience, the support of other individuals can still increase self-efficacy (Bandura, 1977). This may be demonstrated in cases in which individuals are persuaded that they are capable of overcoming challenges in conjunction

with the receipt of some other means of support. People may be more likely to be successful in overcoming challenges when compared with those who receive support only without persuasion (Bandura & Adams, 1977).

Emotional/Physiological State

Stress is known to evoke emotional and physiological responses that may or may not result in self-efficacy (Esterwood & Saeed, 2020). People often self-assess physiological conditions such as heart rate, perspiration, and breathing rate to inform their vulnerability in threatening conditions (Bandura, 1983). Individuals are more likely to expect success when they are not beset by aversive arousal than if they are tense and viscerally agitated (Bandura, 1977). These are immediate conditions and do not necessarily conform to long-term exposure to stressful conditions (Vagni et al., 2020).

Interaction of Components to Develop Self-Efficacy

The four elements of self-efficacy theory (performance, vicarious experience, persuasion, and emotional/physiological state) can produce varying levels of self-efficacy based on the expected outcome of the individual (Bandura, 1977). This is in part because individuals form their self-efficacy beliefs by interpreting information from each of the four elements across multiple experiences. Of the four, performance outcomes are thought to be the most effective in influencing self-efficacy because they are derived from personal experiences (Agholor, 2019). However, the intensity of interactions and the combination of these elements within certain settings can also influence the development of self-efficacy (Rieder et al., 2019). For example, the power of vicarious experience in forming beliefs is lower than that of personal experience. Similarly, the

impact of verbal persuasion on self-efficacy is lower than that of both performance accomplishments and vicarious experience, and that of emotional/physiological state is the lowest of all (Agholor, 2019). Beliefs formed heavily on interpretations of vicarious experience and verbal persuasion are less durable than those formed from a wealth of personal experience with supporting information from vicarious experiences, persuasion, and emotional/physiological states (Rieder et al., 2019). Individuals with a stronger belief in their abilities to execute necessary behaviors to produce specific performance tend to use all four elements successfully (Metsala & Harkins, 2019). These individuals are described as having high levels of self-efficacy, while individuals who have weaker beliefs in their abilities and tend to use fewer elements are described as having low levels of self-efficacy (Bandura, 1977).

Environmental influences such as stress and fear can alter individuals' approaches when seeking behavioral change impacting self-efficacy (Shahrour & Dardas, 2020). This is because the efficacy level interacts with the responsiveness of the environment to produce success, depression, apathy, and effort intensification (Bandura, 1977). A person with a high level of self-efficacy in a responsive environment is likely to be successful because their perception of their abilities in a changing environment promotes success and motivation. Conversely, a person with a low level of self-efficacy in a responsive environment may be depressed by the combination of environmental instability and a lack of confidence in their abilities, hindering attempts at success. In unresponsive or nonchanging environments, a person with low self-efficacy may feel helpless, resulting in

apathy or inaction, while a person with high self-efficacy may double down their efforts to achieve the expected outcome (Bandura, 1977).

Self-Efficacy and Professional Behavior

When satisfied at work, employees are more likely to perform better. Better performance is defined as being productive and stable within the work environment (Ineland et al., 2018). The level of professional self-efficacy is a predictor of psychosocial well-being (burnout), the perception of challenge, and hindrance demands (Ventura et al., 2015). Lower self-efficacy is related to burnout and a decrease in work-related motivation (Rieder et al., 2019). Employees with more professional self-efficacy perceive more challenge demands and fewer hindrance demands, and this will, in turn, relate to more engagement and less burnout (Ventura et al., 2015).

Self-efficacy helps researchers understand human behavior and possible reactions when professionals are placed in difficult situations under stress in the workplace (Marsh et al., 2019). The concept of self-efficacy has been used to understand reactions to crises and stressful settings in response to the COVID-19 pandemic across multiple professions, most notably in the medical field (Jiang et al., 2020; Xiong et al., 2020). Prolonged exposure to stressful situations has been found to result in secondary traumatic stress (Vagni et al., 2020), and self-efficacy remained a strong predictor of psychological stress (Shahrour & Dardas, 2020) and anxiety (Xiong et al., 2020). Isolation and subsequent loneliness experienced by medical professionals during the pandemic have been shown to contribute to increased stress and decreased self-efficacy (Vagni et al., 2020). Researchers have noted the important influence self-efficacy has on job satisfaction and

overall well-being, and therefore must be addressed when considering the stress levels of professionals (Jiang et al., 2020) and their perceived challenges in the daily fight against a global pandemic (Shahrour & Dardas 2020; Vagni et al., 2020; Xiong et al., 2020).

Although research has been conducted in other professions, there is a need to understand how this theory applies to professionals who have different functional relationships outside of the medical profession (Vagni et al., 2020). This is in part because organizational context may include structures designed to support the success of different professionals in the workplace (Ineland et al., 2018).

Literature Review

The following sections provide a review of the literature regarding the role(s) of public education and Title 1 schools in the United States, including a discussion of the pre-pandemic education disparities experienced by impoverished and/or marginalized groups of students that comprise the student body of Title 1 schools. Responses to the pandemic by the United States government and public education system are discussed, including the changes to service provision, and resulting outcomes. Lastly, the roles of HSPPs for Title 1 Schools are defined and explored.

United States School System

Overall Roles of Schools

Perspectives on the role of American public education can be delineated into two distinct categories of knowledge/culture and community centers. The first proposes that the primary focus of schools should be the transmission of academic knowledge and American culture (Higher ED Dive, 2018). The second identifies schools as community-

based service centers that provide comprehensive academic, social, and health services for students, family members, and community members that will result in improved educational outcomes (U.S. Department of Education, 2018).

Schools are multipurpose and serve communities based on local needs (Lusse et al., 2019). Over time, the role of schools has become more holistic and comprehensive including providing services that other institutions would historically provide such as health care, social welfare, and services that have historically been considered parental responsibilities (Fay et al., 2020). Some have described schools as community resilience sources that should be responsible to distribute social welfare services, promoting human development, caring for children, providing stable employment, and strengthening democratic solidarity (Fay et al., 2020). The functional truth likely lies somewhere between these two views-points and may very likely vary depending on the school or district (Male, 2018).

Roles of Title I Schools

The Title 1 Part A Program, as authorized by the Elementary and Secondary Education Act (ESEA), is the oldest and largest federally funded education program in the United States (U.S. Dept of Education, 2018). The main purpose of the program is to help underprivileged children meet state academic standards by providing financial assistance to schools with high numbers or percentages of children from low-income families (U.S. Dept of Education, 2018). Funding is allocated through statutory formulas based on census data and the cost of education in each state. Disbursement of funds occurs through multiple mechanisms including school-based grants determined by the

proportion of low-income students enrolled, and incentivized grants at the state level based on each state's contribution to the educational funding rate as compared to its relative wealth (Rivera, 2019).

Schools in which children from low-income families make up at least 40% of enrollment are eligible to use Title I funds to operate schoolwide programs that serve all children in the school to raise the achievement of the lowest-achieving students (U.S. Department of Education, 2018). Title 1 provided programs include the implementation of preschool or full-day kindergarten to facilitate the transition from early learning to elementary education, recruitment and retention of effective teachers and instructional coaches, activities designed to increase student success in advanced coursework, postsecondary credit, or career/technical education programs (US Department of Education, 2016). Schools receiving Title 1 funds must demonstrate a series of targeted practices and goals including improved achievement by children participating in the program, coordinated regular education provided by highly qualified teachers, and increased parental involvement (Lancker & Parolin, 2020). Programs that do not show these outcomes have the potential to lose their Title 1 funding or to be investigated about why they are not meeting the planned outcomes.

Human service professional practitioners (HSPPs) are professionals who support educators, other staff, students, and families. Their roles within a Title I school community may consist of providing support in the areas of student counseling, caseworker, nurse, or psychologist (National Organization for Human Services, 2021). HSPPs generally act in the capacity of developing and establishing data-driven solutions

that impact pivotal factors such as school climate, attendance, college, and career readiness while promoting high-quality relationships (Cisneros & Lopez, 2016). The insights from HSPPs may be useful to better understand the social and emotional effects of COVID-19 by collaborating with administrators and students to emphasize the needed support in schools (Pincus et al., 2020).

HSPP Roles in Title I Schools

HSPPs working in Title I schools take on several roles which can vary from caseworkers for children at risk of academic failure, human services counselors, and liaisons addressing unique cases such as chronic truancy (Dice et al., 2018; Ineland et al., 2018). HSPPs may also be practitioners working in schools where the jurisdictions include serving students from households with incomes at or below the poverty level and who often perform below academically acceptable standards (Richerme, 2020). One example that highlights the interdisciplinary nature of HSPPs is the Academic Communities of Engagement (ACE) framework, which centers on increasing student engagement by leveraging support from students' personal and course-provided communities (Borup et al., 2020). The function of the ACE framework is to identify communities that can contribute to supporting students' engagement including the "course community", or those affiliated with the course or school such as instructors, peers, administrators, counselors, and other school-based HSPPs.

HSPPs' engagement with students and providing support during a pandemic has been highlighted as a key component to student success (Rudenstine et al., 2021). This student success is attributed to the HSPPs' role of connecting students and parents while

still ensuring the curriculum and students' health are monitored and in great form (Chen et al., 2020; Rasatadila et al., 2020). Despite the challenges that are inherent to working with disadvantaged communities, HSPPs with a high degree of confidence in their ability to support struggling students generally feel impactful in their students' lives (Dick & Shaughnessy, 2020).

Before the pandemic, some HSPPs employed in Title 1 schools were primarily focused on helping children overcome such challenges as absenteeism or behavioral problems (Rivera, 2019). During the COVID-19 school closures, these issues remained but shifted toward the need for equity at the center of remote learning plans (Reich et al., 2020). Students whom HSPPs could not reach tended to be the most vulnerable and included transient students, students who were homeless, students with disabilities, and students living in poverty (Kaden, 2020). The extra workload challenges of distance learning, as well as workload challenges during normal times without distance learning, made it more difficult for HSPPs to provide services effectively and it may be likely that the added workload has influenced HSPPs' sense of self-efficacy during this time (Kaden, 2020).

Prepandemic Educational Disparities

Social and Academic Barriers

Race, gender, and ethnicity all play a role in educational success by influencing a student's growth and educational capacities (Cross et al., 2018; Hung et al., 2020). These demographic barriers are systemic, reinforced by co-existing challenges such as biases, prejudices, inequalities, citizenship requirements, language, and cultural practices/beliefs

(Storlie & Toomey, 2016). Under normal circumstances, the need for cultural competence training in counselors, especially in an academic setting is an important component of overcoming barriers to success (Steinberg & Quinn, 2017). A comprehensive approach to understanding these barriers could play an active role in social justice and culturally aware programming that supports academic, personal/social, and career development for students (Hung et al., 2020). Self-efficacy and multicultural competence impact the success of interventions while working under inherent obstructive conditions (Storlie & Toomey, 2016).

Understanding the experiences of students influences public educators and administrators alike (Dorn et al., 2020). Demographically disadvantaged students faced additional and disproportionate challenges related to school shutdowns during COVID-19 (Adedoyin & Soykan, 2020; Greenhow & Chapman, 2020; Wilke, et al., 2020). The collective understanding of students' experiences during the COVID-19 pandemic by educators, HSPPs, parents, and other stakeholders is tantamount to the global context of perceived challenges related to distance learning (Xiong et al., 2020). The need to understand how these barriers affect student success is exacerbated during times of global crisis.

Interventions Attempted Prepandemic to Address Educational Disparities

No Child Left Behind. In 2002, the No Child Left Behind (NCLB) Act was signed into law, aiming to have all students performing at grade level by 2014 (Meyer, 2013). This mandate created an unprecedented level of accountability for all school districts (Ladd, 2017). Public schools in economically challenged communities, such as

urban communities with high percentages of minority students, often deal with poverty, limited school resources, less qualified teachers, and minimal community support to meet NCLB'S academic performance requirements (Husband & Hunt, 2015). These community challenges impact the educational outcomes of minority students, thus becoming a factor in creating an academic achievement gap across the country (Steinberg & Quinn, 2017).

Academic reform efforts have primarily focused on the school accountability sector utilizing phrases such as “high expectations” as a guide, with very little attention to poor neighborhoods’ learning environments and the effects of poverty on academic performance (Anderson, 2016). Ambiguous terms such as “effectiveness and efficiency” appear to have been used from the early stages of the reform and may have lost their relevance to certain communities with economic challenges (Anderson, 2016).

Community School Models. Community school model implementation has exhibited great success when trying to bridge resource-deficient schools with poor communities to improve educational outcomes (Kerr & Dyson, 2016). Community schools have emerged as interventions that promote education through community-wide engagement for students in service-learning projects (Kerr & Dyson, 2016). The creation of community schools started in the early 20th century when community leaders and educators were faced with a multitude of challenges in educating the poor (Houser, 2016). These schools were considered social centers utilizing the schools as a haven for some and comprehensive response to the need of the community (Fay et al., 2020).

Service-learning projects typically consist of mentoring younger students who are struggling socially and academically, assisting with community cleanup, helping seniors with home projects, or creating a community garden (Houser, 2016). The additional exposure beyond the classroom and the community resources garnered through this approach provides students the opportunities to become more aware of their community surroundings and its assets, such as businesses, post-secondary options, and local government resources (Houser, 2016). Utilizing community service learning increases students' understanding of their communities and their ability to act against unwanted elements, positively impacting overall school performance (Luter et al., 2017).

COVID-19 Pandemic

Emergence of COVID-19

On December 31, 2019, the World Health Organization's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission on cases of 'viral pneumonia' in Wuhan, People's Republic of China (ProMed, 2019). By January 10, 2020, Chinese authorities determined the outbreak was caused by a novel coronavirus and reported the first known death attributed to the disease (WHO, 2020). Ten days later, the World Health Organization Western Pacific Regional Office confirmed evidence of human-to-human transmission of the novel coronavirus, now known as COVID-19 (P. Liu et al., 2020). COVID-19 is spread from person to person through small droplets from the nose or mouth, via coughs or exhalation (Lotfi et al., 2020). These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces and then touching their eyes,

nose, or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets (WHO, 2020).

By March 2020, Europe had become the epicenter of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China (WHO, 2020). And as of April 4th, 2020, over a million cases of COVID-19 had been confirmed worldwide, more than 10 times the total number of cases in March (ProMed, 2019). By December 2020, two new COVID-19 variants with increased transmissibility emerged, as global daily cases exceeded 800,000 for the first time (Lotfi et al., 2020). More than a year after the initial emergence of the virus case rates slowed to five hundred thousand per day, in part due to a series of independent vaccines released by pharmaceutical companies Pfizer, Moderna, AstraZeneca, and Johnson & Johnson. By March 2021, more than 121 million cases and 2.7 million deaths due to COVID-19 have been reported (WHO, 2020).

Symptoms of COVID-19

Symptoms of COVID-19 may begin to occur two to fourteen days after exposure (CDC, 2021) though not all people that contract the virus develop symptoms (asymptomatic). Approximately 1% of children and 9% of adults without any symptoms tested positive for the virus (Milani et al., 2021) Other researchers have estimated that as much as 80% of adults are asymptomatic (Mizumoto et al., 2020). Symptoms include fever or chills, difficulty breathing, body and headaches, upper respiratory congestion, chest pain, brain inflammation, delirium, loss of taste or smell, nausea or vomiting, and diarrhea (CDC, 2021; P. Liu et al., 2020). People aged 60 years and over, and those with

underlying medical problems like high blood pressure, heart and lung problems, diabetes, obesity, or cancer, are at higher risk of developing serious COVID-19 symptoms, though people may become seriously ill or die at any age (WHO, 2021).

Outcomes of COVID-19

Physical Outcomes. COVID-19 cases in children tend to be less severe than in adults, though infants have higher rates of severe illness than older children (Panahi et al., 2020). Children and adults have similar secondary infection rates, but children generally have less frequent and severe symptoms (Laws et al., 2021). Children may have been underrepresented in coronavirus surveillance data early in the pandemic because they often have no symptoms or only mild ones that are difficult to differentiate from other common childhood viral infections (Laws et al., 2021).

Hospitalization and death rates due to COVID-19 vary by age. Comparisons between children of school age (5-17) and older age categories are relevant when discussing differential risk associated by students and staff concerning on-site instruction. As age increases, so do hospitalization and death rates (CDC, 2021). Assuming a retirement age of 65, school staff and faculty experience hospitalization rates between seven times (18-29-year-olds), and twenty-five times (50-64-year-olds) that of school-age children (CDC, 2021). Likewise, death rates range from fifteen times (18-29-year-olds) to four hundred times (50-64 years old) that of school-aged children (CDC, 2021). Additionally, elderly family members of both students and staff must be considered, as they risk exposure from family and caretakers.

Mortality rates for elderly patients vary widely by region but have been reported as high as twenty percent of positive cases in patients eighty years or older (Our World In Data, 2021). In response to the emergence and subsequent COVID-19 pandemic, the Centers for Disease Control issued a series of guidelines intended to protect public health, including that of students and school staff (Panahi et al., 2020). Guidelines initially focused on reducing the person-to-person transmission of the virus via respiratory droplets in the air (Lotfi, 2020). These guidelines include wearing a mask, social distancing of six feet between individuals, limits on gatherings of ten people or more, and practicing social isolation at home as much as possible (Laws et al., 2021).

Mental Health Outcomes. Heightened stress experienced during pandemic events can result in episodes of distress in those with or without existing psychiatric disorders (Esterwood & Saeed, 2020). Mental health implications of past epidemics and situations that have disrupted normal life activities (severe acute respiratory syndrome (SARS), Ebola, middle east respiratory syndrome (MERS), anthrax threat/bioterrorism, natural disasters, etc.) include alcohol use, post-traumatic stress disorder (PTSD), anxiety, anger, fear of contagion, perceived risk, uncertainty, and distrust regarding responses to past threatening situations (Esterwood & Saeed, 2020). Despite acknowledgment by the Center for Disease Control that the foundation of a successful pandemic response is the strength of our human resources, the national workforce is notably understaffed in the healthcare field when an increased need exists due to pandemic stressors (Esterwood & Saeed, 2020).

The World Health Organization [WHO] (2020) issued 31 guidelines to help ameliorate the psychological burdens of the COVID-19 pandemic, including guidelines for maintaining mental health. These guidelines suggest measures to reduce anxiety, depression, and stigma. However, the largest obstacle in stemming the mental health consequences of the COVID-19 pandemic appears to be the lack of mental health professionals, practitioners, counselors, and health facilities where people can receive such assistance. The WHO studied 130 countries across WHO's six regions and indicated a widespread disruption in critical mental health services. Over three-quarters of respondents reported at least partial disruptions to school and workplace mental health services (WHO, 2020).

Creating the additional physical and social supports necessary during social distancing required establishing alternative opportunities in providing treatment necessary for overall well-being (Esterwood & Saeed, 2020). Methods such as telehealth, online resources, and group therapy are possible solutions (Esterwood & Saeed, 2020). The Yale School of Medicine and The Yale Stress Center provided virtual town halls, meditation, and virtual resilience courses for faculty, staff, and trainees who wish to be supported during the surge of stress that COVID-19 has pressed upon them (Krystal & McNeil, 2020). Yale's exemplary program development provided a template for programs and initiatives at other institutions across the country (Krystal & McNeil, 2020).

While digital healthcare applications have become popular and necessary avenues for remote mental health support, they may also create new stresses (Shahrour & Dardas,

2020). The growth and utilization of telehealth may result in those attempting to receive help not being able to reestablish emotional equilibrium as they are not able to take breaks in their pandemic schedules. The very nature of telehealth that supports public health via social distancing may also leave patients and healthcare providers feeling isolated and detached from each other (Vagni et al., 2020).

In addition to facilitating the delivery of educational, psychosocial, and emotional health services, technology can play a yet larger role in preparing for and recovering from large-scale normative disruption by increasing resiliency (Sakurai & Chughtai, 2020). Mirzaei et al. (2020) posit that resilience is encouraged throughout social and organizational structures to facilitate success when faced with challenges in times of natural disasters, not unlike the current pandemic. Technology is integral to producing ethical and productive frameworks for long-term resilience, as technology helps gather data and information, communicating essential facts among stakeholders (Sakurai & Chughtai, 2020).

Technology often acts as a management tool by providing accessible information sharing and producing contact tracing apps to help mitigate the spread of misinformation and the infection itself in the case of COVID-19 (Fay et al., 2020). More effort is required to bring about increased information technology that will provide a foundation of resilience to build upon in times of crises such as natural disasters and pandemics (Sakurai & Chugatai, 2020). Effective technological tools require widespread and economically feasible consistent use, a challenge for any global society in which social and economic disparities exist.

United States Response to COVID-19

Government Response

COVID-19 directly impacted school-aged children, their families, and educators across multiple capacities (Kaden, 2020). Despite the United States' strong federal system of public health governance, the relatively slow development of a federal response resulted in uneven responses amongst state and local jurisdictions during the critical initial stages of the pandemic (P. Liu et al., 2020). Seventy-two days after the first reported COVID-19 cases in the United States, 33 states implemented stay-at-home orders, many without mechanisms for enforcing compliance (Haffajee & Mello, 2020). Misleading early statements from federal officials about the gravity of the threat, and the initial laconic federal response is at least partially responsible for more than 520,000 deaths, or approximately 20% of global deaths related to COVID-19, as of March 2021 (WHO, 2021). Federal guidance would be limited to public health guidelines issued through the Centers for Disease Control, and fiscal measures including the Coronavirus Aid, Relief, and Economic Security (CARES) Act (WHO, 2020). Individual states were left to devise and implement measures intended to reduce disease transmission in local populations, often with little to no coordination with neighboring states (CDC, 2021).

Public Education System Response

Shift to Online Learning and Support. The spread of the COVID-19 pandemic across the United States required administrators to close school facilities and implement alternatives to in-person learning and support services (U.S. Department of Education, 2020). While distance learning itself is not new, its widespread and continued use is.

Online instruction and services have altered the academic delivery and development of instruction, childcare, and social-emotional growth, creating concerns among all invested parties (Stark et al., 2020). Many schools shut down in-person learning beginning the third week of March 2020 and commenced some form of distance learning shortly thereafter (U.S. Department of Education, 2020). Most schools are committed to virtual learning for the rest of the 2019-2020 school year. Upon the commencement of the 2020-2021 academic school year, many school districts faced pressure from parents and governing bodies to reopen in-person education. Lack of federal coordination resulted in varying responses district by district, with many continuing to offer e-learning services (U.S. Department of Education, 2020).

It is useful to understand how virtual instructional studies inherently differ from those used in traditional physical classrooms. This is because a student's success in the classroom is largely dependent on the relationship between the student and the teacher. As such, the discussion of successful distance learning (and service provision) strategies looms large when considering the self-efficacy of public educators working to maintain positive learning opportunities for their students (Chen et al., 2020).

Online learning or e-learning is typically delivered in one of two major formats known as synchronous, wherein students participate in live lessons with teachers in a virtual format, and asynchronous, in which students participate in prerecorded lessons (Malik et al., 2017). Tradeoffs exist when implementing either strategy, as asynchronous lessons provide flexibility for students, while synchronous lessons provide the opportunity for interaction (Greenhow & Chapman, 2020). When resources and support

are abundant, e-learning can provide accessibility, affordability, and flexibility (Dhawan et al., 2020). This flexibility, particularly in asynchronous online learning, provides a potential for more student-centered instruction with immediate feedback during synchronous sessions (Chen et al., 2020). However, how each of these methods relates to the provision of other services to students during the COVID-19 pandemic remains unclear and warrants investigation (Dhawan et al., 2020). Service providers other than classroom teachers in the public education system have somewhat different relationships with their student clientele and may find it necessary to rely on the synchronous delivery of information and subsequent feedback from students (Alea et al., 2020). Several questions emerge when considering the feasibility and efficacy of synchronous meetings during online learning. These include but are not limited to (1) scheduling around other potentially synchronous classes and/or familial obligations, and (2) device and internet service availability, especially in situations where devices are shared among siblings.

Components of Public School System Response. Several common themes emerged as important when considering the preparedness of educational institutions in both phases: communication, protection of students, allocation of resources, and the role of schools in protecting public health (Faherty et al., 2019).

Communication. Effective and transparent communication plays a significant role in how success is measured (Dorn et al., 2020) before, during, and after responses to large-scale disruptions. Schools and districts should assess their ability to consistently reach all the necessary stakeholders before implementing and/or revoking public health protocols and social distancing practices, particularly the custodians of marginalized

student populations (e.g., ELL, homeless/transient, low socioeconomic status) (Adedoyin & Soykan, 2020). During online learning, the educator's goal is to communicate effectively with students virtually, while the student's goal is to progress academically despite the pandemic (Faherty et al., 2019). Lack of clarity in communication in the early stages of the COVID-19 pandemic left many teachers confused about whether or how to hold students accountable during distance learning, likely impacting perceptions of self-efficacy (Greenhow & Chapman, 2020).

Protection of Students. The protection of students as a theme in emergency preparedness takes several forms. Of course, students' health is a top priority during the pandemic, which aligns with the implementation of social distancing between students and educators (Adedoyin and Soykan, 2020). However, the practice of social distancing was identified to have negative impacts on mental health and social development in some instances (Akdeniz et al., 2020; Faherty et al., 2019). Such problems could manifest via discipline problems or distress, depression, and feelings of isolation, all of which run counter to schools' deliberate efforts to support their students' social, emotional, and behavioral health (Faherty et al., 2019). Compounding the issue, students who normally received special services were no longer able to due to social distancing requirements (Dorn et al., 2020; Hyde 2020.) These implications must be balanced against the need to protect student and public health (Dorn et al., 2020).

School officials have also noted that distance learning presents potential threats to student safety. Concerns about 'zoom bombing' or inappropriate behavior on the camera meant some schools were less inclined to support live lessons, resulting in pre-recorded

lessons (Greenhow et al., 2017). Pre-recorded lessons do not offer social interaction, bringing the conversation regarding student safety full circle. The role and efficacy of the public education system in facilitating student safety during online learning and the transition back to in-person learning have yet to be investigated.

Allocation of Resources. The allocation of resources is a reoccurring theme throughout the transition to and from online learning (Basilaia & Kvavadze, 2020). Resource needs during the transition to online learning included the provision of technological tools with access to both students and staff (Dorn et al., 2020). Inadequate equipment and lack of high-speed internet access for students, and families with low socioeconomic status (SES) were significant factors hindering a successful transition (Greenhow et al., 2020). Educators in the U.S. and U.K. noted that sixty-four percent of the school district were in low SES (Basilaia & Kvavadze, 2020).

During online learning, curriculum resources, professional development resources, and the necessary digital online tools were key resources for educators to maintain academic progress (Rasmitadila et al., 2020). It should be noted that the sharing of these resources indicates a vote of confidence in an educator's ability to execute effective strategies using these tools (Alea et al., 2020). Knowledge of available resources and effective tools should be a consideration when evaluating the self-efficacy of educators during crisis events (Black et al., 2020; Reimers et al., 2020).

Additional resources necessary during the transition back to physical school building settings included both tangible goods (eg. PPE for students and staff) and additional human capital in the form of extra staff to implement most social distancing

practices (Faherty et al., 2019; Dhawan, 2020). The ability to cope with additional resource needs will likely vary amongst school districts without significant and timely state and federal support, further exacerbating disproportionate disparities felt by students at Title 1 Schools.

Guidance to Schools. Schools and districts in the United States were left to develop and execute transition plans in an environment without definitive oversight. Facing parental pressure, conflicting messages from experts, and silence from the federal government, school district leaders were left to act on their own with few recommendations on how to develop online learning programs (Greenhow et al., 2020) and plans to transition back to physical classrooms safely. In response to growing concerns about the transition back to in-person learning, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to guide the reopening and safe operation of elementary and secondary schools for the 2020-21 school year. The committee identified areas of research that are necessary for evidence-based decisions regarding reopening/operating schools during a pandemic (Dibner et al., 2020). Recommendations included that reopening and in-person instruction should be prioritized for K-5 students and students with special health care needs. This is because young children are still developing self-regulatory monitoring behaviors, and as such are best served via in-person instruction (Dibner et al., 2020).

Additionally, access to meal programs, physical health, and mental health services remains a priority for underprivileged families with children in Title 1 schools (Cooper et al., 2019; Jones, 2021). Schools serve an important role in providing a safe and nurturing

space for children while their caregivers are at work (Jones, 2021). While true, this suggests that recognizing the complexity of these decisions requires input and trust from multiple stakeholders (Dibner et al., 2020). To engender the trust necessary from these stakeholders, transparent partnerships between school districts, public health officials, school staff representatives, families, local health personnel, and other community interests are necessary (Birch, 2017). Just as the ability of public schools to meet the needs of their communities is contingent on available resources, so too is a community's ability to respond to the COVID-19 crisis contingent on healthcare infrastructure and access (Dibner et al., 2020).

Outcomes of Public Education System Pivot During Pandemic

Technological Knowledge and Access

Online learning and services provided in their entirety are dependent on personal technological devices and internet services (Rasmitadila et al., 2020) instructors and students with poor internet connections are likely to have less positive and meaningful experiences with online learning. During the implementation of distance learning, the availability of internet networks is noted as a significant barrier to student participation in multiple studies (Adedoyin & Soykan, 2020; Black et al., 2020; Dorn et al., 2020; Dwahan et al., 2020). The transition from in-person to online learning success rate was greater in communities where homes are equipped with internet access, and mobile phone access, including in rural areas (Basilaia and Kvavadze 2020). Technology is key to allowing parents access to communication with teachers and information regarding student progress (Black et al., 2020; Basilaia & Kvavadze, 2020). Successful transitions

are less likely in areas where socioeconomic and geopolitical barriers to technology exist (Stathopoulos et al., 2020).

Teachers who do not have information communication technology (ICT) experience found it challenging to carry out online learning because distance learning forces teachers to master a variety of applications (Dwahan et al., 2020; Rasmitadila et al., 2020). Challenges identified by public educators and service providers in implementing distance learning include a lack of basic knowledge and skills required to use the provided tools and reliable internet access (Alea et al., 2020, Reimers et al., 2020).

Collaboration and Support

Teachers identified their school's information dissemination system as a useful tool to collaborate and support communication with the parents and learners during distance learning (Storlie & Toomey, 2020). Teachers with more years of teaching experience felt more ready for distance learning education (Dorn et al., 2020). Similarly, college teachers were the best prepared in terms of their readiness to offer distance learning education compared to the primary and secondary education teachers (Adedoyin & Soykin, 2020), likely due to access to more technological support in the form of advanced facilities and equipment (Alea et al., 2020). Collectively, these findings underscore the importance of understanding how technology and knowledge barriers influence educators' self-efficacy and the resulting impacts on student achievement during the COVID-19 pandemic.

Obstacles and Motivation

Teachers often cite a lack of collaboration among stakeholders and a lack of support in multiple forms as a major challenge to transitioning to online learning (Alea et al., 2020; Baber, 2020; Rasmitadila et al., 2020). Teachers expressed difficulties in building a positive online environment, maintaining student engagement, time management, and meeting administration deadlines as significant stressors (Rasmitadila et al., 2020; Alea et al., 2020). Students often want to engage in detailed conversations related to traumatic experiences and/or stress management, which an educator may or may not feel adequately prepared to address (Farooq et al., 2020).

Efforts to overcome these challenges must include collaboration at a variety of levels. Collaboration and support from multiple stakeholders including families of students, educators, administrators, and local governments, as well as public-private partnerships between education agencies and service providers, are important factors in determining the success of the implementation of both in-person and distance learning (Alea et al., 2020; Frey, 2017). Instruction during distance learning is dependent on support from colleagues, headmasters, and schools in the form of encouragement, helping each other with applications or programs, as well as coordination of classroom and content materials (Rasmitadila et al., 2020).

Obstacles to successful transitions to-and-from online learning also include being faced with unexpected additional expenses, such as the costs of increased internet services or technological tools necessary for distance learning (Alea et al., 2020). Support and collaboration via public and private partnerships, as well as support from educational

agencies, during distance learning, can mitigate these obstacles via the provision of equipment, funding, availability of learning facilities, and infrastructure. Collaborations between The Georgian Ministry of Education and large companies provided platforms and resources to public schools, including Microsoft Teams, Google Meet, and Google Suite (Basilaia & Kvavadze, 2020). These collaborations are cited as critical components of a successful transition to online learning although these resources were not necessarily made available across institutions (Basilaia & Kvavadze, 2020).

Three things as having a primary influence on motivation for the public educators and service providers in distance learning: (1) spirit in carrying out online learning, (2) enthusiasm, and (3) duties and obligations of an educator (Rasmitadila et al., 2020). In this case, spirit and enthusiasm refer to the disposition of the teacher in implementing and executing distance learning and could be described as the educators' level of optimism and resilience in response to unexpected obstacles. The duties and obligations of an educator refer to a multitude of responsibilities faced by teachers during online learning including but not limited to ensuring all students are ready to learn, developing and maintaining positive classroom culture online, implementing engaging and successful learning activities for students in a multitude of different environments with tools of varying capacity, and meeting deadlines and requirements imposed by administrations. (Rasmitadila et al., 2020).

Social/Emotional Effects

The inequalities suffered by children due to preventative measures intended to limit infection spread have likely hindered well-being across multiple facets, potentially

yielding long-term impacts on the standard of living in physical, spiritual, moral, and social development capacities (Kerr & Dyson, 2016). Academic stress among students has increased during distance learning (Chen et al., 2020).

There is also stress related to the quality of the education being received. (Stathopoulou et al., 2020). The instability of online learning and technical coaching has created uncertainty for students and stress has resulted (Jones, 2021). Other students have exhibited a high level of resilience, of which most are not seeking counseling support or other social services provided. (Alawamleh et al., 2020). This indicates that the onus for ensuring student confidence and comfort with distance learning is on school-based personnel who need to ensure that the quality of delivered services remains high no matter the method of delivery (Rasatadila et al., 2020).

Students who were more anxious about getting infected with COVID-19 experienced depressive symptoms at a higher rate (Jones, 2021). Lack of physical exercise during lockdowns may also exacerbate depressive symptoms (Suleman et al., 2020). Students engaging in consistent contact with family versus friends are less likely to experience depression or loneliness (Stathopoulou et al., 2020). School officials also had concerns that extended social distancing could lead to distress, depression, and feelings of isolation. (Pentaraki & Burkholder, 2017). However, the idea that students feel more isolated during distance learning could be ameliorated with synchronous distance learning, which is reported to yield higher student engagement than asynchronous learning (Chen et al., 2020; Rasatadila et al., 2020).

Researchers have found that students' emotions do play an important role in their academic outcomes through self-monitoring and perception (Pentaraki & Burkholder, 2017). These findings imply that the inclusion of emotional and behavioral strategies in online teaching can enhance students' engagement and learning experience in the online classroom. (Pentaraki & Burkholder, 2017). Implementation of such strategies during online learning in low-socioeconomic school settings is even more imperative when one considers that the negative effects of social isolation may result in larger impacts on at-risk populations. Students residing in poor communities, which often attend afterschool programs generally conducted at schools will likely experience additional threats to emotional well-being during the pandemic due to disruptions in essential routines (Suleman et al., 2020).

However, prevention measures are not one size fits all for the COVID-19 outbreak, and multi-faceted strategies must be utilized so that individual needs are met (Green et al., 2020). Teachers, school counselors, and nurses, or other school-based HSPPs may have the ability to identify learners' feelings of isolation early could mitigate the potential of a social or emotional health threat, like that of a private mental health provider (Houser, 2016). Maintaining a supportive and optimistic perspective by teachers and school-based HSPPs provides universal support to students during times of stress and uncertainty (Richerme, 2020). Three competencies necessary to support students during stressful transitions have been suggested and include coaching, caring, and collaboration (Jones, 2021). In this instance, coaching refers to the practice of guiding and encouraging students to use new technologies. Caring refers to an investment in student and peer well-

being, while collaboration means the practice of finding relevant content in addition to collaborators who are willing to share their support and knowledge (Jones, 2021).

Likewise, efforts to promote equality of online learning must be tiered based on learning skill levels, promoting optimal physical, emotional, and mental health for K-12 students and their families (Hidalgo et al., 2020). Negative effects of social isolation may result in larger impacts on at-risk populations. Maintaining a supportive and optimistic perspective provides universal support to students during times of stress and uncertainty (Richerme, 2020).

Addressing the COVID-19 pandemic as a great crisis and having to teach in an unfavorable format demonstrates care for students by educators was noted as critical during the transition (Borup et al., 2020). Finding optimism as a perspective is seen as inspirational and indispensable to students and learners, providing motivation and engagement in finding solutions (Green et al., 2020). This pandemic has allowed the opportunity to renew student interests in driving instruction, pulling away from traditional teacher-imposed/directed activities or required curriculum to teach to tests. These themes are summarized by proposing that promoting connectedness via instruction makes educators invaluable community leaders (Borup et al., 2020).

Exacerbation of Existing Educational Disparities

The efficacy of service provision to marginalized groups attending Title I schools identified by socioeconomic status, disabilities, minorities, and undocumented Americans is significantly hindered. The school system cannot facilitate face-to-face or physical school-building settings effectively in these environments (Basilaia & Kvavadze, 2020).

Students with low socioeconomic backgrounds and limited access to technological resources found it difficult to migrate to distance learning (Adedoyin & Soykan, 2020). The long-term impacts of school closures due to COVID-19 and learning loss will probably be greatest among low-income, black, and Hispanic students (Dorn et al., 2020). Even when disadvantaged students have digital access, they are more likely to have insufficient digital skills and adopt fewer opportunities offered (Greenhow et al., 2020).

HSPPs in Schools

HSPPs do not deliver instruction in the way that classroom teachers do, it is useful to understand how virtual instructional studies inherently differ from those used in traditional physical classrooms (Nasr, 2020). This is because a student's success in the classroom is largely dependent on the relationship between the student and the teacher. Likewise, the success of service provision by a school-based HSPP is dependent on the relationship between the student and HSPP (Black et al., 2020). Successful distance learning (and service provision) strategies loom large when considering the self-efficacy of educators and HSPPs working to maintain positive learning opportunities for their students (Chen et al., 2020).

The relationship between the learning opportunities and HSPP's provision of services to students during the COVID-19 pandemic remains unclear and warrants investigation (Dhawan et al., 2020). HSPPs' relationship with their student clientele is somewhat different than that of a teacher, HSPPs may likely find it necessary to rely on synchronous meetings as opposed to asynchronous delivery of information and subsequent feedback from students (Alea et al., 2020). Several questions emerge when

considering the feasibility and efficacy of synchronous meetings during online learning, not unlike those faced by instructional personnel. These include but are not limited to (1) scheduling around other potentially synchronous classes and/or familial obligations, and (2) device and internet service availability, especially in situations where devices are shared among siblings (Chen et al., 2020).

While HSPPs do not typically manage groups of clients simultaneously they do seek to build positive environments and relationships with their clients and may struggle with student availability (Grover et al., 2021). When HSPPs do manage to connect with students, they are likely to engage in detailed conversations related to traumatic experiences and/or stress management, compared to a teacher whose primary goal is to deliver content and stimulate learning (Farooq et al., 2020). Efforts to overcome these challenges must include collaboration at a variety of levels. Collaboration and support from multiple stakeholders are important factors in determining the success of the implementation of both in-person and distance learning (Alea et al., 2020).

During pandemic-like conditions parents of students, school administrators, HSPPs, and local government must work together towards a common goal of providing support for distance learning (Frey et al., 2017). Instruction during distance learning is dependent on support from colleagues including HSPPs, headmasters, and schools. Support from peers includes encouragement, helping each other with applications or programs, as well as coordination of classroom and content materials (Rasmitadila et al., 2020). HSPPs are uniquely situated parallel to both administrators and educator-peers and

may have the capacity to assist in the dissemination and/or coordination of support efforts (Black et al., 2020). To what extent HSPPs have been utilized in this way is unknown.

Appropriate support from parents also contributes to a smooth transition and continued success (P. Liu et al., 2020). For example, the activities of household members and/or pets that cause distractions can be identified as reducing student concentration (Adedoyin & Soykan, 2020). Researchers have also indicated that parental engagement and support significantly decreased over time and that the low internet and/or technical literacy of some parents presented barriers to maintaining student engagement. (Rasmitadila et al., 2020). HSPPs have the potential to facilitate communication with the family regarding attenuated familial support, and again, the extent to which HSPPs were utilized in this way is unknown.

Obstacles to successful transitions to-and-from online learning also include being faced with unexpected additional expenses, such as the costs of increased internet services or technological tools necessary for distance learning (Basilaia & Kvavadze, 2020). Support and collaboration via public and private partnerships, as well as support from educational agencies, during distance learning, can mitigate these obstacles via the provision of equipment, funding, availability of learning facilities, and infrastructure (Alea et al., 2020). Collaborations with major corporations such as Microsoft Teams, Google Meet, and Google Suite could provide a platform and resources to public schools. This could include but is not limited to critical components of a successful transition to online learning (Basilaia & Kvavadze, 2020).

Three things as having a primary influence on motivation for the HSPPs in distance learning: (1) the spirit of carrying out online learning, (2) the enthusiasm, and (3) the duties and obligations of an educator (Rasmitadila et al., 2020) Changes in the delivery method have resulted in large perceived changes in teacher workload towards technology troubleshooting and parent communication in addition to transforming their course content to be e-platform-friendly for learners (Adedoyin & Soykan, 2020). These results keenly illustrate the need to understand how these perceived challenges are related to an educator's and HSPP's ability to assist their students during global crises like the COVID-19 pandemic (Adedoyin & Soykan, 2020). How these exacerbated effects are felt and perceived by the HSPPs that serve these populations have yet to be examined.

Similar to the important role of HSPPs in other areas such as elderly care, criminal justice, and public health, social workers, counselors, and nurses serve key functions in the success of students. Education-based social workers are essential in creating relationships among students, families, and schools, leading to increased retention and decreased drop-out rates (Tranca, 2020). The school counselor is often the first mental health provider to identify, manage, and provide interventions for students at risk (Pincus et al., 2020). Lastly, school nurses working in a human services capacity in schools do mitigate absenteeism through both direct and indirect measures (Ohio Association of School Nurses (OASN), 2020).

Social Workers

Social workers provide a multitude of services for students that may require additional safety, and mental, and health-related support beyond the classroom (Frey et

al., 2017). Social distancing and stay-at-home measures have created a significant barrier for social workers to effectively address the needs of students and build relationships (McCabe, 2020). Addressing ongoing challenges such as mental health through a new telehealth delivery system can create mini emergencies for students (Esterwood & Saeed, 2020). This may be especially important when considering social service workers' role and relationship-building in Title 1 schools (Nickerson & Sulkowski, 2020).

The working relationship between the social worker and the student relies upon access to open and efficient communication, as well as the resources to identify options, attitudes, and solutions for at-risk students and families (Anwar et al., 2020; Stark et al., 2015). The frequency of discussion with clients regarding their choices, options, and different perspectives improves self-efficacy and can contribute to increased levels of capability (Frey et al., 2017). Likewise, barriers to success when working with at-risk students and families under both crisis and non-crisis conditions can hinder efficient communication and the development of meaningful relationships (Tranca, 2020). These barriers include a lack of cooperation and interest of parents and the community, insufficient social workers (Anwar et al., 2020), and limited access to communication tools and resources (Stark et al., 2015).

Counselors

During non-crisis times, school staff tends to notice and identify mental health issues before families do, as students spend most of their time at school (American School Counselor Association (ASCA), 2016). This may be one reason why students are significantly more likely to visit school-based health centers for mental health than

community mental health centers (American Civil Liberties, 2019). Students suffering from trauma need timely and consistent mental health services, which school counselors may be able to provide on short notice, or short-term during the school day (Pincus et al., 2020). Outside of one-on-one immediate services, counselors assist students in a range of settings throughout schools, providing support to both individual students and the school wholly via academic and social-emotional services (Cisneros & Lopez, 2016) through school-wide programs. However, the perception of a counselor's ability to assist students during the COVID-19 pandemic effectively may be misguided, as counselors are not necessarily trained to provide crisis counseling or trauma-informed care treatment (Chatters & Liu 2020). How professional school counselors perceive their ability to provide appropriate and necessary services to their students during the pandemic is, yet, unknown.

Nurses

Nurses working in Title I schools face multiple barriers to supporting students under normal conditions, and more so during the pandemic (Maughan, 2018). Under normal circumstances, nurses that engage with vulnerable children provide much more than a focus on academic achievement (Sendra et al., 2018). Nurses can help build strong relationships between students and caring adults and should be a priority related to students' unmet healthcare needs (Dorn et al., 2020). Though some disagree, indicating that nurses should have a priority focus on the prevention of absenteeism as it relates to students' overall well-being (Johnson, 2017).

It is not uncommon for children from poor communities to attempt self-care for chronic conditions such as asthma, allergies, and diabetes, versus accessing a school nurse (Xiong et al., 2020). These self-care interventions directly impact school attendance and the physical well-being of the students (Ohio Association of School Nurses (OASN), 2020). However, when school nurses provide direct care to students regarding unmet health needs, they empower students to manage their chronic conditions, which can lead to improved attendance (Maughan, 2018). This is especially important in Title 1 Schools, as most students (by definition, children from poor communities) do not have a regular healthcare source, and school nurses may be the only health provider they see (Johnson, 2017).

In addition to the provision of direct care to students, school nurses typically work with students' healthcare providers, school staff, and the community to coordinate students' needs (Kerr & Dyson, 2016). Their role in addressing a myriad of problems both in times of crisis or otherwise helps improve student health and well-being (Lancker & Parolin, 2020). The provision of health services to students, particularly at school, also helps support parents and student caregivers with the flexibility to work outside the home, thereby supporting the entire school community (OASN, 2020). Barriers to traditional service provision and the added responsibilities of reopening/operating schools during an infectious pandemic underscore the importance of perceived challenges related to their job (Green et al., 2020) This begs the question of how school nurses can continue building and maintaining these relationships during periods of e-learning due to the current pandemic (Basilaia & Kvavadze, 2020).

Summary and Conclusions

In conclusion, self-efficacy theory was used to describe how self-perception is developed through direct engagement with activities and experiences that foster growth in self-worth, perceived ability, and confidence (Bandura & Adams, 1977). The theory of self-efficacy has a rich cache of utilization in helping researchers understand how an individual's responses and behaviors can be explained when exposed to high stress (Harker et al., 2016; Maddux et al., 2018; Marsh et al., 2019; Vagni et al., 2020; Xiong et al., 2020). The review of the literature provided herein lays the foundation and justification for a deliberate and targeted investigation regarding the impacts of the COVID-19 pandemic on HSPPs in educational settings (Dhawan, 2020; Nickerson et al., 2020; Shreffler et al., 2020), and is summarized herein:

It is known that pandemics cause widespread interruption to service provision of sensitive populations that rely on HSPP support, particularly in educational settings that serve underprivileged students (Brocque et al., 2016; Lai et al., 2016; U.S. Department of Education, 2020). The success of HSPPs (social workers, school counselors, and nurses) in traditional settings is dependent on the ability to develop relationships with clients and is directly impacted by the HSPPs' confidence in their ability to serve their clients effectively (Jones, 2021; Adedoyin & Soykan, 2020). Common barriers to success in working with at-risk students in brick-and-mortar settings include academic and social disparities among socio-economic, ethnic, and racial lines. These barriers are exacerbated by public health protocols intended to maintain public health, namely, school shutdowns (Basilaia & Kvavadze, 2020; Nasr, 2020; Yob & Brewer, 2018). Identification of risk

factors via direct observation in a brick-and-mortar setting that previously allowed HSPPs the opportunity to facilitate successful intervention is inherently hindered by a lack of direct access to students during school shutdowns (Ohio Association of School Nurses (OASN), 2020). Likewise, multiple studies on educators' responsiveness and identification of challenges to transitions to online learning cite themes including lack of specific technical knowledge and access, inexperience, and lack of collaborative support as significant barriers (Northcote et al., 2019). Collectively, these themes are reflective of factors that are likely to play a role in the self-efficacy of these groups (Metsala & Harkins, 2019).

What is unknown, however, is the extent to which these factors have specifically influenced the self-efficacy of school-based HSPPs during the COVID-19 pandemic. A detailed cadre of recent research on self-efficacy during pandemic-like crises primarily focuses on medical professionals' response to high-stress conditions (Shahrour & Dardas, 2020; Xiong et al., 2020). Many more recent publications seek to understand the impact of school shutdowns on student welfare and academic outcomes, as well as the methods by which expected outcomes were or were not obtained (Adedoyin & Soykan, 2020; Black et al., 2020).

This study seeks to fill the gap in current understanding regarding how perceived challenges related to distance learning may influence HSPP's ability to assist students in Title I school environments during the COVID-19 pandemic (Dice et al., 2018). Increased understanding of this relationship under crisis conditions has the potential to create positive social change at the institutional, family, and individual levels, particularly

for school-based HSPPs as well as the at-risk students and the families they serve. Namely, the information generated by this study may help develop and implement protocols meant to support HSPPs in serving students most at risk currently, and during future crisis events. The next chapter will outline the generic qualitative study used to better understand any perceived challenges to render guidance during the pandemic.

Chapter 3: Research Method

The purpose of this generic qualitative study was to better understand how HSPPs working in Title I schools perceived their ability to render guidance to students during the current COVID-19 pandemic. The findings from this study may generate ideas and insight into similar service-oriented roles within non-Title 1 school districts by providing effective adjustments to be made in Title 1 schools during natural and other disasters. As Nasr (2020) indicated, such information could illuminate how HSPPs in Title 1 schools can better prepare for a transition to distance learning if necessary. Understanding HSPPs' perceptions of their abilities during the COVID-19 pandemic could provide insights into their behavioral responses (Metsala & Harkins, 2019). These findings could lead to the development of tailored training or the creation of a hiring model that aligns with crisis-based skill sets required for HSPPs who work during pandemics and are employed by Title I schools (Kaden, 2020).

In this chapter, the research question and qualitative design rationale are provided, followed by a discussion of the role of the researcher. Thereafter, the study methodology is described, including participant selection logic and the concept of saturation, the instrumentation used, procedures for data collection, and data analysis procedures. Next, the methods used to ensure trustworthiness are discussed, including credibility, transferability, dependability, and confirmability. The chapter concludes with a summary.

Research Design and Rationale

The research question used in this study was the following: How do HSPPs in Title I schools perceive their ability to render educational guidance to students during the

COVID-19 pandemic? A generic qualitative design was used to answer the research question. Generic qualitative inquiry allows for flexibility in methodology, which does not conform to traditional inquiries such as ethnography, case study, grounded theory, and phenomenology (Kahlke, 2018). The generic qualitative design is preferable for obtaining an in-depth understanding of the research topic because it provides more flexibility to the researcher than other qualitative methods (L. Liu, 2016).

A generic qualitative study is used when researchers are interested in examining the experiences, perspectives, and meanings ascribed to these experiences by study participants (Wood et al., 2019). One practical strength of using a generic qualitative design is that it allows for flexibility (Kalu & Bwalya, 2017). This flexibility makes the generic qualitative approach preferable for obtaining an in-depth understanding of the research topic than other qualitative methods. Some have argued that this flexibility, namely the mixing of elements from various methodologies, may lead to confusion among elements of the research (Aspers & Corte, 2019). This need not be the case if the researcher intentionally builds a composite approach that works to answer the research questions, rather than starting with an attempt to reconcile different methodologies already in existence (Belotto, 2018). The generic design was the appropriate for the current study given the emphasis on participant descriptions and explanations of how they perceived their ability to render educational guidance to students during the COVID-19 pandemic.

Other qualitative designs that were considered for this study included ethnography, case study, and grounded theory, but I decided that none of these would be

appropriate for the study. Ethnography is used to investigate the network of social groupings, social customs, beliefs, behaviors, groupings, and practices that define a culture (Percy et al., 2015). Although these items play a role in responses to the pandemic, HSPPs working with schools may work alone and each school and program is somewhat different from others. This means that each grouping would not be large, that professionals would act independently, and that ethnography would not be appropriate. Case studies are detailed investigations of a single case or data point, with clear boundaries that differentiate the case from other instances (Yin, 2009). This design did not suit the current research question, which addressed how HSPPs perceived their ability to render educational guidance to students during the COVID-19 pandemic. I was not looking to gain an in-depth understanding of one individual but was looking at similarities and differences among professionals concerning the research question (see Yin, 2009). Grounded theory is used to develop an explanation or theory in response to a particular event or process (Glaser & Strauss, 1964). I was attempting to describe, not explain, HSPPs' perceptions of their ability to render educational guidance to students during the COVID-19 pandemic. Because this study was exploratory, a grounded theory design was not appropriate. In addition, because not much was known about the experiences that HSPPs had in Title I schools, it was not possible to conduct a quantitative study because not enough was known about the experience to quantify the variables to be studied (see Tie et al., 2019).

Role of the Researcher

In my role as a researcher, I was responsible for the development of the research question, participant recruitment, data collection, data coding, data analysis, and data interpretation (see Råheim et al., 2016). I served as the primary data collection instrument in an observer–participant capacity and used semistructured interviews to collect my data (see Goodell et al., 2016). I was the observer of participants’ reflections on their experiences and a participant as I guided the interview process. I sought to capture the subjective perceptions and opinions of participants through visual observations of body language (when available because not all participants were comfortable with video), auditory observations of participants’ intonation and other auditory cues, as well as verbal and textual observations in interview transcripts to ensure that the data were accurate (see Kim et al., 2017).

As an observer–participant responsible for the collection of data, I was able to maintain researcher reflexivity, or awareness of how biases held by the researcher may influence study parameters (see Remler et al., 2017). Before data collection and throughout data collection, I used reflexive journaling to examine my personal experiences because I was also faced with some of the challenges addressed in the study. During this reflection, I sought to delineate and distinguish my experiences throughout the study (see Creswell & Hirose, 2019). Recognizing my feelings assisted me in maintaining a clear focus on the experiences and opinions of the participants and helped prevent assumptions from influencing how data were collected and analyzed.

To minimize bias in participant selection, I did not have any personal connection or relationships (personal, supervisory, professional, or instructor) with participants in the study. To ensure the fidelity of the data collected, I used transcript review by providing participants with a copy of their transcript to ensure the transcript was correct (see Candela, 2019). I also used field notes to track and identify procedures, interactions, and thoughts in conjunction with reflexive journaling to maintain researcher reflexivity during data interpretation (see Belotto, 2018).

Methodology

Participant Selection Logic

Population

The population of interest for this study was school-based HSPPs employed at Title I schools during the COVID-19 pandemic (2019–2020, 2020–2021, and 2021–2022 academic years). For this study, HSPPs included school counselors, school nurses, and school-based social workers. There are approximately 110,000 school counselors, 45,000 school nurses, and 320,170 school-based social workers employed through public school systems in the United States, of which approximately 47% work in Title I schools (Institute of Education Sciences, 2021).

Sampling Strategy

The sampling strategies for this study were purposeful sampling and snowball sampling. Purposeful sampling is a systematic, nonprobability sampling method in which the researcher identifies accessible groups of subjects who fit the parameters of the study (Rijnsoever, 2017). Purposeful sampling is used to recruit individuals who can provide

detailed and rich insight into the topic being studied (Gentles & Vilches, 2017). Snowball sampling occurs when a participant is asked by the researcher to provide information about the study to other individuals who meet the inclusion criteria (Griffith et al., 2016). Snowball sampling is helpful when it may be difficult for the researcher to reach the intended population for the study. Snowball sampling was conducted by including a statement in the recruitment materials for prospective participants to forward the materials to others who may meet the inclusion criteria (see Appendix A). These sampling methods are often used together to ensure a large enough sample to reach saturation.

Saturation and Sample Size

Saturation has been used as a guide to determine the sample size that would validate and provide credibility to the research project (Guest et al., 2006). Saturation occurs when the data shared by participants in the interviews are repetitive, indicating that there is not any new information to be found (Rijnsoever, 2017). I anticipated that the sample size needed for the current study would be between 8 and 15 participants. I asked for approval from the institutional review board (IRB) to interview up to 15 participants and to stop interviews after I had reached saturation. I also received approval from my committee to stop data collection.

Inclusion/Exclusion Criteria

The inclusion criteria for this study included the following:

- over the age of 18
- employed as a school-based HSPP (counselor, nurse, or social worker)

- employed at a Title I school for at least 6 months during the school year during the COVID-19 pandemic
- able to read and understand English

Exclusion criteria included familiarity with me in a professional or personal context or not meeting one or more of the inclusion criteria.

Recruitment

Participant recruitment began after approval by the Walden University IRB. A study announcement (see Appendix A) was posted to online social media groups that did not require permission to post within as well as the Walden University Participant Pool (see Table 1).

Table 1

Social Media Recruitment Sites

Site	Forum
Facebook	School Counselors Connect The Relentless School Nurse School Social Work Net (SSWN)
Twitter	School Social Work Association of America (SWAA) National Association of School Nurses (NASN)
Reddit	Professional School Counselors of Color School Nurse, What to expect... Pros/Cons School Counseling World of School Social Workers

Potential participants contacted me by phone or email if they wished to get more information and participate (see Appendix A). I then emailed a copy of the informed consent form for prospective participants to review and offered times that I would be

available to conduct their interview if they chose to participate in the study. The prospective participant selected the means of communicating with me (phone or email) to set up the appointment.

Instrumentation

Semistructured interviews were used to gather data from participants. Questions in the interviews included demographic information as well as interview questions related to the research question.

Demographics

Demographic questions were used to provide information about the characteristics of the sample. This was important because the characteristics of the sample determine the generalizability of the results (Wood et al., 2019). The following questions and response options were used:

1. What is your gender? Male, female, prefer not to answer.
2. What is your race? White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, prefer not to answer.
3. What is the highest degree you have earned? High school diploma or GED, some college, associate's degree, bachelor's degree, master's degree, doctoral degree.
4. Do you have children? Yes/no.
5. What is your position? School nurse, counselor, or social worker, other (please name).

6. How many years have you been a position? Less than 2 years, 2–5 years, 5–10 years, more than 10 years.
7. How many years have worked with Title I schools? Less than 2 years, 2–5 years, 5–10 years, more than 10 years.
8. How many students are served by your school? Fewer than 300, between 300 and 500, between 500 and 1,000, more than 1,000.
9. How many students receive Title I services in your school? Fewer than 300, between 300 and 500, between 500 and 1,000, more than 1,000.
10. How many students are served by your school district? Fewer than 300, between 300 and 500, between 500 and 1,000, more than 1,000.
11. How many students receive Title I services in your school district? Fewer than 300, between 300 and 500, between 500 and 1,000, more than 1,000.
12. How many students are in your school district? Fewer than 300, between 300 and 500, between 500 and 1,000, more than 1,000.
13. When growing up did you ever receive Title I services? Yes, no, not sure.
14. Have any of your children ever received Title I services (if they have children)? Yes, no, not sure.

Semistructured Interview

To ensure interview questions addressed the topic of HSPPs' self-efficacy, I reviewed three sources in addition to Bandura's (1977) social cognitive theory of self-efficacy (see Anyaka, 2017; Atkinson, 2019; Hamilton, 2020). These sources were used to develop questions that addressed the participants' relevant experiences and ensured the

questions were original and aligned with the study objective. The following interview questions were used in the study:

1. In your role at the Title I school what services did you provide pre-pandemic? Please elaborate on XXX. What were the main services that you provided to your Title I students and parents?
2. What were some specific needs of your students and their family pre-pandemic? Tell me more about XXX.
3. What were some specific needs of your students and their families during the pandemic? Tell me more about XXX. Did students and families not communicate their needs (if they indicated they did not have specific needs during this time)? Why do you think that happened?
4. How would you describe the quality of communication from the school administrators to families pre-pandemic? Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
5. How would you describe the quality of communication from the school administrators to school staff pre-pandemic? Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
6. How would you describe the quality of communication from the school administrators to families during the pandemic? Tell me more about XXX.

Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?

7. How would you describe the quality of communication from the school administrators to school staff during the pandemic? Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
8. How prepared were you to provide services pre-pandemic? Tell me more about XXX. Elaborate more about that process/your preparation? Why did this work or not work?
9. How prepared were you to provide services during the pandemic? Tell me more about XXX. Elaborate more about that process/your preparation? Why did this work or not work?
10. How would you describe the quality of communications from parents to you before the pandemic? Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
11. How would you describe the quality of communications from parents to you during the pandemic? Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
12. How were the services you provide to students and their families as a (position) impacted during the pandemic? Tell me more about XXX. Why did

this work or not work? What service was impacted the most and why? What would you have changed and why or why not?

13. Do you think that you were given the tools and authority to provide services to students and families effectively during the pandemic? Why or why not? Tell me more about XXX. Why did this work or not work? What service was impacted the most and why? What would you have changed and why or why not?

14. How could you have been better prepared to deal with the pandemic concerning doing your job? Tell me more about XXX. What types of resources would have helped you prepare? What communication from your administrators could have helped you be more prepared?

15. Looking back on the experience during the pandemic, how do you believe you could have delivered services to students and families differently or better? How would you describe that process? What would it look like?

Procedures for Recruitment, Participation, and Data Collection

Participation

Once I had been contacted by interested participants about the study, I emailed a copy of the informed consent for their review and included dates and times that were available for an interview appointment. Potential participants were asked to review the informed consent and then reply to me with any questions they may have had and to indicate if they would like to proceed and be interviewed and what date/time would work best for them. I would then send a confirmation of the interview date/time and Zoom link

once they had indicated a date/time that works best for them and asks them to confirm that they received the information and that the appointment worked for them. The estimated time commitment for interviews was outlined in the informed consent and was communicated again during scheduling.

Data Collection

Participants were interviewed in one session lasting between 30 and 60 minutes depending on the extent of their answers to the interview questions. All interviews were conducted via Zoom and the Zoom recording option was utilized. At the beginning of the interview, I let the participant know that I would be recording the interview and started the recording (see interview protocol in Appendix B). I reviewed the informed consent form and asked them to verbally indicate if they agreed to continue to participate based on the information in the informed consent. No signatures for informed consent forms were collected (all consent was done verbally on the recording). If a participant had elected not to give informed consent, I would have thanked them for their time and ended the recording. If a participant had elected to stop their participation at any time, I would have ended the recording and thanked them for their time. No data from participants who did not agree to the informed consent who stopped participation, or who withdrew consent after they are interviewed was used for the study.

During the interview, I recorded field notes. Notes included phrases or words that reminded me to ask probing questions once they completed their answer to the question and to remind me during the data analysis phase that I needed to ask a probing question (Guest, et al., 2006). I also noted my specific line of thoughts during the interview such

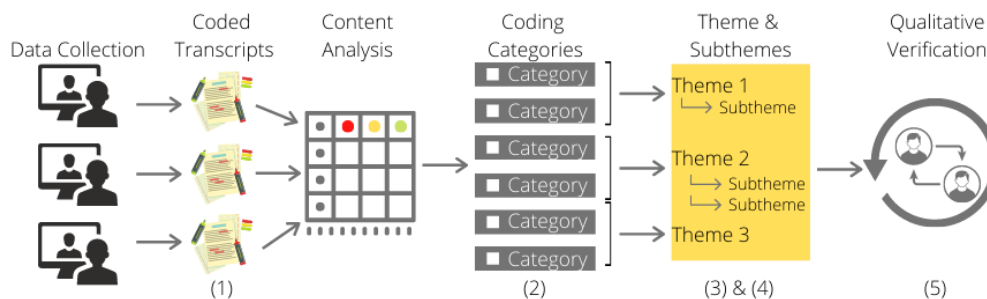
as biases that I may be experiencing or conclusions I found myself drawing during the interview instead of during the data analysis phase.

Upon the completion of each interview, audio recordings were transcribed into a Word document and validated for accuracy by comparing the transcript with the audio recording. Transcripts were generated by the professional transcribing service REV (rev.com). This service provided confidential and secure encryption of the data. Rev also required the researcher and institution to have confidentiality agreements in place before accepting the task and the confidentiality agreement was provided to the IRB as part of the application process (see agreement Appendix C).

I let participants at the end of the interview know that they would be sent a transcript of the interview for them to check over for completeness of the transcript and to provide any clarification if they had any. This was done via email. I gave participants 7 days from when the transcript was sent to respond with corrections and/or clarifications. After 7 days I proceeded with data analysis.

Data Analysis Plan

I generated the themes to answer the research question of the study by following the steps in the following data analysis plan (see Figure 1). The data analysis and coding plan that I had chosen to follow was that of Belotto (2018). The specific steps I took from transcribing the data to arriving at major themes are illustrated in figure one and each step is then further explained.

Figure 1*Data Coding Plan*

1. I reread each transcript and field note and documented initial ideas and highlighted any statements or phrases that appeared meaningful.
2. Generated initial codes by reviewing the data for relevance to the research question. This included examining highlighted material concerning the research question. This process resulted in the coding of interesting features of the data systemically across the entire data set and collating the data relevant to each code (Scharp & Sanders, 2019). Statements found not to be related to the research question were eliminated from the main data analysis related to the research question, but this information was retained in a separate document for posterity and potential future use. It is important to review discrepant data to determine if this should be reported as well (Moser & Korstjens, 2018).
3. The themes and subthemes that emerged were reviewed and checked against the entire data set. Data that appeared to be related to one another were clustered into groups and described by a higher-level theme/group

identification. This systematic grouping of individual responses into larger groups/themes and then those larger groups/themes to be grouped into even larger main themes that would answer the research question is the purpose of thematic coding (Vaismoradi et al., 2016).

4. For each group/theme, a detailed description of the scope of each theme as it evolved. Each theme illustrates supporting quotes that were used as examples of that theme in chapters 4 and 5.
5. I arranged the themes into columns (in a Microsoft Word or Excel document) with supporting patterns below and included words from that data to identify a specific theme. This produced a visualization of the data for all participants and sub-themes and final themes consistent across all participants (cross-case synthesis). Subsequently, I compiled a detailed summary of each identified theme to ascribe meaning to each. This table is provided in an appendix of the final dissertation so that the reader can see the thought process used to determine the larger themes from individual statements.

Issue of Trustworthiness

Trustworthiness is the rigor or validity of the study (Scharp & Sanders, 2019).

Trustworthiness is when the researcher interprets the data that represents the participant most truthfully and ethically (Cope, 2014). Demonstrating a good understanding of the qualitative methodology as well as the design through the execution of the interviews by articulating participants' views and their human experience ensures trustworthiness (Yazan, 2015). To ensure trustworthiness a researcher must consider and address

potential issues related to credibility, transferability, dependability, and confirmability (Hadi & Closs, 2016).

Credibility

Credibility is internal validity and will be addressed by the research using purposeful sampling and member checking (Cope, 2014). Purposeful sampling ensures participants have information and experiences that apply directly to the research question and purpose of the study (Hadi & Closs, 2016). Member checking is used to increase confidence in the accuracy of the data provided by the participant in the interview (Vaismoradi et al., 2016). Each participant will be mailed a copy of their transcribed interview and asked to review it for accuracy to enhance credibility (Cope, 2014).

Transferability

Transferability is external validity and is the extent to which the findings can be applied to others (generalizability) (Kalu & Bwalya, 2017). I plan to enhance the transferability by chronicling my overall process and keeping track of my notes, research, and literature findings, and referring to these often during the interpretation of the data gathered in the interviews. The selection of purposeful sampling will also assist as the participants were chosen based on the criteria for the study (Moser & Korstjens, 2018). The diversity among the participants (age, gender, and ethnicity) along with their intimate knowledge and experience will help answer questions from varying perspectives and communities. Representation from multiple demographics will also enhance transferability (Maxwell, 2021).

Dependability

Dependability is established using multiple sources of data and methods to answer the research question (Hadi & Closs, 2016). Multiple sources of data will include transcripts of interviews with participants, observations collected during interviews, and the keeping of detailed field notes during the interviews (Vaismoradi, et al., 2016). I will cross-reference these sources of information checking for consistency and data confirmation. I will also utilize these sources to assist with developing themes and conclusions based on the data (Cope, 2014).

Confirmability

The findings of this study will be confirmed via verification rather than validation. Verification in qualitative studies considers that the extensive time spent on data collection and iterative evaluation add value to the study (Hadi & Closs, 2016; Kalu & Bwalya, 2017). Bowen et al. (2017) stated that verification of findings for most studies includes the consistent use of memoing for audit trail purposes. In addition, reflexive journaling, member checking of transcripts, and audio recordings can also be effectively used to confirm the results of this study (Bowen, 2017).

Ethical Procedures

Approval from the Walden University IRB was obtained before posting any recruitment materials (Appendix A). All participants were provided a copy of the informed consent form via email before an interview was scheduled and I reviewed the informed consent form with the participant during the beginning of the recorded interview and recorded their agreement to participate. If a participant chose not to give

informed consent, I thanked them for their time and ended the recording. If a participant chose to stop their participation at any time, I ended the recording and thanked them for their time. No data from participants who did not agree to the informed consent, who stopped participation, or who withdrew consent after they are interviewed was used for the study.

Interviews were held virtually to ensure compliance with current social distancing and public health guidelines. Although no psychological harm was anticipated for study participation, this study encompassed participants who were currently living through a pandemic. As such, I was aware that the interviewees may have had very difficult personal and professional experiences, and sharing those could bring about psychological risks (Shahrour & Dardas, 2020). Due to this, I provided information about public counseling resources in the informed consent form.

Participant signatures were not collected (informed consent was completed as part of the recorded interview). Participant identities were kept confidential. The only individuals who potentially had access to the recorded interviews and transcripts were the researcher, committee members, and representatives of the Walden University IRB. Demographic data were reported in aggregate. All data (recordings, transcripts, notes) were kept in a locked cabinet and on a password-protected computer for 5 years after graduation per Walden University IRB guidelines (<https://academicguides.waldenu.edu/research-center/research-ethics/review-process>).

Summary

This chapter encompasses a thorough description of the methodology for this study. The participants for this study were 20 HSPPs employed at a Title 1 School during the 2019-2020, 2020-2021, and/or 2021-2022 school years. The selected participants were interviewed using semi-structured interviewing questions designed by I the researcher and approved by the committee chair. Data were analyzed using thematic analysis to identify themes with meaningful content concerning how HSPPs in Title I schools perceive their ability to render educational guidance to students during the COVID-19 pandemic. Preliminary data analysis was included, a review of the transcribed interviews, followed by the development and organization of codes into categories for analysis, and lastly into a selective phase of showing the associations between themes in subthemes.

I, the researcher utilized member checking, reflexive journaling, memoing, and saturation research techniques to ensure adherence to the tenets of qualitative verification, specifically credibility, transferability, dependability, and confirmability. Multiple ethical considerations regarding participant privacy and emotional and physical health were addressed in ways to ensure the institutional permissions and confidentiality of participants.

Chapter 4: Results

The purpose of this generic qualitative study was to better understand how HSPPs in Title I schools perceive their ability to render guidance to students during the COVID-19 pandemic. The primary research question was the following: How do HSPPs working in Title I schools perceive their ability to render guidance to students during the COVID-19 pandemic? In this chapter, I provide an overview of the study, which includes a description of the interview setting, demographics, data collection, data analysis, and trustworthiness of the study. I conclude the chapter with a discussion of the results.

Research Setting

I conducted and recorded the semistructured interviews using the Zoom application. The interviews were scheduled to accommodate each participant's availability. The recording application worked well, but the video and audio connection occasionally froze during the interviews. There were times when the connection caused the participant to have a challenging time hearing me or vice versa, and it was necessary to repeat questions. In one instance, the video call was disconnected approximately 6 minutes into the interview. However, the call was resumed shortly thereafter with no significant delay. Although this was slightly disruptive, it did not interfere with the participant's ability to complete the interviews. Despite the occasional minor disruption, I was able to complete the interviews with clarity and accuracy. The range of times that interviews took was from 30 to 45 minutes. On average, the interviews took 35 minutes.

Demographics

The sample consisted of 15 participants. Seven of the 15 participants were school counselors, two were school nurse practitioners, and two were social workers. Four academic support staff included in this study had multiple employment titles and duties that differed from school nurse, counselor, and social worker. These participants were included based on their experience as HSPPs working in Title I schools. Most participants (79%) had a master's degree, and most identified themselves as African American (60%). More than half the participants held the position of school counselor (53%).

Most participants did not receive Title I services as a child (73%), nor did their children receive them if they had children (46%). Forty percent of participants reported being in their current position for less than 2 years at the time of the interview, indicating their experience in their current position existed entirely during the COVID-19 pandemic. Most participants (47%) reported serving in Title I schools for more than 10 years, and approximately half of the participants (46%) reported their school sites serving less than 500 students. All but one participant reported that the entire student body at their site receives Title 1 support. Similarly, all participants except one reported working in a district that supports more than 1,000 students. The demographics of the participants are shown in Table 2.

Table 2*Participant Demographics*

Demographic	Category	Number	Percentage
Education	Baccalaureate	2	14%
	Master's	12	79%
	Doctorate	1	7%
Race	African American	9	60%
	Biracial	1	7%
	Hispanic	1	7%
	White	4	26%
Parental status	Children	8	53%
	No children	7	47%
Participant receipt of Title 1 services	Yes	3	20%
	No	11	73%
	Unknown	1	7%
Participant's children receipt of Title 1 services	Yes	2	14%
	No	7	46%
	Not applicable	6	40%
Current position	School counselor	8	53%
	Social worker	2	13%
	Nurse practitioner	2	13%
	Program director	3	20%
Years in current position	Less than 2	6	40%
	2-5	4	27%
	5-10	2	13%
	More than 10	3	20%
Years in Title 1 schools	Less than 2	3	20%
	2-5	1	7%
	5-10	4	46%
	More than 10	7	27%
Title 1 students served at site	0-300	3	20%
	300-500	5	33%
	500-1,000	6	40%
	More than 1,000	1	7%
Title 1 students served in district	0-300	0	0%
	300-500	0	0%
	500-1,000	1	7%
	More than 1,000	13	86%
Total students at site	0-300	3	26%
	300-500	3	20%
	500-1,000	7	47%
	More than 1,000	2	7%
Total students served in district	0-300	0	0%
	300-500	0	0%
	500-1,000	1	7%
	More than 1,000	13	86%

Data Collection

I received IRB approval on December 3, 2021, and the approval number was 12-03-21-0981198. I requested permission to recruit 15 participants. After receiving IRB approval, I posted a study announcement (see Appendix A) to online social media groups that did not require permission to post, including Twitter and Reddit, as well as the Walden University Participant Pool. In addition to posting on online sites, I used snowball sampling to recruit participants. I asked participants to share information about the study with HSPPs who met the inclusion criteria.

Participants contacted me through phone and email. Upon receiving an inquiry from a potential participant, I either returned the call or sent an email to confirm their interest. Once interest was confirmed, I followed up with an email with the informed consent as an attachment for review and consent. My next step was securing a day and time that would be convenient to conduct the interview. I interviewed 15 participants, which was my target sample size. I began participant recruitment on December 6, 2021. I conducted the Zoom interviews between December 17, 2021, and January 25, 2022.

Participants were interviewed in one session lasting between 30 and 60 minutes depending on the extent of their answers to the interview questions. All interviews were conducted and recorded via Zoom. At the beginning of the interview, I welcomed the participants and thanked them for participating in the study. I then asked if there were any questions regarding the informed consent sent earlier. Two of the 15 participants had general questions regarding the final study and its accessibility. I reminded them that interviews were being recorded, and then started the recording (see Appendix B).

Upon completion of the interview, I sent the recording of the interview to the professional transcribing service REV (rev.com). The recordings and the transcribed interviews were saved on my password-protected computer. I emailed participants a copy of their transcribed interviews and requested that they review them for accuracy. If participants did not respond to the email within 7 days, the transcripts were assumed to be accurate. All 15 participants responded to the participant validation request. One requested clarification of their comment because the transcript indicated inaudible for Question 11.

Data Analysis

After the participants reviewed the transcribed interviews, I redacted the names from the interviews and replaced them with participant numbers. Thereafter I began the coding process. Because of the generic qualitative design of this study, I used the data analysis and coding plan described in Chapter 3.

First Coding Cycle

I began the process of coding by first reading the interviews several times to familiarize myself with the content (Step 1). I then highlighted sentences, paragraphs, and phrases that were pertinent to the research questions or that seemed important to the participant (Step 2). I created initial codes in two ways. First, I created codes based on the semistructured interview questions and the possible answers to those questions (Step 3). I also created codes as I read and highlighted the passages and identified meaningful phrases and removed unrelated statements (Step 4). Some of the initial codes were social-emotional services, social skills, mental health, service provision, SEL support,

transportation, homelessness, hunger, safety, technology, engagement, academic support, classroom support, encouragement, communication, being prepared, resources, and materials, and safe space.

Initial Themes

After completing the first cycle of coding methods for all 15 interviews, I moved on to the systemic grouping of individual responses into groups and themes (Step 5). I kept memos regarding which codes were grouped and why I made those decisions. During this process, I reorganized the codes in order of the questions and began grouping some codes. I reviewed all initial codes and read the attached passages from the interviews to make decisions about recoding, grouping, and categorizing (Steps 6 and 7). Table 3 summarizes the interview questions and resultant themes.

Table 3*Interview Questions With Associated Themes*

Interview question	Theme
What services did you provide prepandemic?	Services and resources
What was your focus?	Services and resources
What were some specific needs of your students and families?	Services and resources
Describe the quality of communication with parents and staff.	Communication and trust
How prepared were you to do your job?	Preparation
What changed regarding your student/family needs during the pandemic?	Disrupted services, Services and resources
Was it working? Were you successful?	Disrupted services
How did communication with students, families, and staff change during the pandemic?	Communication and trust
How did you prepare when the pandemic hit?	Preparation
Were you given the necessary tools and authority to provide services during the pandemic?	Preparation Disrupted services Services and resources
How could you have been better prepared to do your job?	Lessons learned
What could you have changed if you could?	Lessons learned
Would you change any of the resources?	Services and resources Lessons learned

Theme 1: Services and Resources

Services refer to those services provided by HSPPs to students, not those provided by schools to HSPPs. These include but are not limited to social-emotional skills support, psychological and behavioral health counseling, social services provision, food vouchers, clothing resources, housing, transportation assistance, medical care coordination, and academic tutoring. See Table 4 for a list of the services that participants indicated were provided by them to their students.

Table 4*Services Provided*

Service	Category	Number	Percentage
Counseling/care	Social-emotional counseling	14	93%
	Mental health counseling	14	93%
	Medical care/coordination	4	27%
	Academic/tutoring support	4	27%
Communication	Parent communication	14	93%
	Stakeholder relationship development	6	40%
	Teacher needs coordination	1	7%
Family support	Food assistance	8	53%
	Clothing assistance	7	46%
	Housing assistance	2	13%
	Financial literacy and services	4	27%
	Transportation services	4	27%
	Employment opportunity services	3	20%
	Technology resources and training	2	13%

Participants noted a lack of resources before and during the pandemic as a hindrance. For example, one participant noted

I wish that we would've had more direct services provided to the children in the area of SEL because these children were dealing with a lot emotionally. I mean, and there are two counselors in my building, but there were so many other needs that almost a little bit took precedence over meeting those SEL needs because there were so many needs that needed to be met in the building

Another noted

to help me better prepare, I wish I would've had a little bit more resources to start services with the kids. If I had those resources available for me right then and

there, and have some SEL skill games going in, it would've been way much easier to help those kids out at the beginning.

Additionally, many participants noted significant changes in the scope and level of services needed by students and families during the pandemic. Prepandemic needs focused primarily on counseling and care services; however, during the pandemic needs shifting to family support services including food, clothing, housing, transportation, and technology training. For example, one participant provided the following description of needs before and during the pandemic:

Before the pandemic I would give parents resources to assist their students maybe with homework, that was just my regular before the pandemic. Serving the students and teaching them lessons, then giving parents feedback, and tips so lessons could be reiterated at home. During the pandemic, there was a large increase in need. Families were having difficult times trying to access certain things like housing, food, and even their mental health, so I was giving them tips and outside resources for that. I felt like I did that. I was doing it before, but not at this rate, not at this rate.

When asked how the services and needs of students changed another participant responded “housing, housing, housing, housing. And I’m going to put that in exclamation points. Consistent housing. I mean, we even had students who had somewhere to stay, but it wasn’t their house. So...housing.” When asked to consider services before and during the pandemic, another participant noted

just getting the kids to school, being on time, and that was prepandemic. During the pandemic, it was technology, understanding how to use the technology. Even when they (students and parents) receive the devices, just being able to help their children to maneuver through it (was difficult) because a lot of our parents didn't have the academic skills to be able to help them. ... We had hubs set up at different schools, and our school became a technology hub. Then the challenge became getting them to the hubs because of a lack of transportation. So mostly it was just technology things that they needed more than anything.

Other participants noted specific changes in the types and levels of services since students had returned to in-person learning:

It increased pre-pandemic, and the school was normal. Everybody was structured, but now because of the pandemic, we all went virtual, and then some students were doing e-learning. But now that we're back at school, the kids (are) having a hard time adjusting to what had happened, and how school is supposed to usually be running. And they're having a hard time figuring out what success is in the classroom, and outside the classroom.

Theme 2: Disrupted Services

During school shutdowns, HSPPs faced challenges in the provision of specific services including mental health services, transportation, food security, clothing provision, housing services, academic support, and technology training resources and materials. Participant perceptions of how and why the provision of services may have been disrupted during the pandemic varied. A summary of these is provided in Table 5.

Table 5*Causes of Service Disruption as Provided by Participants*

Disruption to service	Number	Percentage
Lack of privacy/security when communicating with students	1	6%
Inability to provide school-based tangible resources	2	13%
Inability to provide families tangibles due to lack of transportation	7	46%
Divided attention/excess workload	9	60%
Lack of face-to-face time	9	66%

Participants indicated that service provision became secondary to other needs like student tracking for attendance. Specifically, one participant noted they had to shift to more attendance type of things, just contacting parents:

Again, my job shifted. It became, I need you more to try to help to keep our kids connected to the teachers...it seemed that we were so busy doing other things to get through the pandemic that ... How do we get those completed so that we can do our normal counseling services?

The participants who are nurse practitioners noted the inability to provide care to students and their families, including state-mandated medical screenings (height, weight, vision) as a significant disruption. Said one participant:

But since last year, a lot of our kids didn't get height and weight and vision screenings, and the things that I'm responsible for that are mandated by the state. This didn't happen. It couldn't happen. Kids can't proceed with services in school until you can establish that they can hear, and they can see. A lot of our kids get held up because we don't have proper documentation, or they fail a vision

screening.... (School nurses) are on the front lines of seeing what's going on with these kids... When they couldn't see them and they weren't there, a lot of things just didn't get done.

Theme 3: Communication and Trust Issues

For this theme, communication refers to the vertical exchange of information between (1) Administration to staff (2) Administration to parents, and (3) HSPPs and students, and families of students. Interview questions 18-19 asked participants about the quality and efficacy of vertical (administration down) and lateral (service provider to the recipient) communication before and during the pandemic. Tables 6 and 7 summarize participant responses to these questions. Most participants noted that lateral communication before the pandemic was adequate as supported by both face-to-face interactions with students, and the use of calls or digital communication with parents. Multiple participants noted that having communication systems in place before the pandemic was extremely important when transitioning during school shutdowns.

Table 6

Description of Changes in Vertical Communication From Administration to Staff

Response	Number	Percentage
Communication has improved	3	20%
Communication is not timely	6	43%
Communication has increased overwhelmingly so	7	46%
Communication was confusing and conflicting	14	93%
Communication is overly cautious	15	100%

Table 7*Description of Vertical Communication From Administration to Parents*

Response	Number	Percentage
Communication increased	4	26%
Difficulties reaching families increased, especially with those experiencing housing insecurity	10	66%
Most communication utilized technology like Class Dojo, SeeSaw, or phone calls	11	73%

Communication between HSPPs and families played a significant role in how service provision changed during school shutdowns, with many mentioning that lack of face-to-face communication provided a significant obstacle. Said one participant:

When we communicate, it's basically through technology. A lot of our parents struggle with receiving that communication because some don't have the technology necessary to receive all those things. They're living at hotels. It's a struggling Title I school. So even if we are sending out a phone call, or email, it's kind of likely that they won't get it.

Building trust was also an issue that was related to communication that participants noted as an issue faced when providing services. Said one participant:

The biggest impact I would say during the pandemic, of the virtual portion, is that I wouldn't get that face-to-face time with the students, to be able to read their nonverbal cues, to build that one-on-one relationship with them, so that they would trust, and in turn, that their parents would see that trust-building also.

Lack of privacy and space was noted by several participants. For example, one participant noted:

That there maybe five or six kids in the house. There is not a space where they can go in private and speak to you. And finding space to be able to speak to a child and say, “Okay, can you find a space by yourself? Can you go into a room and close a door?”

Theme 4: Staff and School Preparation

Staff preparation refers to the preparation for the implementation of distance learning by school sites and district administration. Participants noted a lack of structure and expectations for HSPP when compared with classroom teachers. Administrations tended to emphasize flexibility and the increased use of technology to communicate regularly. Interview questions 20-22 asked participants about how prepared they felt to accomplish their work before and during school shut-downs. Table 8 has generalized responses to these questions.

Table 8

Description of Participants’ Preparedness During the Pandemic

Response	Number	Percentage
Not prepared due to lack of privacy/confidentiality on the student’s part	1	6%
Not prepared for the transition to online tools and technology	7	46%
Not prepared to handle state-mandated screenings in a virtual setting	14	93%

Regardless of experience level, all participants noted they were comfortably or felt well prepared to succeed in their roles as an HSPP in a Title 1 School before the pandemic, but this perspective changed significantly during the pandemic. Many

indicated feeling unprepared for the necessary implementation of virtual-only communication. Some noted a lack of structure of expectations when compared with other positions like teachers. For example, one participant noted:

I feel like during the pandemic, counselors, really, to be honest, any type of service provider were left out of the loop, and we had to figure that out on our own. There were really no lessons that had to be done. We had to just do health checks to just see how families were doing, if they relocated, just to make sure everything was fine before we even went into what counseling remotely was going to look like because, again, there was no structure for it.

Multiple participants relayed the sentiment that it was not possible to be prepared to meet the needs of the pandemic: *...since we never experienced this (pandemic) before, there was no way to be prepared.* Others wished that a protocol was in place for such an event before the pandemic:

I'm wishing that there was a protocol just in case of a school had to shut down because regardless of if it's a pandemic or not, there should have been a protocol already in place if a school needs to close. I don't think New York City, or the higher beings, or whoever, anticipated any school shutting down because it never really happened before, but I think this should have been a protocol regarding what to do if a school shut down.

Theme 5: Lessons Learned

This theme encompasses reflections by HSPPs on perspectives, decisions, and actions regarding the provision of services to students during school shutdowns.

Interview questions 23-25 asked participants to reflect upon their experiences and provide insight into lessons they learned and what (if any) aspects they would have changed about their performance if given the ability and opportunity. Tables 9 and 10 have generalized responses to this question.

Table 9

Participants' Reflections on the Pandemic Experience

Response	Number	Percentage
Unlikely to have been or felt prepared due to the novelty of the circumstances	5	33%
Learned how to implement new tools and resources including communication technology and local (walkable) resources	8	53%
Identified professional priorities	10	66%

Table 10

Participants' Suggestions for Future Preparations/Things They Would Change

Response	Number	Percentage
Ready-to-use communication templates/communication structure	3	20%
Prior use/training of specific technology and tools	4	26%
Stronger leadership	5	33%
Better organization of client data	6	40%
Increased resource availability	7	46%
Increased accessibility for parents	8	53%
Better technology training and communication support for parents	9	60%
Increased presence with students during lessons	10	66%
Streamlined vertical communication with state and county agencies	13	86%
Training on virtual counseling best practices	14	93%

Some participants noted that the implementation of new organizational and technological tools was difficult for those with less experience. Others noted a

willingness to learn from current experience: I think that there should've been a protocol just in case of a state of emergency where we couldn't come into the building already. Think of it that way. But it's a learning experience, now that this has happened, we have those things already in process."

Similarly, some noted specific tools and skills they learned during the pandemic that they will continue to use. For example, You don't know what you don't know. Now I've got spreadsheets after spreadsheets, keeping track of conversations and things better. There are always ways to do things better. Some indicated a need for understanding client limitations when designing expectations. I've learned to hunt down resources that are walkable, that are close. If I give my families the resource, but they can't get there, you know? It's been a learning curve for me."

Many mentioned a desire for additional resources and training. For example, one participant indicated communication templates as a potentially helpful resource for communicating with parents:

So, for me, it would've been just having some specific templates, or even a timeline of when I could send out stating, hey, your counselor or social worker is here. These are the available resources. Please know that we're here as a support to you, please feel free to reach out.

Another indicated a need for therapeutic training to better support students during crisis events:

My department does a great job with PDs and training, but I think it would be good to have more training on virtual counseling... I don't want to just hear

somebody speaking about it. Like I actually would like to see videos of therapists, of course with their consent. I would like to see videos of therapists providing, so we can see what that looks like because I'm sure people do it differently.

Evidence of Trustworthiness

Credibility

To enhance credibility, I implemented multiple strategies including saturated purposeful sampling and member checking. The use of purposeful sampling ensured that participants were able to provide detailed information regarding the experience studied. After reviewing the data from all fifteen interviews, the data was considered saturated as no new information or themes were observed (Shufutinsky, 2020).

Member checking was used to increase the confidence in the researchers' data collection of the participants' experiences and views. (Cope, 2014). The transcribed interviews were provided to participants for the opportunity to review for accuracy. After having the opportunity to review transcripts no inaccuracies were noted by participants. Only one participant requested clarification of their comment as the transcript indicated inaudible for question 11. Reflexive journaling, memoing, and notes recorded specific decision-making during data collection, coding, and analysis (Shufutinsky, 2020).

Transferability

Transferability, or external validity, is the extent to which the findings of one study can be applied to other situations (Kalu & Bwalya, 2017). As discussed, I included a purposeful sampling of participants employed from different Title 1 schools. Consistent information shared by different participants, despite differences in site and district sizes,

increase the generalizability of the findings (Pratt & Yeziarski, 2018). Some differences in participants' accounts regarding preparation and management during school shutdowns were also valuable, as they indicated a range of experiences related to the differing levels of resources and readiness of schools to surmount the unexpected challenges of a global pandemic. This variation in responses to questions regarding preparation in conjunction with common themes could assist schools across the educational spectrum gain insight and preparing for future crises (Pratt & Yeziarski, 2018).

Dependability

Dependability is established by data and methodological triangulation, specifically, the use of multiple sources of data and methods to answer the research question (Guion & Gibson, 1988). Multiple sources of data included transcripts of interviews with participants, my observations and notes collected during interviews, and the review of supplementary documentation/information provided by study participants regarding resources used during virtual learning. I used reflexive journaling and memoing to reduce bias and to increase the audit trail for the combined data set (Janis, 2022).

Confirmability

Verification in qualitative studies considers that the extensive time spent on data collection and iterative evaluation add value to the study (Hadi & Closs, 2016; Kalu & Bwalya, 2017). Bowen et al. (2017) stated that verification of findings for most studies includes the consistent use of memoing for audit trail purposes. In addition, reflexive journaling, member checking of transcripts, and audio recordings can also be effectively

used to confirm the results of this study (Bowen, 2017). Participant validation via email was utilized as they were asked to review their transcribed interview.

Results

The perceptions of the participants in this study emerged through iterative analysis of their interviews. The research question had multiple interview questions that addressed different facets of the participants' experiences including preparation for school shut-downs, services and needs, reflections on the disruptions of services, and subsequent lessons learned. I developed codes for the answers to the interview questions and then developed grouped those codes into themes that responded to the aforementioned facets of the research question.

The research question was: How did human service professional practitioners in Title I schools perceive their ability to render educational guidance to students during the COVID-19 pandemic? To address the research question, interview questions were designed to establish participant views on pre-pandemic work conditions (questions 13-15, 18, and 20), and subsequent changes in perception during the pandemic (questions 16-17, 19, and 21-25). Table 11 summarizes the interview questions organized by relationship to parts of the research question.

Table 11*Interview Questions Related to Parts of RQ*

Part of RQ	Interview question
Views on pre-pandemic work conditions	What services did you provide pre-pandemic?
	What was your focus?
	What were some specific needs of your students and families?
	Describe the quality of communication with parents and staff.
Changes in perception during the pandemic	How prepared were you to do your job?
	What changed regarding your student/family needs during the pandemic?
	Was it working? Were you successful?
	How did communication with students, families, and staff change during the pandemic?
	How did you prepare when the pandemic hit?
	Were you given the necessary tools and authority to provide services during the pandemic?
	How could you have been better prepared to do your job?
	What could you have changed if you could?
Would you change any of the resources?	

Views on Prepandemic Work Conditions

Participants described providing a variety of services to their clients prior to the COVID-19 pandemic with social-emotional and mental health counseling, as well as communication with school stakeholders comprising most participants' primary responsibilities. However, the breadth of family support services provided by HSPPs demonstrates the vast needs of Title I families. Participants from community schools described wrap-around services that support whole child well-being that includes but is not limited to meals, mental and physical health services, parent communication, and academic support.

Most participants noted a lack of resources as an impingement to their service provision; however, none reported feeling that their job was un-doable. All participants

described specific job-related tasks and how those tasks were accomplished. No participant identified themselves as unreliable or inconsistent in providing services. Similarly, while participants may have critiqued vertical and lateral communication at schools, all could describe specific communication structures by which information was successfully shared between school stakeholders. Many noted communications prior to the pandemic were predictable, reliable, consistent, and supportive. These findings depict a collection of trained professionals performing in roles critical to student and school success, with provisional albeit tenuous resources.

Changes in Perceptions During the Pandemic

The majority of participants expressed because there had been no similar events to a pandemic in recent history that there was no way to be prepared for what came due to COVID-19. However, some participants noted gaining helpful knowledge and experiences including insights into professional priorities, the use of new organizational tools, and a wealth of new resources. For example, one participant noted their continued use of new tools and skills acquired during school shutdowns. The pandemic has helped them to become better organized by keeping track of conversations on multiple spreadsheets. All participants noted at least one suggestion or change they would make upon reflection on their experiences. Suggestions were focused on increasing resource availability, training, communication and organization, and stronger leadership.

When asked to describe what impacted service provision the most, many participants noted a lack of face-to-face time with students due to a lack of privacy and resources. For example, one participant responded:

So, during the pandemic, services that I would have provided to children while they were virtual, those types of services pretty much did not exist. Because again, I could not establish that secure link that I needed to the student to be able to work with them outside of making sure that there was no one else, that the child had a secure place to talk. So pretty much I was not able to provide that service.

Another noted:

The biggest impact I would say during the pandemic, of the virtual portion, is that I wouldn't get that face-to-face time with the students, to be able to read their nonverbal cues, to build that one-on-one relationship with them, so that they would trust, and in turn, that their parents would see that trust-building also.

Conversely, one participant noted they felt particularly successful at maintaining support virtually:

The students with that I have a good rapport relationship, I was able to continue to log on and meet. And once I created a, it was like a, I don't know, like a chill room, hangout room, a lot of my students logged on because it was like their social hour. So, without saying, this is your counseling session, I just made it into a group thing. So, I could check in with them, and do assessments. Look around and see what was going on.

Despite this, the participant still indicated a lack of functionality resulting from virtual interactions, specifically. Some of them stated that they didn't get to see it because

the screen was always black. So, they could only go by the student's voice. This was difficult to effectively counsel by voice alone.

These results illustrated profound changes in how HSPPs at Title I schools perceive their continued ability to render educational guidance to students during the COVID-19 pandemic. Each theme identifies specific elements that contribute to HSPPs' efficacy and outcome expectations. Theme 4 Staff and School Preparation summarizes participants feeling about the inability to be prepared for their role as a service provider under ever-changing conditions including, but not limited to distance learning during school shutdowns, and hybrid learning upon re-opening. Theme 1 Services and Resources documents how as HSPPs sought to adapt their delivery methods, many reported significant changes in the needs of their clientele. Participants widely reported seeking new and novel ways to provide access to resources for their students and families. In addition, many participants noted significant changes too or additional job responsibilities thrust upon them while struggling to maintain clear lines of communication as illustrated by Theme 3 Communication and Trust Issues. The culmination of these factors provides the foundation for Theme 2 Disrupted Resources.

Indirect response to the widespread challenges described in Themes 2, 3, and 4. Theme (5) Lessons Learned illustrates the resilience of HSPPs which likely plays a large role in moderating outcome expectations. Upon reflection, many participants pointed out positive outcomes including the use of new resources and tools and the identification of professional priorities. Additionally, when asked for suggestions regarding future preparations for similar events, all participants were able to identify specific examples

representing internal and external factors, indicating that participants could clearly distinguish between controllable (internal) and uncontrollable (external) factors that influence outcome expectations.

Summary

The purpose of this generic qualitative study was to better understand how human services professionals working in Title I schools perceive their ability to render guidance to students during the current COVID-19 pandemic. I conducted semi-structured interviews to collect the data from 15 HSPPs employed at Title 1 Schools during the COVID-19 pandemic.

The primary research question of this study was: How did human service professional practitioners in Title I schools perceive their ability to render educational guidance to students during the COVID-19 pandemic? Because of the generic qualitative design of this study, I used data analysis and the coding plan is similar to that of Belotto (2018). The results gave insight into how HSPPs perceived their effectiveness in providing services to students and students' families during school shutdowns, and what they thought could be done better. Thematic analysis of participant interviews yielded five major themes: (1) Services & Resources, (2) Disrupted Services, (3) Communication and Trust Issues, (4) Staff & School Preparation, and (5) Lessons Learned. Collectively these themes describe participant experiences rendering guidance to students and families before and during the COVID-19 pandemic.

Interview questions 13-15, 18, and 20 establish the participant's perspective on pre-pandemic work conditions, while questions 16, 17, 19, and 21-25 seek to identify

how these perceptions changed during the pandemic. Participants independently expressed the idea that an expectation of adequate preparation for the pandemic was unrealistic due to a lack of experience with similar events in recent history. However, opinions on how participants were or were not able to provide services during the pandemic differed. Some participants noted gaining helpful knowledge and experiences including insights into professional priorities, the use of new organizational tools, and a wealth of new resources. Many participants noted not feeling prepared to handle state-mandated screenings in a virtual setting while experiencing a surge in needs by students and families during school shut-downs. All participants noted at least one suggestion or change they would make upon reflection on their experiences, most (93%) indicating a need for training on virtual counseling best practices. In chapter 5, I will discuss the interpretation of the findings, limitations of the study, recommendations for future studies, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to better understand how HSPPs in Title I schools perceived their ability to render guidance to students during the COVID-19 pandemic. The research question was the following: How did HSPPs in Title I schools perceive their ability to render educational guidance to students during the COVID-19 pandemic? Five themes derived from the data were grouped into two parts to answer the research question. The first part was that participants were able to effectively deliver services before the COVID-19 pandemic even with a lack of resources (Theme 1), but none reported feeling that their job was undoable (Theme 2). However, during the pandemic-related school shutdowns, there were significant disruptions to service providers because of increasing student needs, changes in job responsibilities, and communication and trust issues (Theme 3). The second part was that there had been no similar events to a pandemic in recent history, so there was no way to be prepared (Theme 4), but participants noted that they were able to gain helpful insights into professional priorities, the use of new organizational tools, and a wealth of new resources that could be used when encountering other disruptions (Theme 5). In this chapter, I discuss the findings from my research as they relate to the theoretical framework and previous studies. I also discuss the trustworthiness of the study, make recommendations, identify limitations, and describe implications for positive social change.

Interpretation of the Findings

Interpretation of Findings in Relation to Theoretical Framework

Self-efficacy theory was the lens through which I looked at the results. This

theory indicates how performance, vicarious experiences, persuasion, and physiological/emotional states are related to the development of self-efficacy (self-worth, perceived ability, and confidence in one's profession; Bandura, 1977; Bandura & Adams, 1977). As anticipated, how HSPPs in Title I schools perceived their ability to render educational guidance to students during the COVID-19 pandemic appeared to be related to these concepts of self-efficacy theory.

Self-Efficacy Prior to the Pandemic

Responses established some of the baseline elements contributing to participants' self-efficacy prior to the pandemic, primarily performance and emotional states related to environmental conditions (Questions 13, 14, 15, 18, and 20). Examples included participants' perspectives on their job responsibilities prior to the pandemic (Questions 13, 14, and 15) and aspects of experiences prior to the pandemic, including communication among stakeholders and feelings of preparedness (Questions 18 and 20). The collective responses to these questions provided the reflection point or mirror to which participants compared their experiences during the pandemic.

I found the answers to the question "How prepared were you to do your job?" to be the most illuminating because they provided the most insight into expectations of self on the job and spoke to mastery of skills related to self-efficacy theory (see Bandura, 1977). All participants noted they were comfortable with or felt well prepared to succeed in their roles as an HSPP in a Title 1 school before the pandemic. For example, one participant noted "pre-pandemic? I was ready to go. I was in my internship. I had all these plans available. I was going to do this, do all these good things, man. It was looking

real good on my end.” Another stated “yes. I was set prior. I mean, of course, there’s always room for growth. I mean, my department, we’re always loaded with PDs and different pieces of training.” Still another said “you know, honestly ... we were prepared. ... We did a lot of posting videos, which are still very, very positive, and very true for our plan today. We continue to post videos. So we were prepared.” Another said

prepandemic I was pretty much ready to handle situations as they came in ... and I was available for the most part to assist teachers ... I was available for the crisis intervention and all the different things that go along with that. Lessons, I was available to them because each month I tried to give a whole class lesson. And then again, there were my groups of students and then my caseload of students. So there were lots of opportunities to be available to the students.

All of these responses indicate participants’ beliefs regarding their ability to perform the tasks necessary for attaining a specific valued goal, namely, to effectively provide their students with the necessary support and services (see Bandura, 1977). In particular, these comments referenced examples of prior experiences such as internships, professional development, and giving whole-class lessons. These experiences are representative of performance and are considered most effective in influencing self-efficacy because they are derived from personal experiences (see Agholor, 2019). Even though there was a lack of resources reported by participants, participants reported that they felt confident and comfortable regarding their perceived ability to perform their job function prior to the pandemic despite these resource limitations. For example,

I wish that we would've had more direct services provided to the children in the area of SEL because these children were dealing with a lot emotionally. I mean, and there are two counselors in my building, but there were so many other needs that took precedence over meeting those SEL needs because there were just so many needs that needed to be met in the building.

However, this same participant indicated

I think we did the best that we could ... I feel like I was supported as best as I could have been. In terms of resources, I feel like as educators, we do the best that we can with what we have.

Participant responses did not contain information about vicarious experiences or incidents of persuasion that I was able to identify. This does not mean these elements were not present or did not have a role in participants' level of self-efficacy (see Bandura, 1977). However, because I did not ask interview questions related to these components, there was little evidence to assess the relative contributions of these elements to HSP self-efficacy in the current study. I would recommend that future researchers include questions to gather information about these self-efficacy theory components in future studies.

Self-Efficacy During the Pandemic

The level of professional self-efficacy is a predictor of psychosocial well-being (burnout), the perception of challenge, and hindrance demands (Ventura et al., 2015). Lower self-efficacy is related to burnout and a decrease in work-related motivation (Rieder et al., 2019). For these reasons, it was important to understand how self-efficacy

functions in HSPPs during times of crisis, such as during a pandemic.

Despite clear indications of negative impacts on performance and physiological/emotional states of HSPPs during the pandemic, most participants pointed out positive outcomes including the use of new resources and tools and the identification of professional priorities (Theme 5, lessons learned). For example, one participant noted “I’ve learned to hunt down resources that are walkable, that are close. If I give my families the resource, but they can’t get there, you know? It’s been a learning curve for me.” Another noted “now I’ve got spreadsheets after spreadsheets, keeping track of conversations and things better. There are always ways to do things better.” When asked for suggestions regarding future preparations for similar events, all participants were able to identify examples representing internal and external factors, indicating that participants could distinguish between controllable (internal) and uncontrollable (external) factors that influenced outcome expectations (see Metsala & Harkins, 2019).

For those with strong efficacy expectations, self-efficacy theory predicts that these individuals may reduce the negative impact of intermittent failures, and once overcome, these failures can strengthen resiliency (Bandura, 1977). For example, a person with a high level of self-efficacy in a responsive environment is likely to be successful because their perception of their abilities in a changing environment promotes success and motivation. Conversely, a person with a low level of self-efficacy in a responsive environment may be depressed by the combination of environmental instability and a lack of confidence in their abilities, hindering their attempts at success (Cross et al., 2018). By viewing school shutdowns as a temporary obstacle that has been

(albeit tenuously) overcome, HSPPs may have persevered as predicted by the idea that strong efficacy expectations may reduce the negative impact of intermittent failures (see Bandura, 1977).

Self-Efficacy and Performance of Participants

Because internal and external conditions changed during the pandemic, with little comparative experience to draw from, participants shared that performance expectations changed during the pandemic in three distinct ways: (a) The need for services increased (Theme 1, services and resources), (b) the scope of services and job responsibilities of service providers changed (Theme 2, disrupted services), and (c) participants were unable to successfully provide services due to lack of access and privacy issues (Theme 3, communication and trust issues). These were found in the answers to Questions 16, 17, 19, 21, and 21–25.

Increases in Need (Theme 1, Services and Resources). Environmental influences such as stress and fear during the pandemic can alter individuals' self-efficacy (Shahrour & Dardas, 2020). Seeking to meet the increasing needs of students during the pandemic was a source of additional stressors on HSPPs beyond living through the pandemic themselves. For example, one participant noted

during the pandemic, I think (there) was a large increase of that need ... because families were having difficult times either with trying to access certain things like housing, food, even for their mental health ... (but) you can't be in one place at all times. This is now even more pulling in different directions than before the pandemic.

Another participant discussed that housing became an important concern: “Housing, housing, housing, housing. And I’m going to put that in exclamation points. Consistent housing. I mean, we even had students who had somewhere to stay, but it wasn’t their house. So...housing.”

Although these comments do not provide evidence of changes in performance by HSPPs, they represent a clear change in the scope and level of needs of students and their families. Establishing this change in scope and level of needs of students and families is the foundation for understanding the changing conditions and demands experienced by HSPPs during the pandemic that affected their ability to do their jobs successfully. This is important to self-efficacy because personal goal setting is influenced by the self-appraisal of capabilities (see Bandura, 1993). Setting and achieving challenging goals, such as meeting the increased needs of students during school shutdowns, could result in increased self-efficacy (see Bandura, 1993). Failures under stressful conditions can also result in diminished self-efficacy, decreased satisfaction, and impaired future performance. This could result in decreased quality of services from HSPPs available to students and their families.

Changes in Scope of Services and Job Responsibilities (Theme 2, Disrupted Services). In response to new constraints resulting from school shutdowns and the increasing needs of students during the pandemic, HSPPs noted changes to their scope of services and job responsibilities. How HSPPs perceived their ability to address these changes is a critical determinant of subsequent behavior (see Bandura, 1977). One participant noted

(prior to the pandemic my primary responsibility was) just getting the kids to school, being on time, and that was pre-pandemic. During the pandemic, it was technology, and understanding how to use the technology. Even when they (students and parents) receive the devices, just being able to help their children to maneuver through it (was difficult) because a lot of our parents didn't have the academic skills to be able to help them. ... We had hubs set up at different schools, and our school became a technology hub. Then the challenge became getting them to the hubs because of a lack of transportation. So mostly it was just technology things that they needed more than anything.

Another participant noted “again, my job shifted. It became, I need you more to try to help to keep our kids connected to the teachers...it seemed that we were so busy doing other things to get through the pandemic that.” Still another noted

okay, so during the pandemic, services that I would have provided to children while they were virtual, those types of services pretty much did not exist. Because again, I could not establish that secure link that I needed to the student to be able to work with them outside of making sure that there was no one else, and that the child had a secure place to talk. So pretty much I was not able to provide that particular service. As far as counseling, even with my small groups, my kids were sometimes missing in action. So, with, I was asked to go ahead and work attendance more than anything.

These excerpts illustrate a changing and sometimes unresponsive environment that made HSPPs not able to deliver services and also resulted in frustration with

supervisors and administrators who were not able to provide the necessary tools for HSPPs to deliver services. Previously obtainable goals were now more difficult or impossible to reach. Repeated failure to meet goals is related to a depreciated sense of self-efficacy (Metsala & Harkins, 2019). The theory of self-efficacy predicts that a person with low self-efficacy may feel helpless, resulting in apathy or inaction when the world around them is unpredictable. A person with high self-efficacy may double down their efforts and be able to adapt to the changing environment to ensure that the desired outcome is reached (Bandura, 1977). Both scenarios were seen in the current data, but most responses trended toward negative reflections on participants' ability to perform. For example, one participant referenced the inability to contact students, which directly impacted their ability to provide services. This was evident when the participant noted "so pretty much I was not able to provide that particular service."

That same participant went on to describe how the job responsibility changed in response to their inability to provide designated services: "My job responsibilities shifted to doing something I was not trained to do." Another participant's questioning of the plausibility of achieving goals of satisfying personal expectations while having to change jobs indicates that they began to falter in their perceived self-efficacy concerning changing conditions: "How do we get those completed so that we can do our normal counseling services?"

Inability to Provide Services Successfully (Theme 3, Communication and Trust Issues). The inability to provide services during the pandemic was consistently attributed by participants to a lack of face-to-face accessibility between service providers

and students. How this obstacle prevented successful service provision differed based on the type of service. Decreased reliance on nonverbal communication and privacy issues became more of a problem during the pandemic. For example, one participant noted

the biggest impact I would say during the pandemic, of the virtual portion, is that I wouldn't get that face-to-face time with the students, to be able to read their nonverbal cues, to build that one-on-one relationship with them, so that they would trust, and in turn, that their parents would see that trust-building also.

Another noted "sometimes they (students) just needed space. Whereas your office would be a quiet and safe space. They didn't have that anymore. Sorry." HSPPs who provided medical screenings noted that lack of in-person service provision was an obstacle for purely logistical reasons:

But since last year, a lot of our kids didn't get (services) and the things that I'm responsible for that are mandated by the state. This didn't happen. It couldn't happen. Kids can't proceed with services in school until you can establish that they can hear, and they can see.

Collectively these difficulties exemplified negative changes in the perceived ability to meet varying performance expectations compared to pre-pandemic conditions. This is particularly important through the lens of Bandura's theory of self-efficacy, as performance is considered the most powerful element in the development of self-efficacy compared to vicarious experiences, persuasion, or physiological/emotional states (Bandura, 1977).

Psychological/Emotional States and Self-Efficacy

The ability of participants to effectively deliver services to students and families was significantly impacted by the constraints experienced during the pandemic. These constraints include increases in the scope and level of student needs, the lack of resources to meet these needs, and changes in job responsibilities during school shutdowns. As a result, it is reasonable to expect decreases in self-efficacy as goals were constantly being revised and more difficult to meet. This was particularly true for those with little experience or a weak sense of self-efficacy, to begin with. However, some participants identified positive outcomes to working through the pandemic and likely maintained or regained a high self-efficacy (Agholor, 2019; Bandura, 1977; Dice et al., 2018).

Prolonged exposure to stressful situations, such as a global pandemic, has been found to result in secondary traumatic stress which can negatively affect the level of self-efficacy when compared to the level of self-efficacy they had before the situation (Vagni et al., 2020). This should be considered when looking at self-efficacy during situations like the pandemic (Jiang et al., 2020; Shahrour & Dardas, 2020; Vagni et al., 2020).

This was seen in the responses the participants provided. For example, one participant noted “I feel like during the pandemic, counselors, to be honest, any type of service provider was left out of the loop, and we had to figure that out on our own.” The phrase “left out of the loop” indicated feelings of isolation which can negatively affect self-efficacy (Farooq et al., 2020). The latter portion of the comment “we had to figure it out on our own” indicated that the participant felt unsupported or under-supported which also can negatively affect self-efficacy (Ineland et al., 2018). Collectively, these

comments reflect dissatisfaction and a diminished sense of confidence (Farooq et al., 2020).

Lack of support and direction can result in feelings of isolation and vulnerability (Baber, 2020). People can get frustrated which can lead to a lack of professional satisfaction, which is the key driver of lowered self-efficacy and diminished performance (Ineland et al., 2018). Such as:

I don't feel like I had a lot of guidance from the person that's over guidance counselors. I don't feel like I got a lot of guidance around what guidance counselors, what our role really should have been... I don't feel like I had that leadership during the pandemic on what to do. It was like you fend for yourself.

Interpretation of Findings in Relation to Literature Review

Services and Resources

School-Provided Services. Common barriers to success in working with at-risk students in brick-and-mortar settings included academic and social disparities among socio-economic, ethnic, and racial lines. These barriers were exacerbated by school shutdowns which were public health protocols intended to maintain public health and stop the spread of COVID-19 (Basilaia & Kvavadze, 2020; Nasr, 2020; Yob & Brewer, 2018). The findings of this study closely corroborated those of prior researchers who documented the increased disparity in the needs of students during the pandemic (National Organization for Human Services, 2021).

Participant responses formed the foundation of the identified theme of services and resources for Title 1 students and their families (questions 13-15, 16, and 22). These

services primarily included social-emotional skills support (93%), psychological and behavioral health counseling (93%), and family support services such as social services provision, food vouchers (53%), clothing resources (46%), housing (13%), transportation assistance (27%), medical care coordination (27%), and academic tutoring (27%).

Collectively, these services demonstrated the intended support for children from low-income families as provided by the Title 1 program (U.S. Dept of Education, 2018).

Thirty-three percent of the participants in this study talked about a lack of resources both before and during the pandemic as a hindrance (Malik et al.,2017) and found students who were provided asynchronous and synchronous e-learning resources fared better during the pandemic. Students were able to learn what they wanted to learn and when they chose to learn it. When students were able to work in a preferred style of e-learning they had more positive results (Malik et al., 2017). However, students served by Title 1 schools already had a lack of resources at home which is one reason that they were in Title 1 services (American Civil Liberties, 2019). When schools had to go online, these disparities in resources were exacerbated for these students which HSPPs needed to try to fix. These findings corroborated previous research which indicates demographically disadvantaged students faced additional and disproportionate challenges related to school shutdowns during COVID-19 (Adedoyin & Soykan, 2020; Greenhow & Chapman, 2020; Wilke, et al., 2020). For example:

To help me better prepare, I wish I would've had a little bit more to start services with kids. Had I received those resources during the pandemic it would have made things a lot easier for the students to learn.

Ninety-three percent of the participants noted changes in the scope and level of services needed by students and families during the pandemic. Pre-pandemic needs focused primarily on counseling and care services but during the pandemic, the needs were shifted to family support services including food, clothing, housing, transportation, and technology training (Koerner, 2020). Fifty-three percent of the participants in my study noted specific changes in the types and levels of services since students have returned to in-person learning after being online during the pandemic. According to one participant regarding lessons learned (Theme 5): “Pre-pandemic student needs should be focused primarily on counseling and care services; however, during the pandemic needs to be shifted to family support services including food, clothing, housing, transportation, and technology training.” Another noted “During the pandemic, there was a high demand for housing, food, and mental health needs, so I focused on assisting the students with advice on ways to acquire those services, this was not the case pre-pandemic.”

These findings aligned with those of previous researchers who indicated demographically disadvantaged students faced additional and disproportionate challenges related to school shutdowns during COVID-19 (Adedoyin & Soykan, 2020; Greenhow & Chapman, 2020). Specifically, these comments from participants provided evidence that their clients (income low-income students at Title 1 schools) experienced disproportionate hardships because they were less likely to have access to high-quality remote learning or a conducive learning environment, and parental academic supervision (Dorn et al. 2020). Likewise, these findings highlight that disadvantaged student

populations at Title 1 schools suffered when faced with a lack of access to subsidized meal programs, and medical care provided by schools (Rivera, 2019).

Disruption of Services. During school shutdowns, HSPPs faced challenges in the provision of specific services including the delivery of mental health services, transportation, food security, clothing provision, housing services, academic support, and technology training resources and materials. All participants noted changes in their ability to provide services, though participant perceptions of how and why the provision of services (provided in Table 5) may have been disrupted during the pandemic varied. For example, one participant stated:

Again my job shifted. It became, I need you to focus on helping the teacher remain connected to their students...we were so busy doing other things just to survive the pandemic with no end in sight to return to our regular job duties.

Participants indicated that causes for disruptions to services ranging from the inability to provide school-based tangible resources to excessive increases in workload due to changes in need and job responsibilities. My findings are consistent with previous researchers who indicated pandemics caused widespread interruption to service provision of sensitive populations that rely on HSPP support, particularly in educational settings that serve underprivileged students (Brocque et al., 2016; Lai et al., 2016; U.S. Department of Education 2020). Participants offered first-hand accounts that demonstrated the idea that loss during shutdowns was greatest among low-income students because they are less likely to have access to high-quality remote learning or a conducive learning environment, and parental academic supervision (Dorn et al. 2020

Adedoyin & Soykan, 2020; Greenhow & Chapman, 2020).

Participants talked specifically about how service provision became secondary to other regulatory needs like student tracking for attendance. This finding supports the notion that changes in the delivery method have resulted in large perceived changes in workload (Adedoyin & Soykan, 2020). For example, in previous studies where the participants were nurse practitioners, it was noted the inability to provide care to students and their families, including state-mandated medical screenings (height, weight, vision) was a disruption of services (Ohio Association of School Nurses, 2020). My participants noted the difficulty that they had in delivering services that were considered normal day-to-day activities. While this may not seem a substantial disruption on the surface, having these types of activities not taking place regularly can cause other, more important processes, to not take place, and larger gaps in services result.

Technology. Participants in my study noted a need for the provision of technological tools and training for students and parents as a barrier to both student success and efficacy. For example, “Most of our parents didn’t have the necessary technical equipment nor the understating of how to operate the devices. Some of the families were living in hotels and other temporary housing which made it more challenging.”

These findings support previous researchers who noted inadequate access to technology as a hindrance to low-income students, their families, and service providers during the pandemic (Basilaia & Kvavadze, 2020; Greenhow et al., 2020; Rasmitadila et al., 2020). Alea et. al (2020) and Reimers et al. (2020) found the implementation of

virtual service provision was hindered by a lack of basic knowledge and skills of students and families required to use the provided tools and reliable Internet access. Access to technology tools (computers, tablets) and dependable Internet were the primary technical issues that were shared by my participants as well.

Communication

Communication between HSPPS and parents/children as well as administration/staff is important in both directions (McCabe, 2020, Esterwood & Saeed, 2020, Nickerson & Sulkowski, 2020). When regular schedules and processes are interrupted it can result in communication issues that can negatively affect services provided by HSPPs. Most participants noted that communication with students and families before the pandemic was adequate as supported by face-to-face interactions with students, and the use of calls or digital communication with parents. During the pandemic, a lack of face-to-face interaction became an obstacle for HSPPs during school shutdowns. For example, one participant stated “The greatest impact during the pandemic from my viewpoint was that I could not get one-on-one time or in-person time with my student. This made it difficult for me to build a trusting relationship and read their nonverbal clues.”

Difficulty reaching students and maintaining trust due to lack of privacy while using online communication was an issue faced by participants. These findings confirm the results from previous researchers that building positive environments and relationships with clients can be hindered by student availability during school shutdowns (Grover et al., 2020).

When schools needed to pivot to online delivery of learning, it was hoped that technology could fill the possible gaps that would be formed when students were not learning face to face (Northcote et al., 2019). It was postulated that technology could successfully facilitate the delivery of psychosocial, and emotional health services while enduring a large-scale normative disruption by increasing resiliency (Sakurai & Chughtai, 2020). However, the information shared by my participants refutes this. They found that much of their time was devoted to ensuring students had the technology and knew how to use it. One participant noted the following:

it was technology, understanding how to use the technology. Even when they (students and parents) receive the devices, just being able to help their children to maneuver through it (was difficult) because a lot of our parents didn't have the academic skills to be able to help them...We had hubs set up at different schools, and our school became a technology hub.

Another noted:

When we communicate, it's basically through technology. A lot of our parents struggle with receiving that communication because some don't have the technology necessary to receive all those things. They're living at hotels. It's a struggling Title I school. So even if we are sending out a phone call, or email, it's kind of likely that they won't get it.

Changes in communication between HSPPs and administrators and other staff members were noted by all participants. While some (20%) mentioned communication between administration and staff had improved, the majority of respondents noted that

communication had increased to the point of becoming overwhelming (46%), confusing and conflicting (93%), and overly cautious (100%). Incomplete and confusing communication may result in a non-functional/non-responsive environment that can lessen the ability to deliver services effectively (McWilliams, 2016), further exacerbating gaps in service provision experienced by students.

Preparation

School Preparation. School preparation refers to the preparation for the implementation of distance learning by school sites and district administration (Faherty et al., 2019). Researchers determined that schools were largely unprepared for situations like the pandemic (Kruger et al., 2018). Educators' responsiveness and identification of challenges to transitions to online learning include lack of specific technical knowledge and access, inexperience, and lack of collaborative support as barriers (Northcote et al., 2019). My participants noted they were not prepared for the transition to online learning due to a lack of knowledge regarding online tools and technology (46%) nor were they prepared to handle state-mandated screenings in virtual environments (93%). This lack of preparation was directly related to the stumbling blocks experienced by providers during the pandemic (Koerner, 2020).

Regardless of experience level, all participants noted they felt well prepared to succeed in their roles as an HSPP in a Title 1 School before the pandemic. However, during the pandemic, this perspective changed. Many cited feelings of unpreparedness for the necessary implementation of virtual-only communication and the administration of services in this modality. For example, one participant stated:

I felt like counselors were excluded from some of the major decision-making by the school administration and were left on the island to make a decision. Our primary job duties became health checks for a family with no real lessons that had to be done.

Participants noted they were not prepared for the transition to online learning due to a lack of knowledge regarding online tools and technology (46%) nor were they prepared to handle state-mandated screenings in virtual environments (93%). This lack of preparation is directly related to the stumbling blocks experienced by providers during the pandemic (Koerner, 2020).

Professional Preparation. The success of HSPPs (social workers, school counselors, and nurses) in traditional settings is dependent on the ability to develop relationships with clients and is directly impacted by the HSPPs' confidence in their ability to serve their clients effectively (Adedoyin & Soykan, 2020; Jones, 2021). While many participants indicated that they were unlikely to have been prepared due to the novelty of the circumstances (33%), many acknowledged positive affirmations regarding their experience. A majority of participants (53%) noted they learned how to implement new tools and resources, while 66% also noted an opportunity to identify their professional priorities. For example, one participant stated "Although my department team does a really good job with training, it would've been helpful to have virtual training sessions regarding online counseling. I'm talking about a live training demonstration."

All participants identified suggestions for future preparations for similar events, and/or identified things they would change about their experiences during school shut-downs. Participants primarily identified additional training on virtual counseling best practices (93%), highlighting (1) the need for the development of a comprehensive plan for Title I schools and HSPPs for these types of world events and (2) the idea that HSPPs also may not have been trained to provide crisis counseling or trauma-informed care treatment or have experience in this area as proposed by Chatters and Liu (2020).

Limitations of the Study

One limitation of my study was that six (3%) of the participants began their current position during the pandemic (were not in their position before the pandemic). The lack of experience in their current position/school before the pandemic may have left them with a lesser understanding of the school environment pre-pandemic including services offered, training available, support for teachers, students, and families available, and administrative support at that school. Being in a new position can be related to lower professional self-efficacy because one needs to learn the functioning of the new position/organization (Wilke, et al., 2020). However, the responses of these participants to questions aimed at describing self-efficacy before the pandemic did not appear to be very different from respondents who had been in their position before the pandemic started so this limitation may be minimal.

Another limitation was utilizing the data of a small sample size as the representation of the HSPPs workforce in Title I schools (Lusse et al., 2019). The sampling strategies used for this study were purposeful sampling and snowballing which

suggest that the limited perspectives of this group are not a fair representation overall (Gentles & Vilches, 2017). Despite the attempt to seek diverse perspectives, most were recommended by their peers for participation. Recognizing the possibility of yielding different results utilizing the same method could occur with a different group (demographics) presents another limitation for consideration. These groups could consist of non-title I school specifically.

Recommendations

The limitation of this study of only interviewing HSPPs who were employed at title 1 schools could be addressed by future researchers replicating this study but with HSPPs at non-Title 1 schools as well as those at Title 1 schools to see the similarities and differences between these groups are. This may help illustrate common opportunities to improve understanding of how prepared HSPPs were for this kind of transition, how well communication between different stakeholders (parents, professionals, administrators) occurred during the pandemic, and ways that they could have better prepared them for the transition can help provide information that could be used in the future to make these transitions go more smoothly) that would be more generalizable to HSPPs across school types.

Another recommendation would be for researchers to intentionally recruit a more diverse group HSPPs based on years of experience and types of experiences that they have had as HSPPs. This could provide some insights into the impact of experience on the self-efficacy of the HSPPs and their ability to adapt to pandemic conditions. This approach may influence the understanding of the level of service and resources (Theme

1) needed as well as training on ideas to adjust services if a disruption occurs (Theme 2). Several professionals work in Title 1 schools that were not targeted for this study and could add expansive data to this study. As an example, caseworkers could provide insight into activities within the home that could provide important data regarding the students learning environment and behavior.

Another recommendation for future researchers would be to utilize a mixed-method research design to not only question perceptions regarding preparedness but also quantitatively measure self-efficacy levels in those participating. According to Jenkins (2015), mixed methods research consists of both quantitative as well qualitative data analysis. Each participant's perception of their self-efficacy presented an opportunity to measure individual levels for comparative purposes (Belotto, 2018). One could measure the levels of self-efficacy a participant has using a reliable and valid instrument and then collect perceptions regarding their preparedness qualitatively through interviews. The researcher could then evaluate the qualitative data according to the score level of the self-efficacy instrument to see if there are differentiating patterns of qualitative data based on those who have high and low levels of self-efficacy.

Implications

Implications for Positive Social Change

The results of this study highlight the vital role HSPPs play in the dissemination of information and communication with Title I students and their families daily (Rudenstine et al., 2021). This role continues and can be more complex to deliver, during public health emergencies. Understanding the large-scale increases in need in

combination with delivery constraints experienced by HSPPs during the COVID-19 pandemic could be an important piece of information to inform future preparedness for these professionals and others working in Title I school environments (Cooper et al., 2019).

The information generated by this study could be used by HSPPs, education administrators, and stakeholders in the development of comprehensive virtual plans in Title I schools and other schools. Virtual plans could include live pieces of training demonstrating best practices for counseling a student that's dealing with a mental challenge during a public health crisis (Stark et al., 2020). The training should be focused on ways to address communication and trust issues pre- and post-pandemic for HSPPs, teachers, parents, and the student. This could be a positive step towards building self-efficacy for HSPPs. Although most of the participants indicated that it was nearly impossible to have properly prepared for the pandemic, most (93%) agreed that training focused on virtual counseling was critical. HSPPs may not have been trained to provide crisis counseling or trauma-informed care treatment or have experience in these areas (Chatters & Liu, 2020).

Implications for HSSP Practice in Schools

Human service professionals are vital to the dissemination and communication of critical support to Title I students and their families (Rudenstine et al., 2021). Knowing what did and did not work concerning being prepared to continue to deliver services during a pandemic from a human services professional view could be an important piece of information to inform future preparedness for these professionals and others working

in Title I school environments. Students and families served by Title I programs are some of the hardest to reach and they tend to be the most vulnerable in society (Kaden, 2020).

Title I programs serve students and families that are transient, those experiencing homelessness, students with disabilities, and students living in (Kaden, 2020).

Researchers have shown that HSPPs with a high degree of self-efficacy in their ability to support struggling students, generally are effective regardless of how services are rendered (Dick & Shaughnessy, 2020). However, these professionals admit to the extra workload challenges of school shut-downs in addition to workload challenges during normal times (Kaden, 2020).

The information generated has the potential used by human service professionals and education administrators in the development of a comprehensive plan in preparation for a natural or man-made pandemic in Title I schools. Developing a plan that can help parents, HSPPs, and school administrators pivot during these types of events for Title I schools could make the transition smoother and mitigate issues that arose in the pandemic. Part of the plan could be assessing the specific tools and skills needed for the HSPPs to perform their job duties before events that require the implementation of distance learning. These include but are not limited to temporary or precautionary school shutdowns during dangerous weather events such as heat waves, smog alerts, hurricanes, or snowstorms. Tools for these conditions may include ready-made templates or tools for communication and dissemination of information. Larger events may include widespread or longer-term school shutdowns that result from social or political instability or natural or man-made disasters. Tools for these circumstances should include training regarding

trauma-informed care and virtual counseling best practices. However, innovations related to the delivery of services by HSPPs professionals should be further explored in terms of how they could be integrated into day-to-day service delivery to enhance the systems already in place to deliver services. There is no reason to hold a new method of service delivery until a disaster occurs if that method could be used now to better deliver services to students and their families.

Teaching HSPPs how to be resourceful is a skill that leads to increasing one's self-efficacy (Takahashi et al., 2017). It may be beneficial to develop a communication template for communicating with parents, especially for non-English speakers as they face disproportionate obstacles when compared with other demographic groups (Dorn et al. 2020 Adedoyin & Soykan, 2020; Greenhow & Chapman, 2020). Regardless of the level of exposure and roles all (100%) participants agreed that it was impossible to adequately prepare for the pandemic but felt the need for more virtual counseling training and updated resources across the board could have minimized the disruption.

Conclusion

I used a generic qualitative approach to explore HSPPs' perceptions of their ability to provide services during school shutdowns resulting from the COVID-19 pandemic. Researchers have shown that HSPPs with a high degree of confidence in their ability to support struggling students, even during economic perils, generally fare well with their recipients regardless of how services are rendered (Dick & Shaughnessy, 2020). However, previous researchers also indicated that HSPPs admit to experiencing substantial workload challenges during both distance learning and during normal times

(Kaden, 2020). The COVID-9 pandemic provided a unique opportunity to explore how HSPPs' self-efficacy may be challenged during acute global crises, like pandemics.

I have extended the current body of literature which has employed self-efficacy theory to understand reactions to crisis and stressful settings in response to the COVID-19 pandemic in the medical field to include HSPPs in Title I school environments. This is important as this research adds understanding as to how SET theory applies to other professionals that have different functional relationships outside of the medical profession (Vagni et al., 2020). This is in part because organizational context may include structures designed to support the success of different professionals in the workplace (Ineland et al., 2018).

Participants were asked groups of questions that explored their experiences providing services to students prior to the pandemic, and during the pandemic, and then explored their comparative reflections on both circumstances. Responses to these questions collectively illustrated a significant change in work conditions and performance during school shutdowns. As workplace and community health conditions changed during the pandemic, participants shared that workplace performance expectations changed as the result of three distinct factors: (1) the need for services increased (*Theme 1. Services and Resources*), (2) the scope of services and job responsibilities of service providers changed (*Theme 2. Disrupted Services*) and (3) inability to successfully provide service due to lack of access and privacy issues (*Theme 3 Communication & Trust Issues*). Seeking to meet the increasing needs of students (*Theme 1*) during the pandemic was a source of additional stressors for HSPPs beyond simply living through the

pandemic themselves. Participants indicated that causes for disruptions to services (*Theme 3*) ranged from the inability to provide school-based tangible resources (*Theme 1*), to excessive increases in workload due to changes in need and job responsibilities (*Theme 2*), and participants to a lack of face-to-face accessibility between service providers and students (*Theme 3*).

The feelings of lack of support and direction described by participants may have also led to feelings of isolation and vulnerability (Baber, 2020), which can lead to a decrease in professional satisfaction which is the key driver of lowered self-efficacy and diminished performance (Ineland et al., 2018). This is particularly true when considering two major factors: (1) the relative lack of HSPP experience of participants in this study, even during non-crisis times, and (2) the significant changes in work conditions and performance expectations during school shutdowns. However, many participants noted that despite their inability to feel prepared due to the novelty of the circumstances (33%), they acknowledged positive affirmations regarding their experiences. A majority of participants (53%) noted they learned how to implement new tools and resources, while 66% also noted an opportunity to identify their professional priorities. Participants utilized their experiences during the pandemic to identify measures to improve service provision in future crises, including additional training on virtual counseling best practices and crisis counseling or trauma-informed care treatment, and the development of a comprehensive plan for Title I schools and HSPPs for these types of world events. It is also hoped that the innovations made during the pandemic to continue to deliver

services can be applied on a day-to-day basis even when there is not a crisis to improve service delivery by HSPPs to the students and families they serve.

The results of this study highlight the vital role HSPPs play in the dissemination of information and communication with Title I students and their families daily (Rudenstine et al., 2021). Understanding the large-scale increases in need in combination with delivery constraints experienced by HSPPs during the COVID-19 pandemic could be an important piece of information to inform future preparedness for these professionals and others working in Title I school environments (Cooper et al., 2019). For example, the information generated by this study could be used by HSPPs, education administrators, and stakeholders in the development of comprehensive virtual plans in Title I schools and other schools. Part of the plan could be assessing the specific tools and skills needed for the HSPPs to perform their job duties before a world event like the pandemic and then also determine if those tools and skills could also be applied on an ongoing basis to potentially improve service delivery overall.

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Appendix A: Recruitment Materials

Looking for Research Study Participants

You are invited to take part in a research study about how Human Service Professional Practitioners (HSPPs) working in Title I schools perceive their ability to render guidance to students during the current COVID 19 pandemic.

If you meet the following criteria, you are eligible to participate:

- 18 years old or older.
- Employed as a school based HSPP (counselor, nurse, or social worker)
- Employed at a title-1 school for at least 6 months during the school year during the COVID-19 pandemic.
- Able to read and understand English.

You will be asked to do the following if you choose to participate:

- How prepared were you to provide educational services remotely during the pandemic?
 - How would you prepare differently if given a second chance based on your experiences to date?
 - What has given you the confidence to perform your job during the pandemic?
- If you are interested in participating, please contact Michael Brown via email (Michael.brown1@waldenu.edu), phone (813.787.9407), or text (813.787.9407).

If you know others who may be interested in participating, please feel free to forward information about the study to them.

Appendix B: Interview Protocol

Participants will be interviewed in one session lasting between 30 and 60 minutes depending on the extent of their answers to the interview questions. All interviews will be conducted via Zoom and the Zoom recording option will be utilized. The following will take place from start to finish once the volunteer joins the zoom call.

PI: Hi and welcome, my name is Michael Brown, and I would like to thank you again for participating in a research study about Human Service Professional Practitioners (HSPPs) working in Title I schools perceive their ability to render guidance to students during the current COVID 19 pandemic. The purpose of this study is to understand better how human services professionals working in Title I schools perceive their ability to render guidance to students during the current COVID19 pandemic. Before we begin with the interview questions, I would like to inform you that this session will be recorded, and I will be taking notes. Do you give your consent to record the interview?

Participant: Yes. (If the response is No, then I will acknowledge and end the interview and thank them for their time).

PI: Thank you. (start the recording) At this time I would like to review the informed consent form that you were sent. (read through informed consent form) Do you have any questions about the information I just shared related to the study? (If no, ask the next question. If yes, answer their questions). Do you agree to participate in the study knowing the information I just shared regarding informed consent?

Participant: Yes. (If the response is No, then I will acknowledge and end the interview and thank them for their time).

PI: Thank you.

Demographics Questions

#	Question
1	What is your gender? Male, female, prefer not to answer?
2	What is your race? White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, prefer not to answer?
3	What is the highest degree you have earned? High school diploma or GED, Some college, Associates Degree, Bachelor's Degree, Master's Degree, Doctoral Degree
4	Do you have children? Yes/No
5	What is your position? School nurse, counselor, or social worker, other (please name).
6	How many years have you been a (position)? Less than 2 years, 2-5 years, 5 -10 years. More than 10 years
7	How many years have worked with Title I schools? Less than 2 years, 2-5 years, 5 -10 years. More than 10 years
8	How many students are served by your school? Less than 300, Between 300 to 500, Between 500 to 1000, More than 1000

9	How many students receive Title I services in your school? Less than 300, Between 300 to 500, Between 500 to 1000, More than 1000
10	How many students are served by your school district? Less than 300, Between 300 to 500, Between 500 to 1000, More than 1000
11	How many students receive Title I services in your school district? Less than 300, Between 300 to 500, Between 500 to 1000, More than 1000
12	How many students are in your school district? Less than 300, Between 300 to 500, Between 500 to 1000, More than 1000
13	When growing up did you ever receive Title I services? Yes, No, Not Sure
14	Have any of your children ever received Title I services? (If they have children) Yes, No, Not Sure

Interview Questions

#	Question	Prompt(s)
15	In your role at the Title I school what services did you provide pre-pandemic?	Please elaborate on XXX. What were the main services that you provided to your Title I students and parents?
16	What were some specific needs of your students and their family pre-pandemic?	Tell me more about XXX.
17	What were some specific needs of your students and their families during the pandemic?	Tell me more about XXX. Did students and families not communicate their needs (if they indicated they did not have specific needs during this time)? Why do you think that happened?
18	How would you describe the quality of communication from the school administrators to families pre-pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
19	How would you describe the quality of communication from the school administrators to school staff pre-pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work?

		What are you basing that assessment of communication on?
20	How would you describe the quality of communication from the school administrators to families during the pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
21	How would you describe the quality of communication from the school administrators to school staff during the pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
22	How prepared were you to provide services pre-pandemic?	Tell me more about XXX. Elaborate more about that process/your preparation? Why did this work or not work?
23	How prepared were you to provide services during the pandemic?	Tell me more about XXX. Elaborate more about that process/your preparation? Why did this work or not work?
24	How would you describe the quality of communications from parents to you before the pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work? What are you basing that assessment of communication on?
25	How would you describe the quality of communications from parents to you during the pandemic?	Tell me more about XXX. Elaborate more about that quality? Why did this work or not work?

		What are you basing that assessment of communication on?
26	How were the services you provide to students and their families as a (position) impacted during the pandemic?	Tell me more about XXX. Why did this work or not work? What service was impacted the most and why? What would you have changed and why or why not?
27	Do you think that you were given the tools and authority to provide services to students and families effectively during the pandemic? Why or why not?	Tell me more about XXX. Why did this work or not work? What service was impacted the most and why? What would you have changed and why or why not?
28	How could you have been better prepared to deal with the pandemic concerning doing your job?	Tell me more about XXX. What types of resources would have helped you prepare? What communication from your administrators could have helped you be more prepared?
29	Looking back on the experience during the pandemic, how do you believe you could have delivered services to students and families differently or better?	How would you describe that process? What would it look like?

PI: Okay that concludes the entire interview. The next step is to transcribe the audio recording into a word document and validated for accuracy by comparing the transcript with the recording. Once completed I will email you a copy of this interview for you to review for completeness and any clarifying points if any. You have 7 days to respond with corrections. After 7 days I will proceed with data analysis. Any questions?

PI: Great. Thank you for your time and participation and I will be in touch via email. (Leave the meeting which will end the recording.)

Appendix C: Rev.com Services Agreement



1717 W. 6th St. Suite 310,
Austin, TX 78703
finance@rev.com |
www.rev.com

CLIENT NON-DISCLOSURE AGREEMENT

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of Jan 1, 2021 (this “Agreement”) is entered into by Rev.com, Inc. (“**Rev**”) and Customer identified below (“Customer”, “Client”) is made to set forth Rev’s agreement with respect to certain proprietary information being provided to Rev.com and/or Temi.com by the undersigned Client for the purpose of performing transcription, captioning and other document related services (the “Rev.com Services”). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

Scope of Confidential Information

1.1. “Confidential Information” means, subject to the exceptions set forth in Section 1.2 hereof, any documents, text or other files supplied by Client to Rev for the purpose of performing the Rev Services.

1.2. Confidential Information does not include information that: (i) was available to Rev prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev at the time of disclosure; (ii) is made available to Rev from a third party not known by Rev at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev prohibited by this Agreement; or (v) is developed independently by Rev or Rev’s directors, officers, members, partners, employees, consultants, contractors, agents,

representatives or affiliated entities (collectively, “Associated Persons”).

Use and Disclosure of Confidential Information

1.3. Rev will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

1.4. Notwithstanding anything to the contrary herein, Rev is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev provides to Client prior notice of the intended disclosure and permits Client to intervene therein to protect its interests in the Confidential Information and cooperate and assist Client in seeking to obtain such protection.

Certain Rights and Limitations

1.5. All Confidential Information will remain the property of Client.

1.6. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

1.7. This Agreement is subject to the limitations of liability agreed to in Rev’s Terms of Service, found at <https://www.rev.com/about/terms> (“Terms of Service”).

Termination

1.8. Upon Client’s written request, Rev agrees to use good faith efforts to destroy and, if requested, to certify the destruction of all Confidential Information; provided that Rev may retain a summary description of Confidential Information for archival purposes.

1.9. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this

Agreement.

Miscellaneous

1.10. This Agreement will be governed by and construed in accordance with the laws of the State of Texas governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in Travis County, Texas and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non conveniens.

This Agreement (together with the Terms of Use and any other agreement for the Rev Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective

unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories:

CLIENT:

Comp

any

Name

:

N

ame:

Title:

Date:

Address for notices to Client:

REV.COM, INC.

Shannon Catalano
~~Shannon Catalano~~

VP, Corporate

Controller

January 2021