



Children and Families: Health and Wellness
The Intersection of Trauma, Mental Health, and Academic Performance Among School-Aged Youth

Quiteya Walker^a, Nykeisha Grant^b, Chantel Johnson^c, Carolyn Rollins^d

^aWinston-Salem State University, ^bPost University, ^cUniversity of Iowa, ^dAlbany State University (retired)

Dr. Quiteya D. Walker, LCMHCA(NC), NCC, CRC, is an Associate Professor in the Rehabilitation Counseling Department at Winston-Salem State University. She earned her bachelor's degree in Criminal Justice and a master's degree in Rehabilitation Counseling from South Carolina State University. Dr. Walker received her Doctorate in Counseling, Rehabilitation, and Student Development from The University of Iowa. She has over a decade of experience as a faculty member in postsecondary settings. Dr. Walker has experience as a clinical mental health counselor in a community-based setting. She has also served as a disability support service coordinator and counselor in the postsecondary setting. Dr. Walker's research interest includes career, ethical and multicultural issues in counselor education and supervision, mental health, disability support services in postsecondary education, and self-care of professional counselors.

Dr. Nykeisha Grant is a part-time faculty at Post University in the Psychology Department. Dr. Grant received a bachelor's degree in Child Development from Claflin University. Dr. Grant obtained a graduate degree in Rehabilitation Counseling from South Carolina State University in 2004. In 2010, she earned a doctoral degree from the University of Iowa in Rehabilitation Counselor Education with a cognate area in Marriage and Family Counseling. Dr. Grant's research interest includes PTSD amongst the veteran population, school violence, and disability issues in the aging population.

Ms. Chantel Johnson is a nationally certified counselor and graduate of Georgia Southern's counselor education program with a concentration in Clinical Mental Health. Chantel is currently a doctoral candidate at the University of Iowa. Chantel's research area is the overrepresentation of boys of color being referred for special education services, youth mental health, and lived experiences of minority students in counselor education programs. Chantel's interests include advocating for persons with severe and persistent mental illness and students with disabilities in the postsecondary setting.

Dr. Carolyn W. Rollins, CRC-Retired, NCC, a retired counselor educator, is an organizational development and program evaluation consultant. She holds a doctorate in Rehabilitation

(Southern Illinois University, Carbondale) and a master's degree in counseling (University of Illinois, Springfield). She served as Coordinator of the Counselor Education Program at Albany State University (GA) until 2018. Dr. Rollins is past president of the Board of Directors of the Commission on Rehabilitation Counselor Certification (CRCC), the American Rehabilitation Counseling Association (ARCA), and the National Council on Rehabilitation Education (NCRE) and served on the Governing Council of the American Counseling Association. Her numerous roles in professional service include serving as a peer reviewer, accreditation site visit team leader, and editorial board member for *Rehabilitation Counseling Bulletin*. Dr. Rollins' interests include disability policy, diversity and multicultural issues, ethics, organizational and staff development, and program.

Abstract

As the adults battle the COVID-19 pandemic's effects, children are also dealing with its fallout. In addition to the health effects, since March 2020, the pandemic has caused long-term school closure, which forced school-aged youth to deal with the stress of social isolation; moreover, since youth have returned to school, there has been an uptick in school violence (Maxwell et al., 2021). These experiences have produced trauma that has affected youth mental health and academic performance. Consequently, educational systems need a better understanding of the intersecting effects of these traumatic events on the youth's mental health and academic performance to implement evidence-based interventions to mitigate the negative impacts of youth trauma.

Keywords: Trauma, Mental Health, Academic Performance, COVID-19, School Violence

The prevalence of youth exposure to trauma is significant (Dorsey et al., 2017; McLaughlin et al., 2013; Overstreet & Chafouleas, 2016; Porche et al., 2016). Two out of every three school-age children will experience trauma by 17 (Perfect et al., 2016). Trauma and adverse childhood experiences can significantly impact a child's development, and the effects can last well into adulthood (Merrick et al., 2017; Schiavo, 2020). Early childhood is critical for brain development and nurturing and responsive relationships; trauma can affect youth cognitive, academic, and social-emotional behaviors (Schiavo, 2020; Perfect et al., 2016).

Youth express their traumatic experiences differently, and the developmental impact can occur as early as preschool (SAMHSA, 2021b). Preschool youth might cry or scream, eat less, or have nightmares. Elementary-aged youth may feel guilt, be anxious or fearful, and have difficulty concentrating or sleeping. Middle and high school youth may be more sexually active, manifest depression, isolation, self-harming behaviors, eating disorders, or substance abuse (SAMHSA, 2021b). Porche et al. (2016) study found that youth who experienced higher levels of trauma were more likely to have a mental health diagnosis, less likely to be engaged in school, and more likely to be retained. SAMHSA (2021b) notes that youth who experience traumatic stress are more likely to have lower grades, more suspensions, and expulsions, utilize mental health services, have increased involvement with juvenile justice, and experience long-term health problems.

Specific populations may be more at risk for trauma or repeated traumatic exposure, specifically homeless youth (Wong et al., 2016), refugee youth (Grasser et al., 2021), Latino youth (Cleary et al., 2018), LGBTQ youth (Yun et al., 2021), youth diagnosed with intellectual and developmental disabilities (NCTSN, 2021), and youth in foster care. Cleary et al. (2018) investigated the relationship between trauma and mental health amongst Latino youth aged 12-17 and found that 44% of the youth had experienced at least one traumatic event, and 23% had experienced two or more traumatic events. Their results showed that youth exposure to traumatic events is associated with differential health outcomes. Wong et al.'s (2016) investigation of the impact of traumatic experiences of homeless youth on depressive symptoms revealed that youth who are homeless and who have experienced sexual trauma were more likely to show posttraumatic stress disorder (PTSD) symptoms. Youth living with disabilities are more likely to be exposed to trauma than their non-disabled peers, and they have an increased risk for physical, sexual, and emotional abuse (NCTSN, 2021). Youths in schools are affected by three prominent issues; decreased academic performance (Phelps & Sperry, 2020), increased risk for school violence (DHS, 2021), and increased mental health concerns (Abraham et al., 2021). Because of the complexity of these issues, schools will find it challenging to address a cure for issues youth face in schools (Stein et al., 2011). Still, they can be more successful in focusing on a plan of intervention.

COVID-19 and the Educational Setting

In the United States, schools are noteworthy contributors to youth development, and the school building is symbolic of success. Children gain the educational, social, and emotional skills needed to live independent and successful lives in school. Consequently, the effects of the intersection of COVID-19's impact on educational systems and the trauma experiences of schoolchildren are important considerations for student learning and success, particularly as schools search for effective tools for mitigating these effects (Gewertz, 2020). In March 2020, the World Health Organization declared COVID-19 a pandemic. All public-school buildings in the United States were closed to limit exposure to the virus, and schools began remote learning. According to Education Week (2020), students began to feel the impact of the school closures and missed school as early as May 2020. The school closures during 2020 and 2021 severely reduced children's opportunities for peer socialization in classes and through participation in sports and other group activities. Amid school closures, some children experienced the additional stressors of social isolation, social unrest, and food insecurities (Prothero, 2020). Prothero noted that children were grieving the loss of stability, safety, and graduation. At the same time, many parents were dealing with health concerns, job loss, food insecurity, and conflicting priorities (He et al., 2021). He et al. (2021) note for economically disadvantaged parents, these stressors influenced the quality and levels of nurturing and family interactions. When the schools reopened, children continued trying to cope with the ramifications of their trauma experiences (Stratford, 2020). The continuing trauma effects, heightened by COVID 19, make it necessary for schools to help children navigate the academic and mental health challenges confronting them.

School Violence

Perceived school safety is a significant indicator of students' academic success and the image of schools as safe learning environments was challenged before COVID 19. Milam et al. (2010) investigated the effect of the school and neighborhood climate on academic achievement among 3rd – 5th-grade students; they found that students' academic performance decreased in schools and communities where more violence occurred compared to neighborhoods where students' safety is not compromised.

The Trauma and Learning Policy Initiative (2017) notes that traumatic experiences can affect youth learning, behavior, and relationships at school. Porche et al. (2016) indicated that students who were impacted by trauma had issues with school engagement and grade retention. Between 2009 and 2019, incidents of gun violence occurred at over 177 American schools. When the infection rate dropped and schools reopened, incidents of school violence soared, totaling 14 school shootings between March and October 2021 (Cox & Rich, 2021). School shootings have occurred in elementary, middle, and high schools in rural, urban, and suburban settings. The time of the day is not constant, and students have witnessed shootings at the sound of the morning bell, at midday, and after school. Most school shootings happen on Fridays and during the afternoon. Indeed, the variety of times makes it more difficult to pinpoint a trend line. As students return to school after COVID-19, their adjustment period may add another layer of uncertainty to the time factor. It will be noteworthy to discover if there is any correlation between the time of day, school settings, and race.

Walker (2019) found that race plays a factor in when school shootings are likely to occur. In African American schools, more shootings happen after schools are dismissed as compared to predominantly non-African American schools, where this type of violence happens at school arrival or dismissal time. School violence has extended beyond the school building itself. Decades ago, students could feel safe at football games, homecoming dances, and other extracurricular activities too. However, violence at these events is becoming more prevalent. Since August 2021, there have been seven shootings at football games (Maxwell et al., 2021).

Gun violence in schools and school shootings have created anxiety for students. Interestingly, some students who live in high crime areas look to school for safe havens. However, this safety net has been interrupted by gun violence (Everytown Research & Policy, 2021). When children see school shootings on television or social media, they worry about their schools and safety (Graff, 2018). Students return to school searching for a sense of normalcy, and some with heavy hearts due to grief.

After school shootings (2019) are reported, these incidents leave students emotionally scarred and struggling to stay focused on academics. Levine and McKnight (2020) reported school shootings had increased students' absenteeism and suicides. In addition, they found that boys are more negatively impacted as compared to girls. Wang (2019) highlighted fatal school shootings that had increased students' use of antidepressants. Furthermore, school-aged students have lower grades and miss more school when exposed to gun violence with no intervention. High school students who experience the same type of violence have lower test scores and are less likely to graduate from high school (Everytown Research and Policy, 2021). Louis-Phillips and Kim

(2016) further discussed how low-test scores would affect a students' ability to get into college and their future career incomes. The research found that students are often left feeling scared and confused. Bailey (2020) explained how students who experience school shootings are more susceptible to posttraumatic stress disorder. The impact can have a lasting influence on the student's development for days, months, or even years. Survivors have told ABC News that they are often haunted by flashbacks, anxiety, and survivor's guilt (Kellermar, 2019).

Although COVID-19 has positively affected the number of school shootings, receiving a phone call from their children's school provokes anxiety in most parents. Their concern is validated by the twenty-four school shootings since August 1, 2021, resulting in injuries and death (Maxwell et al., 2021). As explained above, there is no race, gender, age group, or community spared from school shootings. In the judicial system, teenage shooters are sentenced as adults meaning that many of these children become felons before their 18th birthday; however, their actions traumatize their peers, parents, schools, and communities. Ironically, no universal database compiles vital statistics, e.g., the frequency, trends, and rationale, for these crimes in schools (Walker, 2019; Frederique, 2020). School violence is perpetuated by intruders and students, increasing security as another area in which schools must focus, resulting in time and resources diverted from teaching and learning and making it harder for schools to sustain their image as a haven for learning and growth.

Academic and Mental Health Impacts

COVID-19 related school closures have significantly affected children's academic performance and achievement (Kuhfeld et al., 2020; Phelps & Sperry, 2020). The rise of COVID-19 initiated a wave of school closures that displaced millions of students from their traditional learning environments (Savitz-Romer et al., 2021). When students were removed from the educational environment, they were removed from their friends, and they were not allowed to interact in their daily social activities. Being removed from the general classroom setting and placed in a virtual learning setting can result in a child feeling alone due to being removed from their familiar daily social activities; this effect of the COVID-19 pandemic was evident. Moreover, families across the nations were dealing with job loss, financial stress, domestic violence, and socioemotional stress (Phelps & Sperry, 2020). These various stressors experienced by the family made it particularly difficult for students in the homes to focus on academic tasks. Kuhfeld (2020) noted that historically out-of-school closures have negatively affected a student's academic achievement, specifically, summer breaks, weather-related absences, and student absenteeism. Specific areas of concern for a child's academic success during the pandemic were (1) the teacher's ability to provide remote learning instruction, (2) family access to remote learning, and (3) family access to technology. Remote learning posed a significant problem for teachers and students during the COVID-19 pandemic. Teachers in the traditional K-12 setting were not trained to provide remote learning instruction (Hash, 2021).

Families were not prepared to receive remote learning instruction. Bonella et al. (2020) highlighted issues with access to technology and the internet, particularly in remote areas. There were many cases where the teacher could not contact students during the remote learning period (Lieberman, 2020; Kurtz, 2020). Teachers reported minimal interactions (Kurtz, 2020) with students or no contact with them (Lieberman, 2020). This resulted in students spending half as

much time learning as they did before COVID-19 (Gewertz, 2020). Several families, particularly those that lived in rural areas, low-income families, and families of color, had issues with access to technology devices and the internet (Bonella et al., 2020; Education Trust, 2020).

Trauma affects youth mental health (Abraham et al., 2021; Cleary et al., 2018; Perfect et al., 2016). Youth who experience multiple traumatic events are more likely to exhibit depression, anxiety, and PTSD symptoms. Furthermore, these symptoms are more likely to persist into adulthood (Mullen, 2018; Wong et al., 2016), particularly in youth who have experienced sexual trauma (Abraham et al., 2021). Studies of trauma and children's mental health issues are informative. Perfect et al. (2016) found that children with higher numbers of adverse family experiences were more likely to have higher numbers of mental health diagnoses and those with higher numbers of diagnoses were less likely to be engaged in school and more likely to be retained in grade or on an IEP. Abraham et al. (2021) found that trauma exposure could affect the psychological adjustment of youth. For example, among their sample of 8 to 17-year-olds, multiple exposures to trauma were a predictor of higher anxiety in female participants and indicated higher levels of depression for females and younger males.

London and Ingram (2018) reported that elementary school students had high loneliness and increased depressive symptoms. Chadi and Gagnon (2021) stated that children between the ages of five and twelve appear to have an increase in mental health problems, suggesting that they have been significantly impacted by the COVID 19 pandemic. Dealing with depression, sleep deprivation, anxiety, and psychosocial adaptation problems can result in students struggling academically. Allowing students to discuss the issues they are facing can help promote resilience by understanding that it is okay to admit that they have emotional, mental, and physical struggles.

The current COVID-19 pandemic has taken a toll on both students and parents and has significantly affected the learning environment. Children's experiences with the COVID-19 pandemic have revealed themselves in the rising rates of infection in children and decreased academic performance, increased episodes of school violence, and increased mental health issues. The most common need regarding our students is the need to strengthen our student's mental health. Parents and Counselors play an essential role in enhancing students' mental health and their needs. Students went from spending most of their day within the general classroom setting to doing virtual learning at home from their computer screens. The pandemic took away students' normalcy. Students moved from the general classroom setting and were forced to adapt to virtual learning. COVID 19 has shaken the nation's security in many ways, raising uncertainty about things that were formerly taken for granted. For example, the constancy of the educational system and the value of social interaction with others are not considered "a given." The resulting uncertainty can affect various mental health issues, such as depression, sleep deprivation, and anxiety (London & Ingram, 2018; Talmus, 2019). Counselors need to have conversations with their students on the impact that COVID-19 has had on their overall mental health.

Interventions to Combat Traumatic Experiences in Schools

It is pertinent to focus on interventions that can take place in schools to lessen the impact of trauma on youth. The Substance Abuse and Mental Health Services Administration (SAMHSA)

has emphasized the importance of effective treatment and services for youth and families who experience traumatic events (SAMHSA, 2021a). The Assistant Secretary for Mental Health and Substance Use, Dr. Rittmon, further stressed the importance in a statement, "providing appropriate trauma-informed treatment and service responses for our nation's children, adolescents and their families continues to be a SAMHSA priority and is needed more now than ever as we begin emerging from the pandemic" (SAMHSA, 2021a).

Research has supported the need for services to address trauma exposure (Gonzalez et al., 2016; Woodbridge et al., 2016). In the Gonzalez et al. (2016) study of elementary school students, they found that 9.5% of students experienced significant levels of traumatic stress symptoms, with 26% reporting moderately elevated symptoms. Similarly, in the Woodbridge et al. (2016) study of middle school students, 13.5% of out reported traumatic stress symptoms. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014b) suggests the Three E's when considering trauma. The E's of trauma are events, experiences, and effects. Trauma results from an Event (or events) experienced as harmful or life-threatening, lasting adverse effects on individuals' functioning across domains. The events and circumstances may include actual or extreme physical or psychological harm; primary examples include natural disasters and violence. Not everyone will experience trauma the same. The experience of traumatic events helps to determine whether it is a traumatic event. For example, if a child who is removed from an abusive home will experience this differently than their sibling, that event may not be traumatic for the other sibling; this scenario is a primary example used (SAMHSA, 2014b) when discussing the Three E's of trauma.

The literature has called for school-based trauma-specific treatments to prevent the negative impact of youth exposure to trauma. This research suggests four specific school-based approaches that can be implemented: (a) utilize trauma-informed approaches, (b) utilize emotional response, (c) teach mindfulness, and (d) provide education centered on trauma in youth, staff, and students. Trauma-focused training builds knowledge, changes attitudes, and fosters practices favorable to trauma-informed approaches (Overstreet & Chafouleas, 2016). The more school personnel knowledgeable about trauma and its impact, the more prevention and intervention efforts are available to students.

Trauma-Informed Schools

SAMHSA (2014a) identifies four justifications for trauma-informed intervention: (a) a realization of the widespread prevalence and impact of trauma, (b) a recognition of the signs of traumatic exposure, and (c) a response grounded in evidence-based practices that (d) resists re-traumatization of individuals. Overstreet and Chafouleas (2016) state, trauma-informed schools "respond to the needs of trauma-exposed students by integrating effective practices, programs, and procedures into all aspects of the organization and culture (p. 2)." Schools that utilize trauma-informed approaches emphasize student support, academic enrichment, and training school personnel (Prewitt, 2016). Personnel in trauma-informed schools have basic knowledge about trauma and understand how trauma affects students' learning and behaviors (Overstreet & Chafouleas, 2016). It is imperative for faculty, staff, teachers, students, and parents to be well informed about the prevalence of trauma and its effects on student learning and behavior (SAMHSA, 2014a). Trauma-informed schools also recognize the signs of traumatic exposure

and respond to those students using evidence-based practices and procedures. Implementing trauma-informed schools can prevent re-traumatization and prevent adverse outcomes of exposure to trauma.

Trauma Focused-Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is one of the most widely used psychosocial treatment interventions to treat children and youth who have experienced trauma (McGuire et al., 2021). TF-CBT is a highly structured, conjoint parent/child intervention, consisting of sequential 90-minute weekly sessions for about 12 to 16 weeks. A trained clinician moves the client through a series of eight components, summarized by the P.R.A.C.T.I.C.E. acronym. The components include psychoeducation and parenting skills (P), relaxation (R), affective expression and regulation (A), cognitive coping (C), trauma narrative development and processing (T), in vivo exposure (I), conjoint parent/child sessions (C) and enhancing personal safety and future growth (E) (CWIG, 2018). Numerous researchers have investigated the effectiveness of TF-CBT with youths (Cohen & Mannarina, 2017; Lenz & Hollenbaugh, 2015; Peters et al., 2021). Lenz and Hollenbaugh (2015) conducted a meta-analysis on studies which investigated the effectiveness of TF-CBT among children and adolescents. Lenz and Hollenbaugh's study found that TF-CBT was effective in decreasing symptoms of PTSD and depression. Similarly, Peters et al., (2021) study participants reported significant improvement in their PTSD, anxiety, and depression symptoms. Based on the results of prior research, TF-CBT can be used to facilitate a supportive response for youths and families who have experienced trauma.

Social-Emotional Learning

According to the American School Counselor Association's (ASCA) National Model, school counselors help students return to the general education setting; provide counseling to students exhibiting behavioral problems and extreme tardiness. School counselors can also provide students with both long and/or short-term counseling to ensure students are emotionally and mentally stable after returning to the general education setting (Pincus et al., 2020). Since many students were out of school for an extended period during the COVID-19 pandemic, counselors must first examine the impacts of social and emotional learning and its role in strengthening the child's mental health. Incorporating high-quality social-emotional learning in the day-to-day classroom allows students to integrate their feelings and think to master different tasks within the academic setting. Teaching social and emotional skills gains particular importance in the context of rising mental health issues, behavioral problems, and substance use, which jeopardize young individual's development (Centers for Disease Control & Prevention, 2013). By examining social and emotional learning, students become educated on mental health while also understanding how to address their emotions. Focusing on social and emotional learning can increase students' awareness of their feelings or moods and potential symptoms of depression, anxiety, and other social-emotional problems (Gueldner et al., 2020). Through students learning to connect their thoughts between emotions and behaviors, they will monitor their behavior (Gueldner et al., 2020). By implementing social and social-emotional learning, students will become educated on their overall mental health, essential to their development.

Utilizing a Mindfulness Approach with Youth

An additional intervention, which can help strengthen students' mental health and academic performance, is teaching mindfulness. Mindfulness-based practices can be used to foster mental health in an elementary school setting. Malboeuf-Hurtubise et al. (2021) examined the interventions in which children were invited to reflect on their moral issues and personal values. Research conducted (Malboeuf-Hurtubise et al., 2021) concluded that mindfulness-based-interventions could be helpful to stratify students' psychological needs. "Focusing on mental health in schools provides both natural and formal opportunities for promoting anti-stigma messages related to mental health" (Stephan et al., 2007, p. 1331). By addressing mental health and mental health disorders through advocacy and education and working on ways to remove the stigma surrounding mental health, counselors can begin strengthening students' mental health. It is also imperative the simultaneous roles of both parents and counselors must be strengthened to aid students' mental health and wellness.

Provide Education

The educational system must educate students, teachers, and parents on mental health to strengthen students' mental health. The school counselor can communicate with multiple entities, including school districts, parents, and mental health organizations. Pincus et al. (2020) highlighted that school counselors were often the only mental health provider identifying, managing, and providing interventions for at-risk students. Educating students on mental health disorders will allow them to gain a deeper insight into mental health. Pincus et al. (2020) state that counselors are uniquely trained and are qualified to serve as key components in the success of the "whole child." Through school, counselors utilize their skills to educate students on mental health disorders, such as anxiety and depression, which will enable students to recognize when they are experiencing these mental health disorders within their own lives. Informing students about their mental health at a young age will better identify mental health issues as they arise.

Parental Involvement

During these challenging times, students need a support system. Their biggest allies are often parents, teachers, counselors, or the community in which all parties must understand the feelings children face when experiencing disruption at their respective schools. There is a strong connection between the child and the parent's mental health (Centers for Disease Control & Prevention, 2021). The Centers for Disease Control and Prevention (2021) states the parent's mental health significantly affects a child's mental health. Parents can foster an accepting environment that allows children to discuss their mental health needs with their parents. Coronavirus disease (COVID-19) has affected children emotionally, mentally, and physically. Beyond getting sick, the pandemic has influenced many young people's social, emotional, and mental well-being (Centers for Disease Control & Prevention, 2021). Due to the trauma faced during the COVID-19 pandemic, parents must provide their children with a safe space within their home, which allows them to listen and respect their child's feelings while also helping their children work through their problems. Parents play a vital role in educating their children on mental health as they affect how children express and experience their emotions, which essentially affects their viewpoint on mental health.

Parents are often anxious during these events, especially now. Popular news outlets show clips of parents describing their anxiety as they wait to confirm their children's safety. Parents can go hours without any information as they often linger in alternate waiting areas for the next update. Research has found parents fear for their child's safety at school (Spector, 2018). Parents have reported that they find comfort in each other. A few parents may receive confirmation from their children as they called for their cellphones; however, others do not have the privilege and must wait for hours with no answers. Spector (2018) highlighted advice for parents, which encourages them to put things into perspective. It is recommended that parents think of all the good days that their children will enjoy, use positive self-talk, and have these conversations with their children.

Furthermore, parents should build relationships with schools and attend school meetings to inform local protocols and procedures. In addition, research recommends parents discuss with their children the difference between snitching and seeking help to prevent violence and the threat of violence (Lorenzo, 2012). Blair (2018) encourages parents to be incredibly involved in their children's lives, including monitoring the activities of their children's social media accounts and being educated on warning signs of school shooters. Parents cannot do this alone and depend heavily on the schools.

Counselor Involvement

The counselor's overall role is to educate and provide a safe space for those students to come when they need it while also providing the students with the tools to succeed within and outside the school setting while also creating ways to reduce stigma surrounding mental health (Pincus et al., 2020). School counselors can facilitate groups to help students deal with school stressors. In addition, school counselors can be involved in this process to help develop a safe climate, meaning having a zero-tolerance policy for inappropriate behavior (Paolini, 2015).

It is important schools have an action plan to support students after the shootings have occurred by being prepared for the aftermath. Everly (2018) also recommends schools have crisis intervention plans, ongoing training, and rehearsals to deal with such crises and identified resources within the school and districts. Because school shootings continue, all involved parties must become equipped to protect children who attend school to learn and build lasting relationships. Schools are often not authorized to provide mental health treatment services and are considered educational settings rather than clinical settings (Paolini, 2015). Nevertheless, school counselors play an integral role in students' success by providing resources to help youth emotionally, mentally, and physically.

Implications for Research and Practice

Karalis (2020) noted that the COVID-19 effects experienced by schools were due not to a crisis of the education system but from a secondary crisis in education resulting from a major crisis in another level of public life. The COVID-19 pandemic differed from previous pandemics in its scope and intensity as its impact was worldwide and simultaneous. Given the importance of the school as a stabilizing factor in society, schools must examine the dynamics of the pandemic's

effect and develop contingency plans that, at a minimum, address those areas that directly affect children's success and well-being.

While evidence-based strategies have been presented to help address students' mental health needs, educators are also mindful of their ethical responsibilities to their communities. In a technology-based society, access to technology is crucial for all citizens. Neither poverty nor rural residency should act as barriers that hinder teachers from delivering instruction or students from participating in education. The Statement of Ethics for Educational Leaders asserts the educational leader's commitment to serving the school and community by providing equal educational opportunities to every child (American Association of School Administrators, n.d.). Further, the first statement in the Statement of Standards requires that educational leaders hold the education and well-being of students as the fundamental value of all decision-making. Likewise, Principle I of the National Education Association's Code of Ethics commits every educator to help each student realize their potential as a worthy and influential member of society (NEA, 2020). The Parent Teacher Organization (PTA) (n.d.) mission is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

The inequities that pervade American society were glaring in their impact on the ability of families and students to adapt to school outside the walls of the school building. As professionals and as citizens, educators must diligently advocate for all children to access education and engage in the activities necessary to ensure access for all students. As the PTA's mission demonstrates, the will to protect access to education is supported within the school's community, particularly by parents. While for some, advocacy may bring visions of demonstrations and political activism, educators and stakeholders in the education community understand that advocacy engages collaboration and partnerships to build resilience, identify solutions, formulate policy, and bring resources to the school.

It seems inevitable that schools will build on their former instructional practices and increase their capability for remote instruction. COVID-19 has clarified that the "long haul" approach to implementing online learning may not be the best approach for education. While instant change is also not recommended, teacher education and continuing education strategies need to embrace a new pedagogy that builds and enhances teachers' ability to integrate technology into their instruction regularly and teach remotely when needed or desirable. Therefore, teachers must incorporate asynchronous learning into their instructional arsenal along with their real-time, face-to-face teaching strategies. School and community leaders must support these changes by assuring that the technology infrastructure within the community functions and that access to the technology and the devices for using it are available to everyone. Taking these steps before the crisis can assure the educational system is ready to cope.

Promoting safety is another area in which to support students. By integrating safety concepts and practices into instructional units, teachers and counselors help reassure students and parents of the school's concern for their welfare, encourage safe practices, and help to restore a sense of safety at school. Developing effective strategies calls for an adequate knowledge base. As schools maintain and catalog data about factors influencing and promoting students' achievements and strengthening their mental health, the efficacy of evidence-based practices can

be tested and refined. It would also be helpful for researchers to have a database that records and provides access to data from incidents of school violence nationwide, including the safety practices in place and perpetrators, school, and student demographics. Such a database could help to identify youth at risk better and develop effective prevention strategies.

Conclusion

Children are experiencing significant trauma. The influx of traumatic experiences has presented itself as a significant challenge for the educational system and highlighted the need for systemic changes. This has further highlighted the need for flexible ways to deliver instruction and address student social and emotional needs. With the increase in school violence and the experience of living through the COVID-19 pandemic, teachers, counselors, and family members must be vigilant in addressing the child's mental health and academic concerns. According to the U.S. Department of Homeland Security (2021), prevention should be the primary goal. Children's exposure to violence is a public health problem that has implications for students' academic success (Milam et al., 2010).

References

- Abraham, E. H., Antl, S. M., & McAuley, T. (2021). Trauma exposure and mental health in a community sample of children and youth. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://doi.org/10.1037/tra0001035>
- After school shootings, children, and communities struggle to heal. *Health Affairs Blog*. (July 19, 2019). www.healthaffairs.org.
- American Association of School Administrators (AASA). (n.d.). Code of Ethics: AASA's Statement of Ethics for Educational Leaders. <https://aasa.org/content.aspx?id=1390>
- Bailey, E. (2020, June 2021). The long-term impact of school shootings on kids. *Health Central*. www.healthcentral.com.
- Blair, L. (2018). 3 kinds of school shooters: How parents and teachers can help. *CP Living*. www.christianpost.com
- Bonella, L., Carroll, D., Jobe, M., Kaff, M., Lane, J., Martinez, T., & Shuman, C. (2020). Access, Engagement, and Resilience During COVID-19 Remote Learning. <https://krex.k-state.edu/dspace/bitstream/handle/2097/40768/KSU-COE-White-Paper-7-2020.pdf?sequence=1>
- Centers for Disease Control and Prevention. (2013). Mental health surveillance among children—the United States, 2005–2011. *MMWR Surveillance Summaries*, 62, 1–35.
- Centers for Disease Control & Prevention. (2021). Children's mental health. <https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html>
- Child Welfare Information Gateway (CWIG). (2018). Trauma-focused cognitive behavioral therapy: A primer for child welfare professionals. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubpdfs/trauma.pdf>
- Cleary, S. D., Snead, R., Dietz-Chavez, D., Rivera, I., & Edberg, M. C. (2018). Immigrant trauma and mental health outcomes among Latino youth. *Journal of Immigrant and Minority Health*, 20(5), 1053-1059.
- Cohen, J. A., & Mannarino, A. P. (2017). Evidence based intervention: Trauma-focused cognitive behavioral therapy for children and families. In *Parenting and Family Processes in Child Maltreatment and Intervention* (pp. 91-105). Springer, Cham.
- Cox, J. W., & Rich, S. (2021, June 24). As school shootings surge, a sixth grader tucks his dad's gun in his backpack. *The Washington Post*. <https://www.washingtonpost.com/education/2021/06/24/school-shootings-2021-increase/>
- Dorsey, S., McLaughlin, K. A., Kerns, S. E., Harrison, J. P., Lambert, H. K., Briggs, E. C., ... & Amaya-Jackson, L. (2017). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 46(3), 303-330.
- Education Trust. (2020b). *Parents overwhelmingly concerned their children are falling behind during school closures*.
- Education Week (2020, May 19). Students share their coronavirus diaries: 'I'm really missing school [Video]. YouTube. <https://youtu.be/bjF5i4o2EIM>

- Everly, G. (2018, February 24). School shootings: How to respond. *Psychology Today*.
<https://www.psychologytoday.com/us/blog/when-disaster-strikes-inside-disaster-psychology/201802/school-shootings-how-respond>
- Everytown Research and Policy (2021). The impact of gun violence on children and teens. <https://everytownresearch.org>.
- Frederique, N (2020). What do the data reveal about violence in schools? *The National Institute of Justice Journal*, 282. [NIJ Journal Issue 282: Violent Crime | National Institute of Justice \(ojp.gov\)](https://www.ojp.gov/nij/journal/issue-282-violent-crime).
- Gewertz, C. (2020, May 28). Instruction during COVID-19: Less learning time drives fears of academic erosion. *Education Week*.
<https://www.edweek.org/ew/articles/2020/05/27/instruction-duringcovid-19-less-learning-time-drives.html>
- Gonzalez, A., Monzon, N., Solis, D., Jaycox, L., & Langley, A. K. (2016). Trauma exposure in elementary school children: Description of screening procedures, level of exposure, and posttraumatic stress symptoms. *School Mental Health*, 8(1), 77-88.
- Graff, N. (2018). *A majority of U.S. teens fear a shooting could happen at their school, and most parents share their concerns*. Paw Research Center. <https://www.pewresearch.org/fact-tank/2018/04/18/a-majority-of-u-s-teens-fear-a-shooting-could-happen-at-their-school-and-most-parents-share-their-concern>
- Grasser, L. R., Haddad, L., Manji, S., Assari, S., Arfken, C., & Javanbakht, A. (2021). Trauma-Related psychopathology in Iraqi refugee youth resettled in the United States, and comparison with an ethnically similar refugee sample: A cross-sectional study. *Frontiers in Psychology*, 12, 704.
- Gueldner, B. A., Feuerborn, L. L., & Merrell, K. W. (2020). *Social and emotional learning in the classroom: Promoting mental health and academic success*. Guilford Publications.
- Hash, P. M. (2021). Remote learning in school bands during the COVID-19 shutdown. *Journal of Research in Music Education*, 68(4), 381-397.
- He, M., Cabrera, N., Renteria, J., Chen, Y., Alonso, A., McDorman, S. A., & Reich, S. M. (2021). Family functioning in the time of COVID-19 among economically vulnerable families: Risks and protective factors. *Frontiers in Psychology*, 12.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8526846/>
- Karalis, T. (2020). Planning and evaluation during educational disruption: Lessons learned from Covid-19 pandemic for treatment of emergencies in education. *European Journal of Education Studies*, 7(4), 125-142.
- Kellermar, J. (2019). The psychological aftermath of surviving school shootings. *Pacific Standard*. www.psmag.com.
- Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Liu, J. (2020). Projecting the potential impact of COVID-19 school closures on academic achievement. *Educational Researcher*, 49(8), 549-565.
- Kurtz, H. (2020, April 10). National survey tracks impact of coronavirus on schools: 10 key findings. *Education Week*. <https://www.edweek.org/ew/articles/2020/04/10/national-survey-tracks-impact-of-coronavirus-on.html>
- Lenz, A. S., & Hollenbaugh, K. M. (2015). Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occurring depression among children and adolescents. *Counseling Outcome Research and Evaluation*, 6(1), 18-32.

- Levine, P. B., & McKnight, R. (2020). Exposure to a school shooting and subsequent well-being. Technical report, *National Bureau of Economic Research*.
- Lieberman, M. (2020, April 17). Taking attendance during coronavirus closures: Is it even worth it? *Education Week*. <https://www.edweek.org/ew/articles/2020/04/17/taking-attendance-is-tricky-duringcoronavirus-closures.html>
- London, R., & Ingram, D. (2018). Social isolation in middle school. *School Community Journal*, 28(1), 107-127.
- Lorenzo, S. (2012). How can we stop school violence? *Great Schools Org*. www.greatschools.org.
- Louis-Phillips, B., & Dongwoo, K. (2016). The effects of high school shootings on schools and student performance. *Educational Evaluation and Policy Analysis*, 38 (1). <https://doi.org/10.3102%2F0162373715590683>
- Malboeuf-Hurtubise, C., Léger-Goodes, T., Mageau, G. A., Joussemet, M., Herba, C., Chadi, N., & Gagnon, M. (2021). Philosophy for children and mindfulness during COVID-19: Results from a randomized cluster trial and impact on mental health in elementary school students. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 107, 110-260.
- Maxwell, L., Peele, H., Superville, D. (2021). School shootings this year: How many and where. *Education Week*. www.edweek.org.
- McGuire, A., Steele, R. G., & Singh, M. N. (2021). Systematic review on the application of trauma-focused cognitive behavioral therapy (TF-CBT) for preschool-aged children. *Clinical Child and Family Psychology Review*, 1-18.
- McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(8), 815-830.
- Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child abuse & neglect*, 69, 10–19. <https://doi.org/10.1016/j.chiabu.2017.03.016>
- Milam, A. J., Furr-Holden, C. D. M., & Leaf, P. J. (2010). Perceived school and neighborhood safety, neighborhood violence and academic achievement in urban school children. *The Urban Review*, 42(5), 458-467.
- Mullen, S. (2018). Major depressive disorder in children and adolescents. *The Mental Health Clinician*, 8(6):275-283. Doi: 10.9740/mhc.2018.11.275
- NEA. (2020). Code of Ethics for Educators. <https://www.nea.org/resource-library/code-ethics-educators>.
- Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, 8, 1-6.
- Paolini, A. (2015). School shootings and student mental health: Role of the school counselor in mitigating violence. *Vista Online*, 90, 1-16. www.counseling.org/knowledge-center/vistas.
- Parent-Teacher Association. (n.d.) Mission Statement. <https://www.pta.org/home/About-National-Parent-Teacher-Association/Mission-Values>.
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in

- students: A systematic review of research from 1990 to 2015. *School Mental Health*, 8(1), 7-43.
- Peters, W., Rice, S., Cohen, J., Murray, L., Schley, C., Alvarez-Jimenez, M., & Bendall, S. (2021). Trauma-focused cognitive-behavioral therapy (TF-CBT) for interpersonal trauma in transitional-aged youth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 13(3), 313-321.
- Phelps, C., & Sperry, L. L. (2020). Children and the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S73.
- Pincus, R., Hannor-Walker, T., Wright, L., & Justice, J. (2020). COVID-19's effect on students: How school counselors rise to the rescue. *NASSP Bulletin*, 104(4), 241-256.
- Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health*, 8(1), 44-60.
- Prewitt, E. (2016). New elementary and secondary education law includes specific "trauma-informed practices" provisions. <http://www.acesconnection.com/g/aces-in-education/blog/new-elementary-and-secondary-education-law-includes-specific-trauma-informed-practices-provisions>.
- Prothero, A. (2020). Helping students grieve from a distance: As fatalities from COVID-19 rise, so does the likelihood that schools will have to help students cope virtually with the loss of a beloved teacher, staff member, or student. *Education Week*, 39(33), 5.
- Savitz-Romer, M., Rowan-Kenyon, H. T., Nicola, T. P., Alexander, E., & Carroll, S. (2021). When the kids are not alright: School counseling in the time of COVID-19. *Aera Open*, 7, 23328584211033600.
- Schiavo, R. (2020). Children and COVID-19: addressing the mental health impact of the pandemic. *Journal of Communication in Healthcare*, 14(3), 189-190.
- Spector, N. (2018). School shootings: How parents can cope with their own fears and anxieties. *Better by Today*. www.nbcnews.com.
- Stein, B., Jaycox, L., Kataoka, S., Wong, M., Langley, A., Avila, J., Bonilla, A., Castillo-Campos, P., Cohen, J., Dean, K., DuClos, J., Elliott, M., Escudero, P., Fink, A., Fuentes, S., Gegenheimer, K., Halsey, K., Mannarino, A., Nadeem, E., Ngo, V., O'Donoghue, V., Schonlau, M., Scott, M., Sharma, P., Tu, W., Walker, D., and Zaragoza, C. (2011). Helping children cope with violence and trauma. https://www.rand.org/pubs/research_briefs/RB4557-2.html.
- Stephan, S. H., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of children's mental health services: The role of school mental health. *Psychiatric Services*, 58(10), 1330-1338.
- Stratford, B. (2020). As schools reopen, addressing COVID-19-related trauma and mental health issues will take more than mental health services. <https://www.childtrends.org/blog/as-schools-reopen-addressing-covid-19-related-trauma-and-mental-health-issues-will-take-more-than-mental-health-services>
- Substance Abuse and Mental Health Services Administration. (2021a). SAMHSA awards \$62.4 million in grants to combat child trauma, with \$800,000 in American Rescue Plan funds. <https://www.samhsa.gov/newsroom/press-announcements/202107090228>
- Substance Abuse and Mental Health Services Administration. (2021b). *Recognizing and treating child traumatic stress*. <https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact>

- Substance Abuse and Mental Health Services Administration. (2014a). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. 14-4884). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.
- Substance Abuse and Mental Health Services Administration. (2014b). SAMHSA's Trauma and Justice Strategic Initiative. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- The National Child Traumatic Stress Network (NCTSN). (2021). Intellectual and developmental disabilities. <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities>
- Trauma and Learning Policy Initiative (TLPI). (2017). Helping traumatized children learn. <https://traumasensitiveschools.org/about-tlpi/>
- U. S. Department of Homeland Security (DHS). (2021). Mitigating the threat of school violence as the U.S. returns to normal from the COVID-pandemic and beyond. https://www.dhs.gov/sites/default/files/publications/school_targeted_violence_awareness_bulletin.pdf
- Walker, C. (2019). *10 years. 180 school shootings. 365 victims*. CNN. www.cnn.com.
- Wang, M. (2019). Stanford researchers uncover the silent cost of school shootings. *Stanford News*. www.news.stanford.edu.
- Wong, C. F., Clark, L. F., & Marlotte, L. (2016). The impact of specific and complex trauma on the mental health of homeless youth. *Journal of Interpersonal Violence*, 31(5), 831-854.
- Woodbridge, M. W., Sumi, W. C., Thornton, S. P., Fabrikant, N., Rouspil, K. M., Langley, A. K., & Kataoka, S. H. (2016). Screening for trauma in early adolescence: Findings from a diverse school district. *School Mental Health*, 8(1), 89-105.
- Yun, J., Fukushima-Tedor, M., Mallett, C. A., Quinn, M. I., & Quinn, L. M. (2021). Examining Trauma and Crime by Gender and Sexual Orientation among Youth: Findings from the Add Health National Longitudinal Study. *Crime & Delinquency*, 0011128721999342.