"This Is Our COVID Best": Investigating Rural School Counselors' Work During the Pandemic

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This study used phenomenological approaches to investigate the lived experiences of rural school counselors (RSCs) working during the COVID-19 pandemic. Information concerning how the pandemic has impacted RSCs is lacking. The current study was a part of a larger investigation aimed at understanding RSCs' use of trauma-informed practices. The investigation engaged eight RSCs from across the United States, conducting interviews from September to November 2021, following the lifting of COVID-19 quarantine and virtual education protocols but still within the pandemic period. Participants were asked specific questions related to their perceptions and experiences working during the COVID-19 pandemic, their professional satisfaction as a result, how their students were affected, and how they experienced COVID-19's impacts their rural communities and schools. Thematic analysis revealed four overarching themes regarding COVID-19's impact on RSCs: (a) school counselor flexibility, exhaustion, and dissatisfaction; (b) rural student learning loss, trauma response, and social atrophy; (c) rural community stress, strain, and political tension; and (d) emotional fatigue, trauma, and grief. These findings provide a rich picture of RSCs' lived experiences and begin to fill large research gaps concerning both RSCs and the impact of COVID-19 in rural spaces.

Researchers have labeled the COVID-19 pandemic a global and collective trauma due to its impact on economic, social, and educational structures across the United States and the world (Laylavi, 2021; Wu et al., 2024). Rural communities felt these impacts particularly hard with the loss of family members and community members, significant mental health crises due to geographical isolation, and limited resources to address these issues (Monteith et al., 2021). While current research has explored K–12 students' experiences with and the mental health impacts of COVID-19 (Campbell et al., 2021; Steimle et al., 2021), less research details the impact of COVID-19 on practicing school counselors. Moreover, little research exists on the experiences of rural school counselors (RSCs) specifically.

The current study was a part of a larger study to understand the experiences of RSCs implementing trauma-informed practices, another area of limited research (Grimes et al., 2023). Data were collected from September to November 2021, providing a unique opportunity not only to explore how RSCs were supporting their students during an unprecedented traumatic experience, but also to investigate how they were experiencing and managing a significant trauma while providing support to students. Our study employed a transcendental phenomenological methodology to understand the lived experiences of RSCs during the COVID-19 pandemic.

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Literature Review

COVID-19 Impact on Rural Communities

The COVID-19 pandemic had profound emotional, physical, and economic effects on communities worldwide. Studies highlight widespread mental health deterioration, including increased anxiety, depression, substance use, and trauma symptoms in both children and adults (Robinson et al., 2021). These emotional consequences were compounded by the physical isolation and uncertainty that accompanied widespread lockdowns. Shutdowns exacerbated economic challenges, with disproportionate impacts on already vulnerable groups, such as women, youth, low-wage workers, the unemployed, and individuals with disabilities. About 20% of children lived in households where at least one adult lost their job (Bokun et al., 2020), and economic instability persisted even as restrictions eased.

Rural communities, in particular, were more vulnerable due to structural, economic, and social disadvantages (Monteith et al., 2021; Mueller et al., 2021). Roughly two-thirds of U.S. counties are rural, housing about 15% of the population (Paul et al., 2020). These communities faced longstanding issues prior to the pandemic, including under-resourced healthcare systems, limited job opportunities, and inadequate public infrastructure. The economic fallout from the pandemic intensified these issues. For example, reduced access to broadband internet, fewer healthcare providers per capita, and transportation challenges left rural communities even more exposed and less able to respond to the crisis (Parker et al., 2020). Furthermore, high poverty levels and other social vulnerabilities in these communities were linked to increased COVID-19 infection rates (Callaghan et al., 2021; Laylavi, 2021; Sun & Monnat, 2022). Factors such as household crowding, employment in essential or public-facing jobs, and reliance on community-level support systems contributed to higher transmission risks.

Rural regions struggle with limited healthcare access, worsening outcomes for individuals with preexisting conditions and illnesses related to COVID-19 (Callaghan et al., 2021; Monteith et al., 2021). Vaccine uptake was lower in rural areas, influenced by factors such as lower education, political ideology, and physician shortages. Sun and Monnat (2022) also found that, as it pertains to COVID-19, rural community social determinants such as low educational attainment, political affiliation, agriculture-dependent economies, and deficiencies in physician access all were predictors of lower COVID-19 vaccination rates. These infrastructural, economic, and social vulnerabilities, combined with rural community resistance to adopt preventative behaviors, such as mask wearing and social distancing (Callaghan, et al., 2021; Sun & Monnat, 2022) resulted in significantly higher COVID-19 mortality rates for rural communities (Callaghan, et al., 2021; Sun & Monnat, 2022). Given these considerations of the impacts of COVID-19 on the larger systems of rural communities, a trickle-down effect is inevitable for rural school systems, school counselors, and students.

COVID-19 Impact on Rural Schools and Students

Rural schools faced unique educational challenges during the pandemic, particularly due to limited access to technology necessary for remote learning. Many families lacked reliable internet, electronic devices, or the technical knowledge to support remote instruction. This challenge contributed to significant "learning loss," especially in schools with high poverty levels (Campbell et al., 2021; Karaman et al., 2021). For example, a Tennessee study found that nearly 90% of educators observed declines in student academic performance (Lancaster & Brasfield, 2023). Learning loss was particularly evident in foundational skills such as reading and mathematics, which are harder to develop outside a structured classroom environment. Additionally, many students disengaged from school entirely during remote learning phases, leading to increased absenteeism and truancy. Teachers in rural areas often reported being unable to reach certain students at all during lockdown periods. The digital divide became a major barrier to educational equity and highlighted existing systemic inequalities within education systems serving rural populations.

Social-emotional regression among students paralleled academic decline. Nearly one-third of high school students reported poor mental health in 2021, and 44% experienced depressive symptoms and hopelessness (Centers for Disease Control and Prevention [CDC], 2022). These struggles extended to younger students as well, who were less able to articulate their emotions and thus often manifested distress through behavioral issues. School counselors observed increases in student aggression, distress, and social withdrawal (Lancaster & Brasfield, 2023; Steimle et al., 2021). Key stressors included fear of infection, loss of social connection, and fear of losing loved ones (Karaman et al., 2021; Pincus et al., 2020). In rural communities where mental health resources are already scarce, schools frequently serve as the primary point of access for such services. Therefore, as student needs grew, so did the burden on school counselors and educators to fill these gaps.

School Counselor Experiences During COVID-19

The pandemic intensified challenges for school counselors, especially in rural settings. A gap was growing between counseling and non-counseling responsibilities, shifts in student rapport, greater need for flexibility, and

rising burnout (Akgul et al., 2021; Greenidge et al., 2023; Lancaster & Brasfield, 2023). However, literature on rural counselors remains limited. Existing evidence shows they often manage high caseloads involving trauma, have limited community support, and are frequently the only mental health resource available (Grimes et al., 2023). Rural counselors often wear multiple hats—balancing crisis response, career advising, and socioemotional support without the benefit of additional staff. Factors like role ambiguity, poor supervision, and lack of self-care contribute to burnout (Dooley, 2023; Villares et al., 2022). Stamm's (2010) professional quality of life model is useful here, describing the tension between compassion satisfaction and fatigue. Compassion fatigue includes both burnout and secondary traumatic stress (STS), while compassion satisfaction represents the fulfillment derived from helping others. COVID-19 challenged school counselors' ability to maintain this balance. Counselors reported being overwhelmed with non-counseling duties, such as covering classrooms, managing testing protocols, and providing logistical support, which hindered their ability to meet student needs (Akgul et al., 2021; Lancaster & Brasfield, 2023). They also experienced blurred work-life boundaries, with students and families reaching out at all hours (Greenidge et al., 2023). Counselors described the difficulty of setting limits while trying to remain available to support their students.

While these challenges increased burnout, they also led to new, innovative connections with students, families, and staff. Virtual platforms allowed some counselors to reach families who previously had been disengaged from school. However, the emotional toll remained high. Researchers noted increased counselor burnout and compassion fatigue, stating that "role ambiguity and role conflict contribute to occupational stress, which stems from perceived stress in the workplace" (Villares et al., 2022, p. 387). Dooley (2023) found a significant portion of RSCs reported experiencing burnout, with their level of engagement, caseload size, and levels of professional support correlating with and predicting those burnout experiences. These findings align with research that has shown COVID-related stressors, such as financial, daily task-oriented, or infection-related stress, predict counselor burnout and STS (Kirsch, 2022). Ultimately, RSCs remain essential yet often unsupported in their mission to address the pandemic's lingering effects on student mental health and academic performance. As schools transition from crisis to recovery, the importance of investing in counselor support, training, and supervision becomes even more critical. RSCs, already tasked with so much, need both systemic recognition and resources to continue fulfilling their vital role.

Methods

We used transcendental phenomenology (Moustakas, 1994) as the primary methodology to answer the research question: What are the lived experiences of rural school counselors during the COVID-19 pandemic? This research question was a part of a larger qualitative research study exploring the experiences of RSCs implementing trauma-informed practices, which used a semi-structured interview modality to conduct synchronous, Zoom-based interviews that lasted between one and two hours. However, because the study was developed and launched, and data were collected, during both the height and post-restrictive policies era of COVID-19, the research team believed it crucial also to capture how our participants experienced their role as an RSC during a time of collective global upheaval and trauma. The present study focused on thematically analyzing participant responses to questions specific to COVID-19.

The purpose of transcendental phenomenological research is to provide "vivid and accurate renderings," (Moustakas, 1994, p. 104) of participants' lived experiences around a given topic of investigation. In particular, Moustakas (1994) explains that transcendental phenomenology centers around the core concepts of intentionality, *noema* and *noesis*. That is, the research team used transcendental phenomenology to capture lived, internalized experience (intentionality) of the unique phenomenon of being an RSC during the height of the COVID-19 pandemic (noema) and what existential meanings and understandings our participants hold as a result of living that phenomenon (noesis). Due to the abundant lack of RSC perspectives, COVID-19 impact on rural communities, and the combination of the two within extant literature, the research team sought to fill in these gaps by providing a fuller, richer picture of RSCs' experiences during the COVID-19 pandemic.

Ecological Framework

Additionally, the researchers used Bronfenbrenner's ecological model as a framework for understanding the participants as developing professionals nested within intersecting systems of direct and indirect impact and engagement (Bronfenbrenner & Morris, 2007). This framework is particularly salient for understanding the impact of COVID-19, which research demonstrates has a multisystemic influence ranging from intimate, interpersonal systems of engagement (microsystemic; Bronfenbrenner & Morris, 2007) to the more global spheres, such as economics, legislation, and medical

policy (macrosystemic; Bronfenbrenner & Morris, 2007). Indeed, the ecological model has been advocated as a framework for understanding rural communities, students, and counselors because the *contextual* factors of rurality are vital for appropriate interpretation and comprehension of rural experiences (Fears et al., 2023). Fears and colleagues (2023) used ecological theory to propose a more specific framework for conceptualizing the unique role of RSCs. In addition to the development of RSCs within the multisystem design of Bronfenbrenner's model, the authors proposed additional, nuanced levels of RSC identity formation: individual, interpersonal, school, community, and public policy (Fears et al., 2023). These levels reflect their ecological foundation in the ongoing navigation from more intimate, personal systems of connection to broader, more distant systems of professional engagement that are necessary for the particular identity formation of RSCs. Similar to these studies, we employed Bronfenbrenner's model to understand the various systems that impacted and were impacted by RSCs during the COVID-19 pandemic.

Participants

Purposive sampling was used to identify a participant pool for our investigation. Inclusion criteria for participation included (a) being 18 years or older, (b) working as a school counselor in a school located in a rural setting, and (c) having worked as a professional school counselor for at least one academic year. Participants did not have to live in the same community where they worked, nor live in a rural community, but working in a rural school was required for the purposes of this investigation. Rurality was defined using the National Center for Education Statistics (NCES, n.d.) definitions wherein rural is divided into a three-tier system based on distance from an urban area: *fringe*, *distant*, and *remote*. As rural spaces move from fringe to distant to remote, distance from urbanized areas steadily increases, with fringe being the most proximal at approximately 5 miles and remote being the farthest at greater than 25 miles from urbanized areas. Distant rural spaces seem the most varied, as these spaces encompass rural areas that are anywhere between 5 and 25 miles from urbanized localities.

After receiving institutional review board approval, the first author emailed 20 state school counseling associations across various regions of the United States to share the call for participants. Two states also provided contact lists for statewide school employees, so mass emails were sent out to all the employees on these lists. Potential participants received an informational flier containing a link to a Qualtrics screening survey that asked questions related to interest in being interviewed and time availability, as well as level of comfort with discussing key research topics. Recruitment resulted in a pool of 44 potential participants completing the eligibility survey. After reviewing the survey responses and identifying participants who were most interested, willing, and comfortable, a final sample of eight participants was

Table 1
Participant Demographics

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

[a] R= remote, D = distant
[b] H = high school, M = middle school, E = elementary school
[c] This participant had a total of 31 years of experience; for all other participants, years of rural experience equals years of *total* school counseling experience.

formed. This number was selected as it aligned closely with the number of participants in previous phenomenological rural school counseling research (Grimes, 2020). All participants identified as cisgender women, worked more than 40 hours a week, and worked in public school settings. The majority of participants also identified the nearest urban area to their school as being 25 or more miles away, had caseloads of more than 100 students, and indicated that significant portions of their working time were dedicated to counseling services for students. See Table 1 for more demographic information about the participants.

Researcher Reflexivity

The research team was comprised of four members, and each of us had our own unique experiences of the COVID-19 pandemic. None of the research team members, however, worked as an RSC during the pandemic. One researcher identifies as a Black, cisgender woman; the other three researchers identify as White, cisgender women. The first author is a counselor educator who lived and worked in a distant rural space for the duration of the research investigation, including the present study, and has previous work experience as a community counselor in a fringe-rural area and as a teacher in a rural school. The second author is also a counselor educator who lived and worked in a distant rural space for the duration of the research investigation and has previous work experience as a school counselor in a small, suburban school. The third author is a counselor educator who lived and worked in a fringe rural space throughout the entire investigation and works as a counselor in that same fringe rural community. The fourth author is a doctoral candidate at a university located in a distant rural area, with previous teaching experience in an urban school during the COVID-19 pandemic. All research team members have prior experience working with trauma in a professional capacity and/or conducting research related to trauma.

Positionality, as mentioned above, was the first step in the research team's process of reflexivity, which Hays and Singh (2012) define as "the active self-reflection of an investigator on the research process," (p. 137). Throughout the research process, especially when collecting and analyzing data, all research team members were encouraged to maintain a journal or field notes about their internal experience of both data collection and analysis. This reflexivity is the transcendental phenomenological process of *epoche*, wherein the research team engaged in "setting aside our prejudgments, biases and preconceived ideas … to be transparent with ourselves, to allow whatever is before us in consciousness to disclose itself" (Moustakas, 1994, pp. 85–86). This practice ensured that only the phenomenon (noema) of our participants' lived experiences as RSCs during COVID-19 was the focus of analysis. This process allowed the research team to experience the data with authentic curiosity, genuine empathy for our participants, and unconditional positive regard (Hays & Singh, 2012) and ensured minimal influence of unconscious bias.

Data Collection

Prior to beginning data collection, the research team met to bracket our assumptions (Moustakas, 1994) about rural communities, rural school counseling, and our experiences of and with the COVID-19 pandemic. By identifying and bracketing these biases, we attempted to limit the influence of these assumptions on the data collection and analysis processes. The first author developed a semi-structured interview protocol based on a review of the literature. This protocol was then reviewed by the other research team members and two rural school counselors. Adjustments were made to the protocol based on feedback from these reviews. Three research team members also conducted one pilot interview each to prepare for the study. Following this experience, pilot interview participants used a Qualtrics survey to provide feedback on the interview protocol. No additional changes were made to the interview protocol based on this feedback. The final protocol consisted of nine interview questions to understand the lived experiences of RSCs providing trauma-informed practices, with a portion of the interview protocol focusing on participant experiences of working as an RSC during the COVID-19 pandemic.

Participant interviews were conducted between late September and early November 2021, when the COVID-19 pandemic was still prevalent, and school systems were beginning to make the transition from virtual instruction during prior the academic year to in-person learning. Interview questions specific to COVID-19 included:

1. How has the pandemic affected your work as a rural school counselor?
2. How has the pandemic affected your satisfaction with your work as a rural school counselor?
3. How have you noticed the pandemic impacting the rural community you work in?
4. How have you noticed the pandemic impacting the students you work with?

The current investigation focused on analyzing the portion of interviews focused solely on COVID-19 content, as these data were the most salient for understanding the phenomenological experiences of RSCs' work during the pandemic.

Before beginning the interviews, to increase consistency across interviewers, the research team discussed the

protocol and best practices for conducting interviews. The first, third and fourth authors conducted the interviews via HIPAA-protected Zoom using the semi-structured interview protocol. The average length of the interviews was 1.25 hours. Each Zoom audio recording was saved using the assigned pseudonym and sent to a university-approved transcription service to be transcribed. The transcripts were reviewed by the second author for accuracy before the team began data analysis.

Data Analysis

Following the steps of Moustakas's (1994) data analysis plan, prior to beginning the data analysis process, we took time to reassess and bracket our assumptions related to the research study constructs and participants. Next, each research team member independently read through all eight transcripts to familiarize ourselves with the data and note any initial impressions in preparation for coding. Sections of each transcript that answered the research question were identified for more in-depth analysis, resulting in horizontalization of the data (Moustakas, 1994). Two of the eight transcripts were randomly selected to be analyzed by all research team members. The remaining six transcripts were split between paired coding teams consisting of the first, second, and third authors. The fourth author served as an impartial auditor and only reviewed transcripts if discrepancies arose during the final coding process. Once all eight transcripts were coded, the research team met to review each transcript and the coding process. The final consensus resulted in a total of 135 codes, which the first author initially analyzed by reviewing all participant codes associated with each of the interview questions. The first author conducted primary and secondary thematic analysis, followed by tertiary analysis conducted consensually by the entire research team, with the final thematic analysis conducted by the first and second authors. Table 2 captures the analysis process from primary to final phases.

Trustworthiness

To increase the credibility of the study results, we engaged in multiple trustworthiness strategies. We employed member checking during the initial data collection phase in 2021 and used an audit trail and memoing to track the research process. The first author sent transcripts of the interviews to each participant prior to data analysis. One participant requested corrections to fix words that were transcribed incorrectly. No other participants responded regarding their transcripts. However, due to participant email delivery problems likely stemming from participant employment shifts, final member checking of the findings from thematic analysis for this investigation could not be completed. This limitation will be addressed later in the article. In addition to initial member checking, the research team maintained an audit trail and memos (Hays & Singh, 2012) during the data analysis process to bracket assumptions; track methodological decisions; and note the development of meaning units, themes, and subthemes. The first author maintained a record of thematic analysis workflow, depicting the process of connecting various codes into overarching themes, then into subthemes. This workflow process was shared with the research team for trustworthiness and auditing purposes. The fourth author served as an auditor, as she did not engage in the excerpting, coding, or thematic analysis process. She reviewed final themes and subthemes, with participant quotations, alongside the first and second author to determine if the essence of participant experience and credibility had been achieved.

Results

Despite the explosive emergence and growth of counseling and education research about COVID-19, scholarship on the experiences of RSCs during the pandemic remains lacking (Dooley, 2023; Villares et al., 2022). The current investigation explored the lived experiences of RSCs during the COVID-19 pandemic on multiple levels, including personal and professional, to address these gaps in literature. Four themes emerged from the data: (a) school counselor flexibility, exhaustion, and dissatisfaction; (b) rural student learning loss, trauma response, and social atrophy; (c) rural community stress, strain, and political tension; and (d) emotional fatigue, trauma, and grief. Numerous subthemes also emerged, including: (a) adjustment to professional demands, (b) increased non-school counseling responsibilities, (c) professional quality of life, (d) academic impact on rural students, (e) socioemotional impact, (f) rural political identities and COVID-19, and (g) microsystemic (personal) and mesosystemic (community) impact. Each theme, and its corresponding subcategories, are discussed in detail next.

School Counselor Flexibility, Exhaustion, and Dissatisfaction

Participants described the professional impact of COVID-19 as a multifaceted experience marked by stress, increased responsibility, and demand for flexibility. Not only did participants have to adjust to the immediate requirement of shifting to virtual platforms, but they also experienced an uptick in requests to perform more non-school counseling responsibilities. Additionally, they described new and nuanced experiences of having to maintain contact and provide care to a rural student body

Table 2
Phases of Thematic Analysis

Phase	Activities	Themes/subcategories	Total codes
Primary analysis	• Initial coding of 135 codes from 4 interview questions • Grouping of codes by interview question • Synthesis of most codes (e.g., 51/65 for Q1) into preliminary themes • Four preliminary themes used across Q1–Q4 • 29 codes uncategorized	Preliminary themes: • Learning/academic related • Emotionally related to school counselor • Emotional impact on students • Professional impact	135
Secondary analysis	• Reanalyzed 29 uncategorized codes and formed new themes (e.g., community impact, personal impact) • Used quote context for difficult-to-place codes • Abandoned six codes for lack of thematic fit • Began subcategorization (e.g., emotional impact on students was subsumed under impact on rural students) • Refined preliminary and secondary broad, thematic categories	New, emergent themes: • Community impact • Personal impact Preliminary subthemes merged into broader, refined themes: • Impact on rural students (academic, socioemotional) • Professional impact (counseling process and dynamics, admin, non-SC responsibilities, collaboration, satisfaction) • COVID-19 community impact (political identity, systemic impact) • Personal impact	129
Tertiary analysis	• Full research team Collaboratively reviewed themes/subcategories • Refined final subcategories • Dropped some subcategories due to lack of saturation	Final broad themes maintained: • Impact on rural students (20 codes) • Personal impact (28 codes) • Professional impact (44 codes) • COVID-19 community impact (27 codes)	119
Final analysis	• Final review by first and second authors • Themes retitled to better capture essence and remove interview question language • No code changes • Final thematic structure established	Final themes and subcategories: • School counselor flexibility, exhaustion, and dissatisfaction • Rural student learning loss, trauma response, and social atrophy • Rural community stress, strain, and political tension • Emotional fatigue, trauma, and grief	119

where virtual, and other, resources were inconsistently available. These circumstances substantially impacted the professional quality of life of participants, leading some to question their passion for school counseling.

Adjustments to Professional Demands

All participants described experiences of having to adjust to novel professional demands precipitated

by the COVID-19 pandemic. These demands included managing masking mandates, working with students via virtual platforms, and facilitating difficult conversations related to masking policies. All participants described these experiences with a sense of duality: The demand for adjustment was stressful, complicated, and concerning, while participants simultaneously granted themselves increased compassion and flexibility to meet these demands as best as professionally possible. Beth reported, "I think it's a lot of adjusting expectations and just giving ourselves grace to know we're doing our best, even if it's not our 'best' best, this is our COVID best." Sarah described the difficulty of keeping up with the pace of work demands: "Trying to keep up is really hard. It used to not be that hard. I used to be able to do it pretty well, but it just feels like I'm always playing catchup." Lucy presented a similar idea: "We [worked] based off change happening at the drop of a hat…. The change was happening faster than you could [handle]. Like it was daily." Some things remained the same amid COVID-19, though, as Shannon described: "[The students] still have conversations about respect and differences and constitutional rights and all of that kind of stuff that's going on in society at large right now."

However, those conversations, lessons, and counseling occurred under the shadow of an unprecedented professional shift from in-person to virtual services, social distancing, and quarantine stemming from COVID-19. Participants described providing school counseling services under these conditions as stressful, complex, and time consuming. Ella described increased concern for her students because of the shift to virtual platforms:

> I couldn't lay eyes on them every day, that part was hard…. We couldn't check on them and see them and know what was going on, and so there was even more stuff going on in their homes without people checking up on them.

Rose explained that a lack of virtual resources caused additional hardship, as "[m]any of our families did not have internet, did not have even any kind of personal devices at all…. So we struggled." Lucy stated that prior to COVID-19 her district had never conceived of how to provide educational or school counseling services any way but in person, so when COVID-19 demanded the shift to virtual services, "it was substantial, the impact that it had. It was very stressful, it still is very stressful. Stressful." Beth described a professional day: "We were doing home visits, making deliveries, checking in with students…. Whether it was a virtual meeting or virtual messaging every day, any of those pieces utilizing Google Classroom in order to provide all those resources."

The responsibility of providing resources, while standard to school counselors, was reported by participants to have increased markedly during COVID-19. Lucy discussed the adaptability needed to meet student needs: "We made it through…. The plans are ever evolving and changing, [we] make it work for kids [who] have trauma and do not have the best of home life, so we made it work." Shannon explained the limited availability to meet such needs, stating, "I got 30 minutes a day, twice a week where I could pull kids into my office and have conversations and do check-ins." Beth added further context to her shared experience, reporting "an increase in how many students really should be seeing me for individual counseling, but I can't see 300 students a day so it's finding those creative solutions to figure out how to meet students' needs." Rose described an increased need to address the mental health concerns of students:

> I did a lot of things like phone calls home and Zoom meetings for those that did have connections because kids wanted to, they wanted counseling, and they were desperate for counseling, and they were cooped up in their homes…. You can imagine that brought on a whole lot of mental health concerns, even for some of our kids who were keeping it together. But it was stressful.

Increased Non-School Counseling Responsibilities

In addition to adjusting to new demands due to COVID-19, participants experienced a simultaneous increase in non-school counseling-related responsibilities. Some of these tasks were directly associated with COVID-19, such as monitoring social distancing and mask mandates when their rural schools returned to in-person operations. Shannon described the role of mask enforcer as stressful: "I was the person in charge of making sure that message was delivered 30 times a day to the same kid every day. So that piece of it was definitely stressful and unappealing." This responsibility also damaged rapport between her and the students:

> They called me the mask police…. That was discouraging, and that took a mental toll on me, just feeling like I wasn't building relationships with kids because I was 100% always correcting them.

COVID-19 also resulted in teacher illness and shortages, and RSC participants had to take on classroom instructor roles, which detracted from their roles as school counselors. Christine said, "We [RSCs] ended up being a

lot of the go-to people. If they need somebody to cover a class or had to be a secretary for a week, or just because we don't have any subs at all." Sarah corroborated this comment: "We had such an uptick of teachers getting sick, [and the school board] realized we don't have enough subs. No one wants to sub in an infected school." Ella talked about resource provision and how, in addition to her school counseling related responsibilities, "We delivered food, I rode one of the buses and delivered food, I did that." Sarah shared a similar experience with COVID-19 quarantine measures, noting, "I got to send food with and things like that [because students] get free lunch and free breakfast at school, [and] parents and kids really depend on it."

Professional Quality of Life

While stress and fatigue are common professional consequences of helping-focused careers, all participants described varying impacts of COVID-19 upon their professional quality because the pandemic impacted their schools, responsibilities, and roles as RSCs. For many of the participants, COVID-19 generated a spectrum of negative reactions, ranging from decreased satisfaction to serious consideration of leaving the school counseling profession. On one end of that spectrum, Christine reported, "I feel a little more stressed because I feel like I'm doing less counseling and more of the other duties, which isn't as satisfying." Rose talked about the struggle to maintain her desired work-life balance: "I found that it was hard to turn things off because we were working from home." Sarah also described the compounding impact of "blame" on professional quality of life, resulting in an unintentional role of "scapegoat" for student or family frustrations toward school COVID-19 policies, which emerged from their intersecting experiences of COVID-19 at the microsystemic (personal) and mesosystemic (school) levels. She stated, "My job is the big part of my life. And … you get a lot of blame. It's hard to take. It's hard to not take it personally because I put a lot of pride into what I do, and I put a lot of effort into what I do." Participants also considered leaving the profession of school counseling. Ella explained how the mix of COVID-19 and student trauma demands contributed to her feelings: "I mean, some days it feels like I don't want to do it anymore, but that's more just because it's hard." Mary described an inner turmoil of losing passion for the profession while desperately wanting to maintain her role as a "change agent," reflecting enduring love for her career:

> I am seriously looking at career options…. I'm looking at some of my peers who are working outside of the school setting as therapists and they're like, "Oh, I'm making good money." I'm like, "Oh my gosh, this is just not getting easier." So, how can I keep growing in my job and have a position of being a change agent and helping kids without losing my own passion?

For other participants, while compassion fatigue may have been present, they also described the counterbalancing weight of satisfaction, support, and purpose in their role as an RSC in the midst of COVID-19. Lucy reported a dualistic experience: "I'm feeling burn out, but I'm also feeling hopeful that we can get through anything because we can get through a pandemic…. So I'm hopeful, burnt out and hopeful." Beth discussed a similar experience: "So it's still just as rewarding, just as wonderful…. I think there's just definitely been added stress and strain on my resources that I'm able to give." Rose, despite the search for work-life balance, also discussed gaining purpose from her work in the midst of burnout: "I feel as though this is where I'm supposed to be."

Rural Student Learning Loss, Trauma Response, and Social Atrophy

Beyond the professional impacts of COVID-19, participants shared experiences of witnessing the pandemic's impact on the students they served. Their descriptions of their experiences with students were split into two subthemes: the academic impact on students and the socioemotional experiences of students.

Academic Impact

Participants described a nearly ubiquitous experience of academic decline, often dubbed "learning loss," by their rural students as a result of COVID-19. Beth noted this phenomenon on two separate occasions during her interview, stating that the shift from virtual to in-person instruction resulted in increased safety protocols, and "There were weeks when we had to close down for safety reasons or for infection reasons, [and] one of the things [that happened] is that there's a lot of learning loss." Christine and Ella reported similar student experiences, with Christine describing the academically disruptive nature of quarantine measures as students were "missing these huge chunks of school for 10 days, because and then they're lost and behind…. So the academics especially has been really hard on the kids." Ella asserted that the shift to virtual academics was more detrimental than helpful: "It [virtual learning] does not work in my school, and we don't have it this year … because it just didn't work. [Students] were not learning." Ella punctuated these statements with an observation that students' "time away from school caused some more trauma for them," depicting a negative, reciprocal association between student academics, socioemotional functioning,

and COVID-19. In contrast, Lucy, noted that her rural school system experienced improvement in end-of-year testing results: "The fact that our scores increased is crazy to me."

Socioemotional Impact

Many participants discussed experiences in which academic functioning and socioemotional regulation and expression decreased, while reports of trauma, anxiety, fear, and distress increased, manifesting in stunted social skills. Christine noted that students "were a lot more anxious, and they were real worried about things." Shannon discussed increased stress in students, especially due to numerous unknowns about school operations: "Students were under a lot of stress last year. Just, 'Are we going to get closed down? Are we going to have to go back online?'" Mary described student anxiety and trauma as ubiquitous: "What I'm hearing now are more…, 'I have anxiety.' … It's heavier than the trivial stuff…. It's more trauma they keep talking about."

Participants often connected these mental health concerns to the regression in students' social skills. As Ella noted, "When we came back, their social skills, those were obviously way behind." Beth saw students' initial "learning loss" as a trauma response: "Some of our students are still stuck at those spots where the pandemic first started, and that could be because of trauma, [and] this is their flight or fight." Sarah used similar language when recounting her experience with students: "There was more stuff happening around them that my fight or flight kids were just getting in fights and gone or just clamming up and not saying anything just because of the chaos happening around them with everyone else."

Rural Community Stress, Strain, and Political Tension

Moving from Bronfenbrenner's (1979, 1994) microsystems to overlapping mesosystems and more externally influencing exosystems, almost all participants discussed COVID-19's impact on the broader rural community. From political ideologies to compounding community trauma through catastrophe, participants described rural communities as being greatly impacted by COVID-19 at multiple levels. As if mirroring the smaller system of the school setting, the larger community struggled with increased anger and stress, as well as the physical toll of COVID-19 through death, resource scarcity, and economic hardship.

Rural Political Identities and COVID-19

Participants' most recurrent shared experience was the intersection between COVID-19, pandemic protocols, and political beliefs among community members. This confluence resulted in anger, and participants were caught in the crossfire of intensifying emotion due to the nature of their dual roles as RSCs *and* community members. Christine stated that parents were frequently angry over COVID-19 masking protocols: "We have the [angry] parents that come to the school board meetings [saying] they're going to die before their kid wears a mask." Beth shared similar experiences of "tension" about mask mandates for kids, noting, "We did get a lot of pushback from families." Sarah described parents and community members as becoming "real mean and real cruel…. And it was just nuts. Everyone just kind of lost their minds for a little bit," especially the closer her community came to the 2020 presidential election on top of dealing with COVID-19 protocols. Shannon reported that in her community political tensions were very challenging during the pandemic:

> [COVID-19] was challenging and stressful, but for us … COVID cases and hospitalizations and deaths in my region, it's just not necessarily a part of our daily life, except the political conversations students bring into school from home about it.

Microsystemic and Mesosystemic Community Impact

Outside political tensions, participants discussed the physical, emotional, and financial impacts of COVID-19 upon their rural communities that were most evident at the microsystemic and mesosystemic levels (Bronfenbrenner, 1979). Most evident was the physical impact of COVID-19 in the forms of infection and death, described as both a microsystemic experience of families grieving among themselves and a mesosystemic experience as individual families came together with one another, and the community at large, to mourn, grieve, and heal collectively. While some communities experienced lower rates of COVID-19, no community was without loss. Beth said that her rural community had "a very high rate of infection" when compared to the urban community from which she returned. Shannon explained, "By and large, my community has been spared the tragic numbers of deaths related to COVID that a lot of other communities are facing," while simultaneously identifying some of her students who lost grandparents to COVID-19. Other participants described considerable loss.

Lucy stated, "The pandemic was catastrophic…. Many, many people lost their lives, many of the kids that I worked with have family members that lost their lives." Christine reported that COVID-19 "really impacted [the community with] the amount of deaths…. There's been a lot of deaths and very unexpected deaths, which has been hard."

Additional community impacts included shared experiences of anger, stress, and economic hardship that forced some families out of the community. Beth described mounting frustration from ever-evolving school board policies as administrators worked to keep up with broader, COVID-based legislation and best practices: "I think as well as the rules change, and change and change and change, our students also get frustrated, their families get frustrated because they don't know what to expect." Christine discussed stressful, tense school system-parent interactions resulting from mask-mandate policies: "We have the crazy parents that come to the school and they are coming to the school board meetings and [saying] they're going to die before their kid wears a mask." Mary explained, "We're losing families in our community because we just don't have an economic base to support…. Our economic situation is not certain." Sarah described COVID-19 as compounding the existing experience of poverty in her rural community, where "a lot of parents lost their jobs. And so, we had the poor kids are even more poor."

Emotional Fatigue, Trauma, and Grief

The final, and surprisingly least frequently noted, theme brings us back to the participants themselves. Six participants discussed COVID-19's personal impact on them in ways that were entirely disconnected from their identity as an RSC. All six described a turbulent, emotional experience, sometimes compounded by personal loss. Rose detailed how stressful COVID-19 was due to the substantial personal loss she experienced within just a few months: "I was grieving [their] loss and all of the trauma that we experienced through that. I was faced with some of the most difficult things I've ever encountered." Beth, Mary, and Shannon all described increased anxiety, with Mary also describing COVID-19 as debilitating: "COVID has really sucked my energy level. That's just an added burden on top of everything else…. It's hard to get out of bed…. COVID has just added another energy drain and another level of angst." Shannon reported a shortness in her temper: "Last year there was a lot of stress…. I kind of snapped at a staff meeting." Beth summed her experience up with "I think the pandemic for us still is a piece that just causes greater anxiety."

Discussion and Implications

This study explored the lived experiences of eight RSCs during the height of the COVID-19 pandemic. Our findings revealed a narrative of energetic pivot and emotional drain, primarily stemming from their professional roles and demands as RSCs. Participants described heightened demand related to non-counseling tasks, increased compassion fatigue, diminished professional boundaries, declining job satisfaction, and mounting burnout. They also reported widespread student struggles, including academic regression, behavioral issues, and increased emotional distress, as well as broader community impacts such as conflict over COVID-19 policies and collective grief following pandemic-related loss.

Professional Impact on Rural School Counselors

The COVID-19 pandemic significantly altered the roles of RSCs, often drawing them into increasing non-counseling responsibilities such as substitute classroom coverage, delivering food to student homes, and enforcing COVID-19 protocols. These findings are consistent with prior research, which has documented RSCs' experiences of being drawn away from counseling-oriented duties to address the human resources deficits that frequently impact rural schools (Akgul et al., 2021; Frankland & Biddle, 2023; Greenidge et al., 2023; Lancaster & Brasfield, 2023). While these adaptations offered short-term school and rural community support, they raised concerns about long-term effects on counselor efficacy and professional identity. These findings are both salient and contribute to ongoing discourse on role diffusion—a phenomenon in which counselors internalize non-counseling tasks as normative aspects of their role. Lancaster and Brasfield (2023) presented similar results in their Tennessee school counselors survey (n = 207), in which 50% of participants reported increased non-school counselor duties while only 20% described those same duties as barriers to providing counseling care for students. The authors hypothesized that the discrepancy could have stemmed from an experience of role diffusion.

Although role ambiguity is not new to the profession, its persistence in rural contexts—where community-school boundaries are naturally permeable—intensifies experiences of ethical tension and professional burnout (Crumb et al., 2021; Fears et al., 2023; Grimes, 2020; Seelig & McCabe, 2021). These dynamics carry ethical implications. One consideration that arises from our findings is how engaging in disciplinary and administrative tasks creates ethical dilemmas for school counselors and may impact a school

counselor's relationship with students (American School Counselor Association [ASCA], 2024). School counselors' primary obligation is to support and advocate for students, whose needs, both academic and social-emotional, intensified during the COVID-19 pandemic. Furthermore, the ASCA (2019) has recommended that school counselors spend at least 80% of their time on direct or indirect services to students, limiting administrative or non-counseling tasks to no more than 20%. Given that rural counselors are often the only consistent mental health providers in their schools (Fears et al., 2023), adhering to these recommendations is vital for students' mental health and RSCs' professional identity.

Rural Student Mental Health

Our findings emphasize how participants consistently reported deteriorating mental health among rural students during the COVID-19 pandemic. In addition to academic regression, or learning loss, students exhibited increased anxiety, depression, and trauma-related symptoms, often expressed through behavioral challenges. Furthermore, our findings suggest a connection between students' academic decline; increased mental health struggles; and diminished coping, social skills, and behavioral regulation. Our findings are substantiated by prior research in which school counselors "reported worsening behaviors among students [marked by] trouble socializing, absence of social flexibility, and an increase in physical and relational aggression" (Lancaster & Brasfield, 2023, p. 70) during the COVID-19 pandemic. These findings also align with national trends (CDC, 2022) and literature on adverse childhood experiences and mental health in rural youth (Crumb et al., 2021; Frankland & Biddle, 2023; Karaman et al., 2021). These findings suggest an ongoing need for RSCs to maintain a stronger focus in providing care and services that align with school counseling tasks and advocating for fewer instances of assignment to non-school counseling tasks. Strengthening communication between counselors, educators, and administrators could clarify professional roles and allow counselors to focus more directly on supporting students' mental health (Fears et al., 2023). Participants' experiences also point to the value of collaborative, data-informed interventions designed to build student resilience and coping skills. Additionally, rural administrators can promote a trauma-informed school culture by enhancing staff training and integrating mental health approaches into schoolwide frameworks.

Rural School Counselors and Administration

These findings highlight the broader, systemic context of rural school counseling. Participants often became enforcers of COVID-19 protocols determined by school boards or state authorities—without input or consideration of their professional roles. These exosystemic tensions led to friction between school counselors and families, especially when counselors became the face of unpopular COVID-19 policies. Fears et al. (2023) noted this issue in their ecological framework of rural school counseling: Rural community "misconceptions of the school counselor's professional role can lead to feelings of isolation and increased feelings of burnout in rural school counselors" (p. 2). Ultimately, these misconceptions about rural school counselor roles are muddied by inconsistent, strained, or confusing communication and role perception between rural administrators and their counselors.

Our findings allude to this ongoing dilemma: In times of crisis, administrators are often required to make immediate, executive decisions with limited resources and information, often resulting in both breakdowns in communication and exclusion of rural school counselors from mental health-related decision-making. Though unfortunate and frustrating, participants recognized these decisions were made neither from malice nor a lack of care concerning the mental well-being of rural students, but from a sense of urgency to meet primary, physical, and safety needs. Frankland and Biddle (2023) similarly found that during crises administrators focused more on logistical concerns than leveraging counselors' mental health expertise. Additionally, existing evidence supports a widening, frustrating gap between administrators' perceptions of school counselors and the reality of school counselor roles in rural settings. Karataş and Kaya (2015) found that administrators only supported counselors' roles when they had accurate knowledge of those roles. These findings, combined with the results of this investigation, highlight a significant opportunity for professional advocacy between RSCs and their varying systems of administration about their roles, responsibilities, and their shared mission to meet the holistic needs of students in rural communities.

Limitations and Future Research

This study offers valuable insight into the underrepresented experiences of RSCs during the COVID-19 pandemic, but several limitations must be acknowledged. First, the sample lacked racial and gender diversity. Most participants identified as White, and all were cisgender women, reflecting a broader trend in school counseling literature. Dominant identities are often overrepresented, limiting the applicability of findings to counselors from racially diverse or gender-diverse backgrounds. Second, although the number of participants falls within the acceptable range for phenomenological research (Moustakas, 1994), the sample size was relatively small. While qualitative studies prioritize depth over

generalizability, the limited number of perspectives may reduce the transferability of findings. Third, participants were geographically concentrated. Half were from Wyoming, and another quarter were from the Midwest. Rural areas in other U.S. regions—such as the South, Northeast, or Pacific Northwest—may differ in demographics, culture, and economic challenges. Additionally, the pandemic's impact varied widely across regions (Callaghan et al., 2021; Laylavi, 2021; Paul et al., 2020), further complicating the transferability of the results.

Future research should explore how RSCs support both their own well-being and that of their students in the aftermath of COVID-19. Given their heightened exposure to trauma, role ambiguity, and systemic demands, rural counselors are at increased risk for STS and burnout (Dooley, 2023). Investigating counselor wellness and sustainable career practices could inform policies aimed at retention and support, particularly in underresourced rural schools. A major theme among participants was reduced face time with students, often due to pandemic-related duties that pulled them away from counseling roles. Many expressed dissatisfaction and disconnection from their primary purpose. Future studies could examine how time spent in direct student services relates to professional quality of life and whether specific types of counseling—academic, career, or social-emotional—are more closely tied to counselor satisfaction. Qualitative research into systemic barriers could also identify structural changes to increase counselor-student interaction.

In addition, although COVID-19 was a global trauma (Karaman et al., 2021; Pincus et al., 2020), its effects were deeply local. Participants shared the traumas that they and their communities faced, yet trauma-informed practices remain underused in rural schools (Grimes et al., 2023). We advocate for further investigation into how place-based approaches can address community-specific trauma, along with longitudinal research on the implementation and outcomes of trauma-informed frameworks in rural school counseling programs.

Conclusion

The purpose of the present study was to investigate the lived experience of rural school counselors as they worked during the COVID-19 pandemic. Our results highlight four themes that emphasize the professional, student, community, and personal impact of COVID-19 as experienced and described by our eight RSC participants. These findings shed light on how RSCs had to adjust both to immediate and ongoing shifts precipitated by COVID-19 demands, while also addressing increased non-counseling responsibilities and enduring elevating burnout. These demands ran parallel to these professionals' experiences of assisting students with increasing mental health and behavioral concerns and engaging in rural communities struggling with grief, loss, financial hardship, and political tension. Additionally, our participants discussed their own grief, loss, anxiety, and exhaustion when describing the personal impact COVID-19 had on them.

These results provide an immediate, necessary contribution to the dearth of research on school counselors' perspectives of working during the COVID-19 pandemic, and especially on the niche, underrepresented context of this experience for *rural* school counselors. This investigation addresses the lack of scholarship intersecting rural school counseling or rural school identities and the COVID-19 pandemic, and it provides context for how rural school administrators, educators, and school counselors can best attend to the professional quality of life for their employees to prevent burnout, maintain professional satisfaction, and promote career longevity in rural spaces.

References

Akgul, T., Brown, J., & Karch, L. (2021). The personal and professional impact of COVID-19 on school counselors: An exploratory study. *The Interactive Journal of Global Leadership and Learning*, *2*(1), Article 2. https://doi.org/10.55354/2692-3394.1024

American School Counselor Association. (2019). *ASCA national model: A framework for school counseling programs* (4th ed.).

Bokun, A., Himmelstern, J., Jeong, W., Meier, A., Musick, K., & Warren, R. (2020, July 14). *The unequal impact of COVID-19 on children's economic vulnerability*. EconoFact. https://econofact.org/the-unequal-impact-of-covid-19-on-childrens-economic-vulnerability

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. https://doi.org/10.4159/9780674028845

Bronfenbrenner, U. (1994). Ecological models of human development. In T. N. Postlethwaite & T. Husen (Eds.), *International encyclopedia of education* (Vol. 3, 2nd ed., pp. 1643–1647). Elsevier.

Bronfenbrenner, U., & Morris, P. A. (2007). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology* (6th ed., Vol. 1, pp. 793–828). https://doi.org/10.1002/9780470147658.chpsy0114

Campbell, K., Weingart, R., Ashta, J., Cronin, T., & Gazmararian, J. (2021). COVID-19 knowledge and behavior change among high school students in semi-rural Georgia. *Journal of School Health*, *91*(7), 526–534. https://doi.org/10.1111/josh.13029

Callaghan, T., Lueck, J. A., Trujillo, K. L., & Ferdinand, A. O. (2021). Rural and urban differences in COVID-19 prevention behaviors. *The Journal of Rural Health*, *37*(2), 287–295. https://doi.org/10.1111/jrh.12556

Centers for Disease Control and Prevention. (2022, March 31). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic* [Press release]. https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html

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

Dooley, J. L. (2023). Burnout among rural public-school counselors. *Educational Research Quarterly*, *46*(4), 57–78.

Fears, A., Henry, S., & Grimes, T. (2023). A rural ecological school counseling framework. *Professional School Counseling*, *27*(1), 1–11. https://doi.org/10.1177/2156759X231202494

Frankland, M., & Biddle, C. (2023). "They didn't ask us!" School counselor perception of involvement in superintendent decision making during crisis schooling. *Theory & Practice in Rural Education*, *13*(2), 1–28. https://doi.org/10.3776/tpre.2023.v13n2p1-28

Greenidge, T., Smith-Adcock, S., Cakmakci, H., & Su, Y.-W. (2023). A transcendental phenomenology of school counselors' lived experiences transforming remote counseling services during the covid-19 pandemic. *Professional School Counseling*, *27*(1), 1–12. https://doi.org/10.1177/2156759X231161524

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

Grimes, T. O., Kirsch, J., Roosma, S. K., & Walters, A. (2023). Understanding the experiences of rural school counselors implementing trauma-informed practices. *Theory & Practice in Rural Education*, *13*(2), 76–103. https://doi.org/10.3776/tpre.2023.v13n2p76-103

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

Karaman, M. A., Eşici, H., Tomar, İ. H., & Aliyev, R. (2021). Covid-19: Are school counseling services ready? Students' psychological symptoms, school counselors' views, and solutions. *Frontiers in Psychology*, *12*, 1–14. https://doi.org/10.3389/fpsyg.2021.647740

Karataş, K., & Kaya, I. (2015). An investigation of the perceptions of school administrators towards the roles and duties of school counselors. *Eurasian Journal of Educational Research*, (61), 181–198. https://doi.org/10.14689/ejer.2015.61.10

Kirsch, J. L. (2022). *Quomodo curantis eget solacio: Investigating pandemic era counselor wellness, professional quality of life and COVID stress in the United States* [Doctoral dissertation, Virginia Polytechnic Institute and State University]. ETDs: Virginia Tech Electronic Theses and Dissertations. http://hdl.handle.net/10919/115588

Lancaster, C., & Brasfield, M. W. (2023). School counseling in the aftermath of COVID-19: Perspectives of school counselors in Tennessee. *The Professional Counselor*, *13*(2), 60–76. https://doi.org/10.15241/cl.13.2.60

Laylavi, F. (2021). Social vulnerability to COVID-19: Preliminary indicators and research agenda. In A. Rajabifard, D. Paez, & G. Foliente (Eds.), *COVID-19 pandemic, geospatial information, and community resilience* (pp. 87–100). https://doi.org/10.1201/9781003181590-9

Monteith, L. L., Holliday, R., Brown, T. L., Brenner, L. A., & Mohatt, N. V. (2021). Preventing suicide in rural communities during the COVID-19 pandemic. *The Journal of Rural Health*, *37*(1), 179–184. https://doi.org/10.1111/jrh.12448

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

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

National Center for Education Statistics. (n.d.). *Locale definitions*. Retrieved June 11, 2025, from https://nces.ed.gov/surveys/annualreports/topical-studies/locale/definitions

Parker, K., Minkin, R., & Bennett, J. (2020). *Economic fallout from COVID-19 continues to hit lower-income Americans the hardest*. Pew Research Center. https://www.pewsocialtrends.org/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest

Paul, R., Arif, A. A., Adeyemi, O., Ghosh, S., & Han, D. (2020). Progression of COVID-19 from urban to rural areas in the United States: A spatiotemporal analysis of prevalence rates. *The Journal of Rural Health*, *36*(4), 591–601. https://doi.org/10.1111/jrh.12486

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. https://doi.org/10.1177/0192636520975866

Robinson, L., Schulz, J., Ball, C., Chiaraluce, C., Dodel, M., Francis, J., Huang, K.-T., Johnston, E., Khilnani,

A., Kleinmann, O., Kwon, K. H., McClain, N., Ng, Y. M. M., Pait, H., Ragnedda, M., Reisdorf, B. C., Ruiu, M. L., Xavier da Silva, C., Trammel, J. M., Øyvind N. W., & Williams, A. A. (2021). Cascading crises: Society in the age of COVID-19. *American Behavioral Scientist*, *65*(12), 1608–1622. https://doi.org/10.1177/00027642211003156

Seelig, J. L., & McCabe, K. M. (2021). Why teachers stay: Shaping a new narrative on rural teacher retention. *Journal of Research in Rural Education*, *37*(8), 1–16. https://doi.org/10.26209/jrre3708

Stamm, B. (2010). *The concise manual for the professional quality of life scale* (2nd ed.). ProQOL. https://proqol.org/proqol-manual

Steimle, S., Gassman-Pines, A., Johnson, A. D., Hines, C. T., & Ryan, R. M. (2021). Understanding patterns of food insecurity and family well-being amid the COVID-19 pandemic using daily surveys. *Child Development*, *92*(5), e781–e797. https://doi.org/10.1111/cdev.13659

Sun, Y., & Monnat, S. M. (2022). Rural-urban and within-rural differences in COVID-19 vaccination rates. *The Journal of Rural Health*, *38*(4), 916–922. https://doi.org/10.1111/jrh.12625

Villares, E., Starrett, A., & Limberg, D. (2022). Exploring school counseling during the first wave of COVID-19. *Journal of Counseling & Development*, *100*(4), 386–398. https://doi.org/10.1002/jcad.12433

Wu, Y., Hartman, D. T., Brown, L., Wang, Y., Vidales, D., Grandchamp, J., Enriquez, R., Moriarty, N., Goldfarb, D., & Goodman, G. S. (2024). Collective trauma: Childhood abuse, perceived discrimination, and COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, *16*(Suppl 1), S115–S124. https://doi.org/10.1037/tra0001578