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Limberg, D., Villares, E., Gonzales, S., Starrett, A. and Rosen, N. "An Investigation of How School Counselors Adapted Their Delivery Due to COVID-Induced Disparities", *Professional School Counseling*, 26(1b). Copyright © 2022, American School Counselor Association. Reprinted by permission of SAGE Publications. <https://doi.org/10.1177/2156759X221105797>

An Investigation of How School Counselors Adapted their
Delivery Due to COVID Induced Disparities

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We have no conflict of interest to disclose.

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Abstract

We utilized a mixed methods design to understand how a national sample of 589 school counselors adapted their approach to address K-12 students' academic, social-emotional, and career development during the COVID-19 pandemic. More specifically, we examined how COVID-19 induced disparities influenced school counselors' delivery of services. We identified six themes using thematic analysis and conducted a t-test to further understand what services and strategies counselors were actively using six months after the onset of COVID-19. Our findings suggest that school counselors continued to adjust their comprehensive school counseling programs to address COVID-induced disparities.

keywords: school counseling, COVID-19, mixed methods

An Investigation of How School Counselors Adapted their Delivery Due to COVID-19 Induced Disparities

COVID-19 forced nationwide school closures, which catapulted students and educators into varied, inconsistent models of learning. Consequently, school counselors continued to adapt their comprehensive school counseling programs to meet student needs. During the 2020-2021 school year, school districts adjusted plans (e.g., hybrid model, online, face-to-face with quarantine protocol), and each plan increased COVID-19 induced disparities. The long-term academic, social-emotional, and career development impact of these varied plans is unknown. However, understanding how school counselors provided services during the outbreak of COVID-19 and into the 2020-2021 school year will give future school counselors and educators insight into how to address student needs resulting from the disrupted school year. According to ASCA (2020), school counselors identified barriers presented by COVID-19, such as finding it difficult to access students in a virtual environment and providing counseling lessons to students virtually on a day-to-day basis. Additionally, school counselors are continuing to manage high caseloads, working to close opportunity and achievement gaps, and being assigned inappropriate duties which were also identified as day-to-day challenges (ASCA, 2020). Gaining a deeper understanding of school counselors and their experiences working through COVID-19 will provide future school counselors and educators a framework of what this group of students may have missed and be able to identify preventive strategies to reduce the impact of COVID-19 induced disparities.

In general, disparities can be described as social determinants of health (SDOH) or lack of equality in education, health, leisure and increased discrimination and adverse childhood

experiences or circumstances caused by lack of power and privilege (Bhui, et al., 2019; Sederer, 2016; World Health Organization, 2021). During COVID-19, the definition of disparities remains true however they are exacerbated, and more students are experiencing them (Dorn et al., 2021). Effects of disparities include difficulty regulating emotions and decision making, threatening safety and a sense of control (National Scientific Council on the Developing Child, 2014). Parental stress, mental health, and poverty are predictors of child abuse (Crouch & Behl, 2001; Nair et al., 2003), behavioral problems (Child Welfare Information Gateway, 2019), poorer academic performance (Bick & Nelson, 2016), limited social connectedness and lower self-esteem (Herrenkohl et al., 2017), increased anxiety, depression, post-traumatic stress disorders (Sege et al. 2017), substance abuse, self-injury, and suicidal behaviors (Kaplow & Spatz-Widom, 2007). The long-term impact of COVID-19 induced disparities on all these factors is unknown, however the delivery of school counseling services can mitigate these disparities (Villares et al., 2012; Whiston et al., 2011, ASCA 2020). Therefore, it is crucial to understand how school counselors continued to implement their school counseling programs during the COVID-19 pandemic and what strategies they found beneficial and may want to continue.

According to the National Academy of Education (2020), there is evidence to suggest that the closing of schools due to COVID-19 coupled with the transition to online learning has had negative impacts on students' academic performance, as well as their physical and behavioral health. Although, arguably the impacts on students' physical and behavioral health were expected, vulnerable children who regularly relied on services such as free and reduced meal programs and behavioral health resources were disproportionately impacted (Pattison et al., 2021). Catalano and colleagues (2021) also reported that students learning in high-needs districts

were significantly more likely not to complete their assigned work throughout online learning. Although COVID-19 has had an impact on every American, the African American population has also been disproportionately affected. African Americans had a higher rate of contracting and dying from the Coronavirus, more likely to be working as an essential worker which increases their risk of contracting the virus. Furthermore, when focusing on K-12 education, in January of 2021, more than half of all Black, Hispanic, and Asian fourth graders were learning in a fully remote environment whereas only a quarter of their white counterparts were learning fully remote (Camera, 2021). Of those students who were receiving remote education, 25% of fourth graders were only receiving two hours or less of live instruction and 5% of fourth graders were receiving no live instruction during their time as a remote learner (Camera, 2021). All students faced a challenge when schools closed and traditional learning methods were forced to readjust, but unfortunately the students that were impacted the most were students of different racial groups (Peek et al., 2021). The following study provides deeper insights into what COVID-19 induced disparities school counselors recognized and how they addressed them. More specifically, given that research related to COVID and school counseling is developing, we wanted to investigate the differences of school counseling programs and classification of schools and how they addressed these disparities. Therefore, the purpose of our study was to understand how school counselors adapted their comprehensive school counseling programs to meet K-12 students' academic, social-emotional, and career development. Additionally, we examined differences between ASCA aligned non-ASCA aligned schools and Title I and non-Title I schools. Our primary research questions were: (1) What COVID-induced disparities did school counselors identify?; (2) How did school counselors adjust their school counseling services due

to COVID-induced disparities?; and (3) On average, did school counseling activities differ during the pandemic between ASCA-aligned schools and non-ASCA-aligned schools?; and (4) On average, did school counseling activities differ during the pandemic between Title I and non-Title I schools?

Methods

We utilized a convergent mixed methods design (Kroll & Neri, 2009), following the university's institutional review board (IRB), to answer our research questions. We selected this to obtain a more complete understanding of our data and to corroborate the results from different data collection sources. To gain an in-depth understanding of how school counselors identified and adjusted services in response to COVID-induced disparities, we utilized a convergent parallel design, a type of mixed methods design. In this design, the researcher concurrently conducts the quantitative and qualitative elements in the same phase of the research process, weighs the methods equally, analyzes the two components independently, and interprets the results together (Creswell & Pablo-Clark, 2011). With the purpose of corroboration and validation, the research aims to triangulate the methods by directly comparing the statistical results and qualitative findings. We conducted thematic analysis to analyze patterns in the open-ended survey responses (Boyatzis, 1998; Braun & Clarke, 2006) and to understand *what* disparities and *how* school counselors responded. Additionally, we used t-tests to examine if there was a difference between types of schools and their school counselor activities to further explore the *who/where* aspect of our data.

Participants

A national representative sample of school counselors ($N = 589$) belonging to the American School Counselor Association participated in the current study. The sample primarily identified as female (71%), White (84.4%), between the ages of 25 to 55 (74.4%), earned a

master's degree (78.4%), and had between two and ten years of experience (50.6%). Half of the participants reported having formal training of the ASCA model; however only 205 participants stated their school is somewhat aligned with the ASCA model and 178 indicated mostly. Table 1 provides additional information about the sample demographics.

Research Team & Positionality

The research team consisted of a tenured Professor and Associate Professor, and two doctoral students from two Southeast universities with Council for the Accreditation of Counseling and Related Educational Programs (CACREP) approved programs. All four researchers have worked as professional school counselors and are members of the American School Counselor Association (ASCA). Prior to beginning our work together, we discussed our positionality related to the topic of our study. Positionality refers to a researchers' values and beliefs related to a topic and how that may influence the research process (Holm, 2020). Considering three of us were previous school counselors and one of us is a current school counselor, our position centers around valuing the role of the school counselor as a mental health professional in the schools and the importance of implementing a comprehensive model. We also reflected on what we think we would've done and what we are currently doing in our role. We anticipated that participants would provide innovative ways to deliver their school counseling models that may be useful even after COVID-19, and we hoped that participants were able to counsel students and not only focus on other duties. We recognized that our values and beliefs may influence our coding process and discussed how we valued looking at the data from a qualitative and quantitative lens.

Data Collection

In November of 2020, a nationally representative random sample of professional school counselor practitioners (4,910) belonging to ASCA received an invitation to participate in the current study along with an electronic link to complete the electronic SurveyMonkey survey. The eligible participants received follow-up requests for participation two weeks and four weeks after the original invitation. The response rate was 12%. We collected qualitative data using four open ended questions in the survey. These questions asked to briefly describe, (a) *how you are feeling about delivering your school counseling program this year. Do you anticipate your delivery will change? If so, when?* (b) *the greatest challenge or obstacle you face when delivering your school counseling program this year?* (c) *any new strategies or techniques you have found helpful to support the delivery of your school counseling program this year?* and (d) *how the current delivery of your school counseling program is impacting your relationships with your students, parents, teachers, and administration.* Additionally, the survey consisted of the 48-item School Counselor Activity Scale (SCARS; Scarborough, 2005). The SCARS is a self-report measure that determines types and frequency of counseling services (i.e., including individual and group counseling, curriculum lessons, coordination, consultation, and other activities) being delivered in the school setting. Frequency is measured on a 5-point Likert rating scale, ranging from 1 – (*never*) to 5 (*routinely*). We asked counselors to answer the questions using the following prompt, “Please select the rating that best indicates the frequency you performed each service since the COVID-19 school closure in Spring 2020.” The demographic questionnaire, developed by the first two authors, and included questions about the school counselors’ age, gender, ethnicity, highest degree earned, school level, program characteristics, alignment with and

training in the ASCA National Model, caseload, Title 1 status, and methods for communicating and learning during the 2020-2021 school year (see Table 3).

Data Analysis & Trustworthiness

Qualitative Data Analysis. The research team followed the six stages of thematic analysis (Braun & Clark, 2008) to analyze the data: (1) familiarize yourself with the data, (2) generate initial codes, (3) search for themes, (4) review themes, (5) define and name themes, and (6) produce a report. We first familiarized ourselves with the data by reading all of the responses to the short answers on the survey. Next, we generated the initial codes (i.e., one word or a short phrase description of each part of the data). We developed 356 initial codes, and then collapsed this list to a second version of initial codes which consisted of 90 codes. Next, we grouped the codes to develop themes. We created 17 initial themes related to the research questions and reduced them to six themes and three sub themes after discussing the themes with the auditors. Throughout the process we revisited the raw data to ensure it was represented accurately. We then developed descriptions of each theme and we report our findings in the following section. To ensure trustworthiness, two of the researchers conducted the thematic analysis while the other two served as auditors. The external auditors reviewed the initial codes during step two and the themes during step five. Additionally, we reviewed data independently and then discussed our coding collectively to develop a consensus of findings. We acknowledged our biases regarding our views (i.e., our positionality) prior to reading the open-ended question response and acknowledged them throughout (Creswell, 2007; Hays & Wood, 2011), as part of the first step of thematic analysis.

Quantitative Data Analysis. Descriptive and inferential statistics were run using SPSS Version 27. We conducted independent t-tests to compare participants' responses on counseling activities among those at (or not at) a school adhering with the ASCA National model. We also performed independent t-tests to compare participants' responses on counseling activities among those at (or not at) a Title I school. Levene's test was used to confirm equality of variances. Effect size statistics were evaluated using Cohen's (1988) criteria in which $d^3 \pm 0.20$ is interpreted as a small effect, $d^3 \pm 0.50$ is interpreted as a medium effect, and $d^3 \pm 0.80$ is interpreted as a large effect.

Findings

We describe the findings using the six themes and three sub themes we identified from the data analysis process and examined the results from the SCARS. All descriptive data of the SCARS subscales can be found in Table 3.

Qualitative Findings

Our first research questions is, What covid induced disparities did school counselors identify? Three themes and one sub theme connect to this research question: (a) *difficulty accessing and connecting with students and caregivers* (b) *limited direct school counseling services* (sub theme: *highlighted lack of role understanding by administration*), and (c) *increased student mental health concerns, and (d) lack of role understanding by administration*. The first theme *difficulty accessing and connecting with students and caregivers*, describes how COVID-19 made it challenging for school counselors to communicate with students on a consistent basis. More specifically, participants emphasized that students and caregivers had limited or no access to internet limited their points of contact with them because a lot of

interactions were being done virtually due to various learning models. Participant 9 stated “I feel that my job consists mostly of putting out fires this year--there is so much transition with quarantine, hybrid, online, and in-person school, planning is difficult, as we never know if/when we will be in school in person or at home, and which students will be in person/at home, as well as who will have internet and who won't at any given moment” Additionally, since all meetings with students had to be scheduled due to them being virtual or to follow face-to-face protocol, school counselors described the inability to have informal check-ins with students that they had prior to the pandemic. For example, a school counselor (participant 166) said when it comes to students “not being with them in person is just not the same. I can't really get to know them or talk with them the way I used to. I used to like to go visit them in the cafe or in a class, but I can't now”.

Theme two *limited direct school counseling services* (theme two), includes how students received less direct services (i.e., instruction, appraisal and advisement, counseling). Participants described how they needed to focus on crisis as opposed to being able to deliver a preventative comprehensive program. Participant 136 describes how they've navigated student needs during COVID-19 “There is no time for lessons this year. Students are in crisis - their families are falling apart, they are failing classes (kids who have never failed before), they no longer see friends...Their anxiety, grief, and fear is real. They are not afraid of the virus; they are afraid of how life is changing. They want normalcy”. Furthermore, participants shared that decreased opportunities for school counselors to offer direct services was due to an increased workload of non-counseling duties. For example, participant 285 said “My delivery has already been forced to change due to new policies preventing many of my usual services from happening (no group

counseling; no group or individual counseling for virtual students; extra non-counseling duties), and I feel extremely frustrated about it. It feels as if my district neither understands nor values my job or the services I provide to students and families.” The sub theme within theme two, *highlighted lack of role understanding by administration*. Participants articulated that COVID-19 made it clearer that some administration did not understand appropriate duties of a school counselor. For instance, participant 151 said “The principal delegates non-counseling duties that take me away from student contact and therefore not enough time in each day to implement counseling responsibilities”. Furthermore, participant 99 states “I am asked to do many non-counseling duties. When there are counseling related issues that arise, I am often unavailable because I am covering for someone else in my building. This has minimized the importance of my role and I am finding that staff members overlook the counseling department when we are actually needed. However, without the support of supervisors and administration, I don't see any of this changing soon “.

The third theme is, *increased student mental health concerns*. Participants reported that due to COVID-19 students exhibited higher levels of social/emotional distress. Participant 405 discusses the concerns they have for students “We have only done face to face learning and the anxiety levels, mental health crises, and suicidal intakes are extremely high. It's possible we may need to go remote as our COVID numbers are increasing. I'm not real sure how that will look for counseling those individual students that are struggling”. Furthermore, participant 34 speaks to how being fully remote is difficult; “students are still 100% remote and they are struggling significantly with mental health and motivation”.

For our second research questions, How did school counselors adjust their school counseling services due to COVID-19 induced disparities?, we were most interested in action oriented ways school counselors altered their delivery and if these adjustments would be something that would be beneficial to continue post COVID-19. Three themes and two sub-themes support research question two: (a) *increased use of technology/software applications* (sub-themes: *increased flexibility in classroom guidance* and *implemented creative ways to access caregivers*), (b) *increased collaboration with teachers*, and (c) *prioritized social/emotional health and identified as the expert*

The fourth theme, *increased use of technology/software applications*, consists of how important technology became in delivery and how quickly school counselors had to increase its use. Participant 145 stated “I have learned many technology programs, Google Meets and Zoom. Both have made it possible to communicate with students who are distance learning. I have also done several presentations to parents using the technology that would normally done in person” and participant 370 echoes the same sentiment “Technology has been my friend. I have been able to use Zoom, Google Meet to have small groups and individual sessions as well as parent and colleague meetings. Using Google Slides, Google Forms, and Loom video to help deliver content and provide resources to students and families. “Additionally, school counselors stated how they utilized new forms of technology to improve their services, participant 203 states “I have found new technology for recording lessons in creative ways! Loom and screencastify are helpful. I also plan to experiment with other virtual platforms. Google Meet has also been a valuable resource for reaching remote students”. The first sub-theme within theme four is, *increased flexibility of virtual classroom guidance* consists of ways participants adjusted their delivery of

guidance lessons using technology. Participant 525 stated “I actually feel that having more of an online presence is making some aspects of my job (delivering information, providing extra guidance lessons beyond the mandated ones) makes my job easier and more efficient.”. The second sub-theme, *implementing creative ways to access students and caregivers*, describes strategies school counselors used during COVID-19 to communicate with their students and the student’s caregiver. Participant 282 discusses the ways in which they engaged with students and their families “For those students that have access to tech and internet, I am able to maintain services and support. I am able to participate in meetings with parents via zoom, I communicate with most of them through email, and I created a Seesaw classroom for parents”. The fifth theme, *increased collaboration with teachers*, consists of how school counselors and teachers collaborated to provide academic and mental health support. Participant 387 mentions how they work closely with their teachers, “Classroom teacher & advisement teachers have been my eyes and ears. They communicate any and all student concerns with me. I also collaborate a lot with other support staff”. The final theme, *prioritized social/emotional health and identified as the expert*, describes how the participants and others recognized the importance of social/emotional health and that school counselors were recognized as the expert. Participant 388 states “Administration is relying more on my input as a school counselor and realizing that the areas I’ve been pointing to for a few years are actually in need of attention”, participant 452 says “I feel as though my administrators are starting to understand how much work counselors actually do which is a positive impact on our relationship” and lastly, participant 10 says “Administration has been essential. Their support before I started as well as during my time in the school has made delivering the school counseling program easy”.

Quantitative Results

School counselors were asked the degree to which their school adopted and adhered to a comprehensive, developmental school counseling program that aligns with the ASCA National model. Participants ($n = 263$) responding not at all or somewhat were coded 0 (indicating none to little alignment), whereas participants ($n = 230$) responding mostly or completely were coded 1 (signifying a high degree of alignment). Levene's test confirmed equal variances could be assumed for counseling ($F = .10, p = .752$), consultation ($F = 3.43, p = .065$), curriculum ($F = .70, p = .403$), and coordination ($F = 1.63, p = .203$) but not other activities ($F = 7.78, p = .006$). Results from independent t-tests show that counselors at schools adhering to the national model spend significantly more time counseling ($t(491) = -3.53, SE_D = .06, p < .001, d = .32$), in consultation ($t(491) = -2.28, SE_D = .06, p = .023, d = .21$), on curriculum ($t(491) = -4.55, SE_D = .10, p < .001, d = .41$), and in coordination ($t(491) = -6.47, SE_D = .06, p < .001, d = .58$). However, school counselors at schools not adhering to the national model spend significantly more time in other activities ($t(487.16) = 2.19, SE_D = .06, p = .029, d = .71$). Results from the t-tests are detailed in Table 4.

Participants were also asked whether their school was a Title I school (no = 266, yes = 244). Independent samples t-tests were used to determine if there were significant differences in counselors' activities based on Title I status. Levene's test show that equal variances could be assumed for all subscales of the SCARS: counseling ($F = 1.72, p = .190$), consultation ($F = 0.11, p = .736$), curriculum ($F = 1.76, p = .185$), coordination ($F = 2.56, p = .110$), and other activities ($F = .26, p = .614$). Results from the t-tests illustrate that counselors at non-Title I schools

engage in significantly more curriculum activities ($t(508) = 3.24$, $SE_D = .10$, $p = .001$, $d = 1.14$).

No other results were significant (*see Table 5 for details*).

Discussion

Our study shows how school counselors identified COVID-induced disparities and pivoted their services and activities to meet the needs of teachers, students, and parents during the pandemic. Our qualitative results reveal several ways school counselors adjusted and took action to address these disparities. We found that embracing and learning to utilize new software and technology while capitalizing on systems they were familiar with, school counselors could minimize student challenges to complete their work. Similar to Catalano et al., 2021 our findings support the differences amongst types of schools and the transition to online instruction. We found that school counselors increased their collaboration with teachers and other professionals within their building, which may have helped teachers recognize the role of school counselors. Although not conducted during COVID-19, Limberg et al, 2021 also found the importance of collaboration has on role recognition. Considering the effects of poor mental health in children (Kaplow & Spatz-Widom, 2007; Sege et al. 2017), school counselors addressed social-emotional and mental health needs of students creatively through virtual classroom lessons, counseling, and ways in which they accessed students and parents. Additionally, throughout the pandemic, school counselors were recognized for their expertise as a mental health professional and mental health was prioritized. Nonetheless, school counselors were assigned additional duties related to COVID-19 such as following up with students who have not participated in virtual classes or have not returned since schools reopened, attendance/check-ins, and an increased responsibility regarding social-emotional learning (SEL) implementation (ASCA 2020). Overall, our

qualitative themes show school counselors increased their counseling, consultation, curriculum, coordination, and other out-of-role activities to address COVID-induced disparities. Our quantitative results offer some context to the qualitative findings by revealing school characteristics of the school counselors providing more services. On average, school counselors that identified their school as ASCA aligned spent more time doing appropriate duties as determined by ASCA. Conversely, school counselors that identified their school as not ASCA aligned spent more time on average doing incongruous activities. We found similar school counselors at Title I schools did less curriculum activities on average, which is concerning considering the classroom guidance was the primary way to address social-emotional concerns.

Implications

Our study has implications for both current and future school counselors and the school counseling profession overall. For many participants, COVID led to them being recognized as a mental health expert for the first time. Therefore, current and future school counselors and school counseling researchers can continue to focus their attention on the short-term and long-term mental health impact COVID-19 had and continues to have on student's social-emotional development. Furthermore, since school counselors placed their focus and attention on student's social/emotional development, academic gaps and career development need to be reconsidered. The school counseling continues to be a point of confusion, but our participants described how COVID led to more role understanding and collaboration. Therefore, our findings highlight the necessity for school counselors to be assigned to appropriate school counselor duties at their respective schools. Additionally, current and prospective school counselors should continue to promote and facilitate collaboration with teachers and administrators but also other helping

professionals within the school building and other community stakeholders, energizing each professional's role for the benefit of the students. The implementation of the ASCA National Model through remote learning and the utilization of technology calls for continued innovation by school counselors to address student's social/emotional, career, and academic development. School counselors' abilities to move their comprehensive school counseling programs onto virtual and hybrid platforms accentuates the opportunity to expand comprehensive programs through the utilization of online platforms and other software and technologies. Overall, given the little to no preparation school counselors had to take a comprehensive school counseling program into remote learning, school counselors responded with resilience as they relied on their training and preparation to meet the needs of their students through the COVID-19 pandemic. We found that school counselors that aligned with ASCA were more likely to be counseling, consulting, implementing curriculum, and coordinating during COVID which is supportive of the ASCA model. But as the mental health needs of student increases the role may need to be revisioned because it may not be possible for school counselors to continue to do all activities effectively. Although COVID-19 research related to school counseling is in its early stages, we recommend that the impact of COVID-19 and the emphasis of mental health can not be overlooked when the ASCA model is revised

Limitations and Directions for Future Research

There are limitations in our study that warrant discussion. First, our data was cross-sectional, meaning causation cannot be determined. As such, we also did not have the ability to ask follow-up questions regarding open-ended responses on the survey. We recommend future researchers conduct a follow-up survey post COVID-19 and/or conduct a longitudinal

study to determine COVID-19 induced disparities long term impact on students. Another limitation is the use of self-report data. Research has demonstrated that self-reported measures may have method bias, as self-report often acts as a primary source of measurement error (Podsakoff et al., 2003). Future research should aim to extend this work with a longitudinal design and/or by using observational or behavioral measures, and measures from other reporters, when examining the relations in our study. For example, employing rubrics to measure quality of school counselor activities may be helpful. Another limitation is that we dichotomized ASCA-alignment from a 4-point ordinal scale. In the current study we simply wanted to examine average differences in the type and amount of activities school counselors reported doing during the pandemic. However, future research needs to better quantify the relationship between ASCA-alignment and school counselors' activities using regression or latent variable methods. Furthermore, other school characteristics (e.g., case load, grade level) may have stronger relationships with the activities school counselors perform and, as such, should be explored. Another limitation involved our sample, which represented 12% of the original random sample of professional school counselors. As such, results may not generalize to all school counselors. The COVID-19 response has been fluid and evolving with little consistent response across school districts, which has impacted school counselors' capabilities and actions. This likely contributed to some inconsistencies in the responses.

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Table 1

Sample Demographics

Characteristics		Frequency	Percent
Age	< 25	3	0.05%
	25-35	137	23.3%
	36-45	170	28.9%
	46-55	131	22.2%
	56-65	50	08.5%
	> 65	8	01.4%
	Did not disclose	90	15.2%
Gender	Female	454	71.0%
	Male	56	09.5%
	Did not disclose	79	13.4%
Race	Asian	4	0.07%
	Black	35	05.9%
	Filipino	2	0.03%
	Hispanic	20	03.4%
	Middle Eastern	1	0.02%
	Mixed race	18	03.1%
	Native American	6	01.0%
	White	411	69.8%
	Did not disclose	92	15.6%
Highest Degree Earned	Masters	462	78.4%
	Ed.S.	19	03.2%
	Doctorate	14	02.4%
	Other	19	03.2%
	Did not disclose	75	12.7%
Years of Experience	First year	18	3.5%
	2 to 5	145	28.2%
	6 to 10	115	22.4%
	11 to 15	88	17.1%
	16 to 20	69	13.4%
	21 to 25	50	9.7%
	26 to 30	20	3.9%
	> 30	9	1.8%
	Did not disclose	75	12.7%

Training in ASCA National Model	Unfamiliar	7	01.2%
	No training	90	15.3%
	Continuing Education	112	19.0%
	Masters	297	50.4%
	Ed.S.	4	0.07%
	Doctoral	1	0.02%
	Did not disclose	78	13.3%

Note. Ed.S. = Educational Specialist degree

Table 2

Descriptive statistics, reliability, and correlations for SCARS

	Mean (SD)	Skew ness	Kurt osis	α	1	2	3	4	5
1. SCARS Counseling Subscale	2.83 (0.72)	0.17	-0.30	0.8 25	1				
2. SCARS Consultation Subscale	3.56 (0.69)	-0.15	-0.14	0.7 31	0.501 ***	1			
3. SCARS Curriculum Subscale	2.91 (1.15)	0.04	-1.05	0.9 30	0.490 ***	0.307 ***	1		
4. SCARS Coordination Subscale	3.02 (0.74)	0.08	-0.26	0.8 40	0.484 ***	0.481 ***	0.514 ***	1	
5. SCARS Other Activities Subscale	2.72 (0.71)	0.29	-0.03	0.6 30	0.120 **	0.255 ***		0.212 ***	1

Note. ** denotes $p < .01$; *** denotes $p < .001$

Table 3

Comprehensive School Counseling Program and Remote Learning Descriptions

Program Descriptions		Frequency	Percent
Caseload	1 to 250	100	17%
	251 to 500	313	53.1%
	501 to 750	79	14.3%
	751 to 1,000	9	1.5%
	Over 1,000	8	1.4%
	Did not disclose	75	12.7%
School Level	Kindergarten to 5	144	24.4%
	Kindergarten to 8	27	04.6%
	Grade 6 to 8	106	18.0%
	Grade 9 to 12	178	30.2%
	Alternative	7	01.2%
	Other	52	08.8%
	Did not disclose	75	12.7%
Title 1 Status	Yes	266	45.2%
	No	244	41.4%
	Did not disclose	79	13.4%
Modes of Learning	Remote with limited online	115	19.5%
	Hybrid	121	20.5%
	Online	247	41.9%
	On-campus	514	87.3%
	Did not disclose	75	12.7%
Modes of Communication*	Digital Learning Platforms	405	68.8%
	Direct Digital Conferencing	416	70.6%
	Mailings	73	12.4%
	Recorded Videos	251	43.0%
	Social Media	19	0.03%
	Video Conferencing	439	75.0%
Alignment with the ASCA National Model	I don't know	20	03.4%
	Not at all	58	09.8%
	Somewhat	205	34.8%
	Mostly	178	30.2%
	Completely	52	08.8%

Did not disclose

76

12.9%

Note. * = Does not equal 589 due to multiple selections. ASCA = American School Counselor Association.

Table 4

Mean Scores on the five subscales of SCARS Displayed by Non-ASCA school versus ASCA school: Independent-samples t tests and related statistics

SCARS Subscale	Independent-samples t test	
	$M_N (SD_N)$	
Counseling	2.72 (.71)	
Consultation	3.51 (.73)	
Curriculum	2.73 (1.15)	
Coordination	2.87 (.71)	
Other Activities	2.79 (.78)	

Note. M_N = mean for non-ASCA school; n_N = 263; M_A = mean for ASCA school; n_A = 230; SE_{diff} = standard error of the mean difference; 95% CI = 95% confidence interval for the mean difference; LL = lower limit of CI; UL = upper limit of CI; d = Cohen's d statistic; * denotes unequal variances assumed

Table 5

Mean Scores on the five subscales of SCARS Displayed by Title I school versus non-Title I school: Independent-samples t tests and related statistics

SCARS Subscale	Independent-samples t test					95% CI			
	$M_T (SD_T)$	$M_N (SD_N)$	SE_{diff}	$t (df)$	p	$M_T - M_N$	LL	UL	d
Counseling	2.87	2.75	0.0	1.82	0.07		-0.0	0.2	0.7
	(.75)	(.67)	6	(508)	0	0.11	1	4	1
Consultation	3.58	3.54	0.0	0.62	0.53		-0.0	0.1	0.7
	(.71)	(.69)	6	(508)	8	0.04	8	6	0
Curriculum	3.01	2.74	0.1	3.24	0.00		0.1	0.5	1.1
	(1.19)	(1.09)	0	(508)	1	0.33	3	3	5
Coordination	3.04	3.05	0.0	-0.18	0.86		-0.1	0.1	0.7
	(.75)	(.70)	6	(508)	1	-0.01	4	2	3
Other Activities	2.68	2.76	0.0	-1.21	0.22		-0.2	0.0	0.7
	(.72)	(.70)	6	(508)	8	-0.08	0	5	1

Note. M_T = mean for Title I schools; n_T = 266; M_N = mean for non-Title I schools; n_N = 244; SE_{diff} = standard error of the mean difference; 95% CI = 95% confidence interval for the mean difference; LL = lower limit of CI; UL = upper limit of CI; d = Cohen's d statistic