

“We’re Kind of Forgotten”: An Initial Investigation of Appalachian School Counselors’ Lived Experiences Responding to the Opioid Crisis

Rawen Boulden and Candice Brown

Abstract

This study explored Appalachian school counselors’ experiences responding to the ongoing opioid epidemic within their respective school communities, an underexplored topic in educational and school counseling research. In response to this gap, we utilized a transcendental phenomenological approach to explore the lived experiences of five school counselors working in communities within the Appalachia region of the United States. Three themes emerged through the individual interviews: contextual factors, school counselor impact, and preparedness. Overall, the study is a critical first step in better understanding school counselors’ positioning in school communities adversely impacted by the opioid epidemic. Moreover, these findings support the need for school counselor and school community training centered on opioid use, trauma, trauma-informed schooling, and addiction. Additional implications are offered, along with limitations and areas for future research.

Key Words: opioid crisis, Appalachia, school counseling, trauma, counselor preparation, students, addiction, grandparents, families

Introduction

The ongoing opioid epidemic is a tremendous national concern (U.S. Department of Health & Human Services, 2017). Throughout the past two

decades, this national crisis has disproportionately impacted the Appalachia region of the country (Buchanich et al., 2016; Rossen et al., 2014; Rudd et al., 2016). Several contextual factors have contributed to opioid misuse in Appalachia, including poverty and economic downturn (Mair et al., 2018; Pear et al., 2019), high prevalence of chronic pain (Marshall et al., 2017), unaddressed mental health needs (Melin et al., 2017; Rigg & Murphy, 2013), strategic marketing by pharmaceutical companies (Manchikanti et al., 2012; Quinones, 2015), and lack of awareness regarding opioid misuse risk factors (Kolodny et al., 2015; Kanouse & Compton, 2015). Resultantly, deaths due to opioid misuse and drug overdose are often much higher in Appalachia than the rest of the United States (Center for Disease Control and Prevention, n.d.; Meit et al., 2017; Rudd et al., 2016).

While Appalachia-specific research is relatively scant, there is growing evidence that the COVID-19 pandemic has exacerbated longstanding challenges hindering many rural communities (Tyndall, 2020). For example, Mueller and colleagues (2021) found that the pandemic caused increased unemployment rates, poorer mental health, and lower life satisfaction among rural residents. Similarly, Gazmararian and colleagues (2021) found students of color to be more at risk of experiencing mental health issues among a sample of 751 high school students in Georgia. Next, Stack and colleagues' (2021) study examined how the pandemic impacted substance use and mental health challenges among a sample of 36 individuals residing in rural locales who use drugs. Their study found that these individuals (a) felt increasingly suicidal and lonely, and (b) indicated increased use of illegal substances, such as heroin. Inadequate access to qualified mental health providers, a critical issue in many rural communities predating the pandemic, likely only worsened these feelings of isolation and hopelessness (Boulden et al., 2022a; de Voursney et al., 2021). Indeed, the pandemic has truly compounded many established challenges, and an increasing body of literature suggests that it may have even worsened the opioid crisis (McGranahan & Parker, 2021).

This systemic issue also impacts children residing in Appalachia. For example, Bullinger and Wing (2019) found that the rate of children living with an adult with an opioid use disorder has increased exponentially over the past two decades. Moreover, some children are born with neonatal abstinence syndrome, possibly leading to various medical complications. Many factors, along with abuse and neglect, often leads to children being removed from their homes and placed into the custody of alternative caregivers, such as grandparents (Hayslip et al., 2019; Radel et al., 2018). Longstanding issues disproportionately hampering Appalachia—including intergenerational poverty (Vance et al., 2012), parental addiction (Collins et al., 2011), trauma, and additional adverse

childhood experiences (Child Trends, 2014; Felitti et al., 1998)—often negatively impact children’s ability to learn, develop positive peer relationships, and regulate their emotions at school, placing them at increased risk of dropping out of high school and poorer postsecondary outcomes (Barnett et al., 2019; Blaustein & Kinniburgh, 2018; Morrow & Villodas, 2018; Perez et al., 2018; van der Kolk, 2014). Additionally, compared to the rest of the nation, children in Central Appalachia (Kentucky and Tennessee) are less likely to complete high school (Johnson et al., 2014). Furthermore, those who do graduate high school are more likely to be required to complete remedial classes (Ohio Children’s Defense Fund, 2018).

Considering trauma’s potential impact on children’s wellbeing, success, motivation, and achievement, school counselors are critical linchpins in nurturing trauma-sensitive school environments (American School Counselor Association, 2016; Cole et al., 2013; Martinez et al., 2020). Cole and colleagues (2013) developed a multitiered systems of support framework to developing a trauma-sensitive comprehensive school counseling program. Tiered interventions included trauma-informed training for all school staff (tier 1), small group instruction for students needing more targeted support (tier 2), and referral to outside agencies better equipped to provide long-term intensive support (tier 3). The American School Counselor Association’s (2019) national model contains guidelines consistent with trauma-informed counseling. Directly, school counselors can provide individual and small group counseling, along with classroom instruction and crisis intervention (American School Counselor Association, 2019). Moreover, given their training in collaboration and consultation, they can work with school staff (e.g., teachers, caregivers, administrators) to better understand students’ needs, thus informing possible school-based interventions. Lastly, they are well positioned to advocate across ecological systems for policies and procedures consistent with trauma-informed practices (Shields et al., 2018; Substance Abuse and Mental Health Services Administration, 2014). While this list is certainly not exhaustive, the extant research affirms school counselors’ positioning as helpers, advocates, leaders, collaborators, and change agents in addressing childhood trauma, described by van der Kolk (2014) as “the hidden epidemic” (p. 151).

Purpose

Appalachia has been particularly impacted by the opioid epidemic, as evidenced by opioid-related death and opioid-misuse rates far exceeding the rest of the nation (Appalachian Regional Commission, 2019). Moreover, systemic inequities such as poor healthcare, lack of funding, mental health access, and poverty only compound the challenges faced by many individuals residing in

Appalachia and rural locales (Boulden et al., 2022b). As the country becomes more aware of the epidemic and its impact on children, primary and secondary schools are tasked with addressing students' academic, career, and social/emotional needs while simultaneously engendering school environments that are sensitive to the epidemic's impact on student behavior, motivation, mental health, academic achievement, and postsecondary outcomes (Kumar et al., 2013).

A thorough exploration of the extant literature yielded one peer-reviewed, scholarly conceptual article (i.e., Paolini, 2020) exploring key school counselor roles related to opioid misuse. Furthermore, despite school counselors' capacity to support students experiencing trauma (American School Counselor Association, 2016), to the researchers' knowledge, no empirical literature highlights *Appalachian* school counselors' (i.e., school counselors working in the Appalachia region of the U.S.) unique school-based roles in responding to the opioid epidemic, specifically. While recent scholarship highlighting licensed mental health providers' capacity to support individuals impacted by opioid misuse is aplenty (e.g., Moody et al., 2017; Morgan et al., 2020; Thomas & Brossoie, 2019), many recommendations do not translate neatly into school counselors' scope and positioning within schools. School counselors play a pivotal role in promoting holistic student success; however, Appalachian school counselors' voices and stories are notably absent from the current literature.

Considering these gaps, using a transcendental phenomenological approach (described below), we examined the lived experiences of Appalachian school counselors ($N = 5$) working in communities adversely affected by the ongoing opioid epidemic, offering a unique lens from which to understand its impact on school communities. Accordingly, the study's primary question was, "What are the lived experiences of Appalachian school counselors working in communities afflicted by the opioid epidemic?" Tapping into this underexplored topic could promote continued scholarly inquiry while offering concrete, meaningful recommendations geared specifically toward Appalachian school counselors and school communities.

In this article, we will next provide an overview of the study's methodology. Following, we share the study's key findings, and then we unpack them within the context of the extant school counseling, K-12, and education-related literature. Afterward, we explore study limitations. Next we offer implications for school counselors working in Appalachia, school communities afflicted by the opioid epidemic, and counselor education programs preparing graduate students to work in these school communities, followed by potential areas for future inquiry.

Method

Phenomenological research generally seeks to explore individuals' lived experiences and how they make meaning out of shared experiences (Creswell & Poth, 2018; Merriam & Tisdell, 2015), investigating commonalities among participants who have experienced a phenomenon. The researchers employed a transcendental phenomenological approach, which focuses on the description of participants' experiences, to better understand Appalachia school counselors' lived experiences responding to the opioid crisis (Creswell & Poth, 2018; Moustakas, 1994). Transcendental phenomenology is highly applicable to the present study, given its attention to participants' (i.e., school counselors working in the Appalachia region of the U.S.) lived experience (i.e., responding to the opioid crisis in their respective school communities) while simultaneously acknowledging and bracketing judgements that could impede the researchers' objectivity (Hays & Singh, 2012). Lastly, the researchers utilized a social constructivist framework, recognizing and honoring the subjective nature of participants' lived experiences (Creswell & Poth, 2018; Flynn & Korcuska, 2018; Hays & Singh, 2012).

Reflexivity Statement

Reflexivity is a hallmark of phenomenological research (Fontana, 2004). Accordingly, a reflexivity statement is provided, sharing our positionality and backgrounds. The primary researcher is a Black, male counselor educator at a university situated within the Appalachia region. He earned a master's degree in school counseling and a doctoral degree in counselor education and supervision; he is influenced by his prior experience as a school counselor in middle schools in urban and rural settings. His lack of professional experience in Appalachian schools likely limited his ability to empathize with participants' experiences. Conversely, this inexperience could have promoted greater neutrality regarding data collection and analysis. The second author earned her bachelor's degree in sports psychology and is a graduate student in a counseling master's program situated in Appalachia. She identifies as a White, cisgender female of European descent and is influenced by both her Appalachian heritage and having attended elementary school, middle school, high school, college, and graduate school within Appalachia. Her lived experiences as a lifelong Appalachia resident and strong professional and personal Appalachian identity could have informed her ability to neutrally collect and analyze data. The researchers regularly met to discuss thoughts and reactions and to challenge possible biases that could impact the study, thus strengthening the data analysis (Hays & Singh, 2012).

Participants

Five to 25 participants is a recommended sample size for phenomenological research (Polkinghorne, 1989), although Creswell and Poth (2018) assert that 3–15 individuals is an acceptable sample size. The present study included five school counselors working in communities located in Appalachia impacted by the opioid crisis. Three identified as White females, one identified as a White male, and one identified as a Black woman. Regarding location, four different states were represented. Three participants worked in elementary school settings, whereas two worked in secondary settings. Four obtained a master's degree; one obtained a doctoral degree. Participants' years of school counseling experience ranged from 3–13 years. Lastly, school sizes ranged from 280–800 students.

Data Collection Procedures

After obtaining university-level human subjects research approval, the primary researcher made initial contact with all participants through email; specifically, the researcher identified school districts located within the Appalachian Regional Commission's (n.d.) definition of "Appalachia" and then sent email invitations to elementary, middle, and high school counselors working in those communities. The email contained a brief study synopsis along with an attachment containing proof of human subjects research approval. There were two eligibility requirements. First, participants had to be currently employed as a school counselor in a public school nestled within the Appalachia region of the U.S. Lastly, participants had to work in an Appalachia-based public school located in a municipality adversely impacted by the opioid crisis.

Data collection occurred solely through semistructured individual interviews. The semistructured nature was beneficial as it allowed for greater flexibility and rich opportunities to understand participants' lived experiences (Hays & Singh, 2012). In fact, several school counseling-related phenomenological studies have incorporated semistructured interviews (e.g., Grimes et al., 2013; Williams et al., 2016). The five individual interviews occurred virtually through the primary researcher's university's authenticated web conferencing software. Interviews lasted approximately one hour, as recommended by prior researchers (e.g., Patton, 2015) and occurred during May and June 2021. In developing the interview questions, the research team conducted a thorough review of the extant literature in both school counseling and educational research. Sample interview questions included: "How has the opioid crisis impacted your school community?" and "How prepared did you feel to work in a school community impacted by the opioid crisis?" All interviews were

conducted by the primary researcher; following each interview, the primary researcher transcribed each interview, removed identifying information (e.g., names, school district), and dispatched them to each interviewee for member checking. No changes were requested.

Data Analysis

To analyze the data, the researchers followed Creswell and Poth's (2018) recommendations for transcendental phenomenology. Following successful member checking, the researchers independently reviewed the transcripts to become more familiar with the data; following, they regularly met to discuss the transcripts, along with reactions, thoughts, and possible biases. Next, the researchers independently reviewed the transcripts again, this time identifying prominent statements, a process Moustakas (1994) referred to as horizontalization. Following horizontalization, the statements were coded to identify overarching themes and patterns that illustrate the essence of the participants' lived experiences. Following independent coding, the researchers met to discuss thoughts and reactions and to come to a consensus regarding themes and subthemes. This iterative process yielded three themes and 10 subthemes, to be elucidated later in the article.

Trustworthiness Strategies

Several measures were taken to increase the study's trustworthiness, as is common in counseling research (Flynn & Korcuska, 2018; Hays & Singh, 2012). Firstly, the researchers regularly discussed thoughts and assumptions pertaining to the study. Next, reflexive journaling was employed, further exploring biases and preconceived notions. Moreover, member checking was employed; specifically, interviewees were sent deidentified interview transcripts and were asked to notify the primary researcher of any discrepancies or amendments; out of the five interviewees, none requested transcript revisions.

Findings

When exploring Appalachia school counselors' experiences responding to the opioid crisis, we identified three overarching themes: contextual factors, school counselor impact, and preparedness. Each theme contains two to four subthemes. These themes and subthemes are described below.

Theme 1: Contextual Factors

All school counselors in the present study offered insight into factors that inform their response to the opioid crisis within the school context. These factors

are disaggregated into four subthemes: (a) Appalachia, (b) Appalachia and the opioid epidemic, (c) school community impact, and (d) student impact.

Appalachia

School counselors highlighted the strengths and challenges related to the broader Appalachian community in which their schools were located. Namely, one school counselor expressed the following:

I've seen our closeness of communities...so there is a camaraderie, a tightness of community. Even though there may be [fewer resources], there's what I would call "social capital" there, meaning that community members do all they can to support each other, find resources, pull together, [and] rally around each other. Just because there are financial resources that are lacking doesn't mean that there are not social resources.

Contrastingly, despite the strengths expressed by school counselors, some also conveyed challenges and barriers impacting the community in which they work, perhaps exacerbated by the opioid epidemic. Specifically:

[When I think of Appalachia], I think of underserved, isolated, and unique, and I think of home and family. But, in our area, I think the biggest thing is just "isolation," that's the word that sticks out most to me. I feel like my students and their families just feel like we're in a different world, and we don't have resources.

Appalachia and the Opioid Epidemic

School counselors described how the opioid epidemic has negatively impacted the Appalachia region in which they work. As expressed by one school counselor:

I see [my community] worsening in the fact that you hear of more overdoses and more drug use in the area. I see crime going up, unfortunately, as well as overdoses increasing. I think [that] just about every person in the school has been affected by it, by losing someone that they've known.

Another school counselor offered their perspective:

The influx [of opioids] in the community, it's affected children; it's affected family systems; it's affected educators working with those children in those settings. It's affected faith and religious-based communities. I think with the Appalachian community, there was a sense of denial, for a long time...like "no, not our community, not our kids," that kind of thing, until you just can't deny it.

School Community Impact

Many school counselors shared ways in which their school communities (including faculty and staff) have been impacted by the ongoing epidemic occurring in their region. As expressed by one school counselor:

For teachers and educators...there's frustration, and, even with the school counselors and principals, there's frustration, too, because we're trying to teach educators that, if this kid is struggling, they're not going to learn, and teachers are struggling and frustrated because they just want to teach.

Conversely, other school counselors extolled teachers' prioritization of students' mental health needs that may be exacerbated by the opioid epidemic: "It's a type of community that if a child needs something, they're going to get it, no matter what; the teachers are very aware of students' mental health needs, as well."

Many school counselors highlighted how the opioid epidemic has impacted school—family dynamics, such as the propensity for students not to live with their biological parents. As expressed by one school counselor:

[In my school community], at least 60% of my students are raised by their grandparents. I've even had grandparents say, "I want to go back to being the grandparent rather than the parent," but unfortunately, they say they can't until their child has gone through rehab and has gotten off drugs and taking care of themselves first.

Another school counselor in a different state had similar experiences in their school:

[In my elementary school], we have about almost 300 students, and most of them, over half of them, live with grandparents, great-grandparents, aunts, or foster care or adoptive parents, because of the drug issues. [There] just aren't that many [students] that have a two-parent home.

School counselors also described schoolwide programmatic efforts implemented in response to the opioid epidemic's layered impact. For example:

We actually have the *Too Good for Drugs Program* that we offer our students at school, [and I think] it's top-notch. The kids can relate to it, and it's research-based, as well. That's my go-to program that I'll make sure that we offer our students each and every year...it has drug education and programs about saying no to drugs and different peer pressure refusal skills, as well.

Lastly, some school counselors highlighted methods schools employ to meet basic student needs. For example, "we've sent extra food home with kids

because we know they don't have food when they get home. We feed them free breakfast and lunch at school, and sometimes will try to send them something separate, too, so basic needs are met."

Student Impact

School counselors shared how the opioid epidemic has impacted students' motivation, behavior, and mental health. One school counselor stated, "I think it's *trauma*; I think the kids have suffered through the opioid epidemic with their parents. We see a direct impact through their behavior." Another school counselor shared that "some [students] suffer from mental illness. And their symptoms are almost always exacerbated by their substance use."

Theme 2: School Counselor Impact

The school counselors described how the opioid epidemic has directly and indirectly informed their role and wellness. Several subthemes emerged, including (a) awareness, (b) direct and indirect services, (c) addressing basic needs, and (d) personal wellness.

Awareness

School counselors highlighted their hypervigilance with respect to opioid use. For example, "I think it just always has to be in the forefront of your mind that 'hey, this could be an underlying issue with the student.'" Another school counselor discussed how the ongoing opioid epidemic has shaped their perspective on potential student misbehavior root causes:

It's the first thing that comes to mind, honestly. Whenever a student is acting out or not doing so well in school, the drugs is where my mind goes to, immediately. A lot of my students live in homes and neighborhoods where drug use is quite commonplace. So, I understand that there are often environmental factors out of my students' control that impact and inform their behavior and motivation. I am keenly aware of this, and I try to convey this awareness to our teachers and administrators, too.

Direct and Indirect Services

School counselors shared how the epidemic has shaped the provision of direct services. Many discussed intentionally teaching substance use prevention-related topics during classroom instruction. As shared by one school counselor, "I deliver classroom lessons [regarding] not taking medicines that you found lying around [the house] and that kind of thing. I do that for everybody from kindergarten up to fourth grade. [My school is] small enough that I can tailor whatever I need to do."

Another school counselor described how they delivered individual counseling to students impacted by the opioid epidemic:

I might get information that a student's parents have lost custody due to addiction, and then [their] grandparent or foster care guardian shows up in my office and kind of [walks] me through a brief history of what's going on. After that, I just meet with the student and just hear them out, listen to their concerns, and just allow them the space to divulge as much as they want. [I just] normalize it for them, saying, "everybody has struggles, but you can get through it; we can talk about it; we can be open."

Another school counselor described how they provided consultation to teachers regarding signs of opioid misuse at home: "I make the teachers aware of things to look for. We have had a kid open a backpack and some drugs fall out. They weren't supposed to be in there, but there they were, and so I just had to educate them, and I'll stay aware of what to look for." Another school counselor offered similar remarks: "I've done a little training with my coworkers about, if I'm not here, you must report this...we're all mandated reporters...if [they] see this, if this is said to [them], they know what to do."

Another school counselor described their involvement in multidisciplinary teams to address students' pressing needs:

I [meet] with a team of teachers, myself, parents, the social worker, our principal, the nurse, and we're meeting and saying, "What are the student's challenges?" "What kind of things can we do better?" In that process, we'll find out something that we might not have known, and that might be a time where the guardian discloses that their mom is struggling with addiction, and as a result, she's been on the street for three years, and this is her third child [that they have] taken custody of; so, [the information] comes out in a lot of ways.

Addressing Basic Needs

A few school counselors highlighted ways they advocate to address student basic needs, beyond implemented schoolwide initiatives. A school counselor describes their efforts:

I recall having a conversation with our superintendent and talking to her about the need...there were about eight families whose parents I knew were actively using. And I thought, "maybe if there would be any way we could do it...an additional care package of just weekend food or just something to kind of give those two kiddos in one specific household an outlet to know that they had food." So, we did put together an additional bundle of food that went to six or seven different families and households [that needed it].

Others described instances in which they used their own personal finances to support students' basic needs:

Throughout my years as a school counselor working at [school name], I've bought dozens of pairs of shoes for kids. I keep some in my office, the nurse keeps some in her office...I spent a lot of money on shoes because it's such an important basic need that I have found is often overlooked. I do not enjoy using my personal money, but I consider it a labor of love.

Personal Wellness

School counselors described how working in a school nestled within a community impacted by the opioid epidemic has impacted their personal wellness. For example, "I do a lot of self-care because you just have to; I make sure I do stuff for me. Because, if not, then I'm not going to be strong enough to deal with what I see every day." Another school counselor discussed their personal wellness:

I do have some sleepless nights...sleep is my favorite thing, though, so I don't want to miss that. I use essential oils and that typically helps me go right off to sleep, but I do have sleepless nights where I just can't stop thinking about something that has happened or that I've heard or whatever, but I try not to do that very often.

Despite the epidemic's impact, school counselors reported moments that instilled hope and belief in their effectiveness. As one school counselor expressed:

It's rewarding to hear success stories of students that have gone on to college and have gotten scholarships and who have become successful and said no to drugs...whenever a parent comes back to you, whether they're in the sixth, seventh, eighth grade, and beyond, and you're still getting that positive feedback of what a difference I made in their child's life.

Theme 3: Preparedness

The school counselors discussed the extent to which school community members were prepared to educate within a community adversely impacted by the opioid epidemic. The subthemes are (a) school counselor preparedness, and (b) school staff preparedness.

School Counselor Preparedness

Some school counselors, particularly those with relevant experience predating their employment as school counselors, reported a high degree of preparedness to work in a community impacted by the opioid epidemic. For example:

I think I'm very fortunate because I did [child protective services] and foster care for 12 years. I feel very prepared, because I've been in those homes, I've been in the middle of the drug raid days with the police, I've seen where these kids live, and I feel very prepared and knowledgeable about it.

Another school counselor with prior professional mental health experience remarked similarly:

I definitely think the mental health training has helped the kids feel heard...[many students tell me that] "we feel like you're hearing what we need," and so it's cool to know that they see me in that light and that I have the training to put that sort of lens on and be able to just really hone in on that conversation.

School counselors also discussed the efficacy of the training received in their school counseling graduate programs. For example, "I learned something in grad school about addictions and opioids and how that [affects people], but I don't think anything prepares you for [when] you experience it in person with a parent possibly coming to the school high...like, you don't get that in graduate school."

A different school counselor offered positive comments regarding their graduate program:

[When I graduated], it [the opioid epidemic] wasn't as bad, but at the same time, I felt 100% prepared, because we focused on not only individual counseling and large group counseling, but also small group. They also let us know that data was key...let data drive your program.

However, this sense of preparedness was not reflected by all participants. As one noted, "my graduate level classes really didn't touch on that very much. It helped me with things like classroom management, classroom behaviors, that kind of stuff, but there wasn't that much that was directed toward the drug crisis that we have."

Lastly, another school counselor commented on the need for advanced training catered toward school counselors and not retrofitted to somewhat align within the school context:

If you go to counseling seminars about addiction, it's not [geared toward school counselors]. I wish there was something specific for school counselors about how they work with students for either accepting that there's someone in their family that has an addiction or working with students, specifically as a school counselor, not like a clinical mental health therapist working with an adolescent that has an addiction, but as school

counselor working with a student who has an addiction. Because, right now, I think it's a lot of guessing and just using other contexts to put it in our world, if that makes sense.

School Staff Preparedness

School counselors frequently opined about the lack of *quality* training for school staff (e.g., teachers, administrators) centered on opioid use and addiction. One school counselor reported: "Many of our teachers are very sheltered, and they just don't know signs or understand why some things are the way they are and why some parents are the way they are." Another school counselor discussed the benefit of increased school staff training: "I think having the [counseling] training makes me see nurses, athletic directors, and school resource officers that are funded through the sheriff's department...I realized what additional training for them could look like, ultimately affecting our kids in a positive way."

Discussion

The present study addresses a critical gap in the literature, shedding light on the school counselors' experiences responding to the ongoing opioid epidemic in Appalachia. We identified three main themes: contextual factors, school counselor impact, and preparedness.

Contextual Factors

The first theme, contextual factors, largely aligns with existing literature (e.g., Denham, 2016; Diddle & Denham, 2010; Dolbin-MacNab & O'Connell, 2021; Elder & Robinson, 2018; Meit et al., 2017; Staton et al., 2018). Participants described positive and negative aspects of their respective Appalachian communities, such as a "stripping of heritage" due to the epidemic as well as community pride, consistent with prior research. Some school communities had an elevated degree of understanding regarding the opioid epidemic's impact on students; however, this heightened awareness was not universally reported among all five school counselors' school communities. Additionally, school counselors' assertions regarding the epidemic's impact on students (e.g., mental health, motivation, behavior) is in lockstep with much of the existing research (e.g., Ford et al., 2020; Porche et al., 2016; Taplin et al., 2014). School counselors suggested that students' mental health challenges, amotivation, and maladaptive behaviors are all derived from traumatic experiences. This notion aligns with Felitti and colleagues' (1998) seminal study introducing Adverse Childhood Experiences (i.e., ACEs) and their impact on youth and adults.

This also aligns with Herranz et al.'s (2014) finding regarding the relationship between family opioid misuse, student trauma, and student impairment. It appears that adopting a “trauma-first” approach (i.e., addressing students’ underlying trauma first) could support addressing secondary student concerns.

School Counselor Impact

The second theme, school counselor impact, highlighted the degree to which working within a school community impacted by the opioid epidemic informed school counselors’ role and wellness. Despite the dearth of school counseling literature on this, many findings are consistent with educational literature regarding teachers’ role and wellness. For example, Welby’s (2019) study revealed that teachers often use their own money to address students’ basic needs, like many school counselors in the present study. Like school counselors’ statements, teachers are seemingly aware of the opioid epidemic’s impact on students; however, this awareness may not always translate into trauma-informed classroom practices. Additionally, this study is one of the first to highlight the opioid epidemic within the context of contemporary school counseling practices, roles, and duties. These practices (e.g., advocacy, direct services, indirect services, community engagement) are supported by the ASCA National Model (2019).

Given the opioid epidemic’s layered impact on students, many school counselors in the present study strategically developed their comprehensive school counseling program to proactively mitigate the likelihood of student substance use, employing evidence-based curricula such as *Too Good for Drugs* and *Second Step*. Lastly, school counselors mentioned collaborating with multidisciplinary school personnel to identify how to best support students impacted by opioid use. This positioning is consistent with roles and responsibilities endorsed by ASCA (2016, 2019) and current school counseling literature (e.g., Martinez et al., 2020). Moreover, this practice aligns with best practices noted in K–12 educational literature and legislation (e.g., Beck & DeSutter, 2020; Every Student Succeeds Act, 2015).

Preparedness

The third theme, preparedness (i.e., teacher and school counselor preparedness), generally aligns with contemporary educational research (e.g., Alisic et al., 2012; Terrasi & Crain de Galarce, 2017; Welby, 2019). School counselors in the present study reported a higher degree of preparedness to meet students’ needs, within the context of the opioid crisis, than teachers. This is logical as, unlike school counselors, teachers often do not have comparable training centered on addiction and trauma (Alisic et al., 2012). Nonetheless, this trend is

concerning, given the research citing the efficaciousness of trauma training on student behavior, sense of safety, and even academic achievement (Anderson et al., 2019). School counselors also reported lackluster school district-provided training to teachers centered on trauma and mental health; sadly, this is not a foreign phenomenon, as cited in contemporary research (e.g., Kim et al., 2021). Interestingly, the school counselors in the present study with previous professional trauma and mental health experience self-reported the highest degree of confidence in their skills, even above the training obtained in their counseling graduate program. This aligns with Bandura's (1977, 1986, 1992) self-efficacy theory, which highlights the salience of "prior experience" in buoying one's confidence, even in K–12 settings (e.g., Shahzad & Naureen, 2017).

Limitations

With any study, there are limitations that must be addressed. First, while the study's sample size is appropriate for phenomenological research, it is plausible that the experiences shared by the five school counselors in the present study do not fully reflect the views of all school counselors working in Appalachia; thus, the results should be interpreted with caution. Moreover, the interviews occurred amid the COVID-19 pandemic; thus, the extent to which the challenges noted were prevalent before COVID-19 is unclear. Lastly, it is possible that school counselors could have provided responses deemed as "socially desirable," a common phenomenon in qualitative research (Bergen & Labonté, 2020). This concern could have influenced their responses.

Implications and Future Research

The present study's findings offer meaningful implications for school districts, school counselors, and school counseling graduate programs. Ample research supports the need for quality teacher training regarding supporting students who have experienced trauma, which may present as disruptive classroom behavior (Ajuwon et al., 2012; Sonsteng-Person & Loomis, 2021). Accordingly, school districts should take measures to provide quality rudimentary training to school staff centered on trauma, opioid misuse, and mental health, aligned with recommendations by Welsh and colleagues (2018). For example, Youth Mental Health First Aid training (National Council for Mental Wellbeing, n.d.), an evidence-based program, provides educators basic information on mental health, addiction, trauma, and how to support students who may be in crisis. Moreover, districts can support the proliferation of trauma-informed classrooms, which has been found to improve student conduct, classroom climate, teacher and student sensitivity, and student learning (Lang et

al., 2015). Similarly, schools can implement Positive Behavioral Interventions and Supports (PBIS), which dovetails neatly with schools' trauma-informed efforts (Wiest-Stevenson & Lee, 2016). Tier 1 interventions (e.g., setting, teaching, and reinforcing positive expectations), for example, can provide a degree of predictability and routine students likely need.

Next, given the challenges of addressing students' basic needs (e.g., school counselors using personal funds to purchase shoes), school districts may consider developing partnerships with community businesses, raising funds or resources necessary to address these needs from a school district level, instead of having school staff use their personal funds. Alternatively, school districts can pursue grants, such as through the state and federal departments of education, that offer funding to address students' basic needs. Moreover, like trauma-informed classrooms, social/emotional learning curricula could be implemented for all students within the respective school districts. Given the research citing social/emotional learning's positive impact on prosocial student behavior, attitude, depression, and academic achievement (Durlak et al., 2011), this may help further engender an environment sensitive to students' needs, including those who witness or have witnessed opioid use.

The study's findings also offer implications for school counselors. First, as supported by previous research (Boulden et al., 2021; Newton, 2018), school counselors can proactively provide developmentally appropriate and evidence-based classroom instruction. Like topics expressed by school counselors in the present study, content areas could include (a) peer pressure refusal skills, (b) making good choices, (c) opioid awareness and prevention, (d) identifying trusted adults, and (e) appropriate medication use. As well, obtaining feedback from school personnel may be beneficial in better understanding school and student needs. For example, school counselors can develop needs assessments for school staff to complete, possibly offering meaningful insight into stakeholder concerns. Developmentally appropriate needs assessments could also be developed or adapted for student completion (e.g., Boulden, 2022). Sample Likert scale questions could include (a) I feel safe at home, (b) I know what peer pressure is, and (c) I know at least one trusted adult I can go to when I need help. Additionally, given school counselors' commentary regarding inadequate teacher training, the school counselor can collaborate with school administrators and additional school community members (e.g., fellow community-based mental health professionals) to provide training to school staff regarding substance use, trauma, and their role as mandated reporters.

Many school counselors mentioned that most of their students were being raised by grandparents due to their biological parents' struggles with addiction. This phenomenon is quite common in communities impacted by opioid

misuse, as supported by contemporary research (Fruhauf et al., 2015; Guasferro et al., 2015; Peterson, 2018; Wright, 2019). Given the research citing common challenges experienced by grandparents raising their grandchildren (e.g., Hayslip et al., 2019), school counselors could engage in outreach efforts to grandparents. For example, they can mail resources centered on child drug use prevention, monitoring student social media usage, and creating a safe and supportive home environment for children impacted by parent addiction and substance use.

In addition, counselor education programs can consider requiring a “trauma and addiction” course for both school counseling and clinical mental health students. Regardless of the locale in which students will work, the information obtained will prove fruitful in their enhanced ability to support students and school communities. If structurally impermissible, counselor education programs can consider creative ways to intersperse trauma and addiction-related content throughout the program curriculum. For example, in an ethics course, students can develop case studies related to addiction and have classmates utilize an ethical decision-making model to guide their thinking processes. Additionally, school counseling programs, specifically, can require students to interview a school counselor working in a community afflicted by opioid addiction, obtaining a boots-on-the-ground perspective regarding challenges and nuances perhaps unattainable through traditional learning formats. Moreover, students can be required to create and deliver a presentation they might offer to school staff (e.g., teachers, administrators) or school community members (e.g., grandparents) on opioid misuse, trauma and the brain, and trauma-informed care. Further, counselor education programs can forge partnerships with school districts, like the program highlighted by Boulden and Schimmel (2021), combatting issues centered on opioid misuse and unresolved trauma. Lastly, counselor education faculty can develop intentional workshops for area school counselors focused on trauma and addiction, specifically in a way that aligns with school counselors’ positionality within the school setting and not just retrofitted to be somewhat congruent with K–12 settings.

This study serves as a rich launching point for future research. First, researchers can explore novice school counselors’ (i.e., within the first three years of service) self-efficacy to render school counseling services through a trauma-informed lens. While the present study gleaned information from the school counselor’s perspective, obtaining insight from administrators, teachers, and other school personnel could help paint a fuller picture regarding the opioid epidemic’s impact on educators’ role and wellness. In a similar vein, given the unique family structures mentioned previously (i.e., grandparents, predominantly, raising their grandchildren), future research can explore cre-

ative grandparent engagement techniques that Appalachian schools impacted by the opioid epidemic employ that promote positive student academic and social/emotional outcomes. Lastly, a quantitative study could assess the degree to which lower school counselor–student ratios predict students’ perception of their well-being, sense of safety at school, and school connectedness.

Conclusion

Many communities, schools, and children across Appalachia are reeling from the opioid epidemic’s ever-expanding impact. The present study serves as an initial step in capturing how the epidemic in Appalachia has informed school counselors’ positioning within the school context. School counselors highlighted Appalachia’s changing landscape due to the epidemic, its indirect and direct impact on school communities and school counselors, along with training needs. Given the frequent dearth of community-based mental health agencies in Appalachian communities, school counselors are commonly the only mental health provider equipped with the requisite knowledge, skills, and abilities to properly support students experiencing trauma connected to the epidemic (Grimes et al., 2014). Thus, considering Appalachia’s systemic challenges, further research is needed regarding the opioid epidemic, school communities, and school counselors’ role in responding to this growing regional and national concern.

References

- Alisic, A., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers’ experiences supporting children after traumatic exposure. *Journal of Traumatic Stress, 25*(1), 98–101. <https://doi.org/10.1002/jts.20709>
- Ajuwon, P. M., Lechtenberger, D., Griffin-Shirley, N., Sokolosky, S., Zhou, L., & Mullins, F. E. (2012). General education pre-service teachers’ perceptions of including students with disabilities in their classrooms. *International Journal of Special Education, 27*(3), 100–107.
- American School Counselor Association. (2016). *The school counselor and trauma-informed practice*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Trauma-Informed-Practice>
- American School Counselor Association. (2019). *The ASCA National Model: A framework for school counseling programs* (4th ed.).
- Anderson, S., Troilo, J., & Tack, F. (2019). *Crisis in the classroom: West Virginia teachers and the opioid epidemic*. West Virginia University.
- Appalachian Regional Commission. (n.d.). *About the Appalachian region*. <https://www.arc.gov/about-the-appalachian-region/>
- Appalachian Regional Commission. (2019). *Issue brief: Health disparities related to opioid misuse in Appalachia: Practical strategies and recommendations for communities*. <https://www.arc.gov/report/health-disparities-opioid-misuse/>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215.

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- Bandura, A. (1992). Exercise of personal agency through the self-efficacy mechanism. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 3–38). Hemisphere.
- Barnett, E. R., Cleary, S. E., Butcher, R. L., & Jankowski, M. K. (2019). Children's behavioral health needs and satisfaction and commitment of foster and adoptive parents: Do trauma-informed services make a difference? *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(1), 73–81. <https://doi.org/10.1037/tra0000357>
- Beck, S. J., & DeSutter, K. (2020). An examination of group facilitator challenges and problem-solving techniques during IEP team meetings. *Teacher Education and Special Education*, *43*(2), 127–143. <https://doi.org/10.1177/0888406419839766>
- Bergen, N., & Labonté, R. (2020). “Everything is perfect, and we have no problems”: Detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research*, *30*(5), 783–792. <https://doi.org/10.1177/1049732319889354>
- Blaustein, M. E., & Kinniburgh, K. M. (2018). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. Guilford.
- Boulden, R. (2022). Initial validation of the ASCA-Informed Student Needs Assessment–High School Version. *Professional School Counseling*, *26*(1), 1–12. <https://doi.org/10.1177/2156759X221076851>
- Boulden, R., Hommer, C., & Sokoto, K. (2022a). An initial investigation of factors that influenced student experiences throughout the COVID-19 pandemic. *The Clearing House: A Journal of Educational Strategies, Issues, and Ideas*, *95*(1), 1–13. <http://dx.doi.org/10.1080/00098655.2022.2038536>
- Boulden, R., Brown, C., & Coffield, E. (2022b). “The single fish in the sea”: Exploring the lived experiences of rural school counselors earning RAMP. *Professional School Counseling*, *26*(1), 1–12. <https://doi.org/10.1177/2156759X211044145>
- Boulden, R., & Schimmel, C. J. (2021). More than just an internship: One university's collaboration with a rural school district to attract, develop, and retain school counselors. *The Rural Educator*, *42*(3), 56–62. <https://doi.org/10.35608/ruraled.v42i3.1237>
- Boulden, R., Stone, J., & Raisa, S. A. (2021). Supporting the college and career readiness needs of gifted rural elementary school students: Strategies for school counselors. *The Clearing House: A Journal of Educational Strategies, Issues, and Ideas*, *94*(5), 223–235. <http://dx.doi.org/10.1080/00098655.2021.1939248>
- Buchanich, J. M., Balmert, L. C., Pringle, J. L., Williams, K. E., Burke, D. S., & Marsh, G. M. (2016). Patterns and trends in accidental poisoning death rates in the U.S., 1979–2014. *Preventive Medicine*, *89*, 317–323. <https://doi.org/10.1016/j.ypmed.2016.04.007>
- Bullinger, L. R., & Wing, C. (2019). How many children live with adults with opioid use disorder? *Children and Youth Services Review*, *104*, 1–18. <https://doi.org/10.1016/j.childyouth.2019.06.016>.
- Center for Disease Control and Prevention. (n.d.). *Drug overdose death data*. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- Child Trends. (2014). *Adverse childhood experiences: National and state-level prevalence*. https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf
- Cole, S., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping traumatized children learn: Creating and advocating for trauma-sensitive schools*. Trauma and Learning Policy Initiative. <https://traumasensitiveschools.org/tlpi-publications/>
- Collins, D., Abadi, M. H., Johnson, K., Shamblen, S., & Thompson, K. (2011). Non-medical use of prescription drugs among youth in an Appalachian population: Prevalence,

- predictors, and implications for prevention. *Journal of Drug Education*, 41(3), 309–326. <https://doi.org/10.2190%2FDE.41.3.e>
- Creswell, J. W., & Poth, C. (2018). *Qualitative inquiry and research design* (4th ed.). Sage.
- Denham, S. A. (2016). Does a culture of Appalachia truly exist? *Journal of Transcultural Nursing*, 27(2), 94–102. <https://doi.org/10.1177/1043659615579712>
- de Voursney, D., Arienti, F., & Martone, K. (2021). *Mental health system development in rural and remote areas during COVID-19* (Technical Assistance Collaborative Paper No. 7). National Association of State Mental Health Program Directors.
- Diddle, G., & Denham, S. A. (2010). Spirituality and its relationships with the health and illness of Appalachian people. *Journal of Transcultural Nursing*, 21(2), 175–182. <https://doi.org/10.1177/1043659609357640>
- Dolbin-MacNab, M. L., & O’Connell, L. M. (2021). Grandfamilies and the opioid epidemic: A systemic perspective and future priorities. *Clinical Child and Family Psychology Review*, 24, 207–223. <https://doi.org/10.1007/s10567-021-00343-7>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students’ social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Elder, M., & Robinson, D. (2018). *Mental health disparities: Appalachian people*. <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Appalachian-People.pdf>
- Every Student Succeeds Act, 20 U.S.C. § 6301 (2015). <https://www.congress.gov/bill/114th-congress/senate-bill/1177>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Flynn, S. V., & Korcuska, J. S. (2018). Credible phenomenological research: A mixed-methods study. *Counselor Education and Supervision*, 57(1), 34–50. <https://doi.org/10.1002/ceas.12092>
- Fontana, J. S. (2004). A methodology for critical science in nursing. *Advances in Nursing Science*, 27(2), 93–101. <https://doi.org/10.1097/00012272-200404000-00003>
- Ford, J. A., Pomykacz, C., Ortiz, K., McCabe, S. E., & Schepis, T. S. (2020). Educational attainment and prescription drug misuse: The importance of push and pull factors for dropping out. *Journal of Criminal Justice*, 66. <https://doi.org/10.1016/j.jcrimjus.2019.101636>
- Fruhauf, C., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology*, 34(2), 138–157. <https://doi.org/10.1177/0733464812463983>
- Gazmararian, J., Weingart, R., Campbell, K., Cronin, T., & Ashta, J. (2021). Impact of COVID-19 pandemic on the mental health of students from two semi-rural high schools in Georgia. *The Journal of School Health*, 91(5), 356–369. <https://doi.org/10.1111/josh.13007>
- Grimes, L. E., Spencer, N., & Jones, S. G. (2014). Rural school counselors: Using the ACA advocacy competencies to meet student needs in the rural setting. *Vistas Online*, 58.
- Grimes, L. E., Haskins, N., & Paisley, P. O. (2013). “So I went out there”: A phenomenological study on the experiences of rural school counselor social justice advocates. *Professional School Counseling*, 17(1), 40–51. <https://doi.org/10.1177%2F2156759X0001700107>

- Guastafarro, W. P., Guastafarro, K. M., & Stuart, D. (2015). An exploratory study of grand-parents raising grandchildren and the criminal justice system: A research note. *Journal of Crime and Justice*, 38(1), 137–161. <https://doi.org/10.1080/0735648X.2014.909082>
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. Guilford.
- Hayslip, B., Fruhauf, C. A., & Dolbin-MacNab, M. L. (2019). Grandparents raising grandchildren: What have we learned over the past decade? *The Gerontologist*, 59(3), 152–163. <https://doi.org/10.1093/geront/gnx106>
- Herranz, G. S., Vélchez, M. A. L., Ledo, J. D., & Sierra, A. M. (2014). Children born to heroin addicted mothers: What's the outcome 25 years later? *Journal of Addiction Research and Therapy*, 5(180). <https://doi.org/10.4172/2155-6105.1000180>
- Johnson, J., Showalter, D., Klein, R., & Lester, C. (2014). *Why rural matters 2013–2014: The condition of rural education in the 50 states*. https://www.ruraledu.org/user_uploads/file/2013-14-Why-Rural-Matters.pdf
- Kanouse, A. B., & Compton, P. (2015). The epidemic of prescription opioid abuse, the subsequent rising prevalence of heroin use, and the federal response. *Journal of Pain & Palliative Care Pharmacotherapy*, 29(2), 102–114. <https://doi.org/10.3109/15360288.2015.1037521>
- Kim, S., Crooks, C. V., Bax, K., & Shokoohi, M. (2021). Impact of trauma-informed training and mindfulness-based social-emotional learning program on teacher attitudes and burn-out: A mixed methods study. *School Mental Health*, 13(1), 55–68. <https://doi.org/10.1007/s12310-020-09406-6>
- Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: A public health approach to an epidemic of addiction. *Annual Review of Public Health*, 36(1), 559–574. <https://doi.org/10.1146/annurev-publhealth-031914-122957>
- Kumar, R., O'Malley, P. M., Johnston, L. D., & Laetz, V. B. (2013). Alcohol, tobacco, and other drug use prevention programs in U.S. schools: A descriptive summary. *Prevention Science*, 14(6), 581–592. <https://doi.org/10.1007/s11121-012-0340-z>
- Lang, J. M., Campbell, K., & Vanderploeg, J. J. (2015). *Advancing trauma-informed systems for children*. Child Health and Development Institute.
- Mair, C., Sumetsky, N., Burke, J. G., & Gaidus, A. (2018). Investigating the social ecological contexts of opioid use disorder and poisoning hospitalizations in Pennsylvania. *Journal of Studies on Alcohol and Drugs*, 79(6), 899–908. <https://doi.org/10.15288/jsad.2018.79.899>
- Manchikanti, L., Helm, S., Fellows, B., Janata, J. W., Pampati, V., Grider, J. S., & Boswell, M. V. (2012). Opioid epidemic in the United States. *Pain Physician*, 15(3), 9–38.
- Marshall, J., Thomas, L., Lane, N. M., Arcury, T. A., Randolph, R., Silberman, P., Holding, W., Villamil, L., Thomas, S., Lane, M., Latus, J., Rodgers, J., & Ivey, K. (2017). *Health disparities in Appalachia*. <https://www.arc.gov/report/health-disparities-in-appalachia/>
- Martinez, R. R. Jr., Williams, G. R., & Green, J. (2020). The role of school counselors delivering a trauma-informed care approach to supporting youth in foster care. *Professional School Counseling*, 23(1), 1–10. <https://doi.org/10.1177%2F2156759X20947747>
- McGranahan, D. A., & Parker, T. S. (2021). *The opioid epidemic: A geography in two phases* (ERR–287). U.S. Department of Agriculture, Economic Research Service.
- Meit, M., Hefferman, M., Tanenbaum, E., & Hoffman, T. (2017). *Appalachian diseases of despair*. University of Chicago, The Walsh Center for Rural Health Analysis.
- Melin, Y., Eklund, M., & Lindgren, B.-M. (2017). Experiences of living with opioid dependence: An interview study among individuals participating in medication assisted treatment. *Issues in Mental Health Nursing*, 38(1), 9–17. <https://doi.org/10.1080/01612840.2016.1235638>

- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). John Wiley.
- Moody, L., Satterwhite, E., & Bickel, W. K. (2017). Substance use in rural central Appalachia: Current status and treatment considerations. *Rural Mental Health, 41*(2), 123–135. <https://doi.org/10.1037/rmh0000064>
- Morgan, A. A., Thomas, M. E., & Brossoie, N. (2020). Trauma-informed care (TIC) as a framework for addressing the opioid epidemic in Appalachia: An exploratory interpretative phenomenological analysis. *Journal of Rural Mental Health, 44*(3), 156–169. <https://doi.org/10.1037/rmh0000137>
- Morrow, A. S., & Villodas, M. T. (2018). Direct and indirect pathways from adverse childhood experiences to high school dropout among high-risk adolescents. *Journal of Research on Adolescence, 28*(2), 327–341. <https://doi.org/10.1111/jora.12332>
- Moustakas, C. (1994). *Phenomenological research methods*. Sage.
- Mueller, J., McConnell, K., Burow, P. B., Pofahl, K., Merdjanoff, A. A., & Farrell, J. (2021). Impacts of the COVID-19 pandemic on rural America. *National Academic of Sciences, 118*(1), 1–6.
- National Council for Mental Wellbeing. (n.d.). *Youth mental health first aid*. <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>
- Newton, D. (2018). *The opioid crisis: A reference handbook*. ABC–CLIO, LLC.
- Ohio Children's Defense Fund. (2018). *Ohio's Appalachian children at a crossroad: A roadmap for action*. <https://www.cdfohio.org/wp-content/uploads/sites/6/2018/10/Ohios-Appalachian-Children-at-a-Crossroads-1.pdf>
- Patton, M. Q. (2015). *Qualitative evaluation and research methods* (4th ed.). Sage.
- Pear, V. A., Ponicki, W. R., Gaidus, A., Keyes, K. M., Martins, S. S., Fink, D. S., Rivera-Aguirre, A., Gruenewald, P. J., & Cerdá, M. (2019). Urban–rural variation in the socioeconomic determinants of opioid overdose. *Drug and Alcohol Dependence, 195*, 66–73. <https://doi.org/10.1016/j.drugalcdep.2018.11.024>
- Peterson, T. L. (2018). Grandparents raising grandchildren in the African American community. *American Society on Aging, 42*(3), 30–36.
- Perez, N. M., Jennings, W. G., & Baglivio, M. T. (2018). A path to serious, violent, chronic delinquency: The harmful aftermath of Adverse Childhood Experiences. *Crime & Delinquency, 64*(1), 3–25. <https://doi.org/10.1177/0011128716684806>
- Paolini, A. (2020). School counselors and fighting the opioid epidemic: Consequences, impact on academic performance, and treatment to overcome the battle. *Journal of Family Counseling and Education, 5*(1), 1–12. <https://doi.org/10.32568/jfce.559554>
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential–phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press.
- Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health, 8*(1), 44–60. <https://doi.org/10.1007/s12310-016-9174-3>
- Quinones, S. (2015). *Dreamland: The true tale of America's opiate epidemic*. Bloomsbury Press.
- Radel, L., Baldwin, M., Crouse, G., Ghertner, R., & Waters, N. (2018). *Substance use, the opioid epidemic, and the child welfare system: Key findings from a mixed methods study*. <https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf>
- Rigg, K. K., & Murphy, J. W. (2013). Understanding the etiology of prescription opioid abuse: Implications for prevention and treatment. *Qualitative Health Research, 23*(7), 963–975. <https://doi.org/10.1177/1049732313488837>

- Rossen, L. M., Khan, D., & Warner, M. (2014). Hot spots in mortality from drug poisoning in the United States, 2007–2009. *Health & Place, 26*, 14–20. <https://doi.org/10.1016/j.healthplace.2013.11.005>
- Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, R. M. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *Morbidity and Mortality Weekly Report, 64*(50), 1378–1382.
- Shahzad, K., & Naureen, S. (2017). Impact of teacher self-efficacy on secondary school students' academic achievement. *Journal of Education and Educational Development, 4*(1), 48–72. <https://files.eric.ed.gov/fulltext/EJ1161518.pdf>
- Shields, C. M., Dollarhide, C. T., & Young, A. A. (2018). Transformative leadership in school counseling: An emerging paradigm for equity and excellence. *Professional School Counseling, 21*(1b), 1–11. <https://doi.org/10.1177/2156759X18773581>
- Sonsteng-Person, M., & Loomis, A. M. (2021). The role of trauma-informed training in helping Los Angeles teachers manage the effects of student exposure to violence and trauma. *Journal of Child and Adolescent Trauma, 14*, 189–199. <https://doi.org/10.1007/s40653-021-00340-6>
- Stack, E., Leichtling, G., Larsen, J. E., Gray, M., Pope, J., Leahy, J. M., Gelberg, L., Seamon, A., & Korhuis, P. T. (2021). The impacts of COVID-19 on mental health, substance use, and overdose concerns of people who use drugs in rural communities. *Journal of Addiction Medicine, 15*(5), 383–389. <https://doi.org/10.1097/ADM.0000000000000770>
- Staton, M., Ciciurkaite, G., Oser, C., Tillson, M., Leukefeld, C., Webster, J. M., & Havens, J. R. (2018). Drug use and incarceration among rural Appalachian women: Findings from a jail sample. *Substance Use & Misuse, 53*(6), 931–941. <https://doi.org/10.1080/10826084.2017.1385631>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (SMA 14–4884). Substance Abuse and Mental Health Services Administration.
- Taplin, C., Saddichha, S., Li, K., & Krausz, M. R. (2014). Family history of alcohol and drug abuse, childhood trauma, and age of first drug injection. *Substance Use & Misuse, 49*(10), 1311–1316. <https://doi.org/10.3109/10826084.2014.901383>
- Terrasi, S., & Crain de Galarce, P. C. (2017). Trauma and learning in America's classrooms: All teachers confront the need to create safe and supportive environments for students who have had adverse childhood experiences. *Phi Delta Kappan, 98*(6), 35–41. <https://doi.org/10.1177/0031721717696476>
- Thomas, M. E., & Brossoie, N. (2019). Appalachia mental healthcare: An interpretative phenomenological analysis study to identify training program needs. *Journal of Rural Mental Health, 43*(2–3), 91–102. <https://doi.org/10.1037/rmh0000116>
- Tyndall, M. (2020). Safer opioid distribution in response to the COVID-19 pandemic. *The International Journal on Drug Policy, 83*. <https://doi.org/10.1016/j.drugpo.2020.102880>
- United States Department of Health and Human Services. (2017). *HHS Acting Secretary declares public health emergency to address national opioid crisis*. <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>
- Vance, R. A., Basta, T. B., Bute, J. J., & Denham, S. A. (2012). Identifying the health needs in rural Appalachian Ohio: Outcomes of a rural community–academic partnership. *American Journal of Health Sciences, 3*(2), 115–124. <https://doi.org/10.19030/ajhs.v3i2.6942>
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

- Welby, K. A. (2019). Coping with the opioid crisis: Teachers need support, right now. *Phi Delta Kappan*, 101(3). <https://doi.org/10.1177/0031721719885922>
- Welsh, J. W., Tretyak, V., & Rappaport, N. (2018). The opioid crisis and schools: A commentary. *Journal of School Health*, 88(5), 337–340. <https://doi.org/10.1111/josh.12617>
- Wiest-Stevenson, C., & Lee, C. (2016). Trauma-informed schools. *Journal of Evidence-Informed Social Work*, 13(5), 498–503. <https://doi.org/10.1080/23761407.2016.1166855>
- Williams, J., Steen, S., Albert, T., Dely, B., Jacobs, B., Nagel, C., & Irick, A. (2016). Academically resilient, low-income students' perspectives of how school counselors can meet their academic needs. *Professional School Counseling* 19, 155–165. <https://doi.org/10.5330/1096-2409-19.1.155>
- Wright, R. (2019). The opioid epidemic: Returning to the basics. *Mercer Law Review*, 70(2), 525–547.

Rawn Boulden is an assistant professor in the College of Applied Human Sciences at West Virginia University in Morgantown, West Virginia. He has professional school counseling experience across all age levels. His research interests include school counseling, psychometrics, rural school communities, exceptional youth, and counselor education. Correspondence regarding this article may be addressed to Dr. Rawn Boulden, West Virginia University, 355 Oakland Street, Morgantown, WV, 26505, or email rawn.boulden@mail.wvu.edu

Candice Brown is a doctoral student in the Sport, Exercise, and Performance Psychology program at West Virginia University.

Appendix A: Interview Protocol

1. How would you describe Appalachia?
2. What are some of the quintessential features of Appalachia?
3. What is your understanding of how Appalachia has been impacted by the opioid epidemic?
4. I'd like to discuss your school community. Where do students go after graduating high school?
5. Please describe your school community.
6. How has the opioid epidemic impacted your school community (e.g., teachers, administrators, parents)?
7. How has the opioid epidemic impacted students?
8. How has the opioid epidemic shaped your school counselor role?
9. How has the opioid epidemic impacted your role with parents/caregivers?
10. How has the opioid epidemic impacted your delivery of school counseling services?
11. As a school counselor, how prepared did you feel to work in a school community afflicted by the opioid epidemic?
12. Please describe the graduate school training you received around the opioid epidemic and related topics (e.g., addiction, trauma).

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13. Please describe the training your colleagues (e.g., teachers, administrators, classified staff) received around the opioid epidemic and related topics (e.g., addiction, trauma).
14. Are there any rewarding experiences that come to mind? If so, please describe.
15. How has working in this school community impacted your personal wellness?