

School Counselor Roles for Student Success During a Pandemic

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Abstract

Amidst the COVID-19 pandemic and restrictions, school counselors continue to provide necessary mental health services, support, prevention, intervention, and referrals, as needed, to the increasing number of PK-12 students with mental health needs. School counselors are essential mental health professionals who provide developmentally appropriate, comprehensive, and evidence-based support for all students across education settings including in-person, blended, and virtual formats. Through their ongoing leadership, advocacy, collaboration, and systemic change, school counselors strive to ensure that their roles and responsibilities include supporting the mental health needs of students especially now that those needs have been exacerbated by COVID-19. Adverse childhood experiences during the pandemic have resulted in a need for additional early identification, prevention, and interventions to address the increasing mental health needs of students. Recommendations for more effectively addressing the mental health and social emotional needs of students are included as are suggestions for increasing advocacy for school counselor roles and responsibilities, evidence-based assessments, and the utilization of technology. Finally, the authors conclude by affirming that school counselors should be viewed as essential mental health professionals who are prepared to support the social emotional and behavioral health of students now more than ever when students need support overcoming COVID-19 related obstacles, stressors and trauma-inducing situations.

Keywords: COVID-19, school counselors, mental health, advocacy,

School Counselor Roles for Student Success During a Pandemic

Due to the COVID-19 pandemic, students face unprecedented concerns related to their social emotional needs. School counselors are highly trained, qualified, and essential mental health professionals addressing students' mental health needs on a daily basis. School counselors support students who have experienced extended social isolation, mask wearing, and Adverse Childhood Experiences (ACEs), which have been exacerbated due to the COVID-19 pandemic and restrictions. Prolonged social isolation paired with significant changes in the school environment create the potential for increased adverse behaviors (Schauss et al, 2019). This article discusses the roles and responsibilities of school counselors specifically related to their support of students suffering from the effects of their COVID-19 circumstances. As essential mental health professionals, school counselors utilize their knowledge of resources and offer recommendations for early detection and intervention to ensure that all students receive necessary support they need.

Mental health issues including depression, anxiety, ACEs, and suicidal ideation caused by prolonged social isolation were prevalent before COVID-19 (London & Ingram, 2018; Talmus, 2019). The American Academy of Pediatrics (AAP, 2020) recommended support for the social-emotional and educational needs of children for school re-opening following the COVID-19 mitigation efforts. Based on the previous research on isolation (London & Ingram, 2018; Talmus, 2019), potentially, students could have increased mental health and social emotional concerns which could impact academic and career success. Behavioral issues have also been attributed to exposure to ACEs for children ages 9 and up (Hunt et al., 2017). School counselors implement

comprehensive, developmentally appropriate, and evidence-based programs following the American School Counselor Association (ASCA) 4th National Model addressing social emotional, academic, and career domains for all students (ASCA, 2019a).

Mental Health and Social Emotional Issues

Some students experienced ACEs when schools were negatively impacted or closed due to the COVID-19 pandemic because many parents were isolated at home with their children for long periods of time (Sanders, 2020). Mental health experts now predict higher levels of student depression, substance abuse, post-traumatic stress disorder (PTSD), and suicidal ideation as a result of the COVID-19 school closures and extended social isolation (Wan, 2020). Experts suggest that many adolescents suffer from multiple ACEs due to loneliness (Schauss et al., 2019), which may have been exacerbated by the COVID-19 stay at home orders. COVID-19 isolation is especially concerning because researchers have also shown that ACEs negatively affects adolescent brain development (Luby et al., 2019). ACEs include situations in which a child witnesses or experiences physical, mental, or sexual abuse, neglect, or unstable family situations before the age of 18 years (Bryant et al., 2020). Childhood trauma also includes situations in which children suffer from hunger, feeling unloved, observing parental alcohol or drug abuse, experiencing parental mental health issues due to financial strain (Mendelson et al., 2015; Pataky et al., 2018).

Studies show that 78% of ACEs cases are “perpetrated by the children’s parents” (Bryant et al., 2020, p. 194). Wan (2020) noted high unemployment during portions of the COVID-19 shutdowns caused financial stress and subsequent family issues potentially negatively impacting students. Frasquilho et al. (2016) noted a clear

connection between parents' distress due to unemployment and financial struggles with adolescent emotional problems due to the importance of the parent-youth relationship.

The stressors of ACEs can cause major life issues for adolescents. Dillard and Beaujolais (2019) found that the cycle of violence of most ACEs experiences including "early sexual and physical victimization experiences are shown to be of etiological significance as pathways to adolescent engagement in sexually abusive behaviors" (p. 643). Forster et al. (2020) discovered a connection between adolescents suffering from ACEs and school violence; such as, bringing or being threatened with a weapon on campus, bullying, fighting, or vandalism. The research showed adolescents who had witnessed an ACEs can be victims or perpetrators in school violence.

Clearly there is a need for school counselors to support students. Students at home in isolation were not interacting with mandatory reporters such as teachers and school counselors which left safety concerns unaddressed (Thomas, et al, 2020). According to the ASCA (2016b) position statement on trauma-informed practice, school counselors are trained as mental health professional to "recognize the signs of trauma in children" (p. 89). Mental health issues that may be heightened due to the COVID-19 pandemic and family dysfunction include depression, suicidality, and drug and alcohol abuse (London & Ingram, 2018). Even before COVID-19, Silva et al. (2020) estimated in a meta-analysis study that 25% of children from 10-19 years old suffer from common mental disorders. The ASCA (2016b) position statement asserts that school counselors offer brief counseling to students suffering mental health issues and refer students needing more intensive support to outside community resources.

Researchers have found continued increases in the percentage of PK-12 students suffering from anxiety (Murphy et al., 2020; Ziam & Harrison, 2020). While there is minimal research on student mental health affected by COVID-19, Ahmad and Murad (2020) found that nearly 90% of children participants in Iraq suffered from increased anxiety due to observing uncontrolled reports of COVID-19 information on social media. Considering the negative impact of the social media posts on youth's anxiety level, it is important to consider the potential negative impacts on children and adolescents in the United States.

Cook et al. (2019) noted school counselors are needed on the front-line to address and provide mental health and social emotional support to school age children in a PK-12 setting. Howell et al. (2019) stated, "adolescent students with a history of trauma can have long term effects on brain development and suffer from more extreme impulsivity, increased difficulty with higher level thinking and feeling as well as significant delays in academic and social skills" (p. 27). Students suffering from trauma need mental health services, which school counselors can provide short term during the school. ASCA (2015) recommends that school counselors refer students and families, as appropriate, to clinical mental health counselors for long-term counseling. Collaboration amongst school and community mental health counselors supporting students with mental health concerns could prevent other concerns such a suicide ideation (Lenares-Solomon et al., 2019).

Unfortunately, mental health experts predict a higher rate of suicide ideation in the coming years due to the pandemic (Wan, 2020). Even before COVID-19 created isolating lockdowns, the Centers for Disease Control and Prevention (CDC) noted a

30% increase in the overall suicide rate from 2000 to 2016 in the United States (Miron et al., 2019). The CDC reported suicide is the second leading cause of death of adolescents (Liu & Spirito, 2019) and the suicide rate of youth ages 15-19 is at the highest level since 2000 (Miron et al., 2019). School counselors are in an ideal position to educate students and stakeholders about risks and warning signs of suicide, as they are trained mental health professionals (ASCA, 2018).

Potential Roles and Responsibilities of School Counselors in Covid-19 Response

According to Jackson-Cherry and Erford (2018), “during times of crisis, the role of the professional counselor is critical” (p. 409). As for school counselors, they are often the only mental health providers in the school who are able to manage and provide interventions for at-risk concerns in this COVID-19 era. They are also usually the main individuals who are in the position to communicate with multiple stakeholders such as parents, teachers, administrators, and community mental health counselors (Donohue et al., 2015; Springer et al., 2020). Additionally, since most of students’ time is spent in school, school counselors are often the first to become aware of potential mental health concerns (ASCA, 2016b; Gallo, 2018).

Researchers noted that many principals do not fully understand the role, training, and qualifications of school counselors (ASCA, 2019a; Havlik et al., 2019; Rose, 2019), which is a concern with current COVID-19 issues. As a result, many school counselors are unable to support their students and schools effectively because of administrator assigned non-school counseling responsibilities (Wilder, 2018). For example, some ASCA suggested non-counseling duties taking school counselors away from supporting students include test coordinator, disciplinarian, substitute teacher, lunch or bus duty,

data entry, and “coordinating schoolwide individual education plans, student study teams, response to intervention plans, Multi-Tiered System of Supports (MTSS), and school attendance review boards” (ASCAa, 2019, p. 67). Non-school counseling duties diminish the valuable time school counselors need to complete their comprehensive and developmentally appropriate school counseling services for all students. ASCA (2019a) proposes the reallocation of non-school counseling related duties to other school staff and suggests that school counselors implement data-informed comprehensive school counseling programs incorporating Multi-tiered Systems of Support (MTSS). Additionally, school counselors provide more direct services, such as individual and group counseling, and classroom instruction, while collaborating with stakeholders.

Multi-Tiered Systems of Support

According to Fabiano and Evans (2019) as cited by King-White (2019), MTSS is an all-encompassing term which centers on prevention and intervention frameworks. The goal is to utilize data to create trauma informed practices which consider the whole student based on ASCA’s Position Statement on Trauma-Informed Practice (2016b). MTSS consists of three levels of interventions designed to provide mental health support. School counselors need to find creative ways to implement Tier 1, Tier 2, and Tier 3 support in-person, blended, and virtual learning environments for students who have endured the stressors associated with COVID-19. The first tier focuses on providing prevention and intervention information for the entire faculty and student body; the second concentrates on providing services to identified at-risk students, and the third tier aims at working with those students who need even more intensified attention (Fabiano & Evans (2019) as cited by King-White (2019). Thus, while, school counselors

should not lead academic teams and reviews, such as MTSS, they must be intentional while collaborating with teachers and staff to support and advocate for all students to receive appropriate accommodations (Ziomek-Daigle et al., 2016). The ASCA position statement on MTSS for school counselors indicates:

School counselors are stakeholders in the development and implementation of a Multitiered System of Supports (MTSS), including but not limited to response to intervention (RTI) and responsive positive behavioral interventions and supports (PBIS). School counselors align their work with MTSS through the implementation of a school counseling program designed to affect student development in the academic domain (achievement), the career domain (career exploration and development) and the social/emotional domain (behavior).

(ASCA, 2018. p.45)

School counselors are encouraged to align their comprehensive school counseling program with the MTSS framework to ensure that all students are supported (ASCA, 2019a). The ASCA (2019a) National Model provides direction for school counselors to offer direct student services in three areas; instruction, appraisal and advisement, and counseling. Appraisal and advisement are key elements in ensuring students are guided appropriately in their academic and postsecondary planning which is often the main tasks of high school counselors. Instruction and counseling will be essential in addressing the social and emotional needs of students during and after COVID-19, because of the need for social-emotional support for potential ACEs and return to school (Wan, 2020). School counselors incorporating this multi-tiered approach should implement and offer the following to ensure that student needs are

addressed systematically particularly related to potential obstacles associated with COVID-19.

In Tier One, school counselors serve as “supporters, interveners, and facilitators” (Ziomek-Daigle et al., 2016, Tier One, para 1) who attend and participate in meetings where they consult and collaborate with educator colleagues while referencing observations and data. School counselors can provide professional development to faculty introducing trauma-informed care, ACEs awareness, strategies, and specific information about supporting due to COVID-19 stressors. Universal mental health screenings could also be done at this level as a component of the school counselor’s role. For example, Erickson and Abel (2013) used the Reynolds Adolescent Depression Scale-Second Edition (RAD-2) to screen for depression and mental illness in high school students. The school counselors used the results of the RAD-2 screening to develop classroom guidance lessons to familiarize students with identifying signs of depression and mental illness and included recommendations about how to receive support. Additionally, they contacted community mental health stakeholders to speak to the entire student body about assistance opportunities.

In Tier Two, school counselors serving in the “supporter, interventionist, and facilitator role” (Ziomek-Daigle et al., 2016, Tiers Two and Three, para. 1) collaborate with teachers, administrators, and parents to identify students exhibiting behavioral issues possibly due to COVID-19 stressors. School counselors conduct small group counseling sessions with psychoeducational lessons on depression, mental illness, stress, and coping strategies for students experiencing similar issues. Individual counseling sessions are offered at this tier for students with more specific needs. Tier

Two interventions can be created specifically to address concerns related to the obstacles and experiences students continue to face related to COVID-19.

In Tier Three, “interventions are greater in duration and intensity than Tier 2 and have greater individuation” (Ziomek-Daigle et al., 2016, Tiers Two and Three, para. 2). In this tier, school counselors engage in counseling, mentoring, coordinating, and utilizing data to make decisions. School counselors also assess and make referrals, as needed, to community mental health agencies ensuring that students with more significant concerns receive the appropriate long-term intensive care. Through the implementation of a comprehensive school counseling program fully aligned with a multi-tiered program, such as Positive Behavioral Interventions and Supports (PBIS) and MTSS, school counselors collaborate to promote students’ social, academic, and behavioral success (Goodman-Scott & Grothaus, 2018).

Counseling Theories and Techniques

According to ASCA’s Position Statement on Crisis Response (2019b), school counselors employ their knowledge of counseling theories and techniques to offer mental health counseling to help regulate students’ emotions during difficult and challenging times of COVID-19. While school counselors are not expected to provide long-term therapy, there are counseling theories they can utilize within in a school setting to mitigate trauma associated with the impact of COVID-19. School counselors provide individual counseling to those directly affected, group counseling to aid those who have been exposed to crisis situations, and classroom activities to teach prevention programs.

School counselors can support students struggling with COVID-19 mental health concerns, because they are trained in forms of person-centered and narrative counseling techniques (Fein et al., 2008). The techniques of person-centered counseling such as active listening, unconditional positive regard, congruence, and reflection all provide the foundation for an empathetic and safe environment for students (Studer, 2016). Narrative theory allows students to "to vent some of their feelings in a safe environment" (Fein, 2003, p. 89) to help students process their emotions by journaling experiences.

Additionally, school counselors are trained to promote positive mental health and social emotional development through the use of various theoretical orientations which may include solution-focused brief counseling (SFBC) and cognitive behavior therapy (CBT). These counseling theories are brief techniques that are utilized with students struggling with COVID-19 mental health concerns (Dameron, 2016, Yeo et al., 2016)). SFBC focuses on what an individual would like to see happen, rather than on the perceived problem (Sobhy & Cavallaro, 2010). School counselors help students see future verses lingering on their current experiences with COVID-19. CBT focuses on using coping statements and hands-on strategies to help increase positive thinking and behaviors by minimizing irrational thoughts, which can lead to unhealthy outcomes (Yeo et al., 2016). This counseling method is often used with children and adolescents in treating anxiety disorders.

All of these approaches can be incorporated into a comprehensive schoolwide program supporting students for prevention and early intervention of mental health concerns that could be related to COVID-19 (Corey et al., 2018; Salloum & Overstreet,

2009). Researchers have also found that the application of these methods in various counseling settings have proven beneficial For example, “group work with children and adolescents were effective in decreasing bullying behaviors, increasing self-esteem for children of alcoholics, decreasing trauma-related anxiety in young survivors of natural disasters, and decreasing levels of anxiety and increasing academic performance for children” (Corey et al., 2018, p. 343). Also, in a study of children suffering from PTSD after Hurricane Katrina, Salloum and Overstreet (2009) found that counseling in elementary schools improved the mental health of affected children. The intervention used both group and individual counseling for 10-weeks with “three overlapping phases: resilience and safety, restorative retelling, and reconnecting. Techniques from cognitive behavioral therapy and narrative therapy were combined to address trauma and losses” (p. 497). In the aftermath of COVID-19, school counselors provide trauma informed mental health support and services (ASCA, 2016b).

Collaboration with Administration

To ease the stressors associated with COVID-19 within the school system, school counselors collaborate with administrators to provide crisis response (ASCA, 2019b). Wilder (2018) as cited by Rock et al. e (2017) asserted that collaboration between school counselors and principals helps improve school climate, student achievement, and respect between faculty and students which are needed after a crisis. Additionally, Brat et al. (2016) found that school counselors and administrators collaborate to overcome barriers and obstacles of related to student mental and physical health concerns. These findings provide support for effective school counselors and administrators collaboration to support students after a crisis such as COVID-19.

Evidence-Based Assessments

As the mental health experts in schools, school counselors may incorporate early interventions, referrals, and preventive measures to identify students who have been adversely affected by the pandemic (ASCA, 2019a). Researchers have found increases in the percentages of PK-12 students suffering from anxiety (Murphy et al., 2020; Ziam & Harrison, 2020). Universal Social Emotional Behavioral (SEB) Screening in schools allows school counselors and districts to enhance their comprehensive multi-tiered support system to identify concerns such as those heightened by issues related to COVID-19. Universal SEB screens for both risk and resilience, and it assists with early interventions for those at risk (Romer, et al). Some examples of these tools include Universal (SEB) Screening, ACE, GAD-7, SBIRT, and School Refusal Assessment Scale can potentially prevent, reduce, or eradicate symptoms of anxiety, depression, or substance abuse (Eklund, et al., 2016; Furlong, et al., 2020; Heyne et al., 2016; Maslowsky et al., 2017; Mendelson et al., 2015; Murphy et al., 2020; Odenbring, 2018; Pataky et al., 2018; Romer et al., 2020; Thompson et al., 2015; Venta et al., 2019; Ziam & Harrison, 2020).

Universal SEB screenings assess all students' mental health as a Tier 1 intervention (Romer et al., 2020). Universal screenings were already being utilized as an alternative data collection approach (Dowdy et al., 2015; von der Embse, 2016), which allows these evidence-based assessments to be used to evaluate students mental during the COVID-19 pandemic. All chosen universal screenings and policies must be sensitive to cultures to ensure equity and access for all (ASCA, 2019b). School

counselors should also consider having culturally sensitive community resources available for referrals for long term counseling with students.

Planning for universal screenings must consider multiple factors, including chosen approaches, when and how often to screen, what to collect, and where/how to store data (Romer et al., 2020). Universal screenings can be utilized by school counselors in triaging students of strongest need, those lacking coping skills, resources, and support in mental health concerns related to COVID-19.

Screening logistics include identifying the purpose, using and communicating the data, identifying students at risk and those lacking resources, determining who will receive services and referrals, and notifying and communicating with families (Romer et al., 2020). Ethical and legal considerations must be considered throughout the process, abiding with school district, state, and federal guidelines to protect the rights of students and families, as counselors do no harm (ASCA, 2016a, A. 13).

Other screenings, such as the ACE questionnaire can help identify specific traumatic events or chronic stressors that may impact a child's academic, behavior, social, and emotional competence (Felitti, et al, 1998, Mendelson et al., 2015; Pataky et al., 2018). Generalized Anxiety Disorder (GAD) may be identified by the GAD-7, which is a self-administered and commonly used questionnaire (Thompson et al., 2015). School counselors can implement a variety of brief anxiety assessments by trained school counselors: Beck Anxiety Inventory for Youth (BYI); Self-Report for Childhood Anxiety Related Emotional Disorders (SCARED); The Spence Children's Anxiety Scale, Behavioral Assessment System for Children's Second Edition (BASC 2); and The Child Behavior Checklist (CBCL).

A direct correlation exists between increasing mental health concerns and drug abuse in the adolescent population (Odenbring, 2018). Students at risk for alcohol and other drug abuse could be assessed by the Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is an evidenced-based promising substance abuse assessment tool and practice that schools can use to detect early identification of substance abuse in children and adolescents (Maslowsky et al., 2017). SBIRT has three main components: screening, brief intervention, and referral to treatment, which can be conducted by a trained school counselor.

The COVID-19 related quarantine increased constant connectivity with parents (Wan, 2020), which may give rise to separation anxiety. The School Refusal Assessment Scale-Revised (SRAS-R) is a 10-minute self-reporting questionnaire that can be administered to children aged five and older (Heyne et al, 2016). SRAS-R may identify four functional conditions: avoidance of stimuli provoking negative affectivity; escape from aversive social and/or evaluative situations; attention seeking; and tangible rewards. This screening tool is an early intervention to identify possible reasons the child is avoiding school. The SRAS-R Parent questionnaire may help to identify the frequency the child experiences emotions and behaviors related to school attendance. These screening tools can be used in person or virtually to identify possible issues related to psychological distress from the COVID-19 pandemic to assist school counselors to provide immediate interventions and make appropriate referrals to mental health professionals.

One possible universal screener that is not a formal assessment are minute meetings which are similar to the evidenced-based Check-in/Check-out Tier 2-

secondary intervention (Maggin et al., 2015). Minute meetings are a Tier One intervention that allows school counselors to conduct quick check-ins either virtually or in person with each student to identify mental or social emotional concerns due to the current COVID-19 pandemic. Conducting minute meetings allows school counselors to meet students, build relationships, and offer resources and support. Donohue et al. (2015) noted minute meetings can assist with reducing potential attendance, discipline, and academic issues stemming from emotional and mental distress related to COVID-19. Minute meetings create the opportunity for students to meet their school counselors, whether in person and virtually, for a person to reach out to for support and resources.

Whether in an in-person, blended, or virtual setting, Tier One, evidence-based classroom guidance lessons, community circles, or advisor/advisee sessions can assist with basic skills of self-management, social, and study skills (ASCA, 2020). School counselors can assist teachers and/or lead classroom discussions to allow youth to express their emotions and concerns, to normalize, and to empathize with their myriad of different experience and perspectives (ASCA, 2020). In Tier Two they can lead small group or individual counseling, and in Tier Three, they can be ready with ample referral resources.

Technology and Students

Technology has proven to be a beneficial tool in education and mental health during the COVID-19 crisis (Ferdig, et al, 2020). Individual and group counseling can be conducted via online. Weekly et al. (2017) noted there are applications for effective interventions with children for calming, relaxation, and mindfulness.

One concern prior to COVID-19 was youth's addiction to technology (Hou et al., 2019). Many families limited screen time, but during stay-at-home-orders many families' rules on appropriate use of technology became more relaxed and screen time was encouraged due to schools moving instruction online (Reich et al., 2020). The frequency of screen time and gaming increased during the pandemic (Wynther & Byrne, 2020; Kharif, 2020).

While acknowledging that there are both benefits and risks associated with the use of technology (ASCA, 2017), the American Academy of Child & Adolescent Psychiatry (AACAP, 2020) posited that youth's use of screens can dominate their time and displace behaviors essential to their well-being. The problems associated with excessive use of technology could result in declines in school performance, academically, emotionally, and socially. Hou et al. (2019) found that addictions to social media adversely affected students' mental health and academics. Increased use of technology can cause negative effects on students' ability to cope and could result in increased prevalence of mental health issues (Bahamonde, 2019), and their physical and social emotional needs are unmet (AACAP, 2020). School counselors provide support for students' academic, social-emotional and college-career readiness utilizing technology for their COVID-19 response, while understanding the need for balance in students' technology use (Stone, 2020).

School Counselor Advocacy

School counselors must advocate for the profession to increasingly support students with needs related to the COVID-19 pandemic by meeting individual student's emotional and mental health needs (ASCA, 2016a, A.10). School counselors are

systemic change agents and their unique counseling skills are vital components to a school's success (ASCA, 2019a). Through advocacy, school counselors often use their trusting relationships within the school to cultivate a positive school climate by collaborating and consulting with staff, and administration to support students.

Studies have shown children and youth are more successful if they feel a sense of belonging in their social and academic settings (Lapan et al., 2014), which is critical for students as schools are navigating through in person, virtual or hybrid school environments. Regardless of school environment, school counselors are distinctively positioned to offer a variety of skills and evidenced-based interventions to help students feel connected to the school environment. School counselors are trained to serve on the front lines for providing immediate responsive services to students in need, which can be the strongest protective factors in positive student outcomes (Hines et al., 2020).

Studies before COVID-19 showed that students who received responsive services from school counselors have shown increased academics, attendance, and test scores, and decreased negative effects of risk factors (Lapan, 2014; Hines et al., 2020). With the increase of students' mental health concerns, trauma, and crisis due to the COVID-19 pandemic, school counselors are necessary advocates who can serve as a bridge of hope for students to feel emotionally and mentally safe and secure in any school environment (Hines et al. 2020; Masonbrink & Hurley, 2020).

Discussion

School counselors assist students, schools, and communities by implementing a comprehensive and developmentally appropriate and virtually adaptable program to serve and support students in the midst of the COVID-19 pandemic. Through their

leadership, advocacy, collaboration, and systemic change, school counselors have the mental health training and skills required to meet the needs of P-12 students. There is limited data and research measuring the negative effects of the COVID-19 pandemic on students' mental health and social, behavioral, and career development.

School counselors need to be viewed and valued as essential mental health providers who are specially trained and qualified. They provide early-intervention, prevention, and refer, as needed, to ensure that student needs are met when faced with stressful, crisis, and other mental health situations. It is crucial for school counselors to collaborate with administrators to create data-informed comprehensive school counseling programs. Infusing the school counseling program with Multi-tiered Systems of Support (MTSS) allows school counselors to provide mental health counseling services, and to collaborate with stakeholders (Lane et al., 2020). Due to COVID-19 issues, it is imperative that administrators allow school counselors' main focus to be on their students' mental health and social emotional needs for the foreseeable. Engaging in appropriate roles and responsibilities specific to the school counseling profession will allow school counselors to serve students whether in-person or virtually, to mitigate the negative effects of what students have experienced as a result of COVID-19.

Summary

School counselors continue to be in the ideal position to address mental health needs and promote success of all students even amidst the pandemic. Whether in-person, online, or in a blended setting, school counselors overcome pandemic related challenges and find creative ways to provide developmentally appropriate, comprehensive, and evidence-based support for students. Continued advocacy is

needed to ensure that school counselors can increasingly and effectively address the significant mental health and social emotional needs of students in schools due to social isolations, deaths, and other issues from the COVID-19 pandemic. Intentional leadership, advocacy, collaboration, and systemic change are also essential for school counselors to ensure that their roles and responsibilities are appropriate, effective, and lead toward increased student success for all students.

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Dr. Ebersole is an associate professor of counseling for Liberty University's graduate school counseling program. Denise earned a Ph.D. in Counselor Education and Supervision from Regent University, an M.Ed. in School Counseling from Millersville University, and a B.A. in Psychology from Bloomsburg University. She is a Licensed Professional Counselor (LPC), Nationally Certified Counselor (NCC), Nationally Certified School Counselor (NCSC), and certified in elementary school counseling (K-6), secondary school counseling (7-12), and as a supervisor of school guidance services (K-12) in the state of Pennsylvania. Previous professional positions include serving as a school counselor educator and instructor across several programs as well as serving as a K-12 school counseling department coordinator, high school counselor, and middle school counselor. Dr. Ebersole also serves as an independent career coach who supports future and current school counselors.

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