

# A Call to Action for School Psychology to Address COVID-19 Health Disparities and Advance Social Justice

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The health, economic, and social challenges associated with coronavirus disease 2019 (COVID-19) present a range of threats to students' well-being, psychoeducational experiences, and outcomes, spurring fears for a "lost generation." In this article, we present COVID-19 as a large-scale multisystemic disaster causing massive disruptions and losses, with adversities moderated by the intersectional nature of systemic inequity. We first synthesize the broad effects of COVID-19 as they relate to equity and social justice, followed by the major implications for students and schools, with a focus on intersectional systemic issues. We then propose foundational considerations and resources intended to usher a paradigm shift in how school psychologists' roles and activities are conceptualized in the years to come, ending with key imperatives for practice and graduate education in school psychology.

## Impact and Implications

Coronavirus disease 2019 (COVID-19) has caused unprecedented disruption across social institutions and caused massive losses that are likely to affect communities and schools for many years to come. We synthesize the wide-ranging implications of resultant health disparities and propose foundational implications and practice recommendations to guide school psychology's long-term responsiveness as a field.

**Keywords:** school psychology, COVID-19, pandemic, health disparities, social justice

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In many of the seminal writings of the field around the turn of the 21st century, scholars broadened the conceptualization of educational issues relevant to school psychology to envision professional roles for supporting students on a larger scale (e.g., Conoley & Gutkin, 1995;

Shapiro, 2000; Sheridan & Gutkin, 2000). In short, these scholars appealed to us to think bigger—and to think systemically—in order to ensure the relevance and import of our practical and scholarly efforts. Herein, we argue that such a paradigm shift is exactly what school

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psychology must *fully* enact in order to rise to the challenge of addressing bigger problems than many might ever have imagined as the potential purview of school psychologists. Yet, as we navigate this point in history, the field's collective commitment to this paradigm and a shared focus are as important as ever—if not more so—because of the implications of concurrent mass trauma of coronavirus disease 2019 (COVID-19) and the national reckoning with racial injustice for our profession.

For school psychology and other areas of health service psychology, the multisystem, sustained disruption of COVID-19 and the growing disparities in its wake necessitate large-scale action to address complex health disparities. In doing so, conceptualization of this problem and related professional roles matters. As such, in this article, we first apply a disaster frame to conceptualizing COVID-19 and discuss its broad effects as they relate to social justice, followed by the major implications for students and schools, with a focus on intersectional systemic issues. We then propose foundational ideas to guide conceptualization of school psychologists' activities in the years to come, ending with key imperatives for practice and graduate education.

In doing so, we recognize the influence of our positionalities as a collective of scholars of diverse personal and professional backgrounds and experiences. We are midcareer and early career professionals who share doctoral training in school psychology, generally grounded in scientist–practitioner model, ecological framework, and tiered service delivery. Our professional experiences have included a variety of professional contexts: public and private schools, clinical settings, school psychology graduate programs in a range of (predominantly urban) higher education institutions, and professional organizations throughout the U.S. and in multiple countries. Collectively, we represent a range of dominant (White, male, middle or upper class, cisheterosexual, Christian) and (multiply) marginalized and systematically excluded identities including Black, Indian, and Vietnamese women; immigrant and first-generation Americans; multilingual (native Marathi, Spanish bilingual, Vietnamese); queer; first-generation college students; low-income and economically marginalized communities throughout the U.S.; and minoritized faiths and religious positions (Jewish, Hindu, agnostic, atheist). We also both work in and are parents of students attending schools during this disaster, so we approach this scholarship holding multiple stakeholder roles in the school systems we discuss. Our scholarly and applied interests and expertise span much of the field, but we share a commitment to social justice and a focus on minoritized populations. Many of us increasingly draw on critical theories and interdisciplinary scholarship to inform our work. These experiences, perspectives, identities, and roles invariably inform the viewpoints expressed herein.

### Social Justice in the Shadow of COVID-19

The global health crisis that is COVID-19 can be conceptualized as a *disaster*, having destabilized institutions and resulting in continued massive losses across communities (Tierney, 2019). Disasters are characterized not just by the direct fallout of the catalyst (here, the infections and deaths attributable to the virus) but by far-reaching adversities moderated by sociopolitical context (Kadetz & Mock, 2018). Put differently, events become disasters because preparation for, experiences of, and responses to them are shaped by structural inequality that acts as a conduit for harm and systematic differences thereof (Tierney, 2019). In this way, exploration of the macro- and chronosystemic features of the disaster and resultant cascade across

interrelated proximal systems (e.g., families, communities, and schools) elucidates the complex unfolding of this ongoing event from the local to national (and international) contexts. Figure 1 summarizes these proximal and distal forces, including COVID-19-related influences. In particular, disasters often magnify the pernicious effects of systems of power and oppression, accentuating stratification, marginalization, and differential access and care within education, health, and human service sectors (Atallah et al., 2019; Tierney, 2019). Such has been the case with COVID-19 in the United States and other natural disasters and public health crises before it (e.g., HIV/AIDS, Hurricane Katrina; Bowleg, 2020; Kadetz & Mock, 2018).

What most differentiates COVID-19 from other disasters is at least in part a matter of scale, pace, persistence, and visibility (Horesh & Brown, 2020). The ongoing pandemic, coupled with continued civil unrest surrounding widespread calls for racial justice (and the backlashes against them), has amplified the pervasive effects of structural racism, sexism, ableism, classism, xenophobia, and other systems of oppression (e.g., anti-fatness, homo- and transphobia), as well as their intersections, in compounding disadvantage across domains and social sectors. The ripple effects of this disaster within the deeply stratified social structure of the United States have exacerbated a range of acute and far-reaching interconnected health, economic, and social disparities that differentially affect systematically disadvantaged populations. Note that we restrict our analysis to the U.S. because disasters are characterized by the unique sociopolitical contexts in which they occur (Tierney, 2019), and because varied national responses to the pandemic have resulted in wide-ranging topologies of disruption and loss (Razavi et al., 2020) with differing implications for educational systems. Drawing on this interdisciplinary framing of disasters, responses within school psychology and other areas of health service psychology must be predicated on an intersectional understanding of multisystem, multilevel disruption and its effects.

### COVID-19 Health Disparities

Differential outcomes associated with COVID-19 have laid bare the grim reality that health and survival are intimately linked with systems of privilege and oppression. Since the early days of COVID-19, minoritized groups have systematically experienced disproportionate negative health outcomes in addition to significant barriers to effective social distancing and health care. Compared to White Americans, Black, Indigenous, and Latino Americans are approximately 1.4–1.8 times as likely to be infected, four times as likely to be hospitalized, and 2.6–2.8 times as likely to die from COVID-19 (Centers for Disease Control and Prevention [CDC], 2020b). Although COVID-19 is considered a *syndemic* (i.e., synergistic epidemic) because of the compounding of disease burden from interactions with other epidemics of chronic health conditions shaped by structural inequality (Horton, 2020), COVID-19 health disparities are not attributable to biological susceptibility or individual behaviors, but rather the effects of structural oppression.

*Health disparities* are preventable differences in health outcomes or health-related opportunities experienced by minoritized communities (CDC, 2013). These are shaped by social determinants of health categorized around economic stability, educational opportunity, health care access and quality, built environment, and social or community support (U.S. Department of Health and Human Services, 2020). The American Psychological Association

(APA, 2016) recognized that “[h]ealth disparities are caused by persistent, systematic, unjust policies and practices that increase a group’s risk for poorer health and limit access to quality care” (para. 2). The CDC (2020a) stated that inequities in social determinants contribute to both primary and secondary health outcomes and are worsened by COVID-19 with roots in racism and other discrimination in the criminal justice, education, finance, health, and housing systems.

COVID-19 health disparities have emerged in part because social distancing, testing access, and health care quality are moderated by privilege and positionality in systems of oppression (e.g., racism, classism, sexism, cisheteronormativity, ableism, anti-fatness, xenophobia) and intersections thereof. Indeed, social distancing has emerged as a social determinant of infection (Blackstock, 2020). For example, marginalized groups—women, immigrants and undocumented persons, individuals from racially, ethnically, and linguistically minoritized backgrounds—are systematically disproportionately exposed to employment conditions via relegation to “essential labor” that preclude social distancing and provides inadequate personal protective equipment, subsistence wages (or less), sick leave, health benefits, or potential to work from home (Selden & Berdahl, 2020; Tai et al., 2021). As such, many Americans from historically minoritized groups faced a formidable Catch-22: follow health recommendations at the expense of their livelihoods or continue to participate in essential labor at the potential cost of their wellness (and even their lives).

Unsurprisingly, COVID-19 mortality has been stratified by educational attainment and is highest among agricultural, food, transportation, facilities, and manufacturing workers, particularly those who are Black, Latino, or Asian (Chen et al., 2020, 2021). Likewise, the residential conditions associated with increased risk of infection, such as crowding and insufficient sanitation in public spaces and residential buildings, and reliance on public transportation, are those conditions to which racially, ethnically, and economically marginalized communities, as well as sexual and gender minorities, are disproportionately exposed (Rauh et al., 2008; Ruprecht et al., 2021). Thus, individuals and groups’ social positions are associated with both increased virus exposure and reduced safeguards for health. Furthermore, in treating COVID-19, structural racism’s effects are imbued into even seemingly objective medical processes with potentially life-altering consequences (e.g., Schmidt et al., 2021), again underscoring the need for an intersectional lens in understanding all dimensions of this disaster.

The long-term effects, both in terms of physical and mental health outcomes, of COVID-19 are unknown, but widespread challenges are likely given the complexity of extensive, layered stressors. These stressors have been summarized to include:

abrupt changes in life circumstances; uncertainty about the future; deterioration of livelihood; restriction of social contacts; imposed quarantine; stigmatization, discrimination, and fragmentation of communities; loss of loved ones; deprivation of culturally appropriate mourning rituals; and finally, the threat of contracting COVID-19. (Javakhshvili et al., 2020, p. 2)

These, in turn, are associated with increased prevalence of mental health disorders and comorbidities (Holman et al., 2020). Because of the intersectional nature of this disaster, difficulties are likely to be distributed unevenly in the population. For instance, increasing anti-Asian discrimination has been associated with higher levels of anxiety and depression (Wu et al., 2021).

## COVID-19’s Educational Crisis

Children have shown differential susceptibility to illness and complications among virus strains (Osterholm & Dall, 2021), and the COVID-19 disaster is associated with a range of family and community stressors, as well as restricted educational opportunity given the effects of mitigation strategies on school functioning. As such, resultant challenges jeopardize students’ well-being and psychoeducational experiences. This has spurred fears for a *lost generation* because of the potential long-term effects for students’ educational and economic outcomes *across their lifetimes* (UNICEF, 2020).

Spring 2020 saw many school systems across the U.S. struggle with transitioning to remote learning, with continued disruption throughout the 2020–2021 academic year. Estimates of opportunity gaps due to spring 2020 and 2020–2021 school closures, reliance on remote learning, and inconsistent school quality range from 5 to 9 months on average, but up to 12 months for students from racially minoritized backgrounds compared to 8 months for the average White student (Dorn et al., 2020). These concerns have grown as many schools’ report increases in students being assigned failing grades, with greater difficulties reported for students identified as Black, Hispanic, multilingual, or those qualifying for special education services (e.g., St. George, 2020). For students with disabilities, parents’ concerns regarding educational services have spurred civil suits for violations of students’ rights (Kamenetz, 2020). In addition, the social isolation and related stressors resulting from mitigation measures may be detrimental to students’ social-emotional development and mental health (Loades et al., 2020).

Areas of particular concern for students from minoritized backgrounds are differential technology access, instructional quality, engagement, and school support. Even before this pandemic, schools varied in funding and technology resources (e.g., Baker, 2018), and these differences and shortfalls have been exacerbated (Turner, 2020). For students made vulnerable by financial or housing insecurity, access to remote schooling is contingent upon access to appropriate technology, digital resources, reliable high-speed internet access, personal and family technology knowledge, and adult assistance—all of which are constrained by preexisting and ongoing systematic economic, education, and employment disparities (Lake & Makori, 2020). Home technology barriers are greatest among Black, Hispanic, low-income, and younger households, of which at least one-third lack consistent computer or internet access, reflecting existing technology gaps that become even more detrimental in the context of remote schooling (Ong, 2020). This has been recognized as a threat to students’ civil right to equal protection, making it a high-stakes, long-term social justice issue given not just the current centrality of students’ learning and well-being but also the indefinite reliance on remote schooling for medically vulnerable students and families (Ong, 2020).

Instructional quality and effectiveness of remote learning remain problematic. Educational opportunities and outcomes for our youngest students are particularly worrisome given meta-analytic findings of learning losses for young students provided asynchronous video-mediated instruction compared to in-person instruction (Strouse & Samson, 2021). Mathematics learning in particular appears slow during remote instruction compared to pre-pandemic growth rates for students grades 3–8 (Kuhfeld et al., 2020). In fall 2020, approximately 84% of school districts reported students engaged in remote learning at least part time (Kurtz, 2020).

In addition, successful remote learning is often reliant on extensive, consistent family involvement that is often incompatible with the economic and social realities of many families. Few families fit the single-earner nuclear family model on which many remote schooling arrangements seem to rely (Sullivan, 2020). For example, students from racially and economically marginalized households are more likely to be raised by adults who are single parents, essential workers, or have limited English proficiency, as well as the students themselves being essential workers themselves or providing necessary childcare for younger family members (e.g., Reilly, 2020; Smock & Schwartz, 2020; Sugarman & Lazarin, 2020). Unsurprisingly then, teachers report lower levels of attendance and engagement among these students (Chambers et al., 2020).

Additionally, mental health difficulties are likely to be widespread among children and youth, with disproportionate effects for students from minoritized backgrounds (Verdery et al., 2020), especially with disruption to social support and grieving processes (Burrell & Selman, 2020). The unpredictability and intractability of the pandemic, its multisystem disruption, and related adversities (food and housing insecurity, exposure to family violence, substance use, and medical trauma) are also likely to elicit elevated trauma responses (Bryant et al., 2020). Disasters are associated with anxiety, depression, adjustment disorders, and acute stress reactions, with more difficulty shown among racially or economically minoritized groups (Goldmann & Galea, 2014). In past disasters, upward of 10% of people had severe, chronic needs (Horesh & Brown, 2020), with young children showing the greatest vulnerability to chronic difficulty (Esterwood & Saeed, 2020). Furthermore, international research suggests that the role of human action and racism in this disaster, concurrent state violence, and resulting civil unrest may also elevate risk for severe trauma responses among racially minoritized youth, as traumas resulting from human (in)action, institutional abuse, and discrimination contribute to toxic stress and greater experiences of trauma (Muldoon et al., 2021). Taken together, a higher level of mental health needs can be expected, particularly for students already made vulnerable by family and community exposure to the virus and systemic inequity.

### Foundations for School Psychology in the Shadow of COVID-19

The shadow of COVID-19 will be vast and lengthy (UNICEF, 2020), necessitating an expansive orientation toward its effects on students, families, educational professionals, schools, and communities. Concurrently, enacting our unified commitment to antiracism (García-Vázquez et al., 2020; National Association of School Psychologists [NASP], 2020a) will likely require wide-ranging changes to school psychologists' professional activities in order to disrupt the pervasive effects of white supremacy and anti-blackness, xenophobia, and other systems of oppression. Indeed, given the current national dialogue surrounding critical race theory, misrepresentation of its application and tenants, and growing state and local opposition to equity and social justice efforts (e.g., Crenshaw, 2021; see also NASP, 2021), we are at a critical juncture to chart a path forward for our field that truly and authentically centers equity.

These are not distinct challenges. COVID-19 is a disaster not because it strikes minoritized groups differently, but because structural inequality, and racism in particular, contributes to differential

vulnerability to health, social, and economic adversity before, during, and after this disaster. Thus, the roots of this disaster and the need for antiracism are the same, with both necessitating long-term, large-scale responsiveness lest we suffer selective memory or willful ignorance toward their implications for students and communities, and by extension, the work of school psychology. Ensuring the relevance and impact of the field requires reorienting around this new reality—not temporary adjustments, but a *re-imagination*, or at the very least a doubling down on the long-emphasized need to focus on systems-oriented work (Conoley et al., 2020). This is not to say that individual-level practices will not be needed, but it is clear that the population's needs, now more than ever, will far outstrip professional capacity.

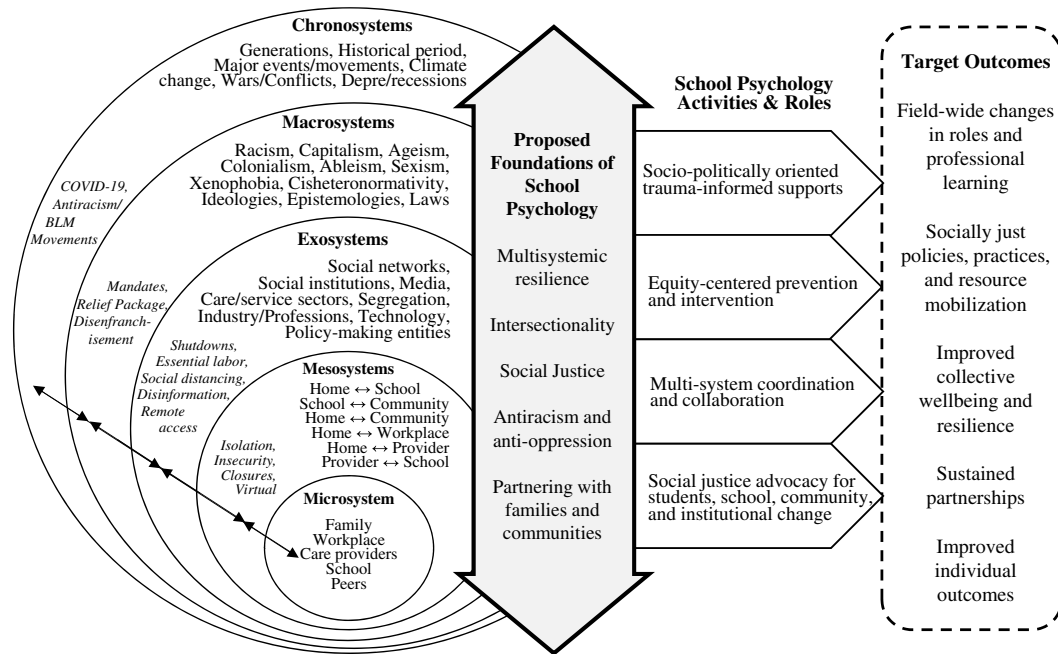
The field's capacity has long been overtaxed by chronic shortages, high student–psychologist ratios, and overemphasis on individual services and inefficient, ineffective service delivery models (e.g., Conoley et al., 2020; Shapiro, 2000; Sheridan & Gutkin, 2000). Disasters exacerbate inequities, and COVID-19 is no exception. There are immense needs in schools and communities most affected by COVID-19, necessitating shifts to systems work in order to ensure the sustainability and impact of this effort collectively and individually. Scholarship of critical community resilience praxis emphasizes how to “center the margins” by prioritizing the needs of those most affected in determining the “new normal” and engaging in meaningful collaboration with stakeholders, participatory approaches, and empowerment of local communities (Atallah et al., 2019, pp. 1, 11). We use this to guide recommendations around three main ideas.

First, efforts to bolster resilience to this disaster and future challenges should reflect a systems understanding of resilience as a characteristic not just of individuals, but of families, communities, systems, and institutions as well (Masten & Motti-Stefanidi, 2020). Crucially, adaptive capacity is dynamic and interconnected with processes and functioning of other systems such that resilience can cascade across systems (e.g., from institutions to communities, from community to individuals). Thus, health disparities, other structural inequities, and the policies and practices that create and sustain them—features of the distal levels of the ecological system—have negative effects on individual, family, and community wellness. When discussing resilience or the ecological model, the focus of school psychologists has often been on the proximal levels of ecological systems, but a mass disaster like COVID-19 emphasizes the importance of distal influences. Put simply, we cannot focus on individual or even family resilience at the exclusion of the distal systems because of the interdependence of functioning and resilience across systems, and thus, the importance of the resilience of communities, systems, and institutions for individual well-being. This underscores the need for systems work in order to support cascading adaptation. This orientation is consistent with broad recognition that “[h]ealth disparities are a social justice issue that can best be eliminated through system level actions” (APA, 2016, para. 2). Thus, we argue that central to school psychologists' systems action is a continued emphasis on ecology with an increasing awareness of the effects of macrosystemic and chronosystemic factors, as well as multisystem interdependence through an inter-sectional lens.

Second, health disparities are a threat to “collective resilience” (Masten & Motti-Stefanidi, 2020, p. 104) and a critical target for professional action to improve students' well-being. As racism and



**Figure 1**  
*Ecological Context of COVID-19 and Foundational Elements, Activities, and Outcomes of Addressing Health Disparities*



*Note.* The left side of the figure presents the ecological framework with general influences summarized in the center of each level and COVID-19-specific influences in italics to the left. The right side of the figure summarizes the foundational ideas, activities, roles, and outcomes based on this understanding of the ecological context of COVID-19 in school psychology.

other forms of oppression are the root cause of health disparities, efforts to advance antiracism and antioppressive policy and practice are central to effectively responding to the COVID-19 disaster. *Antioppression* refers to promoting rights, equity, and well-being through both individual and structural efforts with recognition of the interconnections of systems of oppression and their effects on well-being, with a focus on client empowerment and partnership in every aspect of services (Corneau & Stergiopoulos, 2012). *Antiracism*, then, is a specific form of antioppression focused on understanding and eradicating racism as a basis of oppression. Such efforts are predicated on understanding of structural inequity and intersectionality as a basis for redressing disparities as part of advancing social justice, thereby pointing to the critical nature of school psychologists' preparation. Failure to engage these efforts generally, and in the context of COVID-19 specifically, undermines resilience at all levels by failing to address the nature of the problem. Ensuring school psychology's responsiveness and salience in the face of the structural inequities, disparities extenuated by this disaster, and concomitant fights for *and* against racial justice (Roberts & Rizzo, 2021) necessitates a sociopolitical consciousness and action in all areas of our work.

Doing so, we argue, requires not merely orienting toward supporting "all" students, but rather specifically orienting toward empowering and supporting those most marginalized. To do otherwise is to risk continuing to implicitly center dominant perspectives, experiences, and needs at the exclusion of groups and individuals

systematically minoritized. Combatting the ravages of our current disaster and the intractability of racism in our society and our field will require intentionally and consistently shifting what and who we center. Importantly, in our national context, it will require the following of every one of us: Bravery to speak up and speak out and an unwavering commitment to advocacy and action. These first two premises above should underpin professional efforts, including, as we discuss in the next section, development of sociopolitically conscious trauma-informed supports, prevention, and intervention services; partnership with families, community stakeholders, and other providers in and out of schools to enhance coordination; and advocacy to advance social justice.

Third, as a field, we must be committed to building our own adaptive capacity—to making school psychology resilient—in order to respond to this protracted disaster and to improve preparation for, responsiveness to, and recovery from the next inevitable large-scale crisis. This resilience, and the enactment of the above ideas, will require a nimbleness and nondogmatic approach to practice in the service of systemic change and the pursuit of social justice. In doing so, we should commit to desired outcomes (i.e., equity, justice), not to particular approaches or practices, as such allegiance will likely undermine our adaptive capacity and potential to achieve field-wide aims and promise.

Unfortunately, scholars have long pointed out the relative inflexibility and inertia of the field to divesting from ineffective paradigms and practices (e.g., for discussion, see Conoley et al., 2020;

Shaw, 2021). Despite long-standing calls for a field-wide emphasis on indirect services, ecological orientation, and adult-focused practices (e.g., Conoley & Gutkin, 1986; Sheridan & Gutkin, 2000), consultation utilizing an ecological framework and a focus on prevention remains rare (Newman et al., 2018). However, with the challenges of our current disaster comes the opportunity to re-envision roles and functions and to reassess the dimensions of practice valued and prioritized in order to truly meet the needs of students. School psychologists are encouraged to reassess their efforts to maximize impact and improve outcomes of the students, families, and communities that they serve. Engagement and action in collaboration with school leaders, state and national professional organizations, credentialing bodies, and state and federal agencies will likely be necessary to bring macrosystemic influences on the field (e.g., local service delivery models, professional standards, practice models or descriptions, state and federal policy) into alignment with this paradigm and vision. Thus, a commitment to enhancing the field's adaptive capacity is a crucial basis for advocacy to amend policies and systems that restrict opportunities or present barriers to socially meaningful professional activities, as well as to change the content and processes of graduate education and continuing education. The roles of school psychologists are discussed in the following section.

The dynamic, iterative process of enhancing school psychology's adaptive capabilities in the services of responding to mass trauma and elevated needs while advancing social justice will likely entail relinquishing long lamented but seemingly intractable aspects of the field (e.g., Conoley et al., 2020; Shaw, 2021), as well as adaptation and even eventual abandonment of new ones with increased collective sociopolitical and cultural awareness and understanding of outcomes, or lack thereof, in the service of social justice. This, in turn, should be reflected in iterative changes in pre- and in-service professional learning, professional standards, and organizational activities. In the section that follows, we offer recommendations for the roles of school psychologists in supporting those most marginalized, recognizing that such recommendations will necessarily be flexible to changes in the field and broader social context. We conclude with considerations for pre- and in-service professional learning to enact these recommendations. Figure 1 depicts the relations to the concepts above and discussion below.

### The Role of School Psychologists in Supporting the Most Marginalized

As health service psychologists, school psychologists have a critical role in addressing health disparities through the delivery of both direct and indirect services. In seeking to enact the major premises above, we propose that necessary efforts represent enactment and expansion of current guidelines and standards for the field. These include foundational principles that center diversity and multicultural practice through a focus on context, intersectional experiences, and identities; approaching intervention delivery with cultural humility; and advocating within and across systems, prioritizing prevention, early intervention, and recovery (APA, 2017b). Our proposed expansion comes in focusing on intersectionality at a systems level, rather than as a feature of individual identity, which is less integrated in (school) psychology compared to other areas of the health and social sciences

(Proctor, 2020; Settles et al., 2020). Although the responsibilities of the school psychologist will continue to align with major standards and guidelines (e.g., APA, 2017a; NASP, 2020b), including practicing within a tiered service delivery model, practitioners should reprioritize responsibilities to emphasize a focus on systems, with the recommendations that follow intended to support ongoing critical reflection (as opposed to complacency) about roles and allocation of efforts to support impactful engagement within schools and communities. The Supplemental Table presents resources to support these efforts, which represent broad, overlapping targets for professional learning and action.

### Develop Sociopolitically Oriented Trauma-Informed Lens

This disaster necessitates adoption of a *trauma-informed lens* for systems, group, and individual work grounded in sociopolitical consciousness in order to avoid reproducing harm. Indeed, given the scale of this disaster, "it creates risks for development of cultural/societal trauma [ . . . ] requir[ing] a complex, trauma-informed psycho-socio-political response for normalization of societal life after" (Javakhishvili et al., 2020). Crucially, this orientation should reflect the socioecological model of trauma that includes understanding intersectionality, the roles of historical and societal factors in trauma exposure and response, and active disruption of the role of schools in enacting trauma on minoritized communities and students (Gherardi et al., 2020). This lens also requires acknowledging how intergenerational and sustained oppression can shape group consciousness and identity (e.g., the lasting effects of colonialism, xenophobia), as well as the trauma that results from daily experiences of systemic racism in and out of schools (e.g., cumulative microaggressions, individual and community effects of anti-Asian violence, medical racism; Gorski, 2020). In doing so, it is important to center racism and other oppressions in order to avoid "(un)intentionally criminaliz[ing] or pathologiz[ing] trauma-exposed youth, especially Black and Brown youth, for their responses to overwhelming conditions they do not control" (Alvarez, 2020, p. 2). This also necessitates interrogating the ways educational policies and practices harm students, including through school psychological practices, and then uprooting racism and other systems of oppression (e.g., ableism, sexism) within our own field to foster antioppressive practice.

Trauma-informed service delivery involves cultivating supportive and healing educational spaces that are responsive to youth's trauma and incorporate effective practices and systems change within a comprehensive, integrated multitier framework featuring a continuum of ecologically oriented supports (Chafouleas et al., 2016). The purpose of trauma-informed supports is to promote recovery and resilience within the school community (Griffin, 2020) without stigmatizing those disproportionately impacted by toxic stress while simultaneously working to address the root causes of sustained trauma (Gherardi et al., 2020). In addition to the familiar elements of trauma-informed supports (e.g., Chafouleas et al., 2016), development of a sociopolitically oriented trauma-informed lens should emphasize professional learning to support critical consciousness, family and community partnerships, integration with broader efforts for culturally responsive antioppressive practices, and vigilance against commonplace implicit deficit perspectives and prejudice beliefs (see Gherardi et al., 2020; Gorski, 2020).

## Center Equity in Prevention and Intervention

By adopting a prevention-focused, systemic approach to enhance environments, opportunities, and supports for students, multitier systems of support (MTSS) offers a promising framework to improve student functioning and educational outcomes. However, MTSS is unlikely to eliminate disparities without an explicit and intentional focus on social justice (Sullivan et al., 2020). Consequently, calls have been made to adopt an equity-centered approach to MTSS (Sabnis et al., 2020), particularly in the wake of COVID-19 (Miller et al., 2020; Sullivan et al., 2020). To this end, equity-centered MTSS is race and culture conscious, bias aware, and supportive of socially just decision making (Sullivan et al., 2020). In particular, *centering equity* requires decentering whiteness, and its associated values and norms for learning and behavior to instead center the needs, preferences, and values of the most marginalized so that MTSS does not become a vehicle for perpetuation and reproduction of structural inequity. This is compatible with a sociopolitically oriented trauma lens, albeit more expansive.

Equity-centered MTSS has the potential to mitigate opportunity gaps and disparities when designed and implemented with this specific intention. School psychologists are trained to engage in data-based decision making, and strong equity-centered MTSS practices rely on consistently collecting, disaggregating, and utilizing data for school improvement and exploration how policies, programs, practices, and systems are (or are not) serving youth from marginalized groups. Data-based decision making remains critical when implementing MTSS in the shadow of this disaster, but school psychologists might consider new ways to both *obtain* and *interpret* data in the context of COVID-19, structural racism, and other forms of oppression. Data-based decision making must include consideration of the impact of social determinants of health, such that data are disaggregated for social groupings reflecting exposure to factors such as racism, classism, and sexism and interpreted in terms of what they reveal about systematic support for groups and necessary adjustments to facilitate more positive outcomes. Notably, this is fundamentally different from an interpretation for the purpose of categorizing students and making associated intraindividual inferences about deficits even if the data used are similar (e.g., racialized groupings). All inferences should be situated as child within context with a focus on malleable factors for change, particularly features of the school or broader social environment.

Although systems work should be prioritized, individual services, including special education processes, will certainly continue. Such high-stakes decisions should be approached with caution given the nature of COVID-19 and associated trauma such that what could be considered reasonable adjustment challenges and learning difficulties resulting from massive disruption are not identified as disabilities. School psychologists must be wary of identifying educational disabilities within a chronosystem when norms of most assessments, as well as other data (or lack thereof) like observations and teacher ratings, may not have the validity evidence to be interpreted in the context of special education eligibility or other individual conditions. Instead, focusing on core instruction, antiracist social-emotional learning, connecting families to community resources, and robust targeted academic and mental health supports should be prioritized. School psychologists must normalize typical responses to stress and resist the temptation to fall back on special education as the primary way to support students who are in distress due to the

challenges brought on by this disaster. Given the complicated history of special education, and its dubious effectiveness, particularly for students with emotional and behavioral difficulties or those from racially minoritized backgrounds (Sullivan, 2017; Sullivan & Proctor, 2016), eligibility for milder, subjective disabilities must be approached with caution. This disaster further complicates the already untenable causal inference assumed in special education decisions (Sadeh & Sullivan, 2017), so where more subjective and unreliable identification is concerned, other means to support should be prioritized. At the same time, ongoing monitoring and trauma-informed individualized planning for students with disabilities are important (Rossen, 2018).

## Leverage Coordination

Given disjointed operations and increasing needs in schools and community settings, service coordination and collaboration are also perhaps more critical now. Coordinating services with other professionals can increase access, alignment, and, ultimately, child and family outcomes (Arora et al., 2019). Nearly a decade ago, Adelman and Taylor (2012) called for the development of connected systems (CS; e.g., primary prevention, early intervention, and systems of care targeting interventions across schools, public health, health care, social services, behavioral health, and other systems) to provide comprehensive and integrated supports; however, the promise of this approach has yet to be fully realized. Despite the proliferation of various frameworks (e.g., Barrett et al., 2013), few settings have achieved a unified and multifaceted framework that comprehensively leverages school and community resources to support the academic, social, emotional, behavioral, and physical development of students through both practice and policy. Put simply, we need to think bigger.

The CS framework offers an advantageous approach to conceptualizing and organizing comprehensive services by pooling school and community resources, including facilities, stakeholders, programs, and services to produce integrated programs at every level. Conceptualized as a unified system of service delivery, CS *intentionally* and *systematically* integrates mental health, community, school, and family partners to enhance interprofessional collaboration and outcomes. Fragmented supports are not only inefficient, they may actually exacerbate inequities; an understanding of contributors and causes is critical to identifying and selecting appropriate support strategies. Indeed, Adelman and Taylor (2012) noted that “when the focus is on individuals’ problems [ . . . ] interventions contribute to the widespread undervaluing of the human and social capital represented by students, their families, and a wide spectrum of other resources in the community” (p. 17). The promise of leveraging CS in the wake of COVID-19 as an organizing framework for school psychologists is consequential and reenvision our roles as advocates, catalysts, brokers, coordinators, and facilitators of reform.

Effective collaboration and teaming to enhance communication among stakeholders from within the school and beyond are essential, particularly in strengthening relationships with families (see Stefanski et al., 2016, for a review) and community-based organizations and providers, which are made even more important by mounting economic, social, and minority stressors (Brown et al., 2020; Karpman et al., 2020). Schools can also be conceptualized as *hubs* where community resources are shared (e.g., health and social

services; Dryfoos, 2008; Sanders et al., 2019), advancing the role of schools not just as places of learning but also of multisystem support and advocacy (Stefanski et al., 2016). The *community school model* (CSM) is based on the belief that “inequality has more to do with the policies and social/economic structures rather than with the characteristics of individual children and their families” (Baquedano-López et al., 2013, p. 171), which can only be addressed using comprehensive approaches beyond school walls (Bower, 2013). No two community schools are the same, as they are created for the communities they serve based on the essential components of close cooperation with community resource providers to create access; proactive, responsive family partnership valuing their funds of knowledge; and provision of extracurricular activities (Heers et al., 2016).

Another example of hubbed service provision is school-based health centers offering physical and mental health services, often in communities of racially or economically minoritized families, thereby promoting care access and potentially improving health disparities and educational outcomes (Knopf et al., 2016; Walker et al., 2010). Building on the CSM model, *powered-up schools* center the community and leverage resources to address gaps exacerbated during COVID-19, grounded in the belief that reimagined community and family partnerships are critical to school success given systemic complexities (Vegas & Winthrop, 2020).

Taken together, these efforts are collaborative and should supplement, rather than supplant, the role of school-employed professionals, including school psychologists. Further, the challenges of the current context present other critical opportunities for school psychologists to enhance our services to the broader school community. For example, COVID-19 has increased stress for teachers and related service providers (e.g., MacIntyre et al., 2020) such that their mental health needs may undermine professional capacity. Addressing staff needs through systems-level support (e.g., training on effective coping strategies, disseminating information about community-based resources) or collaboration can efficiently increase capacity and perceived support, thus influencing the quality and impact of efforts.

### Advocate for Systems Level Change In and Out of Schools

Although the provision of individual services will invariably remain part of school psychologists’ roles, we can maximize our impact by conceptualizing our primary role as that of a *systems advocate*. Promoting and facilitating stronger, equitable preventative systems should be central activities. Social justice advocacy will occur at multiple levels: client, school, community, and the public arena (Malone & Proctor, 2019). Systems advocacy does not ignore client needs but emphasizes systems as essential targets for our efforts. Given the impact of COVID-19 on child and family mental health, school psychologists can increase the promotion of social-emotional wellness through community, district, school, and classroom contexts.

Now, more than ever, advocacy for more just and equitable policies and practices at the local, state, and national levels is critical (e.g., NASP, 2021), especially given extensive efforts to suppress them (Crenshaw, 2021). The focus of these advocacy efforts may include issues related to P–12 curricular or instructional initiatives, school funding, exclusionary discipline, school vouchers/choice/privatization, disability policy and supports, harassment and violence in school and community contexts (e.g., anti-Asian violence), use of school resource officers, policing divestment and abolition, and concomitant

investment in community resources (e.g., affordable housing, health care, violence prevention, jobs creation, and enrichment programs).

Dismantling systems of oppression that perpetuate and exacerbate inequities will require careful attention to whom policies and practices are serving, and who is marginalized or disenfranchised. Collective organizing and advocacy provides a mechanism for pushing forward needed changes in partnership with youth, families, and communities based on local needs. Advocacy can take many forms, including, but not limited to youth participatory approaches (e.g., youth-led participatory action research, organizing, planning, advisory boards; Ozer et al., 2020), administrative advocacy, grassroots organizing, resource mobilization and alignment with community and school-affiliated organizations, (social) media campaigns, dissemination, policy lobbying and other engagement of legislators, and creating or supporting legislative or ballot initiatives and candidates to advance context-specific social justice needs.

In many cases, such advocacy could be a natural extension of family and community partnerships as many barriers to wellness are structural, and as such, reified in education or public policy. It is not enough to work to counteract the harmful effects of policy within schools if we are not also advocating for change upstream. In this regard, it is necessary to shift away from an apolitical or ahistorical conceptualization of ethical practice; school psychologists must recognize that the fields’ aspirations for respecting justice, dignity, and autonomy are *fundamentally* political in a national context characterized by systemic, structural oppression. Thus, social justice advocacy should take place both in and out of school contexts and include both educational issues and other public policy issues related to social determinants of health, and may include elevating student, family, and community perspectives and leadership to enact changes in governance, policy, resource allocation, program development, and other initiatives relevant to structural barriers to wellness and justice. Our ethical aspirations demand it.

### Considerations for Graduate Education and Professional Learning

While many school psychologists possess some of the foundational knowledge and skills (e.g., knowledge of MTSS, consultation, collaboration) necessary to support children and families who are disproportionately negatively impacted by COVID-19, research suggests that school psychologists may not feel prepared to address issues related to systemic oppression, particularly related to Black students (e.g., Proctor et al., 2020). For many years, the field’s focus has been on developing graduate students’ and practitioners’ multicultural competency without explicit focus on social justice, which moves beyond awareness or appreciation of cultural differences to interrogating the systems of oppression and privilege that maintain inequities and discrimination against minoritized groups. In the aftermath of numerous killings of Black people (e.g., Breonna Taylor, George Floyd, Daunte Wright) occurring in the midst of COVID-19, professional organizations have acknowledged the historic and current racial injustices, including those related to many social determinants of health associated with COVID-19, and called for school psychologists to engage in social justice and antiracist action (García-Vázquez et al., 2020; NASP, 2020a; Trainers of School Psychologists, 2020).

This will require extensive graduate and in-service preparation. Indeed, for school psychologists to truly be responsive to minoritized



children and families impacted by COVID-19, they must have knowledge of relevant social justice issues generally and in the context of COVID-19 (e.g., reluctance of some Black adults to take COVID-19 vaccine due to a history of the scientific and medical abuse of Black people; Washington, 2020), or they risk reinforcing inequitable and oppressive practices even when engaging in systemic change, collaboration, and other recommended advances. Thus, graduate programs and school systems must make concerted efforts to provide ongoing, sustained professional preparation to facilitate school psychologists' provision of ethical, socially just, competent service delivery with minoritized students and families. Additionally, school psychologists need the skills to engage in social justice advocacy, distinct from other types of advocacy because it involves working for and *with* marginalized populations to challenge institutional barriers and societal injustices (Linnemeyer et al., 2018). Current and future practitioners will benefit from explicit guidance on how to engage in social justice advocacy (e.g., Malone & Proctor, 2019), and such preparation is integral not just in the context of COVID recovery but also to broader efforts to support systems change, antiracism, and student wellness. Social justice advocacy should be viewed as complementary—if not central—to scholarship and practice, and graduate students provided with skills to engage in this work, to employ action research and use research in and as advocacy, and to develop students and families' self-advocacy skills.

This will necessitate preparation grounded in antioppression, cultural humility, intersectionality, and systems competence (e.g., Neff et al., 2020) and corresponding changes to core domains of practice. Taken together, these foci share more holistic attention to all levels of ecological systems, particularly in understanding the effects of distal systems on development, experience, and practice. This is a departure from typical conceptualizations of cultural competence, social justice, or intersectionality in (school) psychology, wherein the focus has typically been at the individual level or the most proximal systems (Overstreet et al., 2020). This may necessitate both minor and major changes to program curricula, professional standards and accreditation requirements, and approaches to graduate education in order to comprehensively and coherently advance justice with recognition and disruption of the myriad ways professional activities in school psychology may ignore or sustain systemic inequity. This will likely entail an ongoing, iterative process of interrogating key features of our field, including roles, scholarship, instructional practices, curricula, and relationships with stakeholders. This work should be done in partnership with stakeholders (e.g., practitioners, graduate educators, graduate students, scholars, and representatives of key partners/recipients of school psychological services). Precisely what this will look like in graduate education and practice is something leaders in the field must *co-create* with our constituents and public stakeholders, prioritizing engagement and leadership by those from multiple marginalized communities.

## Conclusion

In nearly every way, the COVID-19 pandemic has been a disaster for U.S. communities and for the provision of educational services to children and youth. These effects have been felt hardest among communities who experience simultaneous, cumulative, and generational marginalization related to systemic racism, oppression, and white supremacy. As school psychologists, we are entrusted with

supporting students and families who have experienced such marginalization, and we must do so by moving beyond microsystemic explanations for trauma, poverty, and resultant risks to development. Instead, we must develop an understanding of and responsiveness to the macro- and chronosystemic forces that shape educational opportunities, and we must commit to reshaping the educational landscape with an antioppressive lens at the forefront. Anything less will leave behind those most impacted by this disaster and become yet another example of the numerous ways in which U.S. education has failed to uphold our nation's central principle of justice for all.

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