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The Role of School Counselors in Meeting Students' Mental Health Needs: Examining Issues of Professional Identity

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The professional identity of school counselors has evolved over time. This article traces the historical context driving this evolution, and suggests it is time for the profession to conjoin the roles of educational leader and mental health professional. This proposal is prompted by heightened awareness of unmet student mental health needs, referrals that go unmet, school counselors displaced by other mental health providers in schools, the potential loss of the unique school counselor role, and the natural link between the mental health professional role and the array of personal-social factors that impact student achievement. A conjoint professional school counselor identity that includes the roles of both educational leader and mental health professional positions school counselors to better respond to all students, including those with mental health needs. This article discusses potential roadblocks and offers suggestions for action.

Throughout its history, the professional identity of school counselors has been an elusive and fluid construct. The profession has been marked by periodic shifts—and often a lack of clear consensus among its members and stakeholders—about what exactly school counselors should be doing and where their priorities should lie (Culbreth, Scarborough, Banks-Johnson, & Solomon, 2005; Patterson, 1966). In the past decade, however, the advent of the ASCA National Model (American School Counselor Association [ASCA], 2003, 2012b) has further defined and solidified school counselors’ professional identity, linking the work of school counselors to the development of comprehensive school counseling programs that are results oriented and driven by a commitment to providing educational opportunities to all students. In keeping with the ASCA National Model, school counselors are now encouraged to view school counseling as “a crucial educational function that is integral to academic achievement and overall student success,” with the objective of helping students overcome barriers to learning (ASCA 2012b, p. xi).

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Concurrent with the development and popularization of the ASCA National Model has been a heightened awareness of the large numbers of students in K-12 schools with mental health needs and a growing concern that the needs of these students are not well met by schools (Maag & Katsiyannis, 2010; New Freedom Commission on Mental Health, 2003; Porter, Epp, & Bryant, 2000). It is estimated that one in four children has a diagnosable mental disorder (New Freedom Commission on Mental Health, 2003) that can have a devastating effect on personal and academic development and success. Unfortunately, more than 75% of children in need of mental health services will not receive them (Kataoka, Zhang, & Wells, 2002). For students with a range of mental health diagnoses, whether ADHD, disruptive behavior disorders, or mood disorders, school outcomes are consistently worse compared to students who are not so afflicted (Auger, 2011). Indeed, it has been estimated that over half of students who drop out of school have a diagnosable psychiatric disorder (Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003). Moreover, emerging data has suggested that school counselors are often minimally involved in supporting students with mental health needs (Brown, Dahlbeck, & Sparkman-Barnes, 2006). Survey research indicated that most school counselors believe their role includes providing counseling support for students with mental health needs, but they often do not have the time or support necessary to address those needs (Brown et al., 2006).

The ASCA National Model (ASCA, 2012b) provides welcome clarity to the professional identity of school counselors, and its focus on enhancing students’ academic achievement has been an important and helpful shift in the identity of school counselors. However, considering the emergence of data regarding the high prevalence of mental health needs among K-12 students and the dismally low proportion of those students who receive proper support for those needs, it may be time to affirm a vision of school counselor identity with an increased focus on meeting the mental health needs of students, and embrace an identity in which school counselors can view themselves as both educational leaders and mental health professionals.

The purpose of this article is to provide a rationale for a conjoint professional identity that positions school counselors to better meet the needs of students with mental health problems. We will begin by briefly reviewing the historical development of school counseling in order to better understand the roots of the current view of the professional identity of school counselors. Next, we will examine the current conceptualization of school counselor identity. We will then present a perspective on the professional identity of school counselors that seeks to honor the current emphasis on fostering academic achievement while advocating for an identity that includes a more substantial counseling role in meeting the mental health and personal/social needs of students. We will also discuss both roadblocks to the implementation of this perspective as well as suggestions for moving forward.

**EMERGING DATA HAS SUGGESTED THAT SCHOOL COUNSELORS ARE OFTEN MINIMALLY INVOLVED IN SUPPORTING STUDENTS WITH MENTAL HEALTH NEEDS.**

**CONNECTING THE PAST TO THE PRESENT**

Ask what school counselors do, and the answers vary widely (Beesley, 2004; Clark & Amatea, 2004; Lambie & Williamson, 2004; Paisley, Ziomek-Daigle, Getch, & Bailey, 2007; Walley, Grothaus, & Craigen, 2009). This lack of clarity is partly due to the profession’s evolution over time, which has been blown by political winds, influenced by education reform, pressured by the economy, and driven by the issues faced by schools and their constituents (Paisley & McMahon, 2001). A review of key developments in the history of the profession reveals a relationship between social and educational change and the way school counselors conceptualize their professional identity.

The birth of what is now school counseling began in response to the sweeping societal changes and educational reforms set in motion in the late 1800s by the Industrial Revolution, which had shifted many people from farms to factories (Gysbers & Henderson, 2001). Vocational guidance in schools helped students respond to that shift by helping them transition from school to the workplace (Lambie & Williamson, 2004; Parsons, 1909). A more clinical focus emerged with E. G. Williamson’s (1939) how-to manual for counseling students regarding personal, educational, and vocational problems (note the parallel to the three ASCA development domains), and was furthered with the massive influence of Carl Rogers’ (1942) non-directive, client-centered approach to counseling (Aubrey, 1991; Lambie & Williamson, 2004). A programmatic emphasis gained momentum in the 1980s with the publication of Gysbers and Henderson’s (1988) *Developing and Managing your School Guidance Program*. Coordinating, counseling, and consulting were key tasks (Gysbers, 2010). Rather than a reactive, put-out-fires approach to guidance counseling, programs were to be preventative, dousing embers before they burst into flame (Keys, Bemak, & Lockhart, 1998).

Today’s vision of school counseling has been strongly influenced by the educational reforms of the last 30 years. A *Nation at Risk* (Gard-
ner, 1983) decried the state of public education—echoed in No Child Left Behind (NCLB, 2001), calling for greater accountability and adherence to national standards (George, 2011). ASCA, influenced by the Transforming School Counseling Initiative (TSCI; Education Trust, 1997), responded with the publishing of Sharing the Vision: National Standards for School Counseling Programs (Campbell & Dahir, 1997). Today they are called the ASCA Student Standards (ASCA, 2013a), and focus on “the whole child” and desired developmental student outcomes within academic, career, and personal/social domains (Schwallie-Giddis, ter Maat, & Park, 2003, p. 170). This was followed by The ASCA National Model: A Framework for School Counseling Programs (ASCA, 2003).

The ASCA National Model—now in its third edition (2012b)—provides a results-driven structure for school counseling programs that are “comprehensive in scope, preventative in design, and developmental in nature” (ASCA, 2012b, p. xii). Key themes are “leadership, advocacy, collaboration, [and] systemic change” (ASCA, 2012b, p. vi), and the stated “objective of school counseling is to help students overcome barriers to learning” (ASCA, 2012b, p. xi).

Looking back over the approximately 120-year evolution of the school counseling profession gives one a sense of the shifts in the field, often marked by shifts in job titles. Beginning with an emphasis on vocational and then educational guidance, the field moved towards more of a clinical counseling focus in the 1940s and 1950s (Aubrey, 1991; Lambie & Williamson, 2004). The rise of Gysber’s (1988) more comprehensive programmatic approach brought guidance and counseling together. The 1990s saw ASCA put forward school counseling as the preferred term for the profession, and today, professional school counselor is the preferred title for its practitioners (Lambie & Williamson, 2004). The profession has moved away from the question “What do school counselors do?” towards asking “How have students benefited because of what school counselors do?” (ASCA, 2005).

**A CONJOINT PROFESSIONAL SCHOOL COUNSELOR IDENTITY?**

As outlined above, the history of school counseling is a story of responsive change. Historical shifts in the profession have been accompanied by research and discussion in the school counseling literature about the role confusion and ambiguity professional school counselors’ experience (Culbreth et al., 2005; Freeman & Coll, 1997, Paisley et al., 2007). Some have argued for an identity that privileges the “school” part of the job title, others for an identity that privileges the “counselor” part of the job title (Gysbers, 2010; Reiner & Hernández, 2013). Yet time to bring together the best of what we have learned over the past 120 years of school counseling into a professional identity that empowers school counselors to combine the roles of educational leader and mental health professional in order to better serve students with mental health needs?

**RATIONALE FOR A CONJOINT PROFESSIONAL IDENTITY**

A number of reasons support a professional identity that embraces the conjoint roles of educational leader and mental health professional. Although we are advocating for a multifaceted role for school counselors, our emphasis in this section will be on the reasons supporting the mental health professional role. Our rationale for focusing on the latter role is that recent school counseling literature is already well-populated with support for the educational leader role (see Curry & DeVoss, 2009; Janson, 2009; Janson, Stone, & Clark, 2009; McMahon, Mason, & Paisley, 2009; and Shillingford & Lambie, 2010, for a few). In addition, an emphasis on the mental health professional role aligns with the focus of this special issue on student mental health. Among the reasons why it is important to solidify the school counselor’s role to include that of mental health professional are the following: (a) the large number of students who have unmet mental health
through referrals to community mental health providers and by functioning as educational leaders as they advocate for eliminating the gaps created in the lives of students grappling with mental health issues or life experiences that can sometimes be harrowing. Other advocacy responses can include building alliances and collaborating with other mental health professionals in and outside of the school building (Kaffenberg & O’Rorke-Trigiani, 2013), as well as an array of systemic responses (Hatch, 2012). However, providing additional group or individual counseling is also called for (Hatch, 2012). Both school counselor roles, that of educational leader and that of mental health professional, are necessary to address the overwhelming level of mental health needs of students.

Second, the frequent ineffectiveness of outside referrals for mental health support suggests that relying primarily on referrals to outside resources to address the needs of students with mental health problems will leave some needy students unserved. Students with mental health needs are often—and appropriately—referred to mental health professionals outside the school setting (Weist, Lowie, Flaherty, & Pruitt, 2001). Unfortunately, families are not always able or willing to follow through on referrals to outside counseling, so a large gap exists between students referred for services and those who actually receive services (Weist, 2001; Weist et al., 2001). Providing counseling in-house may be a necessary alternative for some students. Researchers have indicated that the provision of mental health services for children within their schools can improve the academic and personal/social success of students (Carrell & Carrell, 2006; Reback, 2010; Whiston, Tai, Rahardja, & Eder, 2011). Schools can begin to address this need by providing an ideal setting for students to receive mental health services. All students have access, regardless of obstacles such as limited finances and transportation or other difficulties that may impede delivery of mental health services outside of school.

Third, if school counselors are not supported in their efforts to respond to this great need, other professionals who do not have the inherent advantages of school counselors will (Whiston, 2002). Indeed, there has been a proliferation of other mental health professionals working in the schools (Brown et al., 2006). Greater collaboration with community mental health professionals can be beneficial when done well (Lemberger, Morris, Clemens, & Smith, 2010). However, any influx of community mental health professionals into schools should be carefully considered, particularly if those professionals are seen as replacing school counselors as providers of mental health support to students (Brown et al., 2006). If the rationale for bringing in community professionals is that school counselors do not have the necessary counseling competencies to adequately serve students with mental health needs, this may undersell the training and skills level of many school counselors (Brown et al., 2006).

School counselors have important inherent advantages when providing individual and group counseling to students, such as having an intimate understanding of the school setting (Cappella, Jackson, Bilal, Hamre, & Soulé, 2011). For example, school counselors work from a foundation of existing relationships with teachers and students. They know the personalities and styles of individual teachers, allowing them to better understand issues of “fit” between students and teachers. Being embedded in the school setting allows school counselors to better understand the school and classroom environment, thereby being better able to effectively problem-solve with teachers and students about school issues (Cappella et al., 2011). Furthermore, school counselors have constant access to students—and vice versa. In light of these inherent advantages, it would seem that, in buildings where school counselors are overwhelmed with scheduling or other non-counseling duties, schools are not benefitting from the work that could be provided by a master’s level mental health professional who is already on site (Kolodinsky, Draves, Schroder, Lindsey, & Zlatev, 2009; Shallcross, 2013).

Fourth, school counselors who view themselves primarily as educators risk assuming a role that is redundant with the academic focus of teachers (Reiner & Hernández, 2013), and threatens the loss of a critically unique role focused on removing barriers to academic performance and providing support for students’ mental health...
needs. It is true that today’s school counselors are positioned to offer systemic expertise as well as contribute a neutral non-teacher/non-administrator problem-solving perspective on academic issues (Baker, Robichaud, Westforth Dietrich, Wells, & Schreck, 2009; Hoskins, Astramovich, & Smith, 2006). But it is also true that most states no longer require a teaching background for school counselors (ASCA, 2013b), and that many training programs do not focus on teaching and classroom instruction (Peterson & Deuschle, 2006). Could it be that school counselors are not playing to their strengths when consulting with teachers about teaching and learning (Shallcross, 2013), about which teachers have much more expertise (National Council for Accreditation of Teacher Education, 2008)?

This is not to say that teachers do not expect to collaborate with school counselors. In a national study surveying teachers about their perceptions of the role of the school counselor, Rein, Colbert, and Pérusse (2009) found that on a 4-point scale (4 = strongly agree), teachers’ average response was 2.95 in response to whether school counselors should “collaborate with teachers to present guidance lessons” (p. 326). Even more notable, the mean response regarding whether school counselors should “work with one student at a time in a therapeutic, clinical mode” (p. 327) was 3.07 on the same 4-point scale. It would appear that many teachers assume school counselors should provide counseling.

Fifth, school counselors functioning in a mental health professional role are well positioned to address the non-academic factors that have proven strongly predictive of students’ academic success (Reback, 2010). A recent survey found that elementary school counselors rated personal/social factors as being equal in importance to academic factors as contributors to students’ academic achievement (Barna & Brott, 2011). General non-academic factors such as emotional intelligence, motivation, educational aspirations, and attitudes toward school, as well as more specific factors such as intrinsic motivation to complete homework and impulsivity, have been linked to academic achievement (Abu-Hilal, 2000; Jianzhong, 2005; Lau & Roesner, 2002; Rodeiro, Emery, & Bell, 2012). Furthermore, non-academic factors may be particularly important for students of color and at-risk students (Anderson & Keith, 1997; Somers, Owens, & Piliawsky, 2008). The functions a school counselor would carry out when performing as a mental health professional seem to nicely address these non-academic factors (Barna & Brott, 2011).

ROADBLOCK TO A CONJOINT PROFESSIONAL IDENTITY

There are roadblocks that threaten to stymie the development of a full-spectrum school counselor identity. Among the roadblocks are huge caseloads and administrator perceptions regarding the role of school counselors. The potential eroding of the counseling self-efficacy of school counselors can also obstruct, as can the related issue of the lack of ongoing clinical supervision.

Student-to-school-counselor ratios

Excessive caseloads continue to plague the profession, and often preclude school counselors from providing the level of comprehensive services that students need and deserve (Brown et al., 2006). The issues brought to school by students today such as alcohol and drug use, divorce, poverty, homelessness, violence, health problems including sexually transmitted diseases, bullying, and suicidal ideation are intense and increasingly complex (Davis & Mickelson, 1994; Lambie, 2011). Even if these issues do not contribute to a diagnosable mental health disorder, they may result in physical, social, and emotional needs that may impede the development of personal/social competencies and academic progress at school (Kelly, 2013). At the same time, with recent budget cuts in many school districts across the country, the average number of students on a school counselor’s caseload has swelled to more than 471 students (ASCA, 2013a), far in excess of ASCA’s (2012b) recommended ratio of 250:1. Moreover, many states have average student-to-school-counselor ratios substantially higher than 471:1; in several states, school counselors have on average more than triple the recommended number of students (ASCA, 2013a). When caseloads are so large, school counselors are prevented from having any but the most cursory of contact with students.

Administrator perceptions

Administrators’ perceptions of school counselors’ roles and competencies have a crucial impact on the way in which counselors do their work (Amatea & Clark, 2005). In spite of the widening influence of the ASCA National Model, there are still school principals and superintendents who remain unaware of the full range of competencies school counselors can provide, particularly as related to supporting students with mental health needs (Amatea & Clark, 2005). Brown et al. (2006) found that professional school counselors are more likely to see themselves as mental health providers, in contrast to school administrators, who were less likely to view school counselors as mental health providers. In an ideal situation, administrators would fully appreciate the
ways in which school counselors can foster student achievement by addressing mental health issues that impact attendance, motivation, attention, and a host of other factors that contribute to academic achievement (Carrell & Carrell, 2006; Reback, 2010). Gruman et al. (2013) found that one outcome of school counselors’ efforts to transform their work to better meet the mental health needs of students was that teachers and administrators were better able to see the connection between the mental well-being and the academic success of students.

### School counselor self-efficacy

As the profession of school counseling has evolved, the irony is not lost on us that even as the term guidance, from the old-school label guidance counselor, falls out of favor, the activity that seems to be receiving less attention is counseling. One example of this trend is the number of counseling-related sessions available at ASCA conferences. A rough tally of the last 3 years’ conference sessions shows that an average of 15% are directly related to counseling or mental health issues. We wonder if school counselors’ self-efficacy regarding their ability to assist students with mental health needs—both diagnosable and those brought on by difficult life circumstances—has been influenced by their understanding of the second edition of the ASCA National Model’s Executive Summary (ASCA, 2005), which listed “working with one student at a time in a therapeutic, clinical mode” as an “inappropriate (noncounseling) activity” (p. 4). We have heard practicing school counselors use the phrase “I don’t do therapy,” as if they have internalized the message that not only therapy, but any counseling, is a task they are either not allowed to do or not trained to do. We are thankful that the new third edition of the ASCA National Model has clarified that “providing individual and small-group counseling services to students” (ASCA, 2012b, p. 45) is an appropriate activity for school counselors.

### Absence of clinical supervision

Professional identity and supervision are directly linked (Dollarhide & Miller, 2006), and indeed, supervision is a key vehicle through which the attitude, knowledge, and skills of a profession are transmitted to its practitioners (Bernard & Goodyear, 2013). However, few school counselors in the field have opportunities for the support and ethical accountability of clinical supervision from a supervisor trained in school counseling (Page, Pietrzak, & Sutton, 2001; Roberts & Borders, 1994; Sutton & Page, 1994). This can negatively impact school counselors’ self-efficacy and skill, as well as their professional identity (Murphy & Kaffenberger, 2007).

Of the three types of supervision—administrative, program, and clinical—(Dollarhide & Miller, 2006), administrative supervision is the type school counselors are most likely to receive and is often the only type of supervision received (Roberts & Borders, 1994). It is generally provided by a building principal and focuses on desired employee behaviors such as attendance, punctuality, and staff relations, and today it may also include the use of a school counselor-administrator management agreement. This arrangement somewhat blurs the boundary between administrative and program supervision, with the agreement’s focus on program goals and professional development (see Portland Public Schools, n.d.). Program supervision is usually best provided by a senior school counselor at the building or district level and focuses on system-wide issues such as program development and in-service trainings (Dollarhide & Miller, 2006). Clinical supervision has two overarching goals: fostering the professional development of the supervisee and ensuring client welfare (Bernard & Goodyear, 2004). To that end, its focus is on responsive services, including individual and group counseling, and on consultation and referral (Roberts & Borders, 1994; Studer, 2005). Although these tasks are in the 80% portion of a school counselor’s job (ASCA, 2012b), clinical supervision is the least likely sort of supervision to happen (Page et al., 2001; Roberts & Borders, 1994).

All three types of supervision are important for school counselors, yet the lack of clinical supervision can erode counseling self-efficacy and can, over time, contribute to the diminishment of clinical skills (Murphy & Kaffenberger, 2007). Moreover, the preponderance of administrative supervision may well contribute to the taking on of administrative duties and may blur one’s identity as a professional school counselor. Although administrators may mean well, they generally lack the clinical training and experience to provide supervision of counseling skills, do not operate under the same ethical code as school counselors (Herlihy, Gray, & McCollum, 2002), and too often lack essential knowledge regarding the role of professional school counselors (Leuwerke, Walker, & Shi, 2009).

### Among the Roadblocks Are Huge Caseloads and Administrator Perceptions Regarding the Role of School Counselors

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### Suggestions for Promoting a Conjoint Professional Identity

We believe a conjoint identity of both educational leader and mental health professional would better serve all
students, including the many with mental health issues whose needs remain unmet. Our emphasis has been largely on making a case for the need to bolster the mental health professional brim of the school counselor hat, given the wealth of literature already available on the educational leader brim of the hat. In the spirit of advocating for a blended identity, yet in keeping with this special issue’s mental health emphasis, we make a number of suggestions for promoting a conjoint educational leader/mental health professional identity. These include (a) nuancing the training of entry level school counselors, (b) training school counselors to provide clinical supervision, (c) advocating for ongoing counseling-focused professional development, (d) changing school administrator perceptions regarding the school counselor’s role, and (e) lowering student-to-school-counselor ratios. In order to move forward, change will be required in all of these areas.

Entry-level training
If school counselors are to embrace a professional identity that melds an educational leader identity with a mental health professional identity, it clearly is incumbent upon counselor educators to provide training in both realms (e.g., Paisley et al., 2007). All CACREP-accredited training programs are required to provide substantive training in the area of helping relationships, as well as group work (CACREP, 2009). Training school counselors to be advocates for a conjoint role may be more a matter of shifting emphases and expectations, rather than requiring a revamping of curricula—in essence, giving a school counseling student permission to develop a conjoint identity as both a mental health professional and educational leader. The nature of practicum and internship experiences received by school counseling students is particularly critical in developing a “two-brim” identity. Counselor educators can be instrumental in seeking internship sites that provide genuine opportunities for performance in both roles.

Clinical supervision training
Given the critical role supervision plays in skill and professional identity development (Murphy & Kaffenberger, 2007), it behooves the school counseling profession to more deeply invest in its future via the training of its site supervisors. Few school counselors are trained to provide supervision (DeKruyf & Pehrsson, 2011), and although ASCA encourages engaging in consultation and supervision, neither the ASCA National Model (ASCA, 2012b) nor the Ethical Standards for School Counselors (ASCA, 2010) currently prioritizes the training of supervisory skills. However, the ASCA School Counselor Competencies (2012a) do state that the professional school counselor “understands and knows how to provide supervision for school counseling interns consistent with the principles of the ASCA National Model” (IV-B-6c). The Best Practices in Clinical Supervision (Borders et al., 2011) call for this understanding and know-how to develop via formal training in clinical supervision (11.a.iii). The 2009 CACREP standards also require site supervisors to have “relevant training in counseling supervision” (Section 3.C.5).

THE LACK OF CLINICAL SUPERVISION CAN ERODE COUNSELING SELF-EFFICACY AND CAN, OVER TIME, CONTRIBUTE TO THE DIMINISHMENT OF CLINICAL SKILLS.

A move towards remedying the lack of trained school counseling supervisors would include encouragement from ASCA in its publications to, at a minimum, recommend the training of school counseling site supervisors. Another step forward would be for counselor educators to provide formal and informal training opportunities for site supervisors, part of which could include a focus on how best to foster a conjoint educational leader/mental health professional identity in school counseling interns. In the last decade, training materials specific to school counseling site supervisor training have become available (Murphy & Kaffenberger, 2007; Studer, 2005; Swank & Tyson, 2013, Thompson & Wynne, 2011). Among the informal approaches by which to enhance school counselors’ supervision skills are site visits, seen as potentially useful opportunities for guidance by school counseling site supervisors (DeKruyf & Pehrsson, 2011). A further step forward would be for counselor educators and school counselors to advocate at the state level to have clinical supervision training be a requirement for continuing school counseling certification or licensure (DeKruyf & Pehrsson, 2011).

Counseling-focused professional development
Efforts to broaden the professional identity of school counselors will be unsuccessful without ongoing support for all the facets of the profession, including support for training in counseling skills. School counselors have reported a lack of professional development that is counseling focused as opposed to teaching focused (Blackman, Hayes, Reeves, & Paisley, 2002; Busacca & Wester, 2006; Splete, 1992). To fill this gap, school counselors have co-developed discipline-specific “academies” with educational service districts (Splete, 1992; Waidley & Pappas, 1992) or have partnered with school counselor educators in setting up peer consultation groups (Thomas, 2005; Thomas, DeKruyf, Hetherington, & Lesicko, 2009) or collaboratives (Blackman et al., 2002) in an effort to continue...
their professional development. Working with school administrators and state and national professional organizations to provide professional development that is more congruent with counseling work could also be beneficial.

**Administrator perceptions**

Helping school administrators better understand the scope of the training school counselors receive could go far in creating the support needed for school counselors to inhabit the double-brim role of both mental health professional and educational leader. Administrator training programs do not typically include content regarding the role of school counselors (Dolarhide, Smith, & Lemberger, 2007), so often administrators’ perceptions about school counselors are based on first-hand experience (Amatea & Clark, 2005). We encourage school counselors to tactfully but directly educate administrators about the training school counselors receive so as to help administrators better understand both the less visible counselor role and the more visible educational leader role of professional school counseling (Amatea & Clark, 2005; Leuwerke et al., 2009). In a survey of principals, Leuwerke et al. (2009) found that “brief yet informative” (p. 269) exposure to the ASCA National Model yielded positive outcomes in shaping administrators’ perceptions of the role of school counselors and in allocating time for appropriate school counseling tasks. School counselors speaking principals’ language (e.g., data and/or dollars) can also help principals better assign roles and allocate funding that would support school counselors in their work.

We also encourage counselor educators to collaborate with their teacher preparation and educational leadership colleagues in providing opportunities for joint learning (Amatea & Clark, 2005). When students studying to become school counselors or administrators collaborate on projects or real-world role plays, the cross-pollination can help each better understand their own and the others’ unique contributions to schools, and how they might better collaborate. Integrating the ASCA National Model into educational leadership training is also recommended (Leuwerke et al., 2009).

**Student-to-school-counselor ratios**

Researchers have found that school counselors make a difference in students’ lives (Carey & Dimmit, 2013; Lapan, Gysbers, & Sun, 1997; Reback, 2010; Sink & Stroh, 2003; Whiston et al., 2011), and can impact a range of outcomes, including supporting the academic, career, and personal/social development of students (Carey & Dimmit, 2013). Yet meeting student-to-school-counselor ratios. In an analysis of data from the state of Florida, Carrell and Carrell (2006) found that elementary schools with lower student-to-school-counselor ratios exhibited significantly fewer disciplinary problems and lowered the likelihood of re-occurring disciplinary problems. Furthermore, the positive impact of lower student-to-school-counselor ratios was even more pronounced for African American students and students of lower socioeconomic status (Carrell & Carrell, 2006). Reback (2010) also found that the size of an elementary school counselor’s caseload matters. In a national study, he discovered that schools abiding by minimum student-to-school-counselor ratios had fewer teachers reporting that student misbehavior negatively impacted their instruction. School climate improved, creating a better learning environment.

Reback (2010) conjectured that cutting funds for counseling programs can happen “with relatively little political fallout” because of the erroneous belief “that counseling programs are not strongly related to students’ test scores” (p. 699). To counter this, school counselors and counselor educators can engage in advocacy efforts at the local, state, and national levels. The voices of practicing school counselors are particularly important in advocacy efforts, because they are seeing on a daily basis both the positive difference their efforts can make in meeting the mental health needs of students and the gaps in services and the unmet needs that exist due to unreasonably large school counselor caseloads.

**Train School Counselors to Be Advocates**

**For a Conjoint Role May Be More a Matter of Shifting Emphases and Expectations, Rather Than Requiring a Revamping of Curricula.**

As the profession of school counseling continues to evolve, the professional identity of school counselors may shift with it. This is not a call to abandon the gains made in the last decades, but rather to include some of the best of our past along with the new. We call on professional school counselors
to embrace a conjoint identity that represents the full professional identity spectrum, to “wear” a two-brimmed hat that defines a professional identity of both educational leader and mental health professional. We believe all students can be served by a balanced role for professional school counselors—the advocacy and systemic contributions of a strong educational leader, and the counseling knowledge and skills to address students’ mental or emotional health concerns. For the sake of all students, let us not forget the “counseling” in professional school counseling.

REFERENCES


