

12-2021

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Brott, Pamelia E.; DeKruyf, Lorraine; Hyun, Jung H.; LaFever, Christopher R.; Patterson-Mills, Sarah; Cook Sandifer, Miriama I.; and Stone, Victoria, "The Critical Need for Peer Clinical Supervision Among School Counselors" (2021). *Faculty Publications - College of Counseling*. 30.
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December 2021

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Brott, P. E., DeKruyf, L., Hyun, J. H., LaFever, C. R., Patterson-Mills, S., Cook Sandifer, M. I., & Stone, V. (2021). The Critical Need for Peer Clinical Supervision Among School Counselors. *Journal of School-Based Counseling Policy and Evaluation*, 3(2), 51-60. <https://doi.org/https://doi.org/10.25774/nr5m-mq71>

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Abstract

The ongoing need for clinical supervision of practicing school counselors in the United States has reached a critical point. Given the acute mental health needs of children and adolescents, staggering caseloads, and pandemic repercussions, school counselors often receive insufficient clinical support. Clinical supervision is necessary to safeguard against burnout, promote ethical practice, and encourage continual skill development for school counselors worldwide. Unfortunately, there remains a lack of available clinical supervision, trained supervisors, and practice-based strategies for providing consistent quality supervision for post-master's school counselors. The authors present a rationale for peer clinical supervision of practicing school counselors in the United States and globally. Recommendations are provided for practitioners and stakeholders to be actively involved in strengthening the professional practice of school counselors worldwide through peer clinical supervision.

Keywords: school counselors, clinical supervision, peer clinical supervision

The following scenario highlights the complexities in the life of today's school counselor: "I am working with a student in the midst of a psychotic episode who is hearing command hallucinations to hurt himself and me. Inwardly anxious but outwardly focused and calm, I coordinate emergency services on his behalf, while another of my students with whom I had just completed a suicide assessment is waiting for a parent pickup. This student had attempted to hang herself in her bedroom the previous evening. Two additional students sit in the counseling office lobby due to a conflict

at lunch. I look at the clock: I am due to provide a classroom lesson in 15 minutes for an eighth-grade class on racial inequities. I am hoping for a moment to catch my breath, to process some of what is happening, and to seek out consultation regarding the risk assessment I completed, but a teacher calls me upset because she has noticed bruises on one of her students. I coordinate with her and let her know I will talk to the student. By the end of the day, I am utterly drained. Plus, I am shaken when the suicidal girl's teacher shows up at my door demanding to know why she hadn't been in class. It would be helpful to reach out to my colleagues to see how they are handling some of these issues, to check that I am following ethical practices, and to process my emotions over what happened that day; however, I am left with no time and very little energy."

In this scenario, the school counselor could reach out to a colleague for consultation to debrief and receive suggestions. This peer consultation between colleagues may be the primary source of professional support in specific instances and on an as-needed basis. Consultation is an episodic, professional, and voluntary relationship that provides many benefits, such as problem-solving, efficient use of time, and ethical decision-making, by assisting a school counselor to function more effectively (Dollarhide & Saginak, 2017). However, the opening scenario highlights a broader, deeper need for ongoing intentional clinical supervision of school counselors that is a structured, planned time to address professional needs and clinical practice.

School counselors are trained practitioners with a minimum of a master's degree who define, manage, deliver, and assess their school counseling programs (American School Counselor Association [ASCA], 2019a). School counselors today are confronted by changing demographics

(Koball et al., 2021; Vespa et al., 2020); large caseloads (ASCA, 2021); and increasing rates of students presenting with anxiety, depression, self-injurious behavior, and suicide (Centers for Disease Control and Prevention [CDC], 2019b; National Alliance of Mental Illness [NAMI], 2016), all compounded by the context of COVID-19. These realities can be taxing on school counselors, which can leave them more vulnerable to being emotionally exhausted, feeling overwhelmed, and at risk for burnout (Lim et al., 2010). Safeguards and prevention for burnout can include promoting a personal wellness plan, developing a professional support system, and engaging in supervision (Williams, 2011).

Although there have been repeated calls in the United States for supervision of school counselors for at least 45 years (Boyd & Walter, 1975), this has not resulted in widespread effective clinical supervision for practicing school counselors. Barriers to clinical supervision access include lack of funding, release time, available supervisors, and school district support (Bledsoe et al., 2021; Page et al., 2001; Perera-Diltz & Mason, 2012). Clinical supervision among peers is a possible approach that can be cost-effective, an efficient use of time, and can provide a professional support system. Therefore, the purpose of this article is to articulate the need and provide recommendations for ongoing peer clinical supervision to support the professional development and wellbeing of practicing school counselors in the United States and worldwide.

School Counseling Supervision

Supervision is an “essential component of professional development” (Moyer, 2011, p. 5) in ethical behavior, self-care, and competence. It is a matter of importance to the profession (Brott et al., 2016) given the increasing mental health needs in our PK-12 population. Supervision is typically provided by a more senior member of a profession to enhance the professional functioning of a more junior person, to monitor the quality of professional services offered, and to serve as a gatekeeper for the profession (Bernard & Goodyear, 2019).

School counselors can enhance their professional functioning through intentional supervision from qualified professionals with expertise encompassing clinical, programmatic, and administrative modes of supervision as outlined by the Association for Counselor Education and Supervision (ACES) in the Best Practices in Clinical Supervision (Borders et al., 2014). Each mode of supervision contains distinctive features and skillsets: clinical focuses on counseling practice; programmatic focuses on delivering a comprehensive, developmentally appropriate program; and administrative focuses on the evaluation of job performance (Dollarhide & Miller, 2006). School counselors should seek to differentiate supervision modes based on their needs and supervisor credentials (Borders et al., 2014; Dollarhide & Miller, 2006). More detailed descriptions of these three modes of supervision follow.

Administrative Supervision

Administrative supervision helps to guide, assess, and evaluate a school counselor’s practice within the school system (Roberts & Borders, 1994) and “refers to those supervisory activities that increase the efficiency of the delivery of counseling services” (ACES, 2011, para. 2). A building principal or designated supervisor is appropriately trained to deliver administrative supervision. Administrative supervision should include evaluating job performance based on school counselor competencies (ASCA, 2019a); developing annual agreements during administrative conferences that foster a positive school climate and support school improvement plans (ASCA, 2019a); addressing issues germane to school safety; and complying with district, state, and regional mandates. Researchers have demonstrated that administrative supervision is the predominant mode provided to school counselors (Henderson, 2009; Sandifer et al., 2019) with over 62% of administrative supervision being provided by a principal (Perera-Diltz & Mason, 2012).

Programmatic Supervision

Programmatic supervision is important for engaging school counselors in reflecting on their program’s effectiveness, aligning goals with school/district improvement plans, and envisioning future needs. It is provided by a credentialed school counselor. This mode of supervision focuses on leadership and advocacy for the program and promotes implementing a comprehensive model to support students’ academic, career, and social/emotional development (ASCA, 2019a; Agramovich et al., 2005). As such, programmatic supervision includes identifying and ensuring effective preventative and programmatic interventions that meet the needs of students in an ever-changing society; using data to inform continuous improvement of the program; educating others on the school counselor role in counseling, consulting, coordinating, and providing classroom lessons; and fostering school relationships and community collaborations. Programmatic supervision is needed to guide program development, evaluate and determine the effectiveness of the program, and make necessary adjustments (ASCA, 2019a). In a national study (Sandifer et al., 2019), programmatic supervision was the second most prevalent form of school counseling supervision provided.

Clinical Supervision

Clinical supervision is a professional practice provided by a trained school counseling supervisor that is focused on counseling and is essential to the professional growth, skill development, and ongoing well-being of school counselors (Dollarhide & Miller, 2006; Moyer, 2011; Swank & Tyson, 2013; Young & Lambie, 2007). Clinical supervision supports school counselors in meeting the demands of establishing healthy boundaries, decreasing the risk of imposing values on students, practicing within one’s

competence, recognizing one's implicit biases and its impact on the therapeutic process, and respecting diversity (Bernard & Goodyear, 2019). It also protects school counselors from burnout and vicarious trauma (Moyer, 2011; Parker & Henfield, 2012; Young & Lambie, 2007). Clinical supervision also protects students (Bernard & Goodyear, 2019) as it supports school counselors' adherence to ethical practices and the appropriate use of counseling theories, techniques, and strategies. According to a national study in the United States (Sandifer et al., 2019), clinical supervision was the least prevalent form of supervision among school counselors. The dearth of clinical supervision can be particularly acute in rural environments as evidenced by one study where participating school counselors reported 6% receiving individual and 9% receiving group clinical supervision (Duncan et al., 2014).

Current Standards for School Counseling Supervision

Support for supervision is found in the ethical and training standards of the profession (e.g., ASCA, ACES, American Counseling Association [ACA], Council for the Accreditation of Counseling and Related Educational Programs [CACREP], Council for the Accreditation of Educator Preparation [CAEP]). These professional organizations and accrediting bodies specify the critical role of training, consultation, and/or supervision to ensure and support ethical practice. An overview of these standards follows.

The ASCA Ethical Standards for School Counselors (2016) address episodic consultation and supervision with regards to confidentiality, dual relationships and managing boundaries, appropriate referrals and advocacy, and group work. They also encourage consultation and supervision when one's biases hinder the provision of comprehensive services to all students. Standard C calls for administrators and supervisors to support school counselors with what is essentially administrative and programmatic supervision. Standard D speaks to school counseling intern site supervisors and specifies that site supervisors "have the education and training to provide clinical supervision" (ASCA, 2016, D.b.). However, ongoing clinical supervision of practicing school counselors is not directly addressed.

The Best Practices in Clinical Supervision (Borders et al., 2014) adopted by ACES (April 22, 2011) provide aspirational guidelines relevant to all supervisors and supervisor training programs in the optimal provision of supervision to trainees and counselors in all settings. These guidelines amplify how supervisors can improve supervision, build a supervision agenda, ensure supervisees receive quality supervision, and in turn provide quality supervision to their supervisees. "School counselors, who often lack opportunities for clinical supervision, could use the guidelines" (Borders et al., 2014, p. 30) to advocate for quality clinical supervision.

Accreditation standards for graduate programs highlight the need for appropriate supervision during training programs. For example, CACREP (2015) clearly defines standards for supervision in all counseling programs

(Section 3: Professional Practice) and includes qualifications for program faculty, doctoral supervisors, and site supervisors to have "counseling supervision training and experience" (p. 16). CAEP (2016) emphasizes "high-quality clinical practice" (Standard A.2, Clinical Partnerships and Practice, p. 1) that is central to preparation. The ASCA Standards for School Counselor Preparation Programs (2019b) accepted by CAEP addresses the ethical practice of candidates to "seek consultation and supervision to support ongoing critical reflection in an effort to identify cultural blind spots and prevent ethical lapse" (Standard 7.3, Ethical Practice). Despite these recommendations, closing the gap between training and practice remains elusive.

The Critical Need for Peer Clinical Supervision Among School Counselors

Researchers (Perera-Diltz & Mason, 2012; Sandifer et al., 2019; Wilson et al., 2015) have indicated that experienced school counselors predominantly receive administrative and programmatic supervision but most often lack clinical supervision. The need for clinical supervision has been highlighted in the professional literature for at least 45 years (e.g., Boyd & Walter, 1975; Dollarhide & Miller, 2006; Luke & Bernard, 2006; Magnuson et al., 2004; Perera-Diltz & Mason, 2012; Sandifer et al., 2019). The stakes are high. "Without successful supervision and nurturing of new school counselors, delivery of effective services may decrease and result in the administrative assignment of non-counseling duties that take away from the entire counseling program" (Wilson et al., 2015, p. 28). The literature has highlighted a critical need for the responsible delivery of clinical supervision for all school counselors (Bultsma, 2012; DeKruyf et al., 2013; Perera-Diltz & Mason, 2012) and in particular early career school counselors (Bledsoe et al., 2021).

Clinical supervision is critical to both the professional functioning of practicing school counselors and the development of counselors-in-training during field experiences (Borders et al., 2014; Luke et al., 2013). ASCA (2016) appropriately outlined how school counseling field/intern site supervisors are engaged in "promoting professional growth, supporting best practices and ethical practice, assessing supervisee performance and developing improvement plans, consulting on specific cases, and assisting in the development of a course of action" (D.c). They go on to point out that site supervisors are credentialed school counselors with the experience to understand comprehensive school counseling programs and the importance of ethical practice (ASCA, 2016). School counselors who are field/intern supervisors "have the education and training to provide clinical supervision" (ASCA, 2016, D.b.) and regularly engage in continuing education activities related to counseling and supervision (ASCA, 2016).

However, ASCA has not promoted ongoing peer clinical supervision for practicing school counselors, choosing to emphasize the educational leader role of school counselors at the expense of the mental health professional role

(DeKruyf et al., 2013). School counselors' identity ought not to be binary as either an educational leader or a mental health professional. School counselor identity must be fluid, enabling practitioners to nimbly address the complexities and full spectrum of student concerns (DeKruyf et al., 2013). Because school counselors are at the forefront in handling the increasing mental health needs of school-age children (CDC, 2019a, b; Cowan et al., 2013) as well as holistically supporting all students, peer clinical supervision must be ongoing support for school counselors rather than episodic consultation alone.

Consultation and supervision are often used as synonyms in the literature despite technical differences (Bernard & Goodyear, 2019). The writers have wrestled with what term makes the most sense for the needs of professional school counselors. Consultation in school counseling is often understood as a non-clinical and informal practice among multiple stakeholders from varying disciplines. Whereas clinical supervision relates to ethics, self-care, and counseling services (Kaufman et al., 2015); is critical for counseling skill maintenance and development (DeKruyf et al., 2013); and includes case conceptualization and evidence-informed counseling interventions (Luke & Bernard, 2006). Therefore, we embrace Bernard and Goodyear's (2019) suggestion to use the term "peer supervision" (p. 284) and endorse the following clarification of the term for practicing school counselors: peer clinical supervision.

Now is the Time for Peer Clinical Supervision Among School Counselors

The opening scenario provides a montage of the myriad demands that school counselors face. School counselors serve a diverse student population facing stark social and racial inequalities, significant mental health needs, and acute trauma histories. Peer clinical supervision is needed so that school counselors can navigate these critical issues. According to the U.S. Census Bureau (Vespa et al., 2020, Table 4), a majority of children was projected to be from a race other than non-Hispanic White by 2020 and to increase to 63% by 2060, which is an increase of 25%. Poverty continues to be a growing problem as 38% of all children are living in low-income families with Black, Native American, and Latino children disproportionately represented (Koball et al., 2021). These demographic changes call for school counselors to recognize and address their own implicit biases in addition to the social justice issues in schools and communities (Dollarhide et al., 2014). School counselors need to increase their comfort in broaching racism, bias, and other diversity issues with students, staff, and caregivers and be at the table working toward a school culture free from systemic oppression.

Alarming, one in five children suffers from a mental health issue or learning disability, and half of the adults with mental illness displayed mental health symptoms by the age of 14 (NAMI, 2016). Furthermore, it has been documented that significant adverse childhood experiences (ACEs), defined as long-term, repeated complex-compound trauma,

are common for 22% of children with significant life-long educational, behavioral, mental health, and physical outcomes (CDC, 2019a). In addition to these chronic issues, "children are specifically vulnerable to abuse during COVID-19" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020, p. 3). They may also suffer compounding distress as a result of social isolation, technology addiction (Pincus et al., 2020), and uncertainty from constant media coverage of the pandemic.

Current legislation and policy statements in the United States further highlight the vital role that school counselors play in the mental health of students. Title 20 of the *Every Child Succeeds Act* (2015) with regards to activities that support safe and healthy students called for providing "mentoring and school counseling to all students, including children who are at risk of academic failure, dropping out of school, involvement in criminal or delinquent activities, or drug use and abuse" (Section 7118, C.v.). The policy brief, *A Framework for Safe and Successful Schools* (Cowan et al., 2013), recognized school counselors' role in providing interventions addressing critical issues such as school violence, suicide, opioid addiction, and self-mutilation and cutting as barriers to learning.

The *School Counselor and Student Mental Health* (ASCA, 2020) position statement noted that "school counselors...may be the only counseling professional available to students and their families" (para. 5). Further, the ASCA Model (2019a) stated that school counselors provide "proactive as well as responsive" counseling and "support students during and after a crisis" (p. 80). School counselors are responding to a new school environment with face-to-face, virtual, and hybrid platforms and not knowing what tomorrow will bring—while also managing their own COVID-19 challenges (Cox et al., 2021). For school counselors to effectively provide essential services and take care of themselves, professional support is critical. Therefore, we posit that ongoing peer clinical supervision is a necessity, not an option.

Recommendations for Peer Clinical Supervision Among School Counselors

School counselors have an ethical responsibility to "monitor their emotional and physical health and practice wellness to ensure optimal professional effectiveness" (ASCA, 2016, B.3.f.). Stepping back into the opening scenario, the critical issues, emotional stress, and mental load that are portrayed—exacerbated by the reactive nature of the new school environment dictated by COVID-19—reinforce the ethical responsibility of school counselors to engage in supervision. When there is no outlet for regular processing of these issues, which can compound over time with repeated exposure, school counselors may be at risk for vicarious trauma (Parker & Henfield, 2012). Peer clinical supervision can provide the needed support network among school counselors to maintain their wellness and professional competence as an ethical practice.

It is recognized that school counselors already face many demands on their time in delivering a comprehensive school

counseling program. Advocating for and participating in peer clinical supervision will take time and a concerted effort but with demonstrated benefits that include empowering their role, strengthening professional identity, enhancing self-efficacy, and fostering wellness and self-care (Bledsoe et al., 2021). The focus of peer clinical supervision is to establish supportive relationships among school counselors, maintain and develop their counseling skills, and sustain the ethical and effective delivery of school counseling services. Of equal importance is the focus on school counselors' well-being. We believe that a systemic approach is needed and provide the following recommendations for constituency groups that include (a) school counselors engaging in peer clinical supervision; (b) counselor educators providing training and supervision; (c) professional organizations setting the tone for the profession at both state and national levels; (d) school leaders and policymakers establishing an intentional focus on peer clinical supervision practice; and (e) a global perspective for practicing school-based counselors.

School Counselors

This is a critical time for school counselors to own their identity and unique training as mental health providers and educational leaders in addressing the contemporary challenges being faced by students (DeKruyf et al., 2013). A research review by Villares and Dimmit (2017) noted that when school counselors are better supported in their roles, they are better equipped to successfully implement the ASCA Model and report higher levels of overall wellness. When school counselors report less supervision support, their levels of overall wellness declined and those duties aligned with the ASCA Model declined (Randick et al., 2018). Peer supervision has been documented as a pathway to school counselors' competence and self-efficacy, and as a means to foster professional identity as a counselor (Thomas, 2005). Our recommendations for school counselors engaging in peer clinical supervision will support their professional identity, professional development, and professional wellbeing.

Using their advocacy skills, school counselors must clearly articulate their "ability and unique training to address students' educational and mental health needs" (Lambie et al., 2019, p. 55). This calls for a commitment to peer clinical supervision as an essential component of professional development, which could be a means for school counselors to strengthen skills, promote growth, and enhance ethical practice. Therefore, it needs to be written into professional growth plans and reviewed during annual review conferences with administrators (ASCA, 2019a). Partnering with other credentialed school-based mental health professionals (e.g., school counselors, school psychologists, school social workers, school-based mental health counselors) provides opportunities to organize a peer clinical supervision group based on geographic area, interests, or needs. Peer clinical supervision sessions can be scheduled as recurring events on annual and professional calendars. When face-to-face options are unavailable,

participants can access ongoing peer clinical supervision by incorporating technology, such as encrypted video conference calls, audio or visual reviews of sessions, or phone calls. School counselors need to be active in presenting cases, providing feedback, sharing challenges, and offering relational support to benefit themselves and others in the process.

ASCA (2019a) has encouraged school counselors to regularly assess their program's effectiveness. This process can be extended into peer clinical supervision so that school counselors can gain a sense of their effectiveness, ethical practice, and continuous skill development. Recent studies have demonstrated that supervision increases school counselors' self-efficacy to engage in school counseling best practices (Tang, 2020) and expands theoretical and practical job-related knowledge, improves professional identity, and improves counseling services (Bledsoe et al., 2021), all of which can be used to advocate for needed supervision. Further, school counselors can partner with counselor educators to conduct practice-based action research that demonstrates the benefits of peer clinical supervision in school counseling and share best practices through publications and training. These collaborative efforts in action research can provide results data useful for advocating with local and state leaders in support of peer clinical supervision. Suggestions for engaging with action research are available and point to finding partners, such as colleagues and counselor educators (Rowell, 2006).

Counselor Educators

Counselor educators are dedicated to training highly qualified entry-level school counselors (CACREP, 2015). They provide supervision of counselors-in-training and vet practicing school counselors as site supervisors (CACREP, 2015). Further, counselor educators are in a key position to advocate for high-quality supervision of school counselors on a continual basis throughout their careers (DeKruyf & Pehrsson, 2011).

Scaffolding peer clinical supervision skills needs to begin as students enter the training program. Foremost of these skills is how to give and receive critical feedback. Expectations of how to provide critical feedback and experiences with giving and receiving peer feedback can be infused across the curriculum by using role plays, case studies, and practice demonstrations. The use of intentional silence by university supervisors, particularly during the final term of internship, is a practice that can empower interns to take the supervisory lead and practice peer clinical supervision. Interns need to be directed to facilitate supervisory conversations for case presentations and structured check-ins with their peers. Training programs are responsible for instilling a legacy of these practices so that school counselors can navigate future professional challenges, mitigate burnout, and continue to develop as qualified practitioners.

Counselor educators need to establish sustainable, reciprocal partnerships with school districts in support of peer clinical supervision. This builds bridges from

preparation to practice that enhance the understanding of and response to evolving community issues, needs of PK-12 populations, and the reality of day-to-day life in schools. Partnerships with administrators and educational leader preparation programs can provide an opportunity to clarify blurred lines between administrative and clinical supervision. As these partnerships strengthen, the importance of peer clinical supervision of practicing school counselors can be fortified. Partnerships between university faculty and school counselors can extend into research-practice efforts as part of the training program for skill building in supervision (Martin et al., 2019) and for gathering and using data to improve programs leading to better student outcomes (Savitz-Romer et al., 2019).

Professional Organizations

Counseling organizations are well-placed to provide leadership, advocacy, and resources connected to the professional identity and clinical supervision of practicing school counselors. Lambie et al. (2019) challenged professional school counseling organizations to “redefine the important role that school counselors play in providing mental health services to students and advocate for this change among association members, legislatures, and stakeholders” (p. 56). State, regional, and national organizations are positioned to promulgate an integrated school counselor identity as both counselor and educator that is supported by peer clinical supervision.

We urge professional organizations to own the mantle that school counselors are master’s-level trained mental health professionals (DeKruyf et al., 2013; Lambie et al., 2019). Just as our allied colleagues identify clearly as mental health professionals who provide direct counseling services, school counselors should be at the forefront in providing mental health services, too. Unless we embrace the mental health provider role, school counselors are at risk of losing their professional identity, providing more indirect services, and pushing ever more paper along with “other duties as assigned.” By examining school counseling models, organizational leaders can support those that embrace student mental health and mental health counseling services “as a major function of the school counselor role” (Lambie et al., 2019, p. 56).

It is critical to call counseling what it is. The deliver component of the ASCA National Model (2019a) specifies counseling as a direct student service for individuals and small groups using counseling theories and techniques; however, it is subsumed within appraisal and advisement (ASCA, 2019a). We urge using clear language that is meaningful to the uninitiated. Call counseling counseling. Euphemisms such as individual student planning, individual instruction, small group instruction, and appraisal and advisement cloud what school counselors are trained in and are capable of offering. Further, call clinical supervision what it is. Differentiate clinical supervision from administrative and programmatic supervision, consultation, and professional development (Borders et al., 2014; Dollarhide & Miller, 2006).

Organizational leaders need to engage in genuine, transparent dialogue from a more diverse base that includes school counselor educators, school counselors, and supervisors regarding the need for current evidence-based practices in peer clinical supervision for practicing school counselors. As leaders, they need to champion position statements favoring peer clinical supervision. Finally, they should provide training opportunities so that school counselors have the necessary knowledge, skills, and strategies to engage in peer clinical supervision. Organizations need to prioritize providing summer workshops, conference presentations, pre/post conference trainings, and webinars on peer clinical supervision.

School Leaders and Policymakers

Foremost, use a professional title that exemplifies one’s specialized training, competencies, and identity: school counselor. Language matters, and job titles carry meaning as “prominent identity badges [that] communicate our identities and values to others” (Grant et al., 2014, p. 1202). This was reflected in the results from a recent study of participants ($n = 276$) attending a state counseling conference where the job title school counselor rather than guidance counselor had a significant effect on participants’ perceptions of competence as described within the ASCA professional standards and competencies and across CACREP standards for school counseling (Zyromski et al., 2019).

There is a critical need for “ongoing advocacy in schools to ensure that practicing school counselors receive adequate clinical supervision” (Bledsoe et al., 2019, p. 7). School districts can support peer clinical supervision by providing a trained school counseling supervisor for all school counselors. These supervisors must cultivate a peer clinical supervision approach. Otherwise, “they are more likely to concentrate on the administrative and programmatic aspects of supervision and to shy away from the clinical aspects of enhancing counseling knowledge and skills” (Herlihy et al., 2002, p. 57).

School counselors are essential decision-making partners regarding mental health and educational needs in PK-12 settings (Werner 2014; Wingfield et al., 2010), especially during COVID-19 (Pincus et al., 2020). Therefore, it is incumbent upon school district leaders to support school counselors’ access to peer clinical supervision. There are several ways to support peer clinical supervision at minimal or no cost, such as synchronous phone calls and conference calls with Google Meet or Zoom. Asynchronous communication via encrypted email may be an option when school counselor schedules change to address immediate student needs or crises.

School leaders need to establish policies and procedures that support peer clinical supervision among practicing school counselors. Peer clinical supervision ought not to fall into “other duties as assigned” nor should the burden of its practice be placed solely on practicing school counselors. The specialized supervision needs of school counselors (Bultsma, 2012) require resounding support from the top-

down. This includes having peer clinical supervision as part of the job description, professional growth plan, and annual review, as well as professional development requirements for each school counselor. Having appropriate and sufficient time for regularly scheduled school counselors' peer clinical supervision meetings is imperative. Leaders need to identify trained school counseling supervisors who are available, experienced, and committed to peer clinical supervision for all school counselors. In addition, attributing recognition or additional merit-based points or pay to provide and/or participate in peer clinical supervision would punctuate its value and importance in the district. Leaders also need to encourage partnerships with counselor education programs and regional educational consortiums for training school counselors as peer clinical supervisors. Finally, school leaders and policymakers can advocate for state departments of education to require peer clinical supervision as approved professional development for school counselors.

Global Perspective

Harris (2013) reported that school-based counseling was well established in 62 of the 90 countries included in her study. She noted that the American model of school counseling has been influential in most regions globally. Social concerns related to the health and mental well-being of youth and trauma-informed counseling in war-torn and war-recovering countries, such as Syria and Rwanda, have been influential in the development and delivery of school-based counseling services. However, there is a gap in supervision meeting the needs of school-based counselors (Harries & Spong, 2017). Therefore, there are implications regarding the need for and accessibility of supervision for school-based counselors in nations around the world reflective of what is found in the United States. The authors propose that the recommendations for peer clinical supervision may be applicable in countries where school-based counseling is used.

Summary

Our introductory scenario spotlights the gravity of what school counselors face. It provides an excellent example of why peer clinical supervision would be a beneficial professional resource that enhances the likelihood school counselors can maintain the necessary skills and support to ethically meet those challenging needs that are today's reality. Without clinical supervision, school counselors may be deprived of a critical lifeline that can sustain their professionalism and perseverance. While programmatic and administrative supervision are needed, they are not substitutes for a clinical supervision focus on actual counseling and the ethical practice of school counselors. All stakeholders, including school counselors, counselor educators, professional organizations, and school district leaders, must join together to ensure that peer clinical supervision is an ongoing professional practice for school counselors in the United States as well as globally.

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A note of appreciation to Dr. Collette Dollarhide (Ohio State University) for her contributions and reviews throughout the writing process.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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