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# Who Took “Counseling” out of the Role of Professional School Counselors in the United States?

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## Abstract

The rates of mental health concerns among school-aged youth are increasing and the growing rates of students considering or planning for suicide is alarming. Although school counselors are often the only professionals with the training to support students’ mental health needs in schools, they are often inaccessible to students to receive long-term mental health counseling services. The American School Counselor Association (ASCA) advocates for school counselors to focus on prevention, short-term intervention, and crisis work rather than long-term counseling given their primary role in other activities such as student planning and systems support (ASCA, 2019). However, the role of school counselors advocated by ASCA is insufficient to meet students’ growing mental health concerns. This article (a) reviews the increasing mental health needs of youth in the United States and (b) presents an appropriate role for school counselors in addressing students’ mental health needs with implications for policy and practice in the United States and abroad.

*Keywords:* counseling services, mental health needs of youth, professional school counseling

## Introduction

The increasing mental health needs of youth in the United States are a concern among practitioners and scholars (e.g., Christian & Brown, 2018; Gruman, Marston, & Koon, 2013; Kaffenberger & O’Rourke-Trigiani, 2013). Moreover, the prevalence of school shootings (e.g., Stoneman Douglas High School and Santa Fe High School) and the increasing rates of youth suicide are alarming, highlighting the unmet mental health needs of youth that need to be addressed. Since students spend many of their waking hours in school, schools represent one of the most influential contexts to impact students’ social, emotional, and mental health development (Atkins, Hoagwood, Kutash, & Seidman, 2010; Eccles & Rosser, 2011; Moon, Williford, & Mendenhall, 2017). As professionals trained in both mental health and educational systems, school counselors are uniquely situated to meet the growing mental health concerns of school-aged youth; however, the identity and role of school counselors have historically fluctuated in scope and focus, leading to role ambiguity and

inconsistency among counselors (DeKruyf, Auger, & Trice-Black, 2013; Lambie & Williamson, 2004).

The rise of the American School Counselor Association (ASCA) National Model (2003; 2019) has provided direction for the profession and encouraged a school counselor identity that is focused on data-driven practices with the goal of decreasing barriers to learning and supporting students’ academic, career, and social/emotional development (DeKruyf et al., 2013). Creating a noted shift in the emphasis of school counseling, this standards-based model has encouraged school counselors to have a heightened focus on academic achievement while moving beyond supporting students’ mental health development (Lauterbach, Harrington, Yakut, & Krezmien, 2018). While ASCA supports school counselors’ role in identifying and responding to student mental health needs, the focus is on prevention, early intervention, crisis management, and referral services rather than providing long-term mental health counseling (ASCA, 2015), leaving school counselors inaccessible to students to receive weekly, long-term therapeutic services due to their high caseloads. Considering most states, as well as international organizations, have models that align with the ASCA National Model, the current role of the school counselor as outlined by ASCA is shaping both policy and practice in the United States and internationally. Thus, in order to meet the needs of today’s students and foster safe and healthy schools, there is a need to re-examine the role of the school counselor and support a professional identity that includes both an educational and mental health focus (DeKruyf et al., 2013). As a result, the purpose of our article is to review the increasing mental health needs of youth in the United States and present redefined roles of school counselors who are trained and positioned to address students’ mental health needs in the United States and abroad.

## Mental Health Needs of Youth in the United States

Mental health needs among school-aged youth in the United States are increasing and represent a critical and concerning issue in society. Each year, approximately 13-20% of youth will receive a diagnosis for a mental health disorder, representing one out of every five children (National Alliance on Mental Health [NAMI]; 2015; Perou et al., 2013). Moreover, an estimated 49.5% of adolescents (age 13-18) reported having a mental health disorder at some point during their young life, and 22.2% of those with any

mental disorder are severely impaired (Merikangas et al., 2010). Accordingly, a significant percentage of students enrolled in U.S. schools experience mental health issues every day.

There are many types of mental health needs that youth in the United States struggle with, including: (a) attention-deficit/hyperactivity disorder, (b) behavior problems, (c) anxiety, (d) depression, (e) autism spectrum disorders, (f) Tourette syndrome, and (g) substance abuse, which are among some of the most common (Perou et al., 2013). Given the frequency of mental illness in adults in the United States, it is not surprising that many mental, developmental, and behavioral disorders begin in childhood (Cree et al., 2016). Specifically, in a study exploring the lifetime prevalence and age-of-onset of mental health disorders, Kessler, Chiu, Demler, and Walters (2005) identified that the onset for mental health disorders often begins in childhood and adolescence, and by the age of 14, half of all chronic mental illness will have begun. Therefore, mental, behavioral, and emotional disorders are a widespread issue among today's generation of youth, and "are as commonplace today among young people as a fractured limb, not inevitable but not at all unusual" (O'Connell, Kelly, Keenan, & Kasper, 2009, p. 1).

Despite the prevalence of mental health needs in the United States, most youth do not receive adequate support or treatment (Mojtabai et al., 2015; Peabody, Perryman, Hannah, Smith, & Sanyshyn, 2018; Well, Kataoka, & Asarnow, 2001). Specifically, approximately 70-80% of youth in need of mental health care do not receive services (Kaffenberger & O'Rorke-Trigiani, 2013; Kataoka, Zhang, & Wells, 2002). The gap between mental health needs and treatment is even more pronounced among ethnic and racial minorities and youth who may be economically disadvantaged, experiencing environmental stressors. When factors such as poverty, lack of health insurance, stigma, economic instability, and family stressors are present diverse youth may be more vulnerable to mental health problems and challenges in accessing appropriate care (Demissie & Brener, 2017; Mojtabai et al., 2015; U.S. Department of Health & Human Services, 2001; Williams & Chapman, 2012). Thus, culturally diverse students and students living in poverty have an increased need for accessible mental health services (Carlson & Kees, 2013; Kaffenberger & O'Rorke-Trigiani, 2013; Kataoka et al., 2002). Unmet mental health needs are concerning because mental health issues that are not treated can result in wide-reaching personal and educational consequences for students. Youth's unmet mental health concerns can contribute to (a) delinquency, (b) poor college and career readiness development, (c) psychosocial costs, (d) substance abuse, (e) poor academic performance, (f) risky behaviors, and (g) lower graduation rates (Mojtabai et al., 2015; National Association School Psychologists [NASP], 2016; O'Connell et al., 2009; Peabody et al., 2018; Sanchez et al., 2018).

The mental health needs of youth that are untreated often attribute to the incidences of suicide, non-suicidal self-injury (NSSI), and school tragedies such as school shootings. Suicide, which can be the result of mental health disorders along with additional factors (Perou et al., 2013), is the second leading cause of death among youth between the ages of 10-24. According to the *Youth Risk Behavior Survey*, 17.2% of youth (grades 9-12) reported that they seriously considered attempting suicide, 13.6% made a suicide plan, and 7.4% attempted suicide within the past year (Centers for Disease Control [CDC], 2017). Translating these research findings to the classroom, approximately three to four students in a high school class of twenty-five will seriously consider attempting suicide during the upcoming school year.

In addition, suicidality among youth in the United States has increased over the past decade. Between the years of 2007 and 2017, there was a statistically significant ( $p < .05$ ) increase in the percentage of students who reported considering suicide (CDC, 2017). Similarly, NSSI, or self-harming behavior, can be associated with internalizing and externalizing mental health disorders and is becoming increasingly common among adolescents - approximately 33-50% of adolescents have engaged in NSSI (Peterson, Freedenthal, Sheldon, & Anderson, 2008). Thus, the increasing rates of suicide and NSSI highlight that there are many students who have unmet emotional or mental health needs in the United States that are vital to address.

School tragedies can be a concerning sign of unmet mental health needs among students. In 2018, there were 24 shootings in the United States on K-12 school property that resulted in injuries or deaths. There were an additional 13 shootings taking place at schools between January and June of 2019, resulting in a total of 136 individuals who were injured or killed over the course of approximately a year and half (Blad & Peel, 2019). The frequency of school shootings has heightened the focus on mental health in youth and the need to integrate mental health support in schools. State and federal policies have begun to prioritize mental health services in school settings (Sanchez et al., 2018) and several enacted legislative initiatives recognize the connection between violence and mental health. For example, following the shooting at Santa Fe High School by a 17-year old student who killed 10 students and teachers, the state of Texas signed a school safety bill (Senate Bill 11) that connects children with mental health services among other components (Samuels, 2019).

Legislative initiatives on school safety are not limited to the state level and have also become a national priority. Specifically, in the wake of the 2018 mass school shooting in Parkland, Florida, the Federal Safety Commission on School Safety ([FCSS]; 2018) was developed to research school safety and make recommendations for solutions. While the commission recognized that school violence is a complex issue, they identified the need for school counselors and health providers to identify and respond to students' mental health needs in schools (FCSS, 2018).

Thus, both local and federal initiatives in the United States are recognizing the need to prioritize mental health services in school settings as youths’ unmet mental health needs compromise school safety.

### **Mental Health Services in U.S. Schools**

Considering the prevalence of mental health concerns along with the unmet mental health needs among students, schools represent an important and critical context to address the mental and emotional needs of youth. Early identification of youths’ mental health concerns and employing interventions are a critical step in preventing chronic impairment, delaying or addressing progression of a disorder, and can aid in negating negative impacts on educational outcomes (Kessler et al., 2005; Motjabai et al., 2015). Simultaneously, early intervention and mental health support can improve students’ wellbeing, productivity, and school success (Kieling et al., 2011; NASP, 2016). Since many early warning signs of potential mental health needs arise at school (e.g., frequent fighting or attendance problems; DeFosset, Gase, Ijadi-Maghsoodi, & Kuo, 2017), the school environment is a valuable setting to increase early identification of needs and support students’ mental health (Atkins et al., 2010; Moon et al., 2017; Peabody et al., 2018). Moreover, the school context allows mental health services to be brought into the students’ natural environment where they spend much of their day, supporting accessibility of care to those who need it (Bureck, 2016). Although estimates vary, scholars have approximated that 70-80% of school-aged youth who receive mental health services, receive them in school (see Atkins et al., 2010).

Universal mental health screening is one approach that can aid in early identification of students’ mental health needs. Universal screening systematically assesses *all* students in an effort to identify students who are at greater risk for having or developing mental health concerns, providing a starting point for monitoring, future assessments, and targeted interventions (Humphrey & Wigelsworth, 2016; Siceloff, Bradley, & Flory, 2017). Various universal screening tools show promising evidence of reliability and validity (Allen, Kilgus, Burns, & Hodgson, 2019), and can preventatively address barriers to student learning (Eklund, Kilgus, Von Der Embse, Beardmore, & Tanner, 2017). However, universal mental health screening in schools is rare given the challenges of funding, time limitations, availability of resources, and stakeholder engagement (Humphrey & Wigelsworth, 2016; Siceloff et al., 2017). Nevertheless, the implementation of universal screening tools is an important approach that can support a comprehensive multi-tiered system of support for students when implemented with care and intentionality (see Substance Abuse and Mental Health Services Administration, 2019).

School based mental health services are important to increase accessibility, particularly for students that are

underrepresented and underserved (e.g., diverse and low-income; Lambie, Solomon, Joe, Kelchner, & Perleoni, 2019). Over the past 20 years, the percentage of White school-aged youth in the United States has decreased, while other racial/ethnic groups have increased (Nation Center for Education Statistics [NCES], 2017c). Moreover, approximately 18% of school-aged youth live in poverty, and rates of poverty are disproportionately higher among Black (31%) and Hispanic (26%) youth compared to other ethnic and racial groups (NCES, 2017b). Scholars note that schools are important settings to help decrease the disparities of unmet mental health needs of diverse student populations through increasing access and decreasing barriers to service such as stigma, transportation, and lack of insurance (e.g., Sanchez et al., 2018). The potential for schools to help decrease disparities in mental health access for youth is promising. However, DeFosset and colleagues (2017) noted that, “although schools are uniquely positioned to address these needs, modifications to current systems and practices are needed to adequately identify and engage youth in need of care” (p. 1202).

### **School Counselors: Important Mental Health Professionals in Schools**

School counselors are often the only individuals with professional mental health training in school settings, although this may vary by geographical area. There are approximately 49.2 million students in U.S. public schools (NCES, 2016b). In order to serve students, public schools employed approximately 3.2 million teachers and 90,400 school administrators (NCES, 2017a; 2016c). In comparison, there were 114,350 school counselors employed full-time to work with students in the United States (NCES, 2016b). Therefore, the national student-to-school counselor ratio is high at approximately 482:1 (National Association for College Admission Counseling [NCAC] & ASCA, 2017). Scholars have highlighted that the extreme school counselor-to-student ratios are one of the barriers to providing students with adequate mental health support (Carlson & Kees, 2013; Christian & Brown, 2018; DeKruyf et al., 2013; Kaffenberger & O’Rourke-Trigiani, 2013). The perceived duality of school counselors’ role to address mental and academic needs and the scarcity of counselors to service students, further exacerbates students’ unmet mental health needs.

According to the *National Teacher and Principal Survey*, out of 90,400 schools surveyed in the United States, most of the schools had at least one full or part time counselor (80.7%), in comparison to other mental health professionals such as psychologists (66.5%) and social workers (41.5%; NCES, 2016a). Similarly, Demissie, and Brener (2017) found in a national sample of U.S. schools that more than 75% of schools employed a school counselor on staff, but only around 50% had a school social worker or psychologist on staff. Therefore, school counselors

represent most of the possible mental health providers in schools.

Although school counselors are critical mental health professionals in schools, they may be unable to provide adequate mental health care and support services for students (Christian & Brown, 2018). In a study exploring the effectiveness of school-based mental health services, Sanchez and colleagues (2018) found that school counselors and mental health workers provided only 2% of the evaluated mental health services in schools and many of the services were provided by untrained or undertrained teachers. Comprehensive developmental based models, such as the ASCA National Model (2019), outline a broad scope of school counseling responsibilities including individual student planning (e.g., advising and scheduling), core curriculum, and systems support (e.g., program accountability). Although ASCA retains primary prevention, crisis management, and short-term counseling services as part of the school counselor's role, they identify that long-term mental health counseling is an inappropriate role of the school counselor. Specifically, the ASCA National Model (2019) lists appropriate and inappropriate school counseling related duties. Appropriate counseling activities include providing short-term individual counseling; small group counseling services; and counseling to students who have absenteeism, tardiness, or disciplinary concerns. In contrast, ASCA identifies that providing long-term counseling for students with higher needs and psychological disorders is an inappropriate school counseling task, leaving a critical mental health provider inaccessible to provide therapeutic services to students.

### Current Models of School Counseling Practice

The purview of school counseling has often vacillated regarding the responsibilities of the position leading to confusion among stakeholders regarding the role of the school counselor and counseling priorities (Christian & Brown, 2018; DeKruyf et al., 2013; Lambie & Williamson, 2004; Lauterbach et al., 2018). The historical changes in the policy and structure of the school counseling profession included shifts from vocational and educational guidance, towards a more clinical counseling focus during the mid-20<sup>th</sup> century, to the most recent focus on comprehensive programmatic approaches (DeKruyf et al., 2013, Lauterbach et al., 2018). In other words, school counseling changed from "a position, to a service, to a program" (Gysbers, 2012, p. xi).

The most recent shift in school counseling focused on the standards-based and accountability movements in the 1990's and 2000's, fostering the development of models of school counseling that moved beyond supporting students' social/emotional needs to a heightened focus on academic achievement, leading counselors to reposition their role in order to demonstrate their effectiveness and contribution towards academic achievement (Lauterbach et al., 2018).

Counselors have been discouraged to work with individuals since individualization is not an efficient use of time (Kolbert, Williams, Morgan, Crothers, & Hughes, 2017). Indeed, "the emphasis on the programmatic nature of school counseling activities is one of the most salient ways that school counseling in the US differs from school counseling in other countries" (Lauterbach et al., 2018 p. 1).

The ASCA National Model (2019) is one of the most well-known and utilized models for comprehensive school counseling developed in response to the education policy shifts towards accountability. The ASCA National Model is an organizational structure designed to support school counselors in developing and implementing a comprehensive data-driven school counseling program as an integral component to the academic mission of the school (see ASCA, 2019). Driven by standards, evidence, and data, school counselors' roles are to support students' academic, career, and social/emotional development in order to enhance achievement and learning for all students (ASCA, 2019). Overall, the ASCA National Model was developed to align with accountability and define school counselors' central role in students' learning (Lauterbach et al., 2018). The ASCA National Model (2019) encompasses four components of a comprehensive counseling program including school counselors' responsibility to: (a) define, (b) manage, (c) deliver, and (d) assess their program. Given the focus on student achievement and accountability, the ASCA National Model encourages counselors to focus on student planning, short term intervention or responsive services (e.g., crisis response), and program accountability to remove barriers to learning for *all* students. Comprehensive developmental models like the ASCA National Model have led to a shift in the school counselor's role that emphasizes administrative, evaluative, and program management tasks.

Although program management and accountability are designed to maximize school counseling service and impact (ASCA, 2019), the scope of responsibilities as outlined by ASCA, coupled with time limitations in the school day, may limit school counselors from meeting students' mental health needs (Christian & Brown, 2018). Scholars have identified that school counselors do not have the time to meet regularly with students with significant mental health concerns (e.g., Brown, Dahlbeck, & Sparkman-Barnes, 2006; Carlson & Kees, 2013; Christian & Brown, 2018; De Kruyf et al., 2013). As Christian and Brown (2018) noted, there are simply not enough hours in the week for [school counselors] to provide mental health counseling to all of their students in need, let alone provide those services on top of the other direct and indirect student services prescribed by the ASCA National Model. (p. 29)

For example, Carlson and Kees (2013) found that although school counselors reported that they felt qualified to deliver mental health counseling to students, they were largely unable to do so because of the nature of their job. Specifically, 88% of participants surveyed ( $N = 107$ )

reported that they do not have the time to adequately serve students due to other job demands. Although research results are mixed, Rayle and Adams (2007) found that school counselors who implemented a comprehensive school counseling program aligned with the ASCA National Model, reported delivering less direct services to students such as crisis and small group counseling. Overall, both school counselors and administrators agree that counselors should provide holistic services to the whole child, including meeting students' personal and mental health needs (Brown et al., 2006); however, they often do not have the time or availability given the expectations and focus of their role.

Some scholars have argued that due to the responsibilities outlined in the ASCA National Model (2019), along with the limitations of time, school counselors are not adequate to meet the mental health needs of students and must use other mental health professionals (Christian & Brown, 2018). Moreover, ASCA encourages school counselors to refer to community resources in order to meet students' long-term mental health needs (ASCA, 2015); however, referrals to the community has several limitations. First, outside referrals are often ineffective in meeting students' needs leaving many students unserved (DeKruyf et al., 2013). Scholars have identified that adolescents at risk for mental health issues are more likely to access mental health services when referred to school-based services, as compared to students referred to community services (see Husky, Sheridan, McGuire, & Olfson, 2011). Since families are not always willing or able to follow through on community-based counseling referrals (DeKruyf et al., 2013), referrals to outside community agencies does not guarantee that students will receive treatment. Therefore, encouraging school counselors to outsource mental health care has the potential to do a disservice to students in need; especially when school counselors could meet the needs in the school context, where all students have access. Given the importance of school-based services, some scholars have recommended school-based mental health counselors or school-based clinics to meet students' mental health needs (Christian & Brown, 2018; Kang-Yi et al., 2018). While these approaches may be promising, limited funding is the reality for most schools; affordability and financial barriers are major challenges in providing school-based mental health services (Maag & Katsiyannis, 2010). Thus, school counselors are often the only mental health professionals available in most schools to provide students with mental health services.

Second, if school counselors are unable to meet the rising mental health needs of students and simply refer students to other service providers, it is likely counselors will be replaced by other mental health professionals (see Brown et al., 2006; Christian & Brown, 2018), who do not have the training and advantages that school counselors have to effectively meet student needs. Specifically, school counselors (a) have an intimate understanding of school systems, (b) know students and parents, (c) can problem

solve with teachers and staff, and (d) have consistent access to students (DeKruyf et al., 2013; NASP, 2016). Since youth mental health has become a salient topic of interest among scholars, practitioners, and policymakers, it is an important time for school counselors to highlight their ability and unique training to address students' educational and mental health needs.

### **Putting "Counseling" Back into School Counseling in the United States**

There is a need to re-examine the role of school counselors as mental health professionals who are positioned and accessible to meet students' mental health needs. We suggest that school counselors should provide mental health services for youth in U.S. schools. With the heightened focus on mental health and school safety in the United States (e.g., Federal Commission on School Safety, 2018), policymakers and educational leaders have begun to prioritize mental health services in school settings (Sanchez et al., 2018). Although there is a lack of consensus as to who is the ideal professional to address the mental health needs of students (Carlson & Kees, 2013), we align with DeKruyf and colleagues (2013) who support a shift towards a conjoint school counselor identity as not only an educational leader, but also as an important mental health provider in the school setting. School counselors are on the frontlines and many scholars have called for the need to recognize school counselors' role in providing mental health services to youth (Carlson & Kees, 2013; Dekruyf et al., 2013, Gruman et al., 2013). In order to enhance access and sustainability of mental health services for students in school settings, there is a need to maximize the use of individuals who are integral members of the school community (Atkins et al., 2010; Kieling et al., 2011), such as school counselors. School counselors who can serve the mental health needs of students help close opportunity gaps in U.S. schools and make a difference in school-related outcomes such as attendance and achievement (Kaffenberger & O'Rorke-Trigiani, 2013).

Although school counselors are well positioned to meet the mental health needs of students, some scholars argue that school counselors are not adequately trained to meet students' mental health needs (Christian & Brown, 2018). However, the Council for Accreditation of Counseling and Related Educational Programs (2016) requires school counselors to be trained in helping skills, group work, and other classes that overlap with clinical mental health counseling courses. School counselors are required to understand crisis, trauma, characteristics, and warning signs of mental and behavioral disorders, in conjunction with understanding school systems and assessments related to P-12 education. Thus, school counselors not only have core training in providing counseling services, but they are also well-versed in the organizational structure and workings of school systems. Thus, there may be a need to alter expectations and shift the emphasis in training programs

back to a focus on a school counselor identity that includes both an educator and mental health professional (DeKruyf et al., 2013). For example, although core classes often overlap, many school counselors do not receive the same level of supervised training in mental health counseling work since internship and practicum experiences are typically focused in school settings that emphasize short-term intervention and crisis work. If we are to shift the school counselor identity to that of an educator *and* mental health professional, we must prepare school counseling students to provide mental health services and prioritize supervised mental health field practice in training programs.

### Implications for Policy and Practice

As we consider re-examining the role of school counselors as integral mental health providers in the United States, there are several policy and practice recommendations that may support this transition. First, there is a need for school counseling priorities and educational policy to re-align with mental health as opposed to primarily focusing on administrative and programmatic duties. When stakeholders see the main job duties of school counselors as administrative in nature, it is likely other untrained or community-centered professionals will be taxed to try and meet the mental health needs of students; ultimately, limiting the availability of mental health services to students in need. As DeKruyf and colleagues (2013) noted, "in buildings where school counselors are overwhelmed with scheduling or 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" (p. 274). Therefore, state and national school counseling organizations should re-examine school counseling models to include student mental health as a priority and major function of the school counselor role. As noted, current school counseling models include a broad scope of focus that eliminates school counselors' role in providing long-term mental health counseling for students. Moreover, scholars have identified that school counselors are inconsistent in implementing various aspects of comprehensive school counseling models and differ regarding which tasks and activities they feel should be included in practice (Lauterbach et al., 2018). Thus, there is a need to redefine policies in order to inform practice. State and national professional school counseling organizations should 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.

Second, there is a need to increase the availability and accessibility of clinical supervision for school counselors. Several scholars have highlighted that supervision of school counselors is needed for counselors to adequately meet the mental health needs of youth (e.g., DeKruyf et al., 2013; Kaffenberger & O'Rorke-Trigiani, 2013). In one study examining school counselor supervision, most school

counselors obtained administrative supervision by principals (62.8%), compared to those who received weekly supervision from another school counselor (10.3%; Perera-Diltz & Mason, 2012). If we are to shift our focus to school counselors as mental health providers, we need to support them to meet the mental health needs of youth through clinical supervision. University-school partnerships may enhance accessibility to supervision for school counselors. For example, counselor educators should consider providing supervision for practicing school counselors or implement post-graduate supervision training programs. As more experienced school counselors receive supervision training, accessibility and availability of local school counselor supervisors may increase.

Third, there is a need to decrease the school counselor caseload as large caseloads limit counselors' ability to adequately meet students' needs (Carlson & Kees, 2013; DeKruyf et al., 2013, Kaffenberger & O'Rorke-Trigiani, 2013). Only three states maintain student-to-counselor ratios lower than 250:1, and some state ratios are substantially higher such as Arizona (942:1) and California (760:1; NCAC & ASCA, 2017). Given the current high student caseloads, counselors are unable to meet individual mental health needs of students (DeKruyf et al., 2013; Kaffenberger & O'Rorke-Trigiani, 2013). Thus, there is a need to advocate for lower student-to-school counselor ratios so counselors can have the time and availability to meet with students and address their mental health needs. In addition, school counselors and school counseling educators should stay abreast of state and federal initiatives, funding allocations, and educational policy. National and state school counseling associations should continue their political advocacy work through collaborating with lobbyists, testifying on behalf of school counselors, and remaining involved in current events in order to advocate for funding and school counseling priorities. Moreover, there is a need for researchers to better understand the relationship between student outcomes and student-to-school counselor ratios, which may inform district, school, state, and national policy (Villares & Dimmit, 2017).

Finally, given the critical need and current emphasis on the mental health needs of youth, school counselors have a prime opportunity to advocate for their willingness and ability to meet the mental health needs of youth. For example, since the passage of the Every Student Succeeds Act (ESSA) in 2015, which recognizes the importance of schools to facilitate and meet the mental health needs of students, school districts have greater flexibility to utilize funds in order to support students (Peabody et al., 2018). As stakeholders can see school counselors as mental health providers, it positions school counselors as the 'go-to' providers who are hired to adequately meet student needs. Since federal legislation and states are enacting bills and policies that recognize the mental health needs of students (e.g., Texas Senate Bill 11), it is an opportune time for school counselors to advocate for their role as mental health professionals who can support school safety, meet students'

needs, and enhance students' academic success. We acknowledge this is a challenging task as many state departments of education and school counseling organizations align with the ASCA National Model; however, advocacy should occur at both the micro and macro level. At the micro level, school counselors can advocate with administrators and program stakeholders to support their important role in mental health. It is important for school counselors to engage in research and evaluation in order to support the efficacy and outcome of their mental health services. As school counselors demonstrate their effectiveness in supporting students' mental health needs, they can continue to advocate for time and access to provide this valuable service to students. At the macro level, school counselors should get involved with state and national school counselor organizations and collaborate with state education departments to advocate for a shift in focus that views school counselors as mental health professionals. Through collaborative discussions and advocacy efforts at the state and national level, school counselors may help support the shift of future adaptations of school counseling models that support school counselors as mental health providers.

Overall, advocating for a change in the current role of the school counselor will require work over multiple years and on several fronts including individual school counselors, professional school counseling associations, government agencies, and training programs. As school counselors begin to advocate at the micro and macro level, professional associations may begin to advocate for state and national policy change. Moreover, training programs can begin to shift the school counselor identity to that of educator and mental health professional, preparing future school counselors to be competent mental health providers and advocates for change at the school, state, and national level.

### **International Context Implications**

There is a need for researchers to critically examine current school counseling models and associated outcomes related to student mental health across locations and contexts. Research examining the degree to which students' mental health needs are supported by current school counseling models may provide direction for policy change. Similarly, researchers need to examine the unintended negative consequences of uncritically adopting current models. As noted, many states in the United States have adopted comprehensive developmental school counseling programs based on the ASCA National Model (2019), putting school districts into a situation where the mental health counseling needs of students may be neglected.

At the international level, countries developing models are looking at the ASCA National Model as a guidepost (e.g., *The International Model for School Counseling Programs*; Fezler & Brown, 2011). International models based on the ASCA National Model may limit the ability of

school counselors in other countries to meet the mental health needs of youth, similar to the current situation in the United States. Given the importance of context and the growing mental health needs of students internationally (World Health Organization, 2018), international policy research should evaluate and compare school counseling models across various contexts. Since contextual and individual factors can influence program implementation and how school counselors spend their time (Lauterbach et al., 2018), it is important for professional organizations and education agencies to research and evaluate the connection between adopted school counseling models and student outcomes in their specific context in order to identify appropriate models and policies to meet student needs. For example, the Welsh government adopted a model prioritizing mental health for students in their country. The Welsh School-Based Counselling Strategy requires local education authorities to provide school-based counseling services for students across the nation of Wales (Welsh Government, 2019). Initial evaluation of the nationwide strategy shows promising outcomes in students' attainment, attendance, and behavior after receiving school counseling services for issues such as anxiety, anger, depression, bullying, and suicide (Hill et al., 2011; Welsh Government, 2019). Therefore, countries developing school counseling models should research, critically evaluate, and consider adopting school counseling models that prioritize mental health counseling to meet student needs in their unique context.

### **Conclusion**

We encourage a re-evaluation of the role of school counselors in the United States and abroad to include a focus on "counseling" in order to meet the pressing mental health needs of students. Considering the rise in unmet mental health concerns among youth, there is a critical need for students to obtain mental health services in school. Although school counselors are often the only professionals with the training to support students' mental health needs in the school context, they are often inaccessible to students due to their role as advisors and program managers. As the school counseling profession has evolved over time to meet the priorities of educational movements, school counselors have lost sight of their professional identity as "counselors." Given school counselors' professional training in both educational systems and mental health counseling, they are in a position to serve students' academic and mental health needs. As policy-makers and educators begin to heighten a focus on mental health, it is an important time for school counselors to meet the vast need in front of them and once again step into their professional identity, not only as "educators," but as "counselors" and "mental health professionals."



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### References

- Allen, A. N., Kilgus, S. P., Burns, M. K., & Hodgson, C. (2019). Surveillance of internalizing behaviors: A reliability and validity generalization study of universal screening evidence. *School Mental Health, 11*, 194-209. doi:10.1007/s12310-018-9290-3
- American School Counselor Association. (2003). *The ASCA National Model: A framework for school counseling programs* (1<sup>st</sup> ed.). Alexandria, VA: Author.
- American School Counselor Association. (2019). *The ASCA National Model: A framework for school counseling programs* (4<sup>th</sup> ed.). Alexandria, VA: Author.
- American School Counselor Association. (2015). *The school counselor and student mental health* [Policy statement]. Retrieved from [https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS\\_StudentMentalHealth.pdf](https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_StudentMentalHealth.pdf)
- Atkins, M. S., Frazier, S. L., Birman, D., Abdul Adil, J., Jackson, M., Graczyk, P.A., ... McKay, M. M. (2006). School-based mental health services for children living in high poverty urban communities. *Administration and Policy in Mental Health Services Research, 33*, 146-159. doi:10.1007/s10488-006-0031-9
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health, 37*, 40-47. doi:10.1007/s10488-101-0299-7.
- Blad, E., & Peele, H. (2019, May 24). School shootings this year: How many and where: Education Week's 2019 school shooting tracker. *Education Week*. Retrieved from <https://www.edweek.org/ew/section/multimedia/school-shootings-this-year-how-many-and-where.html>
- Brown, C., Dahlbeck, D. T., & Sparkman-Barnes, L. (2006). Collaborative relationship: School counselors and non-school mental health professionals working together to improve the mental health needs of students. *Professional School Counseling, 9*, 332-335.
- Carlson, L. A., & Kees, N. L. (2013). Mental health services in public schools: A preliminary study of school counselor perceptions. *Professional School Counseling, 16*, 211-221. doi:10.1177/2156759X12016002S03.
- Centers for Disease Control and Prevention. (2017). *Trends in the Prevalence of Suicide-Related Behaviors National YRBS: 1991-2017*. Retrieved from [https://www.cdc.gov/healthy-youth/data/yrbs/pdf/trends/2017\\_suicide\\_trend\\_yrbs.pdf](https://www.cdc.gov/healthy-youth/data/yrbs/pdf/trends/2017_suicide_trend_yrbs.pdf)
- Christian, D. D., & Brown, C. L. (2018). Recommendations for the role and responsibilities of school-based mental health counselors. *Journal of School-Based Counseling Policy and Evaluation, 1*, 26-39. Retrieved from [https://www.umass.edu/schoolcounseling/JSCPE\\_issue.php](https://www.umass.edu/schoolcounseling/JSCPE_issue.php)
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 CACREP Standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>
- Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, D. S., ... Peacock, G. (2018). Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2-8 years-United States, 2016. *Morbidity and Mortality Weekly Report, 67*, 1377-1383. Retrieved from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6750a1.htm>
- DeFosset, A. R., Gase, L. N., Ijadi-Maghsoodi, R., & Kuo, T. (2017). Youth descriptions of mental health needs and experiences with school-based services: Identifying ways to meet the needs of underserved adolescents. *Journal of Health Care for the Poor and Underserved, 28*, 1191-1207. doi:10.1353/hpu.2017.0105.
- DeKruyf, L., Auger, R. W., & Trice-Black, S. (2013). The role of school counselors in meeting students' mental health needs: Examining issues of professional identity. *Professional School Counseling, 16*, 271-282. doi:10.1177/2156759X0001600502
- Demissie, Z., & Brener, N. (2017). Mental health and social services in schools: Variations by school characteristics-United States, 2014. *Mental Health & Prevention, 5*, 5-11. doi:10.1016/j.mhp.2016.11.002
- Eccles, J., & Roeser, R. (2011). Schools as developmental contexts during adolescence. *Journal of Research on Adolescence, 21*, 225-241. Doi: 10.1111/j.15327795.2010.00725.x
- Eklund, K., Kilgus, S., Von der Embse, N., Beardmore, M., & Tanner, N. (2017). Use of universal screening scores to predict distal academic and behavioral outcomes: A multilevel approach. *Psychological Assessment, 29*, 486-499. doi:10.1037/pas0000355
- Federal Commission on School Safety. (2018). *Final report of the Federal Commission on School Safety*. Retrieved from <https://www2.ed.gov/documents/school-safety/school-safety-report.pdf>

- Fezler, B., & Brown, C. (2011). *The International Model for school counseling programs*. Retrieved from [https://www.aassa.com/uploaded/Educational\\_Research/US\\_Department\\_of\\_State/Counseling\\_Standards/International\\_Counseling\\_Model\\_Handbook.pdf](https://www.aassa.com/uploaded/Educational_Research/US_Department_of_State/Counseling_Standards/International_Counseling_Model_Handbook.pdf)
- Gruman, D. H., Marston, T., & Koon, H. (2013). Bringing mental health needs into focus through school counseling program transformation. *Professional School Counseling, 16*, 333-341. <https://doi.org/10.1177/2156759X1201600506>
- Gysbers, N. C. (2012). Embrace the past, welcome the future: A brief history of school counseling. In *ASCA National Model: A Framework for school counseling program* (pp. vii-ix). Alexandria, VA: Author.
- Hill, A., Cooper, M., Pybis, J., Cromarty, K., Pattison, S., Spong, S., . . . Maybanks, N. (2011). *Evaluation of the Welsh school-based counseling strategy: Stage one report* (Report No. 05/2011). Retrieved from <https://dera.ioe.ac.uk/13164/1/110712/schoolcounselingen.pdf>
- Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties, 21*, 22-42. doi:10.1080/13632752.2015.1120051
- Husky, M. M., Sheridan, M., McGuire, L., & Olfson, M. (2011). Mental health screening and follow-up care in public high schools. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*, 881-891.
- Kaffenberger, C. J., & O'Rourke-Trigiani, J. (2013). Addressing student mental health needs by providing direct and indirect services and building alliances in the community. *Professional School Counseling, 16*, 323-332. doi: 10.1177/2156759 X1201600505
- Kang-Yi, C. D., Wolk, C. B., Locke, J., Beidas, R. S., Lareef, I., Piscicella, A. E., . . . Mandell, D. S. (2018). Impact of school-based and out-of-school mental health services on reducing school absence and school suspension among children with psychiatric disorders. *Evaluation and Program Planning, 67*, 105-112. doi:10.1015/j.evalprogplan.2017.12.006
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry, 159*, 1548-1555. doi:10.1176/appi.ajp.159.9.1548
- Kessler, R. C., Chiu, W. T., Demler, O., Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 617-627. doi:10.1001/archpsyc.62.6.617
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., . . . Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *Lancet, 378*, 1515-1525. doi:10.1016/S0140-6736(11)60941-0
- Kolbert, J. B., Williams, R. L., Morgan, L. M., Crothers, L. M., & Hughes, T. L. (2017). *Introduction to professional school counseling: Advocacy, leadership, and intervention*. New York, NY: Routledge.
- Lambie, G. W., Solomon, C., Joe, J. R., Kelchner, V. P., & Perleoni, M. (2019). The influence of school-based mental health counseling services on elementary students. *Children & Schools, 41*(3), 161-168
- Lambie, G. W., & Williamson, L. L. (2004). The challenge to change from guidance counseling to professional school counseling: A historical proposition. *Professional School Counseling, 8*, 124-128.
- Lauterbach, A. A., Harrington, K., Yakut, A. D., & Krezmien, M. (2018). School counselor knowledge, beliefs, and practices related to the implementation of standards-based comprehensive school counseling in the United States. *Journal of School-Based Counseling Policy and Evaluation, 1*, 1-16. Retrieved from [https://www.umass.edu/schoolcounseling/JSCPE\\_cissue.php](https://www.umass.edu/schoolcounseling/JSCPE_cissue.php)
- Maag, J. W., & Katsiyannis, A. (2010). School-based mental health services: Funding options and issues. *Journal of Disability Policy Studies, 21*, 173-180. doi:10.1177/10442073 10385551
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Benjet, C., . . . Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 49*, 980-989. doi:10.1016/j.jaac.2010.05.017.
- Mojtabai, R., Stuart, E. A., Hwang, I., Eaton, W. W., Sampson, N., & Kessler, R. C. (2015). Long-term effects of mental disorders on educational attainment in the National Comorbidity Survey ten-year follow-up. *Social Psychiatry and Psychiatric Epidemiology, 50*, 1577-1591. doi:10.1007/s00127-015-1083-5
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in schools. *Children and Youth Services Review, 73*, 384-391. doi:10.1016/j.childyouth.2017.01.006
- National Alliance on Mental Health. (2015). *Mental health by the numbers*. Retrieved from <https://www.nami.org/learn-more/mental-health-by-the-numbers>
- National Association for College Admission Counseling, & American School Counselor Association. (2017). *State-by-state student-to-counselor ratio report: 10-*

- year trends. Retrieved from <https://www.schoolcounselor.org/asca/media/asca/Publications/ratioreport.pdf>
- National Association of School Psychologists. (2016). *School-based mental health services: Improving student learning and well-being*. Retrieved from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>
- National Center for Education Statistics. (2016a). Number and percentage of public schools by presence of counselors, psychologists, and social workers on staff and selected school characteristics: 2015-16. *National Teacher and Principal Survey*. Retrieved from [https://nces.ed.gov/surveys/ntps/tables/ntps1516\\_027\\_s1n\\_04.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1516_027_s1n_04.asp)
- National Center for Education Statistics. (2016b). Number of students, number of full-time equivalent (FTE) counselors, psychologists, and social workers, and number of students per FTE counselor, psychologist, or social worker in public schools with those staff members, by selected school characteristics: 2015-16. In *National Teacher and Staff Survey*. Retrieved from [https://nces.ed.gov/surveys/ntps/tables/ntps1516\\_027\\_s1n\\_04a.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1516_027_s1n_04a.asp)
- National Center for Education Statistics. (2016c). Table 1: Total number of public school principals and percentage distribution of school principals, by race/ethnicity and selected school characteristics: 2015-16. In *National Teacher and Staff Survey*. Retrieved from [https://nces.ed.gov/surveys/ntps/tables/Table\\_1\\_042717.asp](https://nces.ed.gov/surveys/ntps/tables/Table_1_042717.asp)
- National Center for Education Statistics. (2017a). *Fast Facts: Teachers trends*. Retrieved from <https://nces.ed.gov/fastfacts/display.asp?id=28>
- National Center for Education Statistics. (2017b). *Status and trends in the education of racial and ethnic groups: Indicator 4, children living in poverty*. Retrieved from [https://nces.ed.gov/programs/raceindicators/indicator\\_RAD.asp](https://nces.ed.gov/programs/raceindicators/indicator_RAD.asp)
- National Center for Education Statistics. (2017c). *Status and trends in the education of racial and ethnic groups: Indicator 6, elementary and secondary enrollment*. Retrieved from [https://nces.ed.gov/programs/raceindicators/indicator\\_RBB.asp#info](https://nces.ed.gov/programs/raceindicators/indicator_RBB.asp#info)
- O'Connell, M., Kelly, B. B., Keenan, W., & Kasper, M. (2009). *Preventing mental, emotional, and behavioral disorders among young people progress and possibilities* (Policy Brief 1). Retrieved from <https://www.nap.edu/resource/12480/Preventing-Mental-Emotional-and-Behavioral-Disorders-2009--Report-Brief-for-Researchers.pdf>
- Peabody, M., Perryman, K. L., Hannah, M., Smith, L., & Sanyshyn, S. M. (2018). Improving mental health outcomes for young children through the implementation of the Primary Project. *Journal of School-Based Counseling Policy and Evaluation, 1*, 40-50.
- Perera-Diltz, D. M., & Mason, K. L. (2012). A national survey of school counselor supervision practices: Administrative, clinical, peer, and technology mediated supervision. *Journal of School Counseling, 10*(4). Retrieved from <https://eric.ed.gov/?id=EJ978860>
- Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfoerer, J. C., . . . Huang, L. N. (2013). Mental health surveillance among children – United States, 2005-2011. *Morbidity and Mortality Weekly Report, 62*, 1-35. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>
- Peterson, J., Freedenthal, S., Sheldon, C., & Andersen, R. (2008). Nonsuicidal self-injury in adolescents. *Psychiatry (Edgmont), 5*, 20-26.
- Rayle, A. D., & Adams, J. R. (2007). An exploration of 21<sup>st</sup> century school counselors' daily work activities. *Journal of School Counseling, 5*, 1-45. Retrieved from <https://files.eric.ed.gov/fulltext/EJ901169.pdf>
- Samuels, A. (2019, June 6). Texas governor signs school safety bills in response to Santa Fe High School shooting. *The Texas Tribune*. Retrieved from [https://www.upi.com/Top\\_News/US/2019/06/06/Texas-governor-signs-school-safety-bills-in-response-to-Santa-Fe-High-shooting/1121559846161/](https://www.upi.com/Top_News/US/2019/06/06/Texas-governor-signs-school-safety-bills-in-response-to-Santa-Fe-High-shooting/1121559846161/)
- Sanchez, A. L., Cornacchio, D., Poznanski, B., Golik, A., Chou, T., & Comer, J. (2018). The effectiveness of school-based mental health services for elementary-aged children: A meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*, 153-165.
- Siceloff, E. R., Bradley, W. J., & Flory, K. (2017). Universal behavioral/emotional health screening in schools: Overview and feasibility. *Report on Emotional & Behavioral Disorders in Youth, 17*, 32-38.
- Substance Abuse and Mental Health Services Administration. (2019). *Ready, set, go, review: Screening for behavioral health risk in schools*. Rockville, MD: Office of the Chief Medical Officer, Substance Abuse and Mental Health Services Administration. Retrieved from [https://www.samhsa.gov/sites/default/files/ready\\_set\\_go\\_review\\_mh\\_screening\\_in\\_schools\\_508.pdf](https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf)
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity-A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, substance Abuse and Mental

Health Services Administration, Center for Mental Health Services.

- Villares, E., & Dimmitt, C. (2017). Updating the school counseling research agenda: A delphi study. *Counselor Education and Supervision, 56*, 177-192. doi: 10.1002/ceas.12071
- Well, K. B., Kataoka, S. H., & Asarnow, J. R. (2010). Affective disorders in children and adolescents: Addressing unmet needs in primary care settings. *Biological Psychiatry, 49*(12), 1111-1120.
- Welsh Government. (2019, March 28). *Counselling for children and young people, 2017/18*. Retrieved from <https://gov.wales/sites/default/files/statistics-and-research/2019-03/counselling-for-children-and-young-people-2017-18-494.pdf>
- World Health Organization. (2018, September 18). *Adolescent mental health*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- Williams, K. A., & Chapman, M. V. (2012). Unmet health and mental health need among adolescents: The roles of sexual minority status and child-parent connectedness. *American Journal of Orthopsychiatry, 82*, 473-481. doi:10.1111/j.1939-0025.2012.01182.x