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PERCEPTIONS OF THE COUNSELING PROFESSION: FROM HEALTH SCIENCE GRADUATE FACULTY AND STUDENTS

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Counseling is considered a newer healthcare profession and possibly unknown to others. This study uses a post-positivist phenomenological approach exploring healthcare faculty and students' perceptions of counseling professionals after participating in a semester long interprofessional health promotions and maintenance course. Results indicated most professions are unaware of counselors, their scope of practice, and their benefit to interprofessional teams. Participants showed growth in their knowledge. Results indicate the importance of interprofessional education and need for advocacy awareness.

In comparison to other health and medical related professions, counseling is fairly young with some scholars calling counseling an “emerging profession” (Friedson, 1983; Mellin, Hunt, & Nichols, 2011). Some professionals still do not identify counseling as an independent profession. However, using standards for professionalization, groups achieve professional status after they (1) form associations, (2) choose a name not associated with other professions,

and (3) form ethical codes (Caplow, 1966). Counseling has been a profession since 1961 with the establishment of its first code of ethics, but still fairly young amongst other health related professions. Within this fairly young profession, many counselors struggle with defining professional identity and explaining who and what counselors do (Burkholder, 2012; Calley & Hawley, 2008; Gale & Austin, 2003; Myers, Sweeney, & White, 2002; Reiner, Dobmeier, & Hernandez, 2013). The confusion about professional identity is not necessarily all coming from the counselors, but from the term “counselor” often in use in daily life including but not limited to career counselors, investment counselors, camp counselors, and financial counselors. Their commonality is the use of verbal communication, but for very different purposes. Counselors must first define themselves for the general public. Additionally, within the area of mental health, the various professionals include counselors, social workers, psychologists, psy-

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chiatrists, and psychiatric mental health nurses (Neukrug, 2011). Thus, literature highlights a key criticism and a major issue for the professionals: counselors' inability to clearly define themselves and differentiate counseling from other mental health professionals (Neukrug, 2011; Myers, Sweeney, & White, 2002). This confusion amongst counseling professionals only adds to the perplexity of other health related professionals in medical fields such as nurses, physical therapists and dental hygienists. The confusion and uncertainty of identity leads to a lack of adequate recognition, a lack of understanding on the scope of practice, uncertainty regarding roles and responsibilities, conflicts related to power, and openness to stereotypes that can diminish the efficiency of collaborating interprofessionally (Mellin et al., 2011).

Furthermore, confusion and lack of knowledge of the counseling profession can possibly lead to negative or incorrect perceptions of the counseling field and of counselors. One example of a negative or incorrect perceptions is found in survey responses of "No" by greater than 50% of the 256 participants in relation to whether a counselor could address issues such as providing a comprehensive mental health evaluation or providing intelligence testing, or assisting a person incapable of meeting ordinary demands of life (Wantz & Firmin, 2011). Of these same participants only 22% indicated that professional counselors are competent to diagnose and treat mental disorders (Wantz & Firmin, 2011). These negative perceptions can be avoided or lessened through advocacy, education, and increased interaction between the disciplines (Myers et al., 2013; Reiner et al., 2013).

Interprofessional education (IPE) and collaboration is now the standard for increasing interprofessional interaction (Interprofessional Education Collaborative Expert Panel, 2011). Scholars list the benefits from interprofessional education in patient care, building mutual respect, improving perceptions of other professions, and providing more comprehensive, proactive services to clients (Quealy-Berge & Caldwell, 2004). The counseling profession appears to be represented in the research on IPE. Therefore, this paper focuses on the perceptions of faculty and graduate students from dental hygiene, physical therapy, and nursing after

an IPE interaction with counseling faculty and students. These groups were specifically chosen because of the limited scholarship on education and clinical collaboration between these groups and counselors. Below is a brief overview of selected professions and information related to existing collaboration between the groups.

Interprofessional Education and Collaboration

Interprofessional collaboration defined by the World Health Organization (WHO, 2010) is professional healthcare workers from different backgrounds working in cohesion with patients, clients, families, care takers, and communities to deliver the highest quality of care. Interprofessional education (IPE) is a pedagogical approach to teaching health professionals, including students, the skills needed to work in collaborative team environments (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). In addition to the WHO, IPE is supported by many professional healthcare organizations such as the American Association of Colleges of Nursing, American Physical Therapy Association and the American Dental Education Association (Zorek & Raehl, 2012). IPE is most often described as learning that involves educators and students in two or more health professions jointly creating and cultivating collaboration, according to the Centre for the Advancement of Interprofessional Education (2014). While each profession preserves their respective autonomy of practice, collaboration is interdependent (Reeves, 2012). Team members contribute to the success of collaboration by understanding the similarities and differences in the professions and share authority in decision making to create a unique patient assessment and treatment plan for total and optimal patient health (Reeves, 2012; Suter et al., 2009).

The data driven research on IPE, while not vast, includes professionals in nursing, medicine, pharmacy, dental hygiene, dentistry, and physical therapy (Lapkin, Levett-Jones, & Gilligan, 2013); however, no studies appear to include licensed professional counselors. Students' involvement in IPE is a strategy shown to have positive effects on attitudinal changes and perceptions towards interprofessional collaborations, communication, teamwork skills, knowledge of each other's roles and breaking

down of stereotypes (Ateach et al., 2011; Becker & Godwin 2005; Hind et al., 2003; McFadyen, Webster, Maclaren, & O'Neill, 2010; Oandasan & Reeves, 2005). While the literature varies in regards to which professions are most often included in IPE, there is support for curriculum changes within dental hygiene (Wilder et al., 2008b), from the American Association of Colleges of Nursing (2006) and the American Physical Therapy Association (2006). The specific role that counseling and counseling students may take can be seen in the review of each of the professions included in this study.

Physical Therapy. The purpose of the profession of physical therapy is to help reduce pain, prevent, improve or restore mobility, and prevent disability in people. Physical therapists provide care for people in a variety of settings, such as hospitals, outpatient clinics, home health agencies, schools, fitness facilities, work settings, and nursing homes (American Physical Therapy Association, 2013a). While not yet stated as an accreditation criterion, the 2013 Vision Statement for the Physical Therapy Profession fosters interprofessional approaches in clinical settings and education for best client outcomes (American Physical Therapy Association, 2013b). Data rich literature on interprofessional collaboration between counseling and physical therapy is scarce. While no articles were found demonstrating physical therapist and counselor's direct collaboration in an educational setting or clinical practice, one article acknowledged the positive impact of counseling in physical therapy (De Laat, Stappaerts, & Papy, 2003). However, a licensed counselor was not utilized; the physical therapists counseled the patients in the treatment of myofascial pain (De Laat et al., 2003). Another article found adaption of counseling theories that can be used by physical therapists, specifically the use of reality and choice therapy (Uppal, 2003). While extremely limited, the two articles are encouraging and may imply that physical therapists appreciate counseling and see the benefit. These results are encouraging and emphasize the need for better efforts to connect physical therapy and counseling. Along similar lines as the physical therapy profession, there is limited information on collaboration efforts in the classroom or clinically between counseling and dental hygiene.

Dental Hygiene. Dental hygienists are the main providers of preventive oral health services and early detection of both oral and systemic diseases. Clinical dental hygienists are employed in private dental offices, schools, public health clinics, hospitals, correctional institutions, or nursing homes (American Dental Health Association, 2012). Routine oral health visits are an important facet of overall health and can impact emotional and social wellbeing. As an example, periodontal disease is highly correlated to having diabetes, coronary disease and being a pre-term and low birth weight baby; because of these issues, oral health practitioners are most often an essential entry point to healthcare. Because dental hygienists are in a unique position in which they can identify these health issues they can be key in collaboration efforts to holistically treat clients and not provide treatment in silos. The Health Resources and Services Administration (HRSA) highlight the roles of the dental hygienists as interprofessional collaborators in total patient care through broader responsibilities (HRSA, 2004). While there were no empirical studies pairing licensed professional counselors with dental hygienists, collaboration opportunities could enhance patient compliance by applying tailored interventions to improve oral health, mental health and overall health.

Nursing. Nurses protect, promote, and optimize health and abilities, alleviate suffering, and prevent illness and injury. They also advocate for the care of individuals, families, communities, and populations. Nursing science encompasses the whole patient, family and caregivers. It is one of the professions that established The Interprofessional Education Collaborative (Interprofessional Education Collaboration Expert Panel, 2011), whose goal is interprofessional learning that prepares students for "deliberatively working together with the common goal of building a safer and better patient-centered and community/population oriented U.S. healthcare system" (p. 3). Nurses and nursing students are most often represented in the studies of IPE, but the studies do not include counseling professionals or students. However, close collaborations with counselors can only strengthen the ability to meet the often complex needs of today's healthcare consumers.

Significance

Interprofessional collaboration at the education and practical level is integral to maintain a high level of patient care and meet the demands of the changing world of healthcare (Mellin et al., 2011; Myers et al., 2002; Quealy-Berge & Caldwell, 2004). For interprofessional collaboration opportunities between counselors and other health professions, key changes must occur. Other health professionals must (1) perceive counseling and counselors as useful; (2) understand counselors' scope of practice; and (3) refer their patients to counselors when appropriate (Myers et al., 2002; Quealy-Berge & Caldwell, 2004). Additionally, counselors must (1) address and develop a sense of professional identity; (2) advocate and be knowledgeable of how they can serve as an integral part of an interprofessional healthcare team; (3) be flexible and eager to work with various professions; and (4) uphold a respectable attitude (Aitken & Curtis, 2004; Gale & Austin, 2003; Mellin, et al., 2011; Myers et al., 2002). Lack of empirical findings of group collaboration between allied health professionals such as dental hygiene, physical therapy, and nursing confirms the minimal partnerships with counselors or the contributions counselors could make to an interprofessional team.

These connections are not only important, but also vital, for enhanced, affordable, and quality patient care (Interprofessional Education Collaboration Expert Panel, 2011). Many concerns that patients have are multimodal and require a team. With many of these interprofessional healthcare teams, the social and emotional component of a patient is unvisited because of adherence to the medical model of patient care (Aitken & Curtis, 2004). In fact, 60% to 70% of clients who see physicians actually need mental healthcare (Cummings, 1991). Counselors, with a wellness perspective, can add another dimension to patient care that enhances the services patients receive (Aitken & Curtis, 2004; Myers & Sweeney, 2008). This study was conducted to gain a better perspective on how allied health professionals and students may view counselors. This research has education, practical, and advocacy implications.

Methods

First, the course in which faculty and students participated is described; following this description is an explanation of the methodology.

Asynchronous Course

Health promotions and maintenance is a well-established asynchronous required graduate level nursing course exclusively taught for and by nursing faculty. In fall 2012, graduate faculty members from counseling, dental hygiene, physical therapy, and nursing collaborated on revising the course for an interprofessional perspective. The topics in the course (i.e., adolescent development, early childhood, geriatrics, etc.) lend themselves to interprofessional education and therefore the topics were not changed. However, the topics' delivery was divided amongst the diverse faculty members from each discipline. As an example, the topic of early childhood s a graduate level physical therapy faculty provided the power point presentation with the addition and input from all faculty. Specifically, the counseling faculty sent an article and additional information about development from the perspective of Erick Erickson. Additionally, the faculty of nursing discussed the biological developments, and information was provided on the importance of dental hygiene during this developmental period. During the course, faculty met monthly using computer related technology and live meetings. Faculty members contributed to each topic and divided the grading for interprofessional group projects and individual student assignments. This allowed faculty members to work with students from all professions. For consistency, grading rubrics were co-developed by all faculty. The course launched online in spring 2013 with a total of 114 graduate students from nursing, counseling, dental hygiene, and physical therapy.

Materials

Blackboard was the course management system for this course. Students utilized discussion boards to communicate with professors and each other. With the use of discussion boards as the medium of communication, a record was maintained within the course management system. The final discussion board asked students

to reflect on their experiences of interprofessional collaboration that they faced throughout the semester. These reflections were recorded and used as the data source in this study. Faculty members developed a survey to reflect on their own perception of the counseling profession.

Participants

All students ($n = 114$) enrolled in the course during the spring 2013 semester had the opportunity to participate in the discussion board reflection post. Participants included graduate level nursing students ($n = 13$), dental hygiene masters level students ($n = 4$), and doctorate of physical therapy students ($n = 8$) who were all distance learners. The five faculty members, representing each profession who taught this course, were surveyed. The participants were matriculating in a graduate program or faculty in a graduate health related program at a mid-sized research one southeastern university. Participants' home locations can be described as rural, suburban, and urban with the majority of participants listing suburban residences. Majority of the participants in nursing had ten plus years of clinical experience, which was less for participants in counseling and dental hygiene. The physical therapy students are earning their professional degrees.

Post-Positivist Phenomenological Approach

This study is informed by a post-positivist approach to understanding perceptions of counseling and counselors from health science faculty and students. A post-positivist approach focuses on interpretations originating and developing directly from the data, not from existing studies or theories (Patton, 2002). In line with this approach, data collection and analysis should be systematic; hence the reason thematic analysis was chosen (Patton, 2002). For this investigation, following the post-positivist approach all results are evidence-based probabilities and are approximations of what participants experienced (Denzin & Lincoln, 2011).

Phenomenology theoretical approach was applied with the use of thematic analysis for coding. Phenomenology is an approach to qualitative research that focuses on the experiences of people (Moustakas, 1994). In this particular study researchers are interested in the percep-

tions of health science faculty and graduate students with the counseling profession. These experiences and interactions with counseling may lead to perceptions of counselors and the counseling profession.

Procedure

The university IRB approved the use of data gathered within this course. In addition, students were aware that participation in any surveys used for research would be completely voluntary. To identify core themes discussed surrounding the profession of counseling or counselors, a thematic qualitative method of inquiry was utilized. The faculty participants were required to conduct a survey to gather information, which was voluntary and their participation did not affect their reputation with the university or other faculty members. Data collection lasted 15 days for faculty members and discussion board threads were used from students.

Research Team. The research team included two people: one female advanced masters level graduate student who has extensive qualitative methodology and analysis experience and one female assistant professor who has extensive qualitative experience. Both faculty and student were affiliated with a counseling graduate program at a mid-sized southeastern research one university. The research team engaged in individual coding, consensus coding, and meetings via email and one in-person meeting. Researcher bias was addressed through the lead investigator before the start of the study defining her major assumptions, including (1) Faculty and students will have limited knowledge of counseling and (2) Counseling will be seen as an undervalued member of a healthcare team. These biases were also discussed during peer examination and peer debriefing sessions throughout the course of the study.

Peer Examination. Following the suggestion of Lincoln and Guba (1985), peer examination was used as an additional method of insuring creditability and trustworthiness of the findings. This method is used to keep the researchers honest, to check assumptions by the researchers, and to discuss evolution of the study. The research team leader, a faculty member, located an impartial colleague who has experience with qualitative methods to re-

view the methodology, to be involved throughout the research process, and to review the findings against the transcripts. Issues that arose or concerns were discussed during three peer meetings where debriefing occurred.

Establishing Rigor and Trustworthiness. Along with peer examination, the researchers also completed additional steps recommended by Hays and Singh (2012) to establish rigor and trustworthiness of the findings. Step one: confirmability, defined as the amount of interpretations of findings that genuinely represent the participants lived experiences and reflections. This was accomplished through use of member checking in which faculty and staff had the opportunity to read over the reflections and interpretations made by researchers. Only faculty utilized the opportunity to review reflections but one hundred percent agreed to the final interpretations. Step two: authenticity, represents all investigators' adherence to the goal of not misrepresenting the findings or any reflections made by faculty or students. Consensus coding was used to create a space where authenticity was the goal and checked by several investigators during all stages of coding and delivery of findings. Step three: ethical validation was accomplished by a shared ethical obligation, shared ethical standards adopted from our university human subjects training, and a vested interest in common good for all professions involved and in particular for the counseling profession, which has in some ways experienced marginalization by the healthcare industry. Our ethical obligation as we deemed was to investigate and provide insight on the perceptions of the counseling field, with the understanding that these reflections and perceptions have direct implications to counseling's longevity in the healthcare arena. We believe through establishing rigor for the investigation, maintaining trustworthiness, and conducting peer examinations the results are accurate and equate to substantive validation (Hays & Singh, 2012), in which the findings contribute significantly to the counseling profession.

Analysis. Luborsky's (1994) technique for thematic analysis was utilized because of the ability to highlight direct representations of participants view points, beliefs, perceptions, and opinions. Luborsky's technique highlights the importance of theme analysis by emphasizing

the ability to have insight into belief systems, motivation, interpretations of information, and responses to events. The following steps were conducted by a two person research team, which was composed of an advanced masters level student and an assistant professor: (1) Read all posts without taking notes; (2) Read all posts and identified main points and preliminary topics; (3) Summarize preliminary topics, defined as a descriptive label describing a common theme; (4) Agree on initial preliminary topics; (5) Independently code transcripts and identify themes in the text (themes are generalized verbatim statements); (6) Data interpretation individually and consensus interpretation of all text; and (7) Agreement of final patterns and themes. In this particular study, final patterns are divided by profession and within each professional section major topics are highlighted. Researchers agreed on the following patterns: (1) Nurses' perception of counselors; (2) Dental hygienists' perception of counselors; and (3) Physical therapists' perception of counselors.

Results

This research endeavor sought to understand the perceptions of counselors and the counseling profession from health science professionals and students after participating in a semester long asynchronous health promotion and maintenance course. Overall results from both faculty and students showed a lack of information on the scope of the counseling profession, limited knowledge on the differences between counseling and other helping professionals, and finally lack of knowledge on roles. Specifically, results are presented as follows: student's perceptions with four major patterns emerging, and faculty perceptions of the counseling profession. Patterns show the shift in attitudes for all participants. Table 1 displays a snapshot of themes from both students and faculty.

The student themes and comments focused on their initial misconceptions of what counselors did and how they now realized how valuable the counseling profession was in meeting overall population healthcare needs. The faculty perceptions were more in-depth. The entire faculty has had, or continues to have, a robust clinical practice and they initially felt they had some idea of the counseling profession. Most

faculty members did change their opinion of the profession after teaching the course and working with the counseling faculty. Overall, the counseling profession had been undervalued by faculty and the work preparing for and team

teaching the course had been extremely helpful in refining their understanding of the profession. The table charts all themes and major reflections from students as well as faculty.

Table 1
Themes from Faculty and Students

Themes	Student Perceptions of Counselors		
	Nursing	Dental Hygiene	Physical Therapy
Lack of knowledge	<p>"I wasn't aware about the role of counseling in clinical areas."</p> <p>"[I] learned how little I knew about counseling."</p> <p>"learned more about the valuable contribution the counselors can make" and "how their roles are important from the beginning in developing a plan of care for patients."</p> <p>"had not had much interaction with counselors."</p>	<p>"I really didn't know how they perform clinically."</p> <p>"knowledge of the roles...[was] so limited that just about everything I learned about them was new to me."</p> <p>"I learned so much about the role of counselors"</p>	<p>"surprised at the wide scope and referral source that counseling gets."</p> <p>"surprised to learn the role of the counselor in the acute/hospital setting."</p> <p>"roles of counseling...in the acute setting"</p> <p>"[surprised] about their level of involvement with serious situations."</p>
Scope of counseling	<p>"It was difficult for me to wrap my head around all the various counseling techniques and theories."</p> <p>"they provide a wide range of services"</p> <p>[learning about] "the amount of exercises and activities that counselors utilize to work with their patients."</p>	<p>"was very impressed with the [counselor's] input put forth when developing our health maintenance projects."</p> <p>"provide [a] more comprehensive approach and treatment to patients."</p>	

Table 1
Themes from Faculty and Students (continued)

Themes	Student Perceptions of Counselors		
	Nursing	Dental Hygiene	Physical Therapy
Importance of counseling	<p>“The counseling discipline should be better utilized and used to address numerous problems of the population.”</p> <p>“able to offer a greater understanding of many healthcare topics”</p> <p>[help with] “looking at the patient from a global perspective.”</p>		
Interaction with counselors			<p>“I was not exposed to either profession in the hospital setting.”</p> <p>“never had any interaction with counselors during my internship.”</p>
Themes	Faculty Perceptions of Counselors		
	Nursing	Dental Hygiene	Physical Therapy
Difference between counseling and other professions	<p>“I don’t believe it was clear to me however, what the difference in practice was between a counselor, BSW, MSW or psychologist.”</p> <p>“did not understand the differences in training and responsibilities between the social worker, counselor, therapist, and PhD counselor.”</p> <p>“[the difference] between those that actually “counsel” individuals and those that work on finding resources.”</p>		<p>“When I thought of counseling I often thought of social workers, psychologists, and psychiatrists.”</p>

Table 1
 Themes from Faculty and Students (continued)

Themes	Faculty Perceptions of Counselors		
	Nursing	Dental Hygiene	Physical Therapy
Value of counselors	<p>“The profession has become a little clearer. ... Now I see that I probably undervalued them (counselors) and the profession.”</p> <p>“I did not realize how “young” the profession was. ... Your profession struggles to develop an identity similar to that of nursing.”</p>		
Understanding the role of counselors	<p>“[Importance of mental health professionals specifically with] the behavior issues some older adults experience with dementia that is by far the most stressful event in the lives of their family members.”</p> <p>”[impressed with] your [counselors’] scientific background , and the specific roles that your students can fulfill upon graduation.”</p>		<p>“individuals that would assist you through counseling methods to help resolve issues that were impacting your ability to function day to day.”</p> <p>“[counselors provide] certain tests dealing with cognitive and psychosocial functions to help with diagnosing.”</p>
Collaboration between healthcare professionals	<p>“I do feel there is much more opportunity to work together than I ever imagined before.”</p> <p>“not only have we trained in our own silos we have gone on to practice in our own silos and it has contributed to our healthcare system being in its current crisis.”</p>	<p>“If I had the privilege of working with a counselor, perhaps we could have made quicker progress [with the patient].”</p> <p>“working together interprofessionally is paramount to providing the best possible care to patients.”</p>	

Student Perceptions

Four themes emerged from the data analysis process from participants: (1) Lack of knowledge of the counseling profession occurred the most frequently; (2) Scope of counseling, was a theme mirrored in transcripts from nursing and dental hygiene students as well as some faculty transcripts; (3) Importance of counseling, again was mirrored in both faculty and student transcripts and focused on what counselors could potentially offer in clinical settings; and (4) interaction with counselors, which was only articulated by physical therapists. However, a nursing faculty member also mentioned this theme, and we would argue that because of participation in class, all students have had the opportunity to interact with counselors.

Faculty Perceptions

Five faculty members who participated in team teaching the asynchronous semester long interprofessional course provided their perceptions of counselors and the counseling profession before and after teaching the course. In terms of diversity, faculty included 100% women, 75% White American and 25% African American, 75% with 15 plus years clinical experience and 25% with less than 15 years clinical experience. Most indicated working in a variety of settings including hospitals, outpatient clinics, K-12 schools, and in academia. Specifically, two nursing faculty members (one advanced lecturer and one assistant professor), one physical therapy associate professor, one counseling assistant professor, and one dental hygiene assistant professor provided their perceptions. Results for faculty were summarized together and overall themes were generated using thematic analysis and open coding. The counseling faculty member's transcript was analyzed separately. Below the investigator will reference four transcripts (i.e., 2 nursing faculty, 1 dental hygienist faculty, and 1 physical therapist faculty).

For the most part, professors' perceptions of counseling profession and counselors changed. Specifically four themes emerged: (1) Difference between counseling and other professions, which was reflected by nurses and physical therapists; (2) Value of counselors, which was exclusively reflected amongst the nursing faculty; (3) Understanding the role of counselors,

which was reflected in both nursing and transcript from the physical therapist faculty member; and (4) Collaboration between healthcare professionals, which was reflected amongst nursing and dental hygiene.

The counselor professor reflected that her view of counselors had expanded, specifically stating, "Before embarking on this journey I knew that counselors were and are important; however, I think this experience has heightened and expanded my vision into what counselors can do. I no longer see us confined to a small office with a chair and a sofa; I now know that there is a place for us in telehealth, in hospital settings, in urgent care settings, on military bases, etc. My view of counseling has expanded and for that I'm thankful."

Discussion and Conclusion

Results will be explained from a post-positivist phenomenological approach in which neither theory nor definite answers were sought. This investigation was much more invested and interested in participants lived experiences in terms of participating in a semester long asynchronous interprofessional course. Specifically, researchers of this study were interested in perceptions of the counseling profession and of counselors before and after the semester-long asynchronous interprofessional course from the perspectives of health science students and faculty. Faculty and students were chosen because these individuals are key to future healthcare delivery. As an example, faculty shape and mold their students; knowledge is inherently transferred from faculty to student throughout a semester long course and throughout the program of study for the student. If health science faculty have had positive interactions with counselors and are knowledgeable about the scope of practice, then students will be privy to that information, hear examples of how counselors can contribute to a healthcare team, and it is more likely that when discussions of interprofessional education and collaboration occur faculty will feel comfortable sharing about counselors' potential roles.

One common theme that led to this successful experience among students and faculty included enabling counseling students to understand their own professional identity while gaining an understanding of other professional

roles on the healthcare team. There has been little research conducted exploring the perceptions of healthcare professionals toward counseling as part of a collaborative healthcare team; however, one study by Hind et al. (2003) explored student perceptions and stereotypes of health and social care professions. They found that students rated social workers' leadership and professional competence highly but rated practical skills low as compared to other healthcare professions. This perception of strong team leadership may be beneficial as IPE is integrated into health science programs. It has been the norm that physicians hold the highest of leadership roles in patient care; however, as healthcare moves toward a more patient-centered model, allied and behavioral health professionals may be expected and encouraged to take a more active leadership role.

This study underscores the need to further investigate potential influence of IPEC on attitudes and perceptions of counselors by other healthcare professionals. Further, this study emphasizes the need to introduce IPE in the healthcare curricula early to maximize opportunities for positive attitude and perception change toward counselors where possible.

Results were encouraging and showed that a semester long interprofessional experience course may change perceptions of the counseling profession by other healthcare providers. An observation is the confusion surrounding the differences amongst counseling and other health professions, such as psychologists and social workers. One can speculate that this is because other health professions may have more exposure to social workers (i.e., they are in hospitals) or psychologists (i.e., older helping profession); however, research also shows that counselors themselves are often confused about the difference, leaving them unable to explain to other professionals (Myers et al., 2002; Neukrug, 2011). This calls for increased instruction in the area of professional identity for counseling students, which is paramount in being able to self-advocate amongst different groups. Overall, findings from this study indicate that there were discernible positive attitude changes toward counselors by the end of the course.

Implications

Described below are implications from this research separated by interprofessional educa-

tion and collaboration implications, public and educational policy, and counseling practice and advocacy implications. Future directions for research are incorporated in every section and limitations are discussed.

Interprofessional Collaboration and Education

Interprofessional education (IPE) is currently being embraced by most healthcare (or helping) professions (Lapkin et al., 2011). The goal is to prepare students to work closely with other professions, understand what other professions actually do, and know how to be an active and equal participant in caring for patients. Not all students are at the same level of readiness when the training begins and the faculty are learning to educate interprofessionally at the same time. As a result, it is important to recognize that the process of IPE will change as the numbers of individuals trained continues to expand. While some professionals have more history working interprofessionally than others, the IPE movement is important in increasing our ability to improve effective collaboration. Assembly line care, passing the patient from one discipline to the next, is not the best way to provide the most efficient care for our patients. Training a new generation of providers to think of the whole person and their unique needs and to fully understand what other professions provide can improve our patient's outcomes (Barr, Koppel, Reeves, Hammick, & Freeth, 2005). Counselors, with their training in building interpersonal relationships, communication, building rapport, and holistic intervening can be the leaders in interprofessional collaboration. However, it must start with education. This is a call for all counselor education programs to review their core and elective courses and add a module focused on interprofessionalism. Interprofessional Education is the key to building interprofessional relationships amongst healthcare providers and it transcends the siloed approaches to education, where each profession focuses only on their specialty area (Abu-Rish et al., 2012; McClelland & Kleinke, 2013; Interprofessional Education Collaborative Expert Panel, 2011; WHO, 2010). This research changed the knowledge base of both faculty and students regarding the counseling profession beyond that which occurs in classes that occur in isolation. This research

supports findings as noted by Barr, Helme, and D'Avray (2014).

Further research is needed to evaluate the effects of IPE once students are in the workforce. Providing this experience as early as possible in the education process, before they become fully acculturated into their specialty, is vital (Cooper, Carlisle, Gibbs, & Watkins, 2001). Evaluating the best methods of introducing the concepts of IPE and how to effectively present the material to students will be helpful as we plan further courses.

Public & Educational Policy

All professions need to advocate for accreditation standards that include interprofessional education such as the elements identified by the accreditation bodies for nursing (Commission Collegiate Nursing Education, 2013), dental health (Commission on Dental Accreditation, 2013) and physical therapy (Commission on Accreditation in Physical Therapy Education, 2011). Currently the Council for the Accreditation of Counseling and Related Educational Programs has no information on its website searching terms interprofessional or interprofessional education. Counseling needs to establish standards for education taking the students out of silo learning. This should stimulate further development of IPE at all levels of education including pre-professional education, professional, and post-professional education incorporating classroom and clinical sites.

Counselors need to be included in state and national meetings where IPE is being discussed and endorsed as a top priority especially in the arena of reimbursement where there is movement away from fee for service and into pay for performance and value-based service delivery (American Dental Association, 2007). Physical therapy and nursing are moving into those areas. Fee for service is the most-used system by counselors and is most often out of pocket. Many payment programs provide insufficient reimbursement for counseling which is often an optional service as in Medicaid coverage (Medicaid, n.d.). With the projected increase of the insured through the Affordable Care Act (ACA), there is new incentive to advance interprofessional practice. ACA will influence the development of new reimbursement models. Counselors need to be included in the discussion for

these changes as well as to be recognized as players on the team. IPE is aligned with creating a better health system.

Future research should incorporate counseling professionals and students as subjects in studies of empirical data especially concerning outcomes from IPE. The studies need to incorporate patient outcomes especially as related to cost-saving and the impact of IPE on the accreditation of programs in counseling.

Counseling Practice & Advocacy

Studies have found that social workers, counseling psychologists, and psychiatrists have all been involved at some level with interprofessional clinical collaborations and, at some level, education (Cubic, Mance, Turgesen, & Lamana, 2012; Hertweck, Hawkins, Bednarek, Goreczny, Schreiber, & Sterrett, 2012; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013). It is time for counselors to advocate being a part of these collaborations, because the benefits, including cost effective patient care, enhanced patient care, and proactive care, outweigh the risk (Quealy-Berge & Caldwell, 2004). One of the risks of interprofessional collaboration is maintaining a sense of counselor professional identity while continuing to work as a team (Kvarnstrom, 2008), which could be a challenge. However, advocating for educational practices that focus on professional identity at the master's level can help alleviate this challenge. Along with advocacy for counselors' involvement, it is duly important to advocate for clients to receive the best possible cost-effective care. It is quite likely that interprofessional collaboration has the ability to offer this environment for clients.

Limitations and Future Research

Since all researchers who taught this course had strong positive feelings toward interprofessional collaboration, researcher bias may have occurred. In addition, there was minimal anonymity among faculty participants; unwarranted positive feedback could have contributed to participant bias.

This article has highlighted how education might influence shifts in perceptions, and research has highlighted how perceptions can reinforce stereotypes (Oandasan & Reeves, 2005). The combined meanings of those findings high-

light how important it is that counselor educators incorporate modules focused on interprofessional education, reach out across the campus to health sciences to collaborate on curriculum changes and education initiatives; and for practicing licensed counselors to utilize resources in their area, become knowledgeable of local health professionals, educate themselves on the current shared language of health and medical workers (i.e., IPEC core competencies for interprofessional collaboration), and advocate for a voice in the world of healthcare and interprofessionalism. Interprofessional education, intercollaborative team work, and implementation of strategies that lead to more productive forms of interprofessional collaboration is instrumental to preparing the current generation of healthcare professionals as well as the next generation of healthcare professionals (Evans, Pettus, & Higgins, 2011).

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