



Interdisciplinary Collaboration Challenges Faced by Counselors in Places Where Professional Counseling is Nascent

Kok-Mun Ng¹ · John J. S. Harrichand² · Gideon Litherland³ · Edward Ewe¹ · Kaj Deborah Kayij-Wint⁴ · Rakesh Maurya⁵ · Gretchen Schulthes⁶

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Abstract

The counseling profession may be considered well established in some parts of the world; however, in most countries it remains non-existent or a nascent profession. For the internationalization of counseling to take place, leading to establishment and advancement, the counseling profession needs to engage in interdisciplinary collaboration. Such a process enables a meaningful inclusion of counselors in professional spaces to allow them to meet the socio-emotional needs of clients and communities. In this article, the authors examine the challenges and barriers counselors experience when participating in interdisciplinary professional environments, specifically in places where the counseling profession is a nascent field. We also recommend strategies for counselor educators, supervisors, trainees, practitioners, and professional organization leaders to employ in efforts to address and overcome some of the challenges and barriers and advocate for the inclusion of counselors as valued members in interdisciplinary settings.

Keywords Interprofessional collaboration · Interdisciplinary · International counseling · Professional advocacy · Professional challenges

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Relative to psychology, psychiatry, and social work, the counseling profession is a new kid on the block under a large umbrella of helping professions across the world. Though the International Association for Counselling (IAC, n.d.) is currently geo-

graphically mapping the counseling profession, to date, there is no published country-level data on the presence and status of professional counseling as defined by the existence of an established regulatory system of credentialing, accreditation, licensure, professional representation, and advocacy for the interests of the profession and its members. While professional counseling may be considered well established in the United States and some English-speaking countries (e.g., the United Kingdom and Australia; Brady-Amoon & Keefe-Cooperman, 2017), in most countries (e.g., Brazil, Myanmar, and Saudi Arabia), it appears to be non-existent, or remains a nascent profession (e.g., India and China). Understandably, counselors in places where the profession is a relatively new discipline would face difficult challenges in their attempts to build credibility, legitimacy, respect, and career viability locally and internationally. This is particularly the case when interdisciplinary collaboration is central and critical to their work and professional advancement.

Helping professionals do not practice independently nor in isolation. Typically, these professionals, including counselors, work collaboratively with others in interdisciplinary clinical settings as practitioners (Okech & Geroski, 2015; Klein & Beeson, 2022) and, increasingly, in interdisciplinary research teams. Interdisciplinary collaboration among the helping professionals to promote client and community welfare is highly valued and strongly encouraged (Johnson & Freeman, 2014). However, based on our personal experiences and observations, anecdotal reports from colleagues, and scholarly literature (e.g., Brady-Amoon & Keefe Cooperman, 2017; Carter et al., 2017; Johnson & Mahan, 2019; Klein & Beeson, 2022; Zanskas et al., 2022), counselors from across socio-cultural backgrounds continue to experience barriers and challenges in their efforts to gain professional legitimacy. These difficulties are often related to lack of governmental recognition, competition with other more established mental health professions, and a lack of training on interprofessional work.

As a result, counselors often struggle to gain equitable reception in interdisciplinary settings. Such experiences are alluded to in the literature on the development of counseling in different parts of the world (e.g., Klein & Beeson 2022; Okech & Geroski, 2015; Richards et al., 2012; Schofield, 2013; Szilagyi & Nedelcu, 2013). For example, when compared to licensed psychologists and social workers, professional counselors in the United States still do not enjoy full/independent billing privileges for Medicare, a government-sponsored health insurance program for people aged 65 and older (Fullen et al., 2020a, b). Professional practice inequities, such as Medicare ineligibility for counselors in the United States persist even though professional counselors are well prepared to help alleviate mental health professional shortage areas that impact the older population (Johnson & Brookover, 2020).

As professional counselors and counselor educators in the United States, with some from international backgrounds (i.e., Canada, Democratic Republic of Congo, India, and Malaysia), we are engaged and informed about counseling outside of the United States via active research and cross-national professional engagements. We sincerely believe there is a need for the global professional counseling community to engage in systematic discourses on how to prepare counselors, educators, and counseling leaders to advocate for inclusion of counselors as valued members in interdisciplinary places of work. Meaningful inclusion of counselors will allow us to achieve

our vocational purpose as healers and contributors of socio-emotional wellness to individuals and communities. We contend that inclusion of counselors in interdisciplinary contexts is vital to the advancement of the counseling profession locally and globally. Further, full recognition of professional counselors as qualified professionals would increase access to mental health services in every community. There is a need for practitioners and leaders across the helping professions to work together, set aside professional territorial disputes, and increase mutual understanding and respect so they can collaboratively help to improve the welfare of clients and communities.

Therefore, in this article, we aim to highlight and examine the challenges and barriers professional counselors face in relation to participating in interdisciplinary professional environments, particularly in communities where the counseling profession is a nascent field. We also seek to recommend strategies that counselor educators, supervisors, trainees, practitioners, and professional organization leaders can use to address and overcome some of these barriers and challenges. Because counseling practice environment varies widely across the world due to contextual factors (e.g., existence of counseling practice licensure, professional advocacy resources, the stages of development of the profession, and unique socio-cultural-political factors), we select to focus our discussion on issues more relevant to places where the counseling profession is in its early stages of development. We believe that the challenges faced by counselors in these environments are reflective of those encountered by most nascent, burgeoning professions. We further believe that lessons and resources can be drawn from critical and contextualized application of existing relationships on collaboration and team development. This paper represents an attempt to advocate for greater recognition and inclusion of counselors as integral members of socio-emotional wellness treatment teams in their respective communities. We hope that this paper will motivate counselor educators, supervisors, practitioners, trainees, and leaders to give due attention and systematically examine the myriad issues involved. We first discuss interdisciplinary collaboration prior to elucidating its relevance and challenges for counselors.

Interdisciplinary Collaboration

As early as 1974, the recommended approach to patient/client care has been interprofessional collaboration (IPC), an approach that has been promoted as the standard of care (Gilmore et al., 1974). Today, IPC in clinical settings comprises various practitioners working in unison and sharing their knowledge while providing integrated services and participating in decision making that is both informed and comprehensive (Engel & Prentice, 2013; Johnson & Mahan, 2020). According to Johnson and Mahan(2019), IPC was identified “as the most cost-effective way to provide quality and complete patient care” (p. 637). They noted that although mental health professionals were theoretically included in IPCs, their involvement was infrequent. In recent years, IPCs have become more intentional in including behavioral health providers and mental health professionals as members, stemming from the renewed commitment of the World Health Organization (WHO, 2010) toward mental health care and focus on improving the overall access and quality of patient care. While

professional counselors may be more frequently included in IPC in places where they enjoy reasonable levels of recognition, such as in the United States, this does not appear to extend to contexts and environments where the professionalization of counseling is in its early stages and IPC is not as commonly practiced.

As a framework, IPC was studied as a comprehensive strategy (Blount, 2004; Poulton & West, 1999; Xyrichis & Lowton, 2008) for mental health care providers to utilize when addressing major medical and mental health challenges (Johnson & Mahan, 2019). Including behavioral health providers and professional counselors in IPC helps ensure clients “are provided better quality care and more holistic care” (Johnson & Mahan, 2019, p. 637) and receive equitable health care by attending to discrepancies within the healthcare system (Vogel et al., 2014). Such professional inclusion increases clients’ access to mental health care, which can positively impact their quality of life, resulting in decreases in mental and physical symptoms (Cox et al., 2014).

IPC, as a professional activity, facilitates the professional development of behavioral and mental health providers. Through IPC, practitioners become more well-rounded with new skills and overall competence and increase their scope of practice (Johnson et al., 2014). IPC also seems to result in “intra-professional communication, mutual respect, increased levels of confidence, improved psychological well-being, enhanced job satisfaction, increased knowledge, more professional opportunities, and increased awareness” (Johnson & Mahan, 2019, p. 637). Other counseling researchers have also commented on the benefits of IPC. For instance, Mellin et al., (2011) noted that IPC strengthens professional identity. Similarly, Cox et al., (2014) shared that IPC empowers counselor-in-trainings to experience increases in efficacy and accuracy in case conceptualization and treatment planning. Research further supports that interprofessional training facilitates development of team skills among counseling and social work students (Zanskas et al., 2022). Important to note, however, this research appears to mainly come from mental and behavioral health settings in the United States. Research in non-U.S. settings is needed to shed light on contextual and cultural factors related to this topic.

Foster-Fishman et al. (2001) presented an integrative framework of collaboration rooted in member capacity, relational capacity, organizational capacity, and programmatic capacity. We believe that this framework (Table 1) presents a useful model for counselors to conceptualize the critical elements of IPC and how they can position and equip themselves to organize or participate in such efforts. Counselor educators and trainers can also use this framework to design related training for counselor trainees. Knowledge on how collaborative activity should operate does not, however, prevent counselors from experiencing challenges and barriers to being included and valued in interdisciplinary settings.

Challenges and Barriers to Collaboration

Difficulties may arise in interdisciplinary settings given the many unique professional knowledge bases, skills, and identities among team members who come from diverse training backgrounds. Given a lack of professional counseling-specific scholarship

Table 1 Critical Elements of Collaborative Capacity by Foster-Fishman et al. (2001) Adapted for Counselors

	Definition <i>*adapted from Foster-Fishman et al. (2001)</i>	Facilitative Factors
Member capacity	<i>Member capacity involves members' core skills and knowledge related to the project/initiative, in addition to their attitude and commitment towards the project/initiative.</i>	<ul style="list-style-type: none"> ● Identify skills/knowledge sets and unique assets ● Provide trainings: technical, programmatic, relational ● Provide incentives and fostering intergroup interactions ● Foster, celebrate, and support diversity
Relational capacity	<i>Relational capacity involves a positive working climate, creating a shared vision, promoting power sharing, and valuing diversity across internal and external relationships.</i>	<ul style="list-style-type: none"> ● Create and follow group norms ● Identify shared goals ● Facilitate inclusive decision-making processes ● Build external relationships
Organizational capacity	<i>Organizational capacity includes effective stewardship, by current and emerging leaders, of collaboration processes and formalized procedures of engagement.</i>	<ul style="list-style-type: none"> ● Designate leaders across involved organizations ● Formalize roles, develop task focus and quality plans, and engage in active communication ● Develop infrastructure ● Values ongoing evaluation and feedback
Programmatic capacity	<i>Programmatic capacity includes the clarity and pragmatic nature of goals to uniquely address the cultural and contextual needs of the community.</i>	<ul style="list-style-type: none"> ● Dedicated time + funds ● Realistic goals ● Fulfills unmet community needs with valued services using culturally competent designs

focused on challenges and barriers in interdisciplinary collaborations, our discussion on these topics is mostly limited to scholarly work found in the broader social sciences literature.

Existing literature suggests that challenges and barriers to IPC are multisystemic in nature. Stokols' (2006) identified challenges include conflicts among disciplinary/professional views and/or worldviews, lack of informal social ties, unrealistic expectations of project scope, ambiguity of goals, tensions from competing stakeholder agendas, macro-organization coordination/dedication of energy, geographic dispersion and/or reliance on technology, and process factors that contribute to inertia during collaboration. These types of barriers and challenges parallel much of the work of Foster-Fishman et al. (2001), highlighting the reality that barriers to collaboration exist across multiple levels, ranging from the individual to the organization, and the macroculture. Patel et al.'s (2012) systematic review of the literature arrived at a similar observation noting that “constraints on collaboration may be found at an

individual and team levels, at a process and task level, at a support level, and at an organizational level” (p. 14). Although individuals may seek to collaborate, barriers exist at all levels.

In an effort to develop a collaborative model for industrial, business, and research sectors, Patel et al. (2012) presented a typology of potential barriers to collaborative work that identifies seven barrier types: nonsupportive organizations, inadequate resources/partner arrangements, weak management, poorly planned projects, technology orientation, inadequate knowledge management, and unacceptable costs. These authors specifically noted that cultural dynamics and time barriers might often serve as constraints within collaborative relationships. Just as factors to promote collaboration may occur at any given level, so too, may challenges and barriers exist at any given level of collaboration.

In counselor preparation contexts, Okech and Gerosky (2015) are among the few who have written specifically about IPC. These authors appear to be the first to detail a model of IPC and share their experience as part of a U.S.-based IPC. The IPC that Okech and Gerosky discussed included counseling graduate students and faculty, social workers, nurses, as well as internal/family medicine doctors. It was focused on an interdisciplinary training collaborative that employed the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol used by multiple health care training programs in their institution. The protocol provided an organized, shared structure of client care. The authors attributed the interdisciplinary training challenges they experienced throughout the process to siloed training models, discipline-specific orientation, values, and attitudes.

Carter et al. (2017) another group of U.S.-based authors, examined IPC barriers that occurred across the mental health professions, including psychiatry, psychology, psychiatric nursing, counseling, and marriage and family therapy. Based on 60 years of literature, Carter and colleagues identified interprofessional conflict as the main barrier to collaborative work. Such conflict negatively impacts client care as “clients have been harmed or died because of a poor quality of care affected by interprofessional conflict” (p. 2). As such, it is critical for practitioners, professional leadership, and mental health policy makers to pay attention to such conflict regardless of their geographic and national settings. Developing strategies to collaborate, and particularly to address such interprofessional conflict, seems urgent for the protection of clients from harm in clinical IPC.

Challenges and Barriers Experienced by Counselors in Developing and Non-Western Nations

Generally speaking, the development of the counseling profession in non-Western countries is relatively new. In most of these countries (e.g., Botswana, China, India, Malaysia, and Nigeria), counseling started mainly in secondary schools to provide career guidance to students (e.g., See & Ng, 2010; Stockton et al., 2010). These services expanded over time to become professional practices that include mental health counseling. This growth was often accompanied by some form of national professional organization or representation. As the counseling profession grows in

these countries, counselors are likely to experience challenges and barriers related to recognition and inclusion by other mental health professionals. Such challenges and barriers are associated with being a new profession that lacks recognition and role comprehension by the larger society and fellow helping professionals in their respective countries. Other challenges and barriers experienced by these counselors include, but are not limited to: stigmatization of mental health counseling in their societies, reliance of immediate social support for socio-emotional needs instead of professional help, lack of public funding and policies supportive of mental health counseling, lack of systematic quality training and certification, adaptation of Western-based mental health treatment models, competition from paraprofessionals providing mental health services, lack of effective national leadership to advocate for the profession, lack of interprofessional networking, lack of access to information technology, isolation from and exclusion by other more established mental health professions, and lack of governmental recognition (Aluede et al., 2005; Lester et al., 2018; Okocha & Alika, 2012; Rahman & Atan, 2013; Shi, 2018; Stockton et al., 2010; Yuen, 2011).

Though interdisciplinary collaboration is critical to the work of counselors and counselor educators, our recent search of the literature using PsyArticle, PubMed, and Google Scholar (search terms: interdisciplinary collaboration, counseling, counselor education) did not reveal any publications that specifically addressed the subject in developing nations where the counseling profession is predominantly in its nascent stages. However, based on what is available in the literature that discusses the growth and development of professional counseling in various developing countries, we offer some well-reasoned inferences. In discussing the challenges and barriers faced by professional counselors in various developing countries, it is not our intent to portray these counselors from a deficit perspective viewing them as less than. Instead, from an advocacy perspective, we hope our paper will help spark larger conversations, research, and excitement about efforts to promote professional growth locally and globally.

Collaboration Challenges in Developing and Non-Western Nations

While it is encouraging to see that counseling as a profession has been advancing internationally in the last several decades (Ng & Noonan, 2012; Pelling, 2021), the formalization and professionalization of counseling in developing nations continues to encounter challenges and obstacles like those experienced by any nascent profession because little is known about them and competition exists with better recognized, more established, and closely related professions. Challenges faced by professional counselors in these contexts, including barriers to equitable inclusion in interdisciplinary collaboration, seem to be related to their experience of limited training availability, lack of locally-established practice standards, and the adoption of Western-based models of practice and training. Cultural implications of adopting these models pose complications for professional identity development and practice in these nations because of significant cultural differences. International collabora-

tors' failure to appreciate such challenges experience by counselors, a type of ethnocentrism, will present serious obstacles to equitable international collaboration.

While globalization and information technology advancement have opened doors to unprecedented international collaborations, participation of counselors from developing countries in international collaborations, whether they are interdisciplinary or not, remains challenging. Despite their existence, international collaborations among helping professionals can be hindered by a lack of clear professional counseling identity in most developing nations (Alvarez & Lee, 2012). Although professional counseling primarily grew out of the United States, internationally, counseling training standards, professional identity, and scope of practice should be defined by local stakeholders, cultures, and other contextual factors and not simply generalized versions of a Western counseling profession. The inability for counselors in developing nations to articulate a clear professional identity can result in confusion about roles and responsibilities and may lead to power struggles when working collaboratively with local, as well as international colleagues from related fields, similar to what has been noted in the United States by Mellin et al. (2011).

For international collaborations, challenges further include ethnocentrism on the part of both local and international collaborators and language barriers. Different ethical standards across nations may impact cross-cultural research collaborations. Power-sharing, especially when collaborators believe that Western counseling is the benchmark, and lack of mental health research funding in these nations may further limit collaboration opportunities (Morgan-Consoli et al. 2018).

Opportunities to Advance the Counseling Profession Internationally

As counseling moves from a Western-based practice to an international phenomenon that is collectively defined, an integration of indigenous practices while maintaining an international perspective and ethos is fundamental to the growth of the profession. As such, opportunities, objectives, and strategies for the profession's advancement should be directed toward essential collaborations, from the local to the international levels that blend elements of collaborators' cultural backgrounds with academic knowledge and professional experiences (Stockton et al., 2010). Collaboration among local and international counselors can help create national and international organizations to support and advocate for the profession locally and internationally, similar to the National Board for Certified Counselors (NBCC), and the American Counseling Association (ACA), and IAC. Further, collaboration among national and international accrediting bodies can help develop and expand appropriate standards to support an integrative counselor identity that includes both localized and international elements. Such collaborations can result in a commonly understood definition of the profession that unites across nations and opens the door to more effective and productive interdisciplinary collaborations (Aluede et al., 2005).

For example, drawing on the writings of Gone (2021), developing and non-Western nations can engage in power-sharing, a decolonizing mentality where "collective thought [regarding mental health and wellness] is more powerful than individual thought" (p. 265). Applying this concept to different countries means centering the

mental health and wellness practices of the country of interest and listening to the voices of local leaders. Based on the information collected, the interdisciplinary team may work to intentionally frame interventions and policies in alignment with the cultural orientation of the country of interest, rather than applying Western-based/U.S.-based practices as the benchmark.

Recommendations for Improving Interdisciplinary Collaboration

Despite the many challenges and barriers experienced by professional counselors in places where the profession is in its early stages of development, we are heartened to see a continued growth of the profession internationally as more individuals are entering the counseling profession to serve their communities. We would like to end our discussion by offering several recommendations for our colleagues to consider as means to mitigate the challenges and barriers of interdisciplinary collaboration discussed above. As the issues are multisystemic, we believe, so should the solutions be.

Interprofessional Collaboration Skills

Though limited, extant counseling literature on IPC corroborates relevant works written by scholars in the social sciences and the experiences of counselors who have personally encountered challenges and barriers at various levels of interdisciplinary collaboration. We contend that, when seeking to engage in interdisciplinary settings, professional counselors need to equip themselves with teamwork knowledge and skills, advocacy strategies for organizational support, and a systemic perspective. Such knowledge and skills should be a critical part of helping professionals' training curriculum and continued education as IPC is a regular part of their work. Leaders in the helping professions should also advocate for opportunities to equip their constituents to effectively participate in IPCs and navigate related barriers and challenges.

Professional Association Collaborations

As counselors around the world continues to develop their identity, counseling associations can organize more conferences and training that invite attendees from other professions worldwide. For example, NBCC, IAC, ACA, Asia Pacific Rim Confederation of Counsellors, Australia and New Zealand Mental Health Association, and universities such as the University of Holy Cross in the United States, International Medical University in Malaysia, and University of Leicester in the United Kingdom offer conferences, study abroad programs, and workshops that promote professional collaboration and training across borders and cultures. Furthermore, with the acceleration of technology in distance training, workshop organizers can easily offer their programs and invite subject matter experts across disciplines to present transcontinentally. Such spaces would provide opportunities for interdisciplinary contact, dialogue, training, and collaboration (Lor et al., 2018). They can promote a climate of mutual respect and shared values and knowledge, while fostering alliance among counseling professions, particularly when the organizers prioritize and target their

programming to promote interdisciplinary interactions and collaborations. Counseling and related professional organizations should also consider co-organizing conferences and training opportunities. Such efforts should help create micro and macro changes across professions to increase professional humility, interprofessional appreciation, and acquisition of IPC skills.

We further suggest that leaders from across the helping professions – counseling, psychiatry, psychology, social work, marriage and family therapy – hold formal and informal high-level interactions to bridge the interprofessional divide and lead by example. National professional leaders could consider initiating an interdisciplinary taskforce in their nations to develop a contextualized model of IPC that considers local socio-cultural-political and professional factors. However, such collaborations would likely be daunting in places where professional leadership lacks such will and vision. It would be especially challenging for counselors to be invited to such initiatives in places where they are not represented by an established professional organization that actively advocates for them.

Though the knowledge base on IPC in counseling is rather small, counselors can draw on what is available from social sciences on the subject – with caution, however, as the extant knowledge base primarily comes from Western scholars. Therefore, mental health professionals and leaders in places where the counseling profession is nascent should maintain a culturally critical mindset when attempting to apply the existing knowledge on IPC to address their local needs.

Teaching Collaboration Skills During Training

At the individual level, the importance of interdisciplinary collaboration needs to be infused early on in one's professional identity development during training. It is imperative that counselor education and other related professional training programs promote the value of such collaboration within their training curricula. More can be done to encourage and require IPC be included into professional training standards and values, such as incorporating IPC into field experiences and/or faculty inviting trainees into the IPCs they are involved in (e.g., research, grant writing, clinical work, and service). Further, trainees should also learn about professional leadership and advocacy skills so they can be equipped to advocate for themselves for equitable inclusion in IPC settings. Such professional preparation, we believe, is needed in places where the counseling profession is nascent as well as places where it is well established. In the context of the United States, we recommend that the American Psychological Association (APA), the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), and other educational accreditation bodies systematically strengthen interdisciplinary collaboration by including explicit IPC training into their training standards. This will help to produce mental health professionals who have professional humility, disposition, and skills to participate in interprofessional settings in order to protect client welfare and inculcate professional respect.

Training for IPC competencies may consider the possibility of adopting the Interprofessional Education Collaborative (IPEC, 2016) Competencies. The IPEC competencies were developed to promote and facilitate interprofessional communication

across health professions. To date, the IPEC has expanded its membership to 21 professional organizations, ranging from optometry to nursing, as well as related mental health professions such as psychology and social work (IPEC, 2021). The counseling profession, thus, should consider IPEC an avenue for further collaborative efforts and bridge building.

Professional Development Planning and Mentorship

As professional identity and competence are critical to participation in an interdisciplinary setting, especially for counselors from places where the counseling profession is nascent, it seems important to develop a clear and strong sense of who they are as counselors and what strengths and skills they bring to an interdisciplinary collaboration. These individuals face a multitude of challenges professionally in their work and career, besides those related to IPC. Self-confidence, self-respect, and resilience seem vital to surviving and thriving in such environments. Seeking out leadership and advocacy training, peer support, and mentoring within and outside geographic and cultural boundaries may be helpful to these counselors when local resources are not readily available.

Culturally Adapting Western Knowledge with Indigenous Practices

As professional counseling gains traction across countries, an initial adaptation of Western counseling practices and scholarship often takes place without considering local knowledge (Lester et al., 2018). In acknowledging the recommendations of scholars such as Maree and van der Westhuizen (2011) and Akinsulure-Smith and Conteh (2018), it is not enough to seek to replicate such practices without understanding or acknowledging the cultural values and indigenous practices that influence ways of seeing in both mental health and the world. Instead, emerging nations' counseling professions should seek to integrate and strengthen their work by leveraging subject matter experts from the community and actively integrate cultural practices within their profession-building process. Counselors should also privilege local knowledge and expertise and apply it to efforts in building IPCs. Further, it is critical for collaborators in international collaboratives to maintain respect for professions from places where the profession is nascent in order to avoid "professional colonization."

Sharing Resources Across Communities

As noted above, a lack of training on IPC across mental health professions contributes to the challenges and barriers. However, limited access to information technology and affordable training opportunities in many developing and underdeveloped nations presents a huge obstacle to the development of counselors. Therefore, we recommend that counselors and professional organizations in more economically advanced nations develop ways to provide low-cost or no-cost training resources, consultation, and mentoring for counselors and countries needing these services. Establishing open-access electronic resources is but one strategy to address this.

However, it does not resolve barriers experienced by counselors from places where internet access is unavailable or unaffordable.

Constructing a Co-Created Research Agenda

Last, but not least, to fill the gaps in the literature, we recommend counseling scholars collaboratively investigate the challenges and barriers experienced by counselors and strategies the helping professions can use to overcome them, particularly in places where the counseling profession is nascent. To date, the art and skill of collaboration continues to be poorly researched among the helping professions, let alone its application across contexts including professional advocacy, clinical care, and research. Increasing our understanding of the experiences of counselors in the field when interacting and collaborating with other professionals is vital to the work and career of counselors. Qualitative and quantitative research exploring helping professionals' experiences engaging in interprofessional collaborations should help better inform practice and policy as internationalizing of counseling advances.

Research should also include context-sensitive modeling of IPC, effective ways to teach and learn about IPC, and the impact of IPC in professional development and client/patient care in various settings across the world. Such knowledge can further inform the growth and sustainability of the profession in places where professional recognition for counselors is relatively low. Also, research in various countries and locales can highlight program evaluations based on the Foster-Fishman et al. (2001) model and recommendations presented in this paper.

Conclusion and Future Directions

Interdisciplinary collaboration remains a core skill set for professional counselors to develop for the sake of their career development and the advancement of the counseling profession. In addition to advocating for professional counselors as credible care providers alongside allied healthcare disciplines, we believe that interdisciplinary collaboration bears wide application for the field of counseling and other related disciplines. In this article, we have sought to highlight the importance of interdisciplinary collaboration as crucial for the development of the profession in countries where it remains nascent. Support is required in countries where professional counseling is still emerging. Though challenges are expected, it is our hope that counseling organizations, leaders, educators, practitioners, and trainees will work together in their idiosyncratic sociocultural and political contexts to advance the counseling profession and advocate for equitable inclusion in interdisciplinary settings.

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Authors and Affiliations

Kok-Mun Ng¹ · John J. S. Harrichand² · Gideon Litherland³ · Edward Ewe¹ · Kaj Deborah Kayij-Wint⁴ · Rakesh Maurya⁵ · Gretchen Schulthes⁶

✉ Kok-Mun Ng
ngk@oregonstate.edu

Kaj Deborah Kayij-Wint
Kaj.Kayij-Wint@mobap.edu

- ¹ Counselor Education Program, Oregon State University, 104 Furman Hall, 97331 Corvallis, OR, USA
- ² Department of Counseling, The University of Texas at San Antonio, San Antonio, USA
- ³ Counseling@Northwestern, The Family Institute at Northwestern University, Evanston, USA
- ⁴ Clinical Mental Health Counseling Program, Bushnell University, Eugene, USA
- ⁵ Department of Leadership, School Counseling & Sport Management, University of North Florida, Jacksonville, USA
- ⁶ Center for Student & Academic Success, Hudson County Community College, New Jersey, USA