October 2023

Experiences of School Counseling Trainees in a Primary Care Integrated Behavioral Health Care Practicum

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Abstract

Youth integrated behavioral healthcare (IBH) is a preferred method of service delivery, and school system expertise on these teams is imperative. In this descriptive phenomenological study, we sought to understand the experiences of five school counseling practicum students (SCITs) engaged in IBH in an urban children's hospital. Phenomenological analysis resulted in five themes: (a) contributing school system knowledge, (b) expansion of professional identity through practical application, (c) collaborative interventions and techniques, (d) interprofessional supervision, and (e) program and setting challenges. Implications for counselor education and supervision, including IBH-specific training for SCITs, conclude.

Significance to the Public

This study is significant because it provides support for including school counselors in training on IBH teams to better support school-aged youth who are provided care in hospital settings. The school counselors in training in the current study were able to increase the quality of care that youth and families experienced by collaborating with the care team to address mental health, academic, and school transition concerns.

Professional school counselors are integral members of mental health teams meeting the needs of youth, including integrated behavioral health (IBH) teams. Sometimes noted as the gold standard of care, IBH is a comprehensive treatment approach by which care for medical conditions and related behavioral health factors is provided in co-located settings (Kolko & Perrin, 2014). A professional school counselor can be a member of a comprehensive IBH support team inclusive of a psychologist who provides the evaluation, diagnosis, treatment, and follow-up; having a professional school counselor as part of the IBH team allows the family and youth to receive

increased support in navigating the services they are entitled to in the K–12 setting (American School Counseling Association [ASCA], 2020; Carlson & Kees, 2013). For instance, during a mental health crisis that includes the hospital system, families might need support in notifying the school of an extended absence, collecting schoolwork from teachers, requesting accommodations in the form of a 504 plan or individualized education program (IEP), and accessing other resources and continuity of care within the school (e.g., group counseling or individual check-in meetings). Professional school counselors are experts and leaders in school–family–community collaboration (Carlson & Kees,

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2013), a cornerstone of their training. They are also well-trained in social justice and addressing the social-emotional, academic, and career needs of youth in K–12 settings. This training makes professional school counselors integral members of the mental health team.

However, there is a dearth of literature that has examined shared experiential training experiences (i.e., clinical experiences) between SCITs and healthcare professionals, such as clinical psychology trainees, despite collaboration being an essential aspect of the school counselor role (ASCA, 2019; CACREP, 2016). To improve the delivery of mental health services and maintain continuity in the K–12 environment, SCITs could benefit from engagement in IBH training experiences with professional trainees from other disciplines (Johnson et al., 2021). The goal of these IBH training experiences is to build a mutual understanding of roles, build respect, increase communication, and improve collaborations that have the potential to last as they become professional providers (Carlson & Kees, 2013; Johnson et al., 2015). A licensed school counselor is one who has fulfilled the requirements set forth by their state, typically consisting of a master's degree, residency in the K–12 setting, and completion of an examination (ASCA, 2022). Given that collaboration and consultation is central to the work of a licensed school counselor, training in IBH can be beneficial.

School Counselors and Collaboration

An integral role of the school counselor is to collaborate with various school stakeholders and members of the community to benefit students (ASCA, 2019; CACREP, 2016). The American School Counselor Association (ASCA) School Counselor Professional Standards and Competencies (2019) emphasized the importance of school counselors' collaboration with stakeholders within and outside the school. Research has addressed these collaborative efforts inside the school and within the community (Mancini et al., 2020), but very little is known about school counselor collaboration on IBH teams to support the academic, social, and emotional well-being of youth. Researchers have suggested the importance of practical training and experiences (e.g., Gantt et al., 2021; Lloyd-Hazlett et al., 2022). Additionally, CACREP (2016) noted that a foundation of school counselor training is "school-based collaboration and consultation" inclusive of "techniques which facilitate collaboration and teamwork within schools" (p. 33). While accreditation standards emphasize the importance of within-school collaboration, as noted by ASCA, outside-school collaboration is just as important.

Youth interact with many systems outside of the school that directly influence their well-being and achievement in school, including hospitals (Lum et al., 2019). Youth with chronic diseases or mental health challenges who require hospital system support can benefit from increased school–hospital system coordination and support (Johnson et al., 2020; Lum et al., 2019). If the systems supporting vulnerable youth effectively communicated, coordinated, and collaborated, it would reduce stress on families, and positively impact treatment outcomes for youth (Lum et al., 2019). Thus, improving these collaborations that support youth is imperative.

Integrated Behavioral Health Collaboration

IBH is defined as a model of care that emphasizes minimizing barriers related to access to healthcare through synchronized healthcare services, allowing for the integration of both medical and behavioral services (Mancini et al., 2020). Use of the IBH framework allows patients to access various services within one primary location, providing a convenient and comprehensive approach to care (Kolko & Perrin, 2014). Findings from a research study on the benefits of IBH indicated that when patients need both medical and behavioral healthcare services, they prefer to have this all in one location (Miller-Matero et al., 2016). Researchers suggested this is best practice for vulnerable and underserved populations and has the potential to reduce disparities for those who have underutilized health services (Miller-Matero et al.,

2016). Scholars have also identified the benefits of IBH on mental health problems among youth (Mancini et al., 2020), highlighting the important role that counselors can play in IBH teams.

In addition to patient benefits, researchers have explored potential outcomes from training graduate students in IBH programs specializing in youth care. Social work students in such programs noted their commitment to serving children and youth, development of and confidence in abilities, and a greater awareness of the importance of communal practice, thereby emphasizing the need to research the potential benefits in IBH training across specialties (Mancini et al., 2020). Many of these studies focused on serving youth, the school counselor's area of expertise (Mancini et al., 2020); however, little is known about school counselors on these teams, with researchers exploring collaborative care teams consisting of providers such as primary care physicians, care managers, and mental health specialists (Mancini et al., 2020). School counselors are often a part of mental health teams, although their roles *outside* of school systems, particularly in primary care in a hospital setting, are not adequately understood. We postulate that school counselors have the skills and training necessary to effectively collaborate on teams outside of school settings to benefit youth and their families (ASCA, 2019; CACREP, 2016; Johnson et al., 2020; Lum et al., 2019). To that end, we examined the lived experiences of school counseling practicum students collaborating with clinical psychology trainees and other healthcare providers on an IBH pediatric primary care team.

Interpersonal Didactic and Experiential Training Program

School counselors-in-training (SCITs) and clinical psychology doctoral students participated in a 6-month didactic and experiential practicum as part of their work on a large IBH federal grant (PI: last author). Given the influence of the pandemic, the IBH team provided behavioral health services to youth and their families via telehealth (Perrin et al., 2020). The focus of the shared training experience was to prepare students to be competent in IBH in primary care settings for underserved populations of youth and their families. The training activities included biweekly interprofessional didactics, interprofessional training, shadowing, weekly supervision, and weekly clinic shifts. The weekly clinic shifts were 4 hours in length, in which the SCITs were fully integrated into the care team that was seeing patients.

The SCITs' role during their weekly clinic shifts included collaborating with their clinical psychology trainee peers to review the shifts census (i.e., list of patients to be seen); triaging, which included planning and delivering the session; cocounseling; developing a treatment plan with the patient and their family; and entering a shared note in the electronic health record. In addition, SCITs often conducted follow-up counseling sessions with the family to provide additional resources or information on school specific resources (e.g., McKinney Vento program, funding for afterschool programs, information about how to reach out to the school counselor, IEP and 504 plans). The SCITs' role was to be an equal member of the IBH team, providing counseling and supporting youth and families with educational system challenges, academic concerns, and hospital to school transition.

Method

To answer the research question *What are the experiences of school counseling students participating in an integrated behavioral healthcare hospital setting practicum?* our research team used a descriptive phenomenological qualitative research design (Creswell & Poth, 2018), because the goal was to describe the participants' lived experiences with textured descriptions of the phenomena, seeking to understand more about how the world (i.e., this experience) was perceived and what it meant to the participants (Giorgi, 2009). In addition, utilizing a postpositivist epistemological position, we, as the researchers, observed and interacted with participants and their experiences in a nonemotional, objective way (Clark, 1998). Lastly,

the postpositivist paradigm allowed for a flexible interpretation of their realities within this experience (Ryan, 2006).

Participants

The first author utilized criterion purposeful sampling to recruit participants that have lived experiences and in-depth information about the IBH practicum. The criteria used to select the sample included: participated in the 6-month IBH practicum experience, in good standing/continuing in the school counseling program, and over the age of 18. Recruitment included, a noninvolved research member from another university (i.e., third author) emailing the potential sample of participants after grades were posted for the semester; the email provided information on the study and why the study was being conducted, and notified students that their relationship with instructors or the university would not be impacted whether or not they participated in the study. Lastly, the email concluded with a note that stated, "If you would like to participate in the study, please reply to this email with the signed consent form and preferable day and times for a one-hour Zoom interview (audio only)."

Five school counseling practicum students participated in the IBH care experience, and all five consented to participate in this research study. To be eligible for the program, a student had to have previous work experience (minimum 12 months) with youth and families, a desire to work with medically underserved youth, and completed the school counseling and diagnosing courses. Demographically, the participants identified as female ($n = 4$) and male ($n = 1$); three participants were between the ages of 22 and 26, and two were between the ages of 30 and 36. Regarding race/ethnicity, participants identified as: African American ($n = 2$), Hispanic/Latina ($n = 1$), and White ($n = 2$); two participants fluently spoke a language other than English. Due to the uniqueness of this program and the small sample, we have deliberately summarized demographic information and will not assign pseudonyms based on the demographics, instead noting Participants 1–5.

Data Collection Procedures

The third author conducted the interviews, using a semi-structured interview protocol with overarching questions guided by the literature review and goals to use feedback to improve the program. The interview protocol included the following questions:

1.What is the name of your integrated care site, and how many hours did you complete during your tenure at that site?

2. Please describe your role at the integrated care site and your role on that team.

3. So, overall, what has your experience been on the integrated behavioral health care team?
   - Prompt on "Challenges"
   - Prompt on "Positive experiences"
   - Prompt on "Supervision"

4. How was patient care and patient outcomes improved by your presence on the integrated behavioral health care team?

5. Can you elaborate on any ethical or legal issues that you were challenged with or had to navigate?

6. Anything additional you would like to share?

All interviews occurred via Zoom (audio only) and were 28 to 46 minutes in length with an average interview length of 37 minutes. The audio-recorded interview was transcribed using Rev.com and was checked by researchers and participants for accuracy. Each participant completed one interview but had opportunities to provide additional feedback via email or they could request an additional audio Zoom call. No participant requested an additional interview.

Data Analysis

We analyzed the data using Creswell and Poth's (2018) modification of Moustakas' (1994) phenomenological analysis steps. The researchers individually coded the data into units of meaning. Each team member coded transcripts, ensuring every transcript was analyzed by two researchers, thereby engaging in consensus coding. The codes were recorded on separate Google spreadsheets.

The team then met via Zoom to determine significant statements, gather them into meaningful clusters, and reach consensus on the structural themes and textural subthemes. The horizontalization process reduced the data by eliminating repetitive statements. Structural themes included descriptions related to the participants' experiences with working on an IBH team and the related subthemes were narratives about those experiences. These structural themes and textural subthemes were organized to form an overall description of the essence of IBH teams from a school counselor practicum student's perspective.

Reflexivity and Trustworthiness

This reflexivity statement serves as an acknowledgement of our role in the research (Creswell & Poth, 2018). We are a diverse group of research investigators with complementary backgrounds that serve to enhance the study and support opportunities for peer debriefing and auditing. The team directly involved in the research process identify as three Black women and two White women, three counselor educators, one psychology professor, and one doctoral student in counselor education. Two out of the five authors have been school counselors and used those experiences to help explain to other team members without that experience how school counselors are trained and interact with students and families. Two of the authors have clinical mental health backgrounds and were instrumental in the peer debriefing exercises aimed at ensuring balance in the reporting of the experiences of the school counseling practicum students. One author is a licensed psychologist, associate professor of psychology, and the principal investigator on the grant that funded the IBH training for the SCITs; her role was imperative in ensuring the program was understood by the members of the team. See Jones et al. (2018) for a description of the integrated care training experience. Additionally, the first author served on the funded grant project as the SCITs' didactic instructor.

We each engaged in reflexivity through bracketing of our biases, assumptions, and beliefs, which was instrumental in increasing the trustworthiness of this study. These discussions occurred via Zoom meetings and emails, and we each kept a reflexive journal. Bracketed biases and assumptions thematically represented three overarching themes:

1. School counseling students will struggle with being at an IBH care site. Within this overarching theme sentiments such as the lack of experience providing care in a hospital setting and lack of experience collaborating with psychologists, were discussed.

2. School counseling students will learn a lot but may struggle to integrate the information into their future role. Within this overarching theme researchers discussed things like "if the school practicum students do not understand how this fits with their professional trajectory, will they find it valuable?: and if "they don't find it valuable will they perform to the best of their ability?"

3. School counseling students who volunteered for this experience, most likely have an interest and therefore may not be able to provide objective feedback on the experience. Within this overarching theme, researchers discussed social desirability.

Discussing and journaling about these biases and assumptions assisted the research team in clearly understanding how preconceived notions could potentially shape the qualitative inquiry and allowed us to highlight when we noticed biases emerging (Creswell et al., 2007).

The research team engaged in various other methodological processes throughout data analysis to increase trustworthiness. We utilized two methods of data collection for triangulation: participant interviews and a participant written journal assignment, in which participants discussed their experiences weekly. This triangulation of oral and written data provided our team with the opportunity to clarify and confirm existing themes, allowed other themes to emerge, and provided a comprehensive description of SCITs' work in IBH settings. We also employed member checking by requesting each participant review and approve their transcribed interview; all five participants approved

the contents of their interview transcript. Finally, we engaged in external auditing. The auditor, also the fifth author, was well-versed in IBH and the grant PI. They clarified content and process-related information, further validating the identified themes and study findings (Creswell et al., 2007).

Findings

Data analysis yielded five themes, including: (a) contributing school system knowledge, (b) professional identity growth through practical application, (c) collaborative interventions and techniques, (d) interprofessional supervision, and (e) program and setting challenges.

Theme 1: Contributing School System Knowledge

The first theme is defined by the participants discussing their contribution to the IBH team because of their knowledge of school counseling and the school system. All participants acknowledged and discussed the unique contributions they made to the IBH team, given their specific training, experiences, and understanding of the K–12 school system. Participant 1 said, "I think the biggest positive was just being more comfortable as a school counselor spokesperson within the counseling setting, just being able to share my knowledge and what I was also learning during the semester of the supports that are in the school. That was just really nice, just to feel confident in myself." Additionally, participants often identified themselves on the team as a "resource" for parents as it relates to the school system. For example, Participant 2 noted:

> I would be there as an extra resource to support parents and students in like reaching out to their school counselors, seeing what they can do when they're in the school. Providing more information about IEPs and 504 Plans because I know that was something that came up several times for parents of young children who were shifting into school and they didn't always know. We could

reach out in terms of getting an IEP prepared for their child or seeing if their child does need evaluation for special needs program.

On the IBH team, the clinical psychology doctoral trainees, with whom the SCITs were paired, did not have the specialized knowledge of the school system, and SCITS expressed a sense of pride that they were able to support parents and children; for example, Participant 4 noted that they were able to help parents advocate better at the school system because of leveraging their school counselor expertise:

> Just talking about the school perspective … I was just able to work with the parents to advocate for their kids in the school setting, because kids do spend so much time at school. And so the parents would come to us with these concerns, and I would just say, the school can provide support for some of these things, and you just have to speak with the teacher or the special education coordinator. So just bringing that perspective into it ….

Participant 3 discussed advocacy as a specific role of the school counselor, stating:

> I think a counselor's job is to advocate. I think it's important to be educated, to be aware of community resources, and to advocate so that these families are empowered and know that they have people who are in their corner, and yeah. I think I just, that's just the one piece I wanted to highlight, is just being an advocate, like being aware of systemic oppression and empowering families.

Overall, participants acknowledged their various strengths and contributions, including reflection on the uniqueness of their knowledge as SCITs.

Theme 2: Professional Identity Growth Through Practical Application

The second theme is defined by participant descriptions of how the IBH experience increased their knowledge of mental health practice with youth and extended what they envisioned of their role as a future school counselor. Participant stories

encompassed growth in professional identity experienced through the IBH experience; for example, Participant 2 noted:

> I definitely feel a lot more equipped to when I'm in a school myself as a full-time counselor to reach out and know that there are really good resources in the area in particular. But if I do happen to go somewhere else in terms of my future job, being able to reach out to hospitals or being aware of what certain transitions are going on for certain students, knowing that some students may have access to free therapy, because that's basically what we did. Because it was all for our clients it was free. And therapy and mental health is such an expensive thing even with insurance.

Emphasis was placed on how the practical application of IBH and working on an interdisciplinary team facilitated the most personal and professional growth. For example, Participant 1 discussed expanding their knowledge of medicines taken in childhood**:**

> I think just understanding the different dynamics that goes into the support that children can have. I know that general counseling and school counseling, but just understanding the medical aspect. Having the psychiatry within our session who, she shared about the different medicines that are for depression. Just, when you do talk with a student in school, I now have, okay, if I hear that word, I know maybe they're using it for depression. That could be something we could follow up, knowing that sometimes dosage is not right, usually, off the bat, and just even having that conversation with parents in school and being like, "So we know your kid's on medication. Have you guys looked at dosage?" …. You know? I have more understanding of that.

Additionally, the interaction between the school counseling practicum student and their doctoral psychology student partner was described by participants as really influential and beneficial to their growth. Participant 5 shared:

> I really enjoyed working with the psychology students, and I learned a lot from how they worked with the patients. They kind of, have a different perspective, helped me to kind of think more about … I liked how they would always kind of have the patients rank their problems. They would say, top three to five problems, and rank the severity of each. I know that's a pretty standard thing, but it's not really the approach that school counselors have been trained to use. There are definitely times where I think that would be a helpful approach for me with my clients.

Along similar lines of growth, Participant 3 discussed how their professional identity was strengthened because they were able to sharpen skills, like the application of theory to clinical practice; Participant 3 noted, "and finding my style as far as how I approach patients, and putting theories to work." Along similar lines, Participant 2 also highlighted growth in skills amongst other things:

> For those who really need higher level of care, being able to refer them out, being able to support their parents and like, this is how we get through this, give that warm hand off. I just feel a lot better equipped to understand that. And so just in general, my counseling skills I think have improved a lot because I was able to do individual-based counseling more and see how [Name] did her counseling and she's influenced me quite a bit.

The growth in knowledge for the participants was seen as a major benefit of the program, but also as personally and professionally gratifying. The identity expansion through practice described by Theme 2 was holistic, including growth in knowledge in various capacities, as well as in application-based skills, such as use of theory.

Theme 3: Collaborative Interventions and Techniques

Theme 3 is defined as the action and processes SCITs engaged in to address patient presenting concerns. There were participant reflections that

described the overall collaborative role and their exact task on the IBH team, such as Participant 1 noting, "I helped plan lessons or sessions with my partner, the clinical psychologist I worked alongside. We planned sessions for the clients that we met with …. We did assessments as necessary, and then we collaborated afterwards, consulted, and put notes on Cerner." Participant 2 described a similar role:

> I worked as a clinician in coordination with one of the psychology doc students at [hospital]. We work together to treat the clients. We would see our patients usually who were, we mostly saw like middle school I feel like, around that age mostly early teenagers. Just worked with them on behavioral issues that they had, or we were working with parents to talk about their younger children and the behavioral issues they were seeing.

Others reflected on the technique and interventions they used while on the IBH team. Participant 3 discussed their use of props: "I would pull out my teddy bear with them when they would pull out theirs. And then we would practice breathing exercises with teddy, I would do it with them. I think practicing with the patients was a positive thing." Another student discussed the contrasting approach between their psychology student and their own focus on wellness. Participant 5 reflected:

> I found that the psychology students really approached things from a cognitive behavioral perspective and followed more of a medical model, and school counselors use more of a wellness model. I often found myself exploring clients' strengths and things that were going well in their lives.

Lastly, some students also noted how their interventions evolved during the experience. Participant 3 noted how they started to incorporate more CBT, stating: "a CBT training. That was very interesting. I definitely have started like incorporating a little bit more of that into what I was doing, especially with [Name of psychology doctoral student's] help because she's more

experienced with CBT than I am." Overall, students engaged in interventions and techniques based on their own skill development, the needs of the site, the training offered at the site, and through learning from their counterpart in the experience.

Theme 4: Interprofessional Supervision

Theme 4 is defined by all participants reflecting on their supervision experiences during the IBH practicum experience. Participants received a range of supervision including peer-to-peer, group, and individual supervision. The interprofessional supervision experiences were overwhelmingly positive based on participant reflections, for example, Participant 2 said:

> The supervisor I had [Name 1] she's also a psychology doc student. She was fantastic. She was wonderful. She always did her best to make things very clear for everyone who was part of school counseling …. Always very open to questions and provided a lot of resources for us. Same with [Name 2], who was the overall supervisor for peds [pediatrics], wonderful, loved talking to her. I love working with my doc students. The people in general they were fantastic. And we always felt very supported even when we were dealing with, pretty serious situations that came up at the clinic.

A similar positive experience was reflected by Participant 4:

> We met for an hour once a week with our clinical psychologist supervisor, and she was able to provide feedback. I really enjoyed my time with her, and she was also available as needed. So, there were a couple of sessions that were pretty intense, and we were kind of not sure what … how to go forward or how to handle it. And so we would reach out to the clinical psychologist afterwards, and she would just have some really good feedback for us. So I think it was just a good experience to consult with them. I think, overall, it was pretty smooth, and we got through the agenda pretty quickly. I don't know. I think it was just a very helpful experience all around.

Along similar lines, Participant 3 stated that the experience was great and highlighted the value in understanding and hearing different perspectives during supervision:

> We had three separate supervisions, I guess, one was technically optional. For the optional one, the one with everyone, and because we had class at the same time, I didn't get to participate all the time, but it was informative. And then the other one, the Thursday one, that was mandatory. That was also informative …. We had so many great speakers and presentations. And then the supervision that we received right before sessions with clients with [Name] was also great. She was really great at … Just really providing a different perspective on what the client might be looking for or what they need, and her experience in the field, as well, helped out a lot.

Overall, the supervision experience was positive and the students had opportunities to grow from other behavioral health specialties, such as the licensed clinical psychologist, psychiatrist, and the psychology doctoral students. For example, Participant 1 discussed a group supervision experience in which the team brought different cases to discuss: "People brought cases, and they kind of nitpicked through it. So, it was interesting to see that perspective and being able to, I guess, give feedback and get more fine-tuned with my counseling skills." As described by Theme 4, supervision was an integral part of the experience for the SCITs, as they received the support, resources, and development needed to be successful in the IBH setting.

Theme 5: Program and Setting Challenges

Theme 5 is defined by the SCITs' experiences and perceptions of various difficulties and areas for growth within the overall program (i.e., organization) and integrated setting (i.e., virtual). Participants reflected on their experiences with the leaders with whom they interacted, and multiple participants reported some disorganization. For example, Participant 2 shared:

> I definitely had some frustrations with some leadership stuff because it felt as though once it got beyond the behavioral health clinic at [inaudible], it felt a little disorganized at times. And that was frustrating, especially when I'm trying to make sure all my paperwork is in, make sure all my trainings are done properly.

Similarly, Participant 5, expressed dismay that "nobody really knew what the role of the school counselor was supposed to be at the beginning, and we were kind of left to figure that out on our own." Another participant also suggested that, from the beginning, a similar shared understanding of the SCITs' role amongst all team members would have been beneficial. Relating to collaboration and team cohesiveness, Participant 3 reflected:

> I really think that meeting your co-clinician beforehand, having a mandatory meeting to just discuss how the relationship's going to look, would really help in the long run. Just so that as soon as you start seeing patients, the first time you're seeing patients together is not the first time you're meeting.

Beyond challenges participants experienced with program organization, they also described challenges inherent to their settings. These challenges included difficulties with patients, such as maintaining appointments, and difficulty with technology. For example, Participant 4 stated:

> Sometimes just getting people to come, having clients remember their appointments. So a lot of times, we had to follow up, and so our sessions were cut short because we spent the first 10 minutes just trying to get the client, to get a hold of them so that they would show up to the appointment. Then, by the time they appeared in the Zoom meeting, our sessions were just more brief.

Participant 1, echoed related sentiments regarding the difficulties she experienced:

> being virtual, there's a delay in just observation of behaviors and stuff and technology issues. So we had several clients who we could not hear, or they didn't have their cameras on, or their audio

was pretty spotty, and just having to manage that in such a short timeframe. Because most of our sessions were 30 minutes.

The challenges noted based on the setting, the new environment, or with the program structure did not seem to deter from the experience for SCITs, with all noting how positive the experience was overall, especially concerning supervision.

Discussion

There is a dearth of existing literature on SCITs engaged in IBH in hospital settings to support youth and families. To the best of our knowledge, this study is the first study to examine the experiences of school counseling practicum students on IBH teams in hospital settings; this new inquiry into the experiences of school counselors is important and a natural extension of the existing research on clinical mental health counseling students-in-training. Along with extending current research, our study has social validity, in that the findings are socially relevant, useful to stakeholders (i.e., hospital system, education system, and youth/families), and the benefits outweigh the risks. For example, we found that including SCITs on IBH teams in hospital settings increased the team's ability to address academic and educational concerns that families had as it related to their child patient; this is highlighted in the participant stories that are apart of Theme 1, contributing school system knowledge, and Theme 3, collaborative interventions and techniques. The need for hospitalized youth educational concerns to be addressed is reflected in prior research (Preyde et al., 2018). Additionally, IBH is quickly becoming the preferred method of service delivery across the lifespan of care in the United States (O'Loughlin et al., 2019). Using IBH is increasingly popular because the interventions and techniques through multiple collaborators can solve complex challenges, improve the quality of care, and increase access to healthcare (O'Loughlin et al., 2019). It is certainly value added to have SCITs be exposed to IBH and have the opportunity

to provide care within the collaborative framework of IBH.

Additionally, for future professional school counselors, it is imperative to have knowledge about available resources within the school and community to support the academic, physical, and mental health needs of students (Johnson & Brookover, 2021). The SCIT participants in the current study found that the IBH experience had a reciprocal benefit, in that they also learned about health care and social resources that can support their students once they are in practice; this is reflected in Theme 2, professional identity growth through practical application. While a newer finding for SCITs, the benefit of interprofessional collaboration, such as IBH, on counselors' professional identity is reflected in several other research studies on counselor experiences on IBH teams (Johnson, 2020; Johnson & Rehfuss, 2020). Similar to findings from the current study, researchers have found that counselors had initial feelings of nervousness, fear, and doubt, however, after the experience, they reflected feeling empowered, experienced increased feelings of positivity about professional counseling, and were surer about their career and future as counselors (Johnson, 2020; Johnson et al., 2015; Johnson & Mahan, 2019). AS the current study is the first in our knowledge to include school counselor trainees in IBH on interdisciplinary primary care teams, it provides valuable insight into how IBH also impacts their growth and professional identity development. The value added to the SCITs included the acquisition of new skills, opportunities to practice existing skills, knowledge from other professionals, and true engagement in collaboration to support the provision of holistic mental health counseling services to K–12 youth, a key component of the school counselor identity (ASCA, 2019). These benefits to the SCITs are invaluable, with most of the gains coming from the actual practice of IBH, which is also reflected in the literature (Johnson & Rehfuss, 2020). However, the current study adds to the IBH–counselor engagement literature, as it includes SCITs and it highlights the role the SCITs had in contributing to the success of the overall team and the support and

care of the youth and families. The unique expertise of the SCITs was the value added to the team; this was recognized by the clinical psychology doctoral trainees on the team, families, and youth, as well as by the SCITs.

Moreover, supervision within IBH teams is integral for the success of SCITs given their need for mentorship, additional expertise, and support for potential ethical issues that may arise (Johnson et al., 2021). Participants overwhelmingly reported positive experiences engaging in interprofessional supervision, which is a departure from the literature, as it is sometimes noted as a difficult or unfulfilling supervision experiences (Johnson et al., 2021). Counselors on hospital teams have often reported not receiving adequate supervision, not having supervision that's relevant to them, or other anomalies with supervision in these settings (Johnson et al., 2021). However, participants in the current study overwhelmingly stated they enjoyed their supervision experience, and discussed how much they learned and how beneficial it was toward their growth and their ability to be successful with their patients. These findings contribute novel information to our understanding of the supervision process for SCITs, namely those engaged in IBH-related work, and highlight the need for increased supervisor training in this area.

However, participants also noted some challenges, which are frequently noted as barriers or areas for growth in other studies on IBH (Johnson et al., 2021). Challenges included working in a hospital setting, including paperwork, inefficiencies, leadership, red tape, and unique challenges because of the current environment with telework, which are all reflected in the literature (Perrin et al., 2020). Interestingly, for the participants, understanding of their own identities as school counselors within the IBH team was not noted as we expected, given extant research with counselors on hospital teams (Johnson et al., 2021). While participants in this study did not experience challenges regarding their own knowledge of how they could benefit the team, other professionals may not have been aware of the school counselor's role and potential benefit, perhaps inhibiting

collaboration and patient benefit. It is noteworthy that not all participants identified challenges, and some stated that they had expected some difficulty because they were the first cohort, it was a novel opportunity, and it was a new environment. The takeaway from the stated challenges is encouraging because the structural issues with the program can be improved (i.e., hospital paperwork). However, challenges sometimes reflected in other studies that are relational (i.e., respect) are not easily modifiable and the SCITs in the current study did not experience those difficulties. This is interpreted to mean that the acceptance and willingness to include counselors, and even SCITs, on IBH teams is growing. As complex mental health needs increase, the need for more engagement of SCITs and other counseling professionals on these teams will increase, and they may be met with less relational challenges.

Limitations and Future Research

Some potential limitations of phenomenological research should be noted surrounding analysis and interpretation, incorrect conceptualizations, and lower levels of reliability and validity (Creswell & Poth, 2018). In future studies, researchers could use other qualitative and quantitative methodologies to explore SCITs' experiences engaging on IBH teams. Researchers may collect longitudinal data to examine changes in competency, perspectives, and experiences of SCITs and the youth/families they serve during the IBH experience. Additionally, longitudinal analyses may examine the experiences of SCITs in IBH settings both during their practicum experiences and once working as professionals in the field in order to assess potential impacts to collaboration, professional identity, patient outcomes, and the school counselor role. Similar longitudinal research may be conducted with patients served in this capacity. For instance, what are hospitalized K–12 youths' experiences working with a SCIT? What are their parents' experiences and perceptions? Research concerning potential changes in patients' mental health (e.g., general wellness, depression) after work with a SCIT in an IBH setting is also warranted.

As this study had a small sample size of five participants, future research encompassing larger, more diverse samples may result in different findings and interpretations. To broaden IBH supervision competencies, researchers should explore the efficacy of supervisory techniques and modalities specific to IBH, pertinent to both clinical mental health and school counseling. Furthermore, although the research regarding IBH and school counselors is sparse, researchers have suggested the benefit to students of school counselor collaboration with other professionals within the community, extending beyond the school setting (e.g., Johnson et al., 2020). Given the benefit to students, practicing school counselors should seek training and consultation related to interprofessional collaboration with professionals outside the school setting.

Finally, the idea of social desirability and selection bias could potentially be a limitation. Participants may be hesitant to speak negatively about the program and there is a likelihood that people interested in this type of program already have positive beliefs about IBH. Future research might engage last semester students, who might have fewer qualms about expressing themselves because of the forthcoming separation from the university (i.e., graduation). Lastly, examining the experience, benefit, challenges, and needs of SCIT IBH supervision requires research and is imperative if this becomes a growing area of practice for school counselors.

Implications

Implications for school counselor educators and IBH supervisors highlight the importance of school counselor integration on IBH teams and the necessity of such training. Per CACREP standards, school counselors are expected to develop and demonstrate knowledge and skills in collaboration and consultation (CACREP, 2016). The ASCA School Counselor Professional Standards and Competencies (2019) note the mindset standard that "effective school counseling is a collaborative process" (p. 2). Thus, counselor educators and supervisors are well-situated to prepare future

counselors to collaborate effectively with other professionals (CACREP, 2016). As a means to this end, counselor educators may include activities and discussions in their course curriculum pertinent to practical, real-world counseling work, such as case examples and other empirically based andragogical techniques (ACA Code of Ethics, 2014). Specifically related to preparing counselors to engage in interprofessional collaboration, counselor educators may include modules on IBH in their courses. Participants shared their experiences as a resource for both parents and the IBH team regarding the inner workings of the school system. Counselor educators can have SCITs prepare presentations explaining the role of school counselors and the particulars of school systems to further strengthen SCITs' confidence in their knowledge. In-class group discussions about SCITs' ideas and concerns regarding potential conversations with parents, psychologists, and other medical team members could also prove beneficial in preparing students for IBH-related work. Finally, in addition to didactic training and reading opportunities, educators could consider incorporating role-plays to enhance students' practical understanding and potentially decrease anxiety regarding conversations with other professionals in an IBH setting.

Regarding IBH supervision, participants reported positive experiences with interprofessional supervision, but also noted challenges such as a lack of understanding regarding the school counselor's role. Thus, IBH supervisors should request information and training from graduate programs and university supervisors on school counseling practicum requirements. IBH supervisors should also inquire on the availability of a practicing school counselor to serve as part of an interprofessional team to ensure SCITs are receiving supervision specific to school counseling while at the site.

Conclusion

This study is the first investigation into the lived experiences of SCITs on an IBH team in a pediatric hospital setting. The SCITs were invaluable to the team providing school system knowledge to both parents and children that others did not have. SCITs benefited professionally by strengthening their skills, growing professional identities, and learning new ways to support youth and families. They also had opportunities to hear diverse perspectives from other providers through supervisory experiences. This study provides a deeper understanding of the potential benefits of preparing SCITs to engage with IBH teams, and counselor educators could work to include additional opportunities within their curricula that extend our understanding of collaboration outside of the classroom.

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How to Cite this Article:

Johnson, K. F., Clemons, K. L., Robins, L. B., Gantt-Howrey, A., Shaikh, A. N., & Jones, H. A. (2023). Experiences of school counseling trainees in a primary care integrated behavioral health care practicum. *Teaching and Supervision in Counseling, 5*(2), 13–27. https://doi.org/10.7290/tsc05LqLx