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Integrated Behavioral Health Training in Counselor Education: A Call to Action

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ABSTRACT

The American healthcare system is beginning to adopt an integrated behavioral health model as a way to meet the ever-changing and holistic needs of patients by creating opportunities for collaboration among medical and behavioral health professionals. Professional counselors play a vital role in integrative behavioral health through their meaningful participation on interdisciplinary healthcare teams. Professional counselors are key to any interdisciplinary team because they embrace a biopsychosocial wellness perspective and have undergone clinical and academic training. However, many counseling programs do not specifically educate or train counselors in how to work in integrated care settings. As such, counselor educators must adapt to this evolving system of healthcare by providing students with didactic and experiential learning opportunities to promote competence and readiness to practice in this new wave of healthcare.

Keywords: integrated behavioral health, counselor education, didactic training, experiential learning, curriculum

INTRODUCTION

The counseling profession addresses various contextual forces that influence client wellness which lead to shifts in professional identity, preparation, and best practices (Leahy et al., 2016). Therefore, as the United States healthcare system shifts away from using a biomedical model and embraces more of a biopsychosocial lens that addresses various social determinants of health (Braveman & Gottlieb, 2014), counselor educators have an opportunity to infuse concepts associated with Integrated Behavioral Health (IBH) which has become a model of healthcare that is rapidly increasing in prevalence (Richman et al., 2020). Medical and behavioral healthcare professionals who use the IBH model endorse a comprehensive understanding of health and wellness, collaborating to meet the unique biopsychosocial needs of clients (Glueck, 2015; Lenz et al., 2018). Therefore, it is imperative for academia to address this shift in healthcare by incorporating didactic and experiential learning experiences that address competent counseling practice in various IBH settings (Asempapa, 2019; Glueck, 2015; Vogel et al., 2017).

The Need for Mental Health Counselor Education to Adapt

Historically, the counseling profession has evolved to meet the ever changing needs of clients and society. For instance, counselor educators have made several advancements surrounding their professional identity, increased the amount and quality of counseling specializations, made services more accessible, and required programs to teach new skills and competencies that address the developing needs of society. Many of the changes within the counseling profession come through the American Counseling Association (ACA) issuing calls to action, the Association for Counselor Education and Supervision (ACES) releasing new teaching guidelines, and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) updating accreditation standards for counseling programs (Leahy et al., 2016). For instance, Borders and colleagues (2012) made an earnest call to the counseling profession and created guidelines to help counseling professionals increase research productivity as a solution to the research deficit within

the counseling profession. Myers (2016) used her role in the ACA to bring attention to the lack of diversity among counselor educators. Researchers have made suggestions for counselor educators to incorporate education on topics related to client wellness, including trauma (Chatters & Liu, 2020), neuroscience-informed counseling (Field et al., 2022), and human sexuality (Neuer Colburn & Upton, 2020). These calls to strengthen counselor education serve to meet the needs of clients, the greater society, and the professional interests of students. Therefore, counselor educators are the agents of change who, through infusing new information into the classroom and creating new clinical experiences for counselors-in-training, have direct influence on students in training and overall client wellness.

The outlook of job prospects for behavioral health professionals in IBH settings is projected to grow significantly (Dobmeyer et al., 2016) and these positions have traditionally been filled by psychologists and social workers (Lloyd-Hazlett et al., 2020). However, due to the growing need for mental health professionals, psychologists and social workers alone may not be able to keep up with the demand for IBH professionals. Counselors can meet the demands of an evolving healthcare system and client population by integrating the foundational counseling values of wellness, prevention, and social justice into traditional medical settings (Kaplan et al., 2014; Ratts et al., 2015). However, in order for counselors to meet these evolving demands and adhere to the ACA Code of Ethics and professional standards for teaching and preparing counselors, counselor educators and training programs must accurately prepare counselor trainees for work in IBH settings.

Purpose of this Manuscript

The central purpose of this manuscript is to provide a call to action for educators and leaders within counselor training programs and professional organizations (e.g., ACA, CACREP, American Mental Health Counselors Association [AMHCA]) to intentionally incorporate educational opportunities oriented toward IBH for counseling trainees. Through this call to action, we seek to identify salient literature related to the effectiveness and delivery of behavioral health services in IBH settings, highlight the effectiveness and presence - or lack thereof - of counselors in IBH settings, and explore the benefits of direct training on counselor trainees. We transition this call to action to a general overview of ways in which counselor educators can infuse IBH into foundational counseling curriculum, existing and new electives, and clinical practicum and internship experiences. Finally, we provide two brief examples of counseling programs that currently provide educational opportunities for counseling trainees to learn about and prepare for practice in IBH settings.

DISCUSSION

An Overview of Integrated Behavioral Health

IBH occurs in a variety of settings, including general hospitals and primary care clinics. Healthcare professionals adapt IBH approaches to their settings, clients, and staff. Therefore, an important step in incorporating IBH into counselor education is to have an understanding of the delivery of integrated services, the rationale for IBH, and the roles of counselors in IBH settings.

Integrated Care Framework and Levels

There are various models for collaboration among medical and behavioral health service professionals. For instance, Heath and colleagues (2013) developed the popular framework for the classification and implementation of IBH under the Substance Abuse and Mental Health Services Administration - Health Resources and Services Administration (SAMHSA-HRSA) organization. In this framework Heath and colleagues (2013) conceptualized IBH on a continuum spanning from coordinated care to co-located and integrated care. Under each of these categories, clinicians may have to navigate through systemic and clinical nuances that may affect the delivery of services and roles and responsibilities of counselors in these settings. Currently, a majority of counselors provide services within the coordinated care category, and may only occasionally collaborate between separate agencies (Heath et al., 2013). However, as comprehensive levels of integration are becoming more prevalent (Richman et al., 2020), it is important to train clinicians to work in co-located and fully integrated care settings. Challenges associated with more comprehensive levels of integrative care may include interdisciplinary tension between providers

(Pujalte et al., 2020), creating systems that allow for financial reimbursement of behavioral health providers (Prom et al., 2021), and the significant need for time to adapt to new organizational systems of healthcare delivery (Heath et al., 2013). Additionally, there are skills that counselors may need for practice in IBH settings that deviate from traditional outpatient counseling skills typically taught in graduate programs. These skills include brief assessment and intervention skills, behavioral medicine interventions, interprofessional collaboration (IPC), interdisciplinary-oriented documentation, and consultation skills (Beehler et al., 2013; Prom et al., 2021). Therefore, to best prepare future clinicians for work in IBH settings, graduate programs must provide formal education on these foundational skills for work in IBH settings.

Effectiveness of Integrated Behavioral Health

Many researchers have repeatedly cited that a key benefit for patients whose healthcare professional uses IBH is the increase in availability and accessibility of services, shorter wait times, and availability of same-day appointments (Miller-Matero et al., 2015), all of which have implications for providing comprehensive healthcare services to historically underserved and marginalized communities. Additionally, patients who utilized IBH services had significantly reduced healthcare costs, particularly in hospital settings (Wells et al., 2018), as well as an observed decrease in mental health symptoms (Lenz et al., 2018), comorbid medical and behavioral health concerns (Vogel et al., 2017), and hospital admission duration (Wells et al., 2018). Finally, the availability of integrated services in primary care is related to a 24-times increase in overall functioning of clients (Schmit et al., 2018).

Outside of clinical domains, researchers found repeated studies indicating that incorporating IBH in primary care settings reduces the impact of stigma associated with behavioral health concerns. In a review of evidence, researchers highlighted that the impact of stigma may be mediated within integrated primary care settings (Rowan et al., 2021). This finding is an important consideration for social justice and equity within healthcare, as evidence suggests significant disparities in healthcare access and quality for historically underserved populations (Hafeez et al., 2017; Yearby, 2018). Therefore, researchers have proposed IBH as a catalyst for reducing health disparities, improving accessibility, and enhancing clinical outcomes among historically marginalized communities (Moe et al., 2018; O'Loughlin et al., 2019).

This evidence highlights that the benefits of integrated care are multifaceted and comprehensive, indicating its effectiveness as a model for addressing holistic health that improves client wellness and outcomes. Importantly, the impact of IBH in traditional medical settings is not limited to primary care settings, as researchers have found high patient acceptability and potential for sustainable behavioral health integration in specialty medical settings, including obstetrics and gynecology (Dang & Salcedo, 2023) and cardiology (Vela & Feingold, 2022). Despite these benefits, many behavioral health clinicians reported only learning about how clinicians practice in IBH settings while on-the-job rather than in formal education settings (Blount et al., 2017; Horevitz & Manoleas, 2013). These findings highlight the lapse in effective behavioral health delivery as clinicians are learning the necessary nuanced skills and knowledge as they treat patients.

Counselors in Integrated Behavioral Health Settings

In IBH settings, behavioral health providers serve multiple roles that span clinician, researcher, advocate, program developer and administrator, consultant and educator, and referral coordinator (Glueck, 2015). Few researchers have conducted studies on the usefulness of counselors in IBH settings because psychologists and social workers have historically occupied behavioral health positions within IBH settings (Lloyd-Hazlett et al., 2020). In a recent Delphi study exploring clinical supervision competencies for behavioral health services in primary care settings, researchers recruited subject matter experts within various behavioral health professions (i.e., psychology, social work, marriage and family therapy); despite researcher attempts to get perspectives from counselors as licensed clinicians in IBH settings, they were unrepresented in the sample of this study (Ogbeide & Bayles, 2023). This may highlight the lack of counseling representation in IBH settings, potentially indicating that counselors are not being prepared to integrate into these settings. When compared to other behavioral health clinicians in IBH settings, such as clinical psychologists, clinical social

workers, and licensed marriage and family therapists, counselors may be at a disadvantage due to a lack of formal training.

When counselors are integrated into these settings, researchers have indicated counselor effectiveness in improving client health and wellness despite variations in treatment duration (Ulupinar et al., 2021). Therefore, counselors may be well suited to work in these settings, but need the appropriate educational experiences and skills training (Lenz et al., 2018). As the healthcare system continues to evolve, highlighted by the recent passing of the Mental Health Access Improvement Act in December of 2022 and counselor ability to bill Medicare starting in 2024 (National Board for Certified Counselors, 2022), there may be increased opportunities for counselors to work in settings such as primary care clinics or other traditional medical settings in which patients with Medicare can be seen and reimbursed. In order to attend to these evolutions, it is imperative that counselor educators and leaders evolve with the healthcare environment.

Interprofessional collaboration (IPC) is a cornerstone of effective IBH services. Counselors can bring a unique professional identity to interdisciplinary healthcare teams. Researchers indicated that the core competencies of IPC (i.e., values and ethics, roles and responsibilities, interprofessional communication, teams and teamwork) align with counseling ethical values and skills (IPEC, 2016; Johnson & Parries, 2016). Counselors in IBH settings have the opportunity to improve the functioning of interdisciplinary teams by using their specific clinical training to address common challenges such as interdisciplinary conflict (Heath et al., 2013) and new communication patterns that emphasize IPC (Dice et al., 2022). This may be optimized with coursework that adequately prepares them for how to engage in IPC and work effectively as a part of an interdisciplinary healthcare team.

Behavioral Health Training and Integrated Behavioral Health

Many researchers found formal educational experiences and training significantly strengthen the counselor in trainings' clinical skills (Iarussi et al., 2016), competence in specialization (Celinska & Swazo, 2016), and professional identity development (Prosek & Hurt, 2014). Training for counselors includes a combination of didactic education, such as coursework aimed at increasing basic knowledge and counseling skills, and experiential learning, such as supervised practicum and internship experiences for developing advanced clinical skills. Within IBH settings, researchers found that many practicing clinicians learned IBH skills and knowledge on-the-job rather than through external training or their formal education experiences (Blount et al., 2017; Horevitz & Manoleas, 2013). Therefore, didactic and experiential learning for counselors-in-training may be the most effective way to appropriately prepare future clinicians for practice in integrated care. Infusing these experiences can have a direct positive impact on patient care and increase satisfaction rates.

Coursework and Didactic Training

Coursework in counselor education often provides counselors-in-training with the knowledge, skills, and attitudes needed to implement competent counseling practices. While the topic of didactic IBH training focused on counselors in its infancy, some researchers indicated the effectiveness of IBH curricula across the spectrum of behavioral health professionals. For instance, in a systematic review of literature, Fields and colleagues (2022) found that integrated care training resulted in an increase in overall counselor skill development, counselor self-efficacy, and interdisciplinary collaboration skills.

Researchers focusing on didactic IBH training highlighted the growth in counselor trainee's multicultural knowledge and overall counseling competence (Agaskar et al., 2021) and in multicultural awareness, acceptance, and advocacy (Lenz & Watson, 2022). Similarly, counselor self-efficacy increased because of specialized training for integrated settings (Brubaker & La Guardia, 2020; Lenz & Watson, 2022). Additional researchers found that upon completion of IBH coursework, counseling students perceived greater positive professional identity development (Brubaker & La Guardia, 2020; Johnson et al., 2015), gained a more comprehensive understanding of holistic wellness and IPC (Lenz & Watson, 2022), and demonstrated an increase in their knowledge, awareness, and overall competence for working in IBH settings (Agaskar et al., 2021). These findings indicate the importance of creating didactic IBH experiences for counselor

trainees.

Interprofessional education (IPE) occurs when individuals from different professional identities learn from, with, and about each other. Some IPE experiences include seminars, clinical simulations, role-plays, and case studies in which a client concern must be addressed using IPC. IPE is a vital component in the preparation for IPC, as various professional organizations (AMHCA, 2021; CACREP, 2015; IPEC, 2016) and counseling researchers (Johnson et al., 2015; Johnson & Freeman, 2014; Johnson & Parries, 2016) identified these learning experiences as critical components for counselor educators to include in their curriculum. Researchers focusing on collaborative and integrated coursework for counselors emphasized the benefits of incorporating IPE into counseling curriculums by identifying that counseling students who engage in IPE experiences reported a significant growth in perceived skills in socialization, values, and competencies in IPC (Agaskar et al., 2021; Brubaker & LaGuardia, 2020; Johnson et al, 2015; Lenz & Watson, 2022). Therefore, counselor education programs who adopt these IPE learning experiences have the capacity to significantly help counselors-in-training develop the interdisciplinary skills needed for effective practice in IBH settings grounded by IPEC (2016) competencies for IPC as well as other basic counseling skills.

Supervised Clinical Experiences

Supervised clinical experience through practicum and internship placement is a cornerstone of counselor preparation. These experiential learning events provide students with the opportunity to grow their knowledge, skills, and competencies in counseling through direct application of learning. Researchers have identified the supervised clinical experiences for counseling students as impactful in a variety of domains, including personal and professional development (DeCino et al., 2020), self-efficacy (Ikonomopoulos et al., 2016), and overall wellness (Meany-Walen et al., 2016). Counselors-in-training who engage in practicum experiences in IBH settings reported improvements in counseling skills such as managing complex biopsychosocial cases and promoting flexibility in self-care and professional development, while raising students' awareness of health disparities and self-efficacy in providing counseling in IBH settings (Cox et al., 2014). In addition, Dice and colleagues (2022) found counselors who completed a counseling internship in an integrated setting identified the experience as positive, culminated by significant growth in counseling skills and the development of professional awareness.

A Call for Integrated Behavioral Health in Counselor Education

While there is a general lack of research on the effectiveness of formal training experiences for counselors in IBH settings, numerous researchers have made the call for increased clarity and intentionality for IBH training for counselors (Asempapa, 2019; Glueck, 2015; Lenz et al., 2018; Schmit et al., 2018; Ulupinar et al., 2021). Given the effectiveness of IBH, it is important that counselors are adequately prepared to provide counseling services in these settings, particularly given the prevalence of on-the-job learning during early practice (Blount et al., 2017; Horevitz & Manoleas, 2013). Additionally, it is important that counselor educators intentionally incorporate IBH best practices, knowledge, skills, and concepts into the training experiences of counseling students, particularly in coursework and supervised clinical experiences. Implications and recommendations for infusing IBH into these aspects of counselor preparation are provided.

Given the importance of counseling curriculum in the professional development of counselors, incorporating IBH principles, knowledge, and skills into courses is an appropriate step in training counselors for IBH settings. There are opportunities to incorporate these topics into existing core courses, while offering IBH electives for trainees to gain new, specialized knowledge and skill. By following these guidelines, counselor educators can provide students with core skills for IBH settings and enhance their preparedness for practice in these settings.

Incorporating IBH into Core Counseling Curriculum

The most recent standards for counselor preparation set forth by CACREP (2016) identified eight core curriculum areas for counseling. Across this foundational coursework, there are ample opportunities to incorporate IBH concepts and skills to

promote competence for counseling practice in these settings. For counselor trainees, the preparation for competent practice in integrated care can be done as early as the first semester of graduate training as students are taught the fundamental skills and conceptualization of counseling practice in courses such as Professional Orientation and Ethics, Counseling Techniques, Testing and Assessment, Lifespan Development, and Research and Program Evaluation. Counselor educators teaching these introductory courses can include information on the various roles and responsibilities (i.e., treatment, research, advocacy, consultation) of counselors in integrated care (Glueck, 2015), discuss the management of ethical dilemmas unique to IBH settings (Kanzler et al., 2013), explore common behavioral health concerns that occur in specific developmental stages (Funderburk et al., 2018), and develop the basic skills for evidence-based interventions and screening tools for practice in IBH settings (Dobmeyer et al., 2016; Funderburk et al., 2018). Counselor educators can help students achieve these learning goals through experiences such as didactic lectures, group discussions, role-plays, and guest lectures from interdisciplinary health professionals reflecting on the presence of behavioral health clinicians in IBH settings.

There are additional foundational counseling courses in which faculty can integrate the skills, knowledge, and concepts of IBH, including Social and Cultural Diversity, Career Counseling, and Group Counseling. Given the well-documented presence of health disparities due to social factors such as structural racism (Yearby, 2018) and socioeconomic inequality (Bor et al., 2017), it is important that counseling trainees are aware of the ways in which disparities exist and how counselors can competently address them. By discussing the impact of cultural identity and sociocultural factors on healthcare disparities, counselor educators can increase students' awareness and their ability to engage in advocacy and social justice interventions at various levels (Ratts et al., 2015). Given the impact of chronic health concerns on employment (Beatty, 2012), counselors can provide clients with interventions to address health related career challenges, opening the opportunity for counselor educators to train counseling students in career interventions for those patients who have chronic medical conditions. Additionally, researchers identified group counseling as an effective and efficient mode of counseling for chronic health conditions (Leszcz, 2020). Therefore, group counseling instructors can infuse IBH into these courses by exploring the process of group counseling as it relates to comorbid medical and behavioral health concerns, the benefits of different types of groups for medical settings and conditions, and unique challenges of group counseling in integrated care.

Incorporating IBH into Counseling Elective Coursework

Faculty can prepare students for addressing mental illness in integrated settings by infusing IBH concepts and knowledge into courses that focus on psychopathology, diagnosis, and treatment planning. In a qualitative study of counseling interns' perceptions of an IBH internship site, participants indicated their Diagnosis and Treatment Planning course was pivotal in their preparation for IBH settings (Dice et al., 2022). Faculty teaching psychopathology and treatment planning courses can incorporate integrated health concepts by exploring common comorbidities of medical conditions and behavioral health diagnoses and symptoms, discussing biological bases of mental health symptoms and psychopathology, creating treatment plans to address psychosocial domains of medical and behavioral health concerns, and inviting diverse healthcare professionals to share their experiences with behavioral health concerns.

Faculty teaching trauma and crisis counseling courses may provide a unique opportunity to incorporate IBH, particularly when advocating for and implementing trauma-informed care (TIC) in healthcare. TIC has received increased attention in the medical community, as literature has emerged calling for the infusion of trauma-responsive practices in medicine (Grossman et al., 2021). Counselors can use their expertise of trauma to advocate for TIC in IBH settings, provide trauma-informed consultation to medical providers, and advocate for clients and the utility of the counseling profession. In these courses, instructors can integrate best-practices of TIC, explore the process of IPC in relation to TIC through trauma-focused advocacy projects, and discuss the process of brief interventions and referral coordination for trauma counseling in

integrated care.

Substance use disorders (SUD) are a frequent concern in medical settings (Wu et al., 2017), and may be a common reason for referral to counseling services in IBH settings. For this reason, discussing biopsychosocial presentations of substance use, exploring brief assessments and interventions for substance abuse, and presenting advocacy tools to increase responsiveness to presentations of SUD are avenues for infusing IBH into addictions counseling courses. Therefore, faculty teaching substance abuse courses are also provided with an opportunity to strengthen the abilities of counselors in IBH settings.

IBH Electives in Counseling Curriculum

While infusing IBH concepts, skills, and knowledge throughout the core counseling curriculum has the potential to improve counseling student preparation for integrated settings, creating elective courses that include specific counseling interventions for IBH may be more appropriate in preparing counselors to conduct counseling in IBH settings (Dice et al., 2022). A common area of concern is the need for additional training in the evidence-based treatment of psychosocial concerns related to medical conditions (Dobmeyer et al., 2016). Researchers indicated the usefulness of counseling approaches such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Motivational Interviewing in integrated settings (Lundahl et al., 2013; Vogel et al., 2017). Additionally, utilizing interventions associated with Solution-Focused Brief Therapy, Neurocounseling, and Dialectical Behavior Therapy may be of use for counselors in IBH settings. Elective courses for integrated care may provide didactic training on the psychosocial domains of common medical conditions, including diabetes, cardiovascular disease, reproductive health concerns, cancer, obesity, and COVID-19. This training can include the exploration of various somatic and psychosocial symptoms that may arise due to these conditions, brief interventions for psychosocial distress, and IPE through guest lectures and case studies from general (e.g., primary care physicians) and specialty medical care providers (e.g., oncologists). Therefore, faculty can develop and deliver elective courses to deepen students' preparedness for IBH settings while attending to rigid core curriculum.

Practicum and Internship

Asempapa (2019) found that while most counselor trainees in their study expressed an interest in working in IBH settings, only 33% reported experiencing an integrated care field placement. Given the importance of practicum and internship in the development of counseling professionals, counselor educators should start creating IBH experiential learning opportunities for their students. Unfortunately, the process of creating placement sites for graduate counseling students can be difficult because sites have inconsistent levels of integration, site supervisors have varying IBH competencies, and conducting site visits in IBH settings have intricate ethical concerns (Dobmeyer et al., 2016; Lloyd-Hazlett, 2020; Putney et al., 2017).

Potential sites for supervised clinical experiences in IBH settings include correctional facilities, general hospitals, psychiatric hospitals, primary care clinics, specialty medical clinics, and community health agencies, among others. However, there could be a lack of consistency in the types of experiences available to counseling trainees (Putney et al., 2017). To mediate this challenge, counselor preparation programs should implement site visits to advocate for the presence of counselors in the specific setting, provide on-site training to counseling interns, prime the staff for the integration of behavioral health professionals, and work with site supervisors and staff to implement practices that are consistent with the values and best-practices of integrated care (Dobmeyer et al., 2016; Putney et al., 2017). Another unique challenge of IBH field placements is the need for guidance from on-site supervisors who are competent in the provision of behavioral health services in these settings and identify as a counselor. Given the importance of supervision for personal and professional development in graduate counseling programs, the need for competent supervision is paramount. A potential solution is to train existing site supervisors in supervision for IBH settings (Lloyd-Hazlett et al., 2020).

Current Integrated Behavioral Health in Counselor Education

Currently, there may be few counselor preparation programs in the United States that offer opportunities for counseling students to receive training for practice

in IBH settings; however, programs with IBH training opportunities exist. An example is an osteopathic medical school located in an urban area in the northeastern United States, known for their biopsychosocial education and holistic approach to client-care. This institution has facilitated IPE experiences for many years, making IPE a cornerstone of the institutional mission. IPE experiences at this school include advanced graduate and medical programs in osteopathic medicine, pharmacy, physical therapy, clinical psychology, and mental health counseling. The master's degree in mental health counseling at this institution offers students a variety of educational opportunities related to competence in IBH settings. The master's program requires students to attend IPE seminars during their first and second year. IPE experiences vary from movie discussions, shadowing the Osteopathic Manipulative Medicine lab, Doctor of Osteopathy students visiting basic skills courses, didactic lectures, standardized patient experiences, and experiential learning through case studies requiring interprofessional collaboration to solve problems. Within the counseling department, faculty offer various electives directly related to practice in IBH settings, such as Advanced CBT, Counseling in Healthcare Settings Integrative Seminar, and ACT in Behavior Medicine. In addition to coursework, this institution's counseling department facilitates supervised field placements in settings that endorse varying levels of integrated care. These settings include inpatient psychiatric hospitals, community health centers, and medical facilities.

A second example is an urban public university in the southeastern United States, offering master's and doctoral programs in counseling. In the past, this counseling department has offered electives focusing on IBH competencies for children and adolescents. Additionally, counselor educators with experience and expertise providing counseling services in IBH settings have taught core counseling curriculum and electives. These curricular experiences may have functioned to provide students with base competencies for practice in IBH field placements, a common option for master's and doctoral level counselor trainees. For supervised clinical experience, clinical coordinators and faculty supervisors in this department have cultivated relationships with various IBH practicum and internship sites in the community, including general hospitals, community health centers, and local government agencies. Recently, the first author designed a course for IBH, currently offered by the first and third authors as an elective for interested counseling students at the master's and doctoral level. This signifies a commitment by the department to provide formal training for students interested in practicing in IBH settings.

Future Directions

Future researchers could focus on best practices in counselor education for IBH settings, spanning qualitative (i.e., phenomenology), mixed methods (i.e., concept mapping), and quantitative (i.e., quasi-experimental) methods exploring the ways in which educators can provide counseling students with quality training for practice in IBH settings. Other researchers could focus on how supervisors facilitate professional development and advanced competencies in IBH. Additionally, educators can conduct research that identifies the effectiveness and impact of courses designed to prepare students for integrated care settings. These studies can explore growth along multiple dimensions, including the use of evidenced based practices and growth in multicultural competencies. Studies such as these have the potential to grow upon existing research in counselor preparation for IBH settings. Among clinical domains, mental health counselors and counselor educator researchers may focus on ways in which mental health counselors are able to reduce stigma and address biopsychosocial health disparities through behavioral intervention and advocacy. Finally, future researchers should focus on the development of scales and instruments designed to assess counselor competence and effectiveness in IBH settings, knowledge of IBH concepts, and adherence to empirically based interventions for biopsychosocial concerns.

In the pursuit of meeting the call for an evolving healthcare system that embraces a biopsychosocial understanding of health and wellness, counselor educators have the potential to train the next generation of behavioral health providers in integrated care settings. To do so, counselor preparation programs and faculty must intentionally incorporate skills, knowledge, and concepts for practice in IBH settings

into training for counseling students. This can be accomplished through core and elective didactic coursework, professional development experiences, and supervised practicum and internship settings.

CONCLUSION

IBH addresses the current focus of healthcare as the profession shifts towards the need for a model emphasizing the complexities of a biopsychosocial conceptualization that uses an integrative approach to holistic care. Within the IBH model, professional counselors have the potential to work on interdisciplinary healthcare teams and improve client health and wellness, enhance the effectiveness of integrated health settings, and advocate for the counseling profession. Counselors can also use their learned skills in advocating for patients. In order for counselors to engage in IBH, it is vital that counselor preparation programs respond to the call for formal training and preparation for practice in IBH settings. Counselor educators and researchers are encouraged to use this call to action as a way to examine ways in which IBH can be incorporated into their graduate programs in counseling. While this article provides general guidelines and recommendations for infusing IBH into counselor education, faculty and leaders of counseling programs would benefit from examining their programs to find specific ways in which this can occur in their curriculum.

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