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Interprofessional Education in Action: Piloting an Online Interprofessional Learning Event for Counseling and Occupational Therapy Students

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Abstract

Interprofessional education (IPE) is a training modality that aims to help two or more disciplines learn about, from, and with each other to enhance outcomes for clients (WHO, 2010). Two faculty members, one from counseling and one from occupational therapy, collaborated to design and implement a virtual pilot IPE event focused on enhancing student role delineation in interdisciplinary treatment teams, communication, and professional behaviors. Using guided questions provided prior to the event, students shared information about their disciplines, roles in client treatment teams, professional responsibilities, and potential collaboration opportunities between occupational therapists and counselors. This article provides an overview of developing and facilitating a virtual IPE event in counseling and implications for implementing IPE in counselor education curricula.

Significance to the Public

This pilot IPE event illustrates how counseling and occupational therapy students can develop knowledge, skills, and tools to work with professionals from different healthcare disciplines as they prepare to transition from student to practitioner. Students training to be mental healthcare providers can benefit from learning about and with other professionals they may work with in the field. Lessons learned from creating and implementing this pilot IPE event can lead to future considerations for interprofessional training and research in counseling.

Keywords: interprofessional education, counseling, occupational therapy, virtual interprofessional education, interdisciplinary collaboration

The World Health Organization (WHO) defines interprofessional education (IPE) as "when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, p. 13). Interprofessional training on how to communicate and work effectively with other professionals is a critical building block for developing a collaborative professional healthcare workforce to deliver comprehensive, efficient, and effective services for clients (Lenz et al., 2018). Interprofessional collaboration in mental health can enhance professional relationships, increase effective and holistic service delivery, and help future professionals meet a diverse range of client needs (Greidanus et al., 2020). Integrated mental health care has the potential to reduce stigma associated with mental health treatment, which may reduce barriers to seeking treatment for those with mental health concerns (Ion et al., 2017). Learning how to work collaboratively across healthcare professions enhances client outcomes (Lenz et al., 2018), and IPE can also strengthen counseling self-efficacy, student professional identity development, and appreciation for the value of interprofessional collaboration (Brubaker & La Guardia, 2020).

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Moreover, IPE can help students become effective collaborators and advocates for their profession (Leveille et al., 2020; Woodnorth & Davidson, 2019).

During students' professional training programs, providing opportunities for collaborative educational experiences can foster an understanding of role delineation and positive relationships in interdisciplinary clinical practice (Powers & Kulkarni, 2023; Vereen et al., 2018). Learning experiences between students from two or more professions can be effective when delivered in-person or online to enable effective collaboration and improve health outcomes (American Occupational Therapy Association [AOTA], 2020). In-person and virtual IPE formats have significantly improved healthcare students' interprofessional collaborative competency, valuing interprofessional work, cultural competence, and attitudes toward interprofessional collaboration (Grand-Guillaume-Perrenoud et al., 2024; Powers & Kulkarni, 2023; Shorten et al., 2023; Tilstra et al., 2023), which are key skills to effective interdisciplinary service provision. A study by Hughesdon et al. (2023) found that virtual and in-person IPE simulations helped students understand professional roles. Student perspectives from a virtual IPE emphasized the role of technology in modern practice and the development of essential skills for transitioning from student to practitioner (Hovland et al., 2024).

In addition to the benefits that IPE has on professional preparedness, IPE can lay the foundation for mutually collaborative and respectful work environments (Grand-Guillaume-Perrenoud et al., 2024). While IPE is a standard part of curricula in healthcare fields such as medicine, physical therapy, occupational therapy (OT), and nursing, there is less emphasis on IPE in behavioral and mental health fields, including counseling. In terms of research, most research studies on IPE are conducted in healthcare fields not including counseling (e.g., Marcussen et al., 2019), even though mental health practice is the focus of the training. Most IPE research in OT literature focuses on OT and other medical fields such as nursing, physical therapy, physician assistant, and social work (Leveille et al., 2020; Lucas Molitor & Naber, 2020; Woodnorth & Davidson, 2019). Additionally, there are very few examples of conducting IPE with counseling and OT students.

Interprofessional Education for Counselors-in-Training

Interdisciplinary approaches to the provision of behavioral healthcare are becoming increasingly common to meet the demand for mental health care services (Ion et al., 2017; Schmoyer et al., 2023). More counselors are being employed in settings where interdisciplinary collaboration is woven into the nature of their work, such as hospitals, inpatient facilities, and community agencies (Schmoyer et al., 2023). Further, particularly in integrated primary care settings, counselors are encouraged to communicate and coordinate care with other members of a client's treatment team, including psychiatrists, medical doctors, social workers, and other healthcare professionals (Ion et al., 2017; Lenz et al., 2018). The provision of IPE in counselor training programs appears scarce, although calls for interprofessional training have increased (Berrett-Abebe et al., 2023; Klein & Beeson, 2022; Li et al., 2022; Schmoyer et al., 2023; Vereen et al., 2018). Some researchers have suggested that counselors do engage in interdisciplinary practice in the field and have received interprofessional training at some point in their careers (Johnson, 2016). Others highlight the lack of training in interprofessional collaboration and note that counselors feel unprepared to work with professionals from other disciplines, stating their training was "minimal to non-existent" (Li et al., 2022; p. 88). Although these findings are contradictory, one sentiment is clear: Counselors believe this training is important and valuable to their professional practice (Glueck, 2015; Klein & Beeson, 2022).

Klein and Beeson (2022) investigated clinical mental health counselors' attitudes toward interprofessional collaboration and professional identity. They found that counselors were receiving IPE outside of their counseling degree program and

there was a strong, significant relationship between professional identity and interprofessional identity. Practicing mental health professionals often agree that interprofessional education is valuable and relevant to their careers, yet they may not have opportunities within their degree programs to engage in such training (Klein & Beeson, 2022). Furthermore, counselors in the field report feeling unprepared for interprofessional work, citing the lack of specific training opportunities during their graduate programs (Li et al., 2022). Students need to be prepared to work collaboratively in interdisciplinary treatment teams and understand the roles and responsibilities of each discipline to provide high quality and efficient services for clients when they enter the field (Schmoyer et al., 2023). A contributing factor to IPE not being provided during counseling programs may be the lack of specific educational training standards in counseling.

According to the 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards, only one standard addresses interprofessional work. Standard 3.A.3 requires knowledge of a counselor's role in interdisciplinary settings (CACREP, 2023) but does not include requirements for a specific amount or type of training, despite calls from researchers to include IPE into counseling curricula (Greidanus et al., 2020; Schmoyer et al., 2023; Vereen et al., 2018). Implementing IPE programs can be challenging due to cost, the amount of resources and expertise needed, logistical planning, the time commitment, and the need to coordinate between programs. Counselor educators can implement IPE into their courses, but little guidance exists on developing and implementing a coordinated event across departments.

Further, counseling professionals continue to fight to legitimize the reputation of the counseling profession in society and the greater healthcare landscape as an important pillar of supporting the well-being of individuals and communities (Ng et al., 2023). As the mental health care crisis increases the need for comprehensive behavioral healthcare services for individuals and communities, counselors may encounter challenges when they are working within settings that may not value counselors in the same way other mental health professionals are valued (Li et al., 2022). In addition to a lack of educational standards for IPE in counseling, most IPE research focuses on students in medical fields such as medicine, physical therapy, pharmacy, and nursing (Choi et al., 2023; Shorten et al., 2023).

If a mental health field is represented in IPE studies, it is typically social work (e.g., Choi et al., 2023; Marcussen et al., 2019; Powers & Kulkarni, 2023), where practitioners focus on systemic approaches that are different from the counseling philosophy, which is rooted in wellness, human development, and prevention (Myers, 1992). Enhancing counselor trainees' self-efficacy and advocacy skills for their professional counseling identity may strengthen their voices and roles within interdisciplinary teams and demonstrate the value counselors bring to caring for clients with mental and physical health concerns (Brubaker & La Guardia, 2020; Klein & Beeson, 2022). Counselors without interprofessional training are at a significant disadvantage as they may face challenges related to insufficient training and experience with interdisciplinary care, further widening the gap between behavioral and physical healthcare (Li et al., 2022).

Role of Occupational Therapy

The definition of OT is "the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation" (AOTA, 2020). This includes any meaningful occupation or activity that a person wants to accomplish, including dressing, eating, cooking, cleaning a house, paying bills, taking care of oneself and family, going to school, and working. OT services are typically provided for habilitation or rehabilitation. Habilitation refers to helping clients learn or improve skills that may not have developed or are not developing normally, whereas rehabilitation focuses on helping individuals regain skills, abilities, or knowledge that may have been

lost or impaired because of illness, injury, or disability. Further, OTs also focus on the promotion of health and wellness for clients with or without a disability (AOTA, 2020).

Licensed occupational therapists and OT assistants provide services to people of all ages in homes, communities, schools, and healthcare settings such as hospitals, skilled nursing facilities, outpatient rehabilitation clinics, and mental health facilities (AOTA, 2020). Counselors and OTs are trained in supporting clients to achieve psychosocial goals, which increases the likelihood that they would collaborate with counselors in a behavioral healthcare setting (Wilburn et al., 2021). Examples of settings where counseling and OT may collaborate include but are not limited to, behavioral health units, community mental health centers, forensic units, hospice, inpatient hospitals, partial hospitalization programs, residential programs, schools, and substance abuse treatment centers.

Educators in OT are encouraged to consider IPE collaboration as an important method for OT students to develop skills necessary to participate as effective members of the health care team (AOTA, 2022). The Accreditation Council for Occupational Therapy Education (ACOTE) recognizes the importance of this type of learning experience by including several educational standards related to interprofessional collaboration, such as interprofessional team dynamics, roles and responsibilities, communication, and referrals to specialists external to the profession (ACOTE, 2023). The OT scope of practice and framework is diverse, which often leads to a misunderstanding of what OTs can offer in mental health settings; this could contribute to the lack of IPE research on OT in behavioral and mental health.

Training with other professionals can help prepare students for the transition from trainee to practitioner and may help address resiliency issues by increasing the perception that working interprofessionally benefits the client and practitioner (Grand-Guillaume-Perrenoud et al., 2024). Exposure to multiple facets of mental health practice may not only ignite student interest in providing mental health care but could also help minimize the national workforce shortage of practitioners in mental health settings (Read et al., 2024; Wilburn et al., 2021). The current mental health crisis in the United States has spurred discussions about increasing the number of providers of mental health services, including OTs (Read et al., 2024), which suggests that counselors in training and OT students can benefit from receiving training in collaborative practice. Interdisciplinary service delivery for behavioral healthcare warrants engagement from occupational therapists, as there are not enough mental health professionals to meet the demand for mental health services (Wilburn et al., 2021). Current advocacy efforts seek to increase the recognition of OT practitioners as behavioral health providers to address this increased demand (AOTA, 2025).

IPE Approaches in Counseling

The literature to date on IPE approaches in counselor education programs is scant, as most of the literature is focused on training specifically for integrated behavioral healthcare (e.g., Fields et al., 2023). In terms of format, IPE is often delivered through courses or in conjunction with workforce training grant requirements. Bean and colleagues (2022) embedded IPE training as a required component of students' participation in a Health Resources and Services Administration Behavioral Health Workforce and Education Training (BHWET) grant. Students from social work, school counseling, public health, nutrition, and nursing enrolled in a class taught with de-identified real-life case examples developed from faculty knowledge and expertise. Although the course was initially in-person, the authors moved the class to an online format during COVID-19, with synchronous and asynchronous components. Using a mixed methods pretest–posttest design, students' knowledge was evaluated with a questionnaire developed from the learning objectives for the course. Students reported significant changes in responses from pre- to post-test on questions about integrating interprofessional sources of knowledge in problem solving, understanding ethical principles, managing ethical dilemmas, using an interprofessional collaborative

framework in practice, and collaborating with team members to monitor risk and protective factors for clients. Qualitatively, students mentioned that they desired more interactive activities but found the training to be valuable and important for their work as future professionals.

Brubaker and La Guardia (2020) used interdisciplinary training during an internship course to explore how advanced IPE effects students perceived self-efficacy, professional identity, professional development, and valuing of interprofessional collaboration. Students in the study were part of a larger grant-funded project, called SAFE-C, which trained students in integrated care during their internship experience, preparing them to work with at-risk youth. Students received training on role delineation for counselors, interprofessional collaboration, integrated care, and several other trainings focused on necessary skills for serving at-risk youth (e.g., mindfulness, trauma-informed care). The course also included interprofessional experience at students' internship sites, discussions on integrated care practice, and reflections from the students about their roles in integrated care teams. Students in the course reported higher increases in counseling self-efficacy, interprofessional socialization and valuing, and professional development, compared to the control group of students not in the SAFE-C program, providing support for positive outcomes for internship students engaged in interprofessional education and collaboration.

Researchers have implemented IPE training in online formats, which have been similarly effective at enhancing student valuing of interprofessional collaboration and competencies as in-person formats (Powers & Kulkarni, 2023). One example of interprofessional collaboration training had in-person and virtual components where trainers presented to students via Zoom (Agaskar et al., 2021). Some interdisciplinary training programs use internship sites or clinical practice to apply skills in a real-world setting (Agaskar et al., 2021; Brubaker & La Guardia, 2020; Vereen et al., 2018), but virtual training may be a convenient and accessible way to provide content-based IPE for students regarding working with professionals from other disciplines or learning about their approaches to client care. Advantages of online formats for IPE include flexible scheduling, reduced geographic location barriers, and greater frequency of opportunities for students to engage in IPE (Shorten et al., 2023).

The need for increased IPE in counseling and examples of creative ways to offer students opportunities for interprofessional exposure is warranted. The purpose of this article is to offer an initial step in adding to the IPE literature base in counseling that focuses on the logistical components of creating and implementing an IPE event for students. This pilot event introduces an innovative, feasible, and online approach to training students in interprofessional collaboration situated within the context of the current landscape of interprofessional training in counseling. The IPE event created by the authors included counseling graduate students and OT undergraduate students.

Theoretical Foundation and Purpose

Discussions between two faculty from a counseling and OT program at one university generated an understanding of the need to increase experiential learning opportunities prior to fieldwork to prepare students for interdisciplinary practice. Competencies for IPE published by the Interprofessional Education Collaborative (IPEC) were consulted to develop targeted student outcomes (IPEC, 2016). These competencies are: (a) interprofessional teamwork and team-based practice, (b) interprofessional communication, (c) values and ethics, and (d) roles and responsibilities for collaborative practice (IPEC, 2016). Principles of constructivist pedagogy laid the foundation for the event, including group discourse for mutual understanding and opportunities to share, and challenging and changing current beliefs (Richardson, 2003). Intended student outcomes for this virtual IPE event included enhanced understanding of role delineation, greater confidence in interprofessional communication, and

practicing professional behaviors, to lay the foundation for a collaborative and respectful work environment that optimizes client-centered care. Therefore, the purpose of this pilot event was to determine the feasibility — from the curricular, student, and faculty perspective — of a virtual IPE event for counseling and OT students at a small northeastern university.

Implementing the Pilot IPE Event

Graduate-level counseling student volunteers were recruited to participate through posted paper flyers of the event details, email invitations through departmental listservs, and word-of-mouth efforts. Counseling students were not required to participate as part of a course, so the recruitment methods were strategically chosen to maximize visibility and engagement among students in an attempt to secure a robust pool of volunteers. The paper flyers provided a visual reminder, placed in high-traffic areas such as the counseling department's bulletin boards and student lounges, ensuring that the opportunity reached students in their physical environment. Email listservs helped to target students who may not attend campus frequently. Word-of-mouth efforts created a more personalized outreach, where students could learn about the IPE event from their peers and faculty, fostering a sense of support and interest.

Undergraduate OT students in their third year were enrolled in the OT Mental Health Practice course and were required to participate as part of a class assignment to achieve course objectives and accreditation standards related to collaboration, communication, and the role of the interdisciplinary team in mental health practice. At the time of the IPE event, OT students had not yet participated in a mental health fieldwork experience. Counseling student participants had either no clinical experience but educational training in counseling professional issues, or were enrolled in a Practicum or Internship. Although the intention of the event was to promote IPE prior to students' field experiences, the authors wanted to encourage all students to participate in the initial pilot event to develop a positive culture around IPE within the counseling department.

A total of 11 counseling and 42 OT students participated in the virtual event. Groups were randomly assigned by faculty and consisted of one counseling student per three to five OT students. The instructors emailed students who were assigned to a group to introduce the process for scheduling and conducting the event, including a one-page document with guided discussion questions and expectations for the learning hour. Students then corresponded with group members via email to schedule a time to meet. The event was held via Zoom during a mutually agreed-upon time. The groups were student-led as they engaged in a 1-hour guided discussion designed by faculty to foster peer-to-peer learning. The discussion centered on several topics that included the nature and philosophy of their respective fields, educational and credentialing requirements, as well as the various practice settings in which both professions typically work. Students were instructed to share the typical roles and responsibilities of each discipline in mental health, focusing on the unique contributions that counselors and OTs bring to the interdisciplinary team. Potential interventions used by counselors and OTs to support mental health and well-being were discussed, addressing specific techniques, approaches, and strategies commonly employed in clinical settings. Additionally, the students discussed opportunities for interdisciplinary collaboration between counselors and OTs, emphasizing how they could work together to provide holistic, integrated care to individuals facing mental health challenges. This collaboration could range from cotreating clients to offering complementary services that enhance client outcomes through a referral process.

After the structured discussion, as time permitted, each group engaged in a question and answer session that provided students an opportunity to ask clarifying questions, share insights, and offer additional perspectives based on their individual academic and clinical experiences. This exchange of knowledge enabled students to deepen their understanding of both fields and

helped to develop a sense of mutual respect for each other's profession. It also provided an opportunity for students to enhance their advocacy, critical thinking, and communication skills, fostering a collaborative and supportive environment for personal and professional growth. The absence of faculty during these meetings was intentional, as we encouraged personal responsibility and self-directed learning on the students' part, which is an expected and essential quality of counseling and OT practitioners. This created a more open, peer-driven environment where students were empowered to share their knowledge, ask questions, and engage in meaningful dialogue without the direct influence or supervision of faculty. By promoting this type of independent, collaborative learning, the students gained a more comprehensive understanding of the interdisciplinary team and the value of teamwork in mental health care.

After the event, all participants were invited to share their feedback and evaluate the program, to improve future IPE events. They were asked to reflect on how the event helped them understand their unique roles and responsibilities as mental health practitioners. Based on anecdotal feedback from discussions with students, it seemed that students found the event helpful in their learning as professionals and enhanced their understanding of the importance of interprofessional collaboration. Students also recommended hosting an in-person event with additional disciplines, such as speech language pathology and physical therapy, with more than one student from each discipline in a group, to provide different perspectives on their profession. Students enrolled in the OT course submitted a reflection as part of a course assignment where they described what they learned, the importance of IPE, and the roles of inter- and intra-disciplinary teams.

Discussion

This pilot IPE event is a creative example of how interprofessional training may be offered to counseling and OT students. One major challenge to implementing IPE into counseling curricula is the required resources and funding it takes to implement large-scale training for students from different programs and disciplines. This virtual IPE event provided an inexpensive and simple way for students to benefit from learning opportunities with students from other disciplines, without large-scale funding sources. Students who participated had access to Zoom as part of their enrollment in the university and only had to devote 1 hour of their time to participate in the meeting. While this may not be the most robust form of training, we wanted to provide one example of how IPE can be implemented with relatively little effort. We believe a small event such as this is better than students not receiving IPE at all during their training programs. The exposure to other helping professions is a step in the right direction to developing mutual respect and understanding of their roles in team-based client care.

Regarding logistical considerations of creating and hosting an IPE event, we recommend building partnerships with diverse faculty within colleges or across universities, considering areas of study that counselors may encounter in the field, such as healthcare administration, medicine, nursing, OT, physical therapy, psychology, and social work. Networking with colleagues during events or simply reaching out via email to discuss opportunities for collaboration are simple yet effective ways to begin partnerships. When building IPE events, there are several creative ways to meet student learning objectives. Students could discuss a prewritten case study with components of physical, mental, and emotional health concerns, or students from different programs of study could prepare and share a brief presentation about their discipline and offer an opportunity for questions and discussion.

Training events can be adapted based on the ability to meet in-person or virtually, to achieve learning objectives and meet student needs, both of which demonstrate effectiveness in positive student outcomes (Shorten et al., 2023). We recommend that faculty first draft learning objectives for the overall event, as well as discipline-specific learning objectives. For example, our general learning objectives were for all students to: (a) learn more

about the roles and responsibilities of professionals from counseling and OT when working in interdisciplinary teams, (b) practice interdisciplinary communication about interventions to client care, and (c) understand the settings in which counselors and OT work in and the potential for collaboration. The format for IPE programming should be intentionally created around the identified learning objectives. The IPEC domains provide a framework for creating learning objectives (IPEC, 2016). If learning objectives include enhanced experiential learning, application, and skills-based practice, in-person experiences may be necessary. For education or content-based components, virtual options may be viable. From those objectives, formal qualitative and quantitative evaluation measures can be implemented to assess the degree to which those learning objectives were met. To collect quantitative data, the Interprofessional Collaborative Competency Attainment Survey (ICCAS), a 20-item self-report tool, is widely used for measuring student competencies in collaborative healthcare (MacDonald et al., 2010). Another popular measure, the Interprofessional Socialization and Valuing Scale (ISVS; King et al., 2016), is frequently used to assess perceptions of students and their attitudes toward valuing interprofessional practice. These tools may capture relevant interprofessional variables when evaluating student-related IPE outcomes. Qualitative data can also be collected. The OT students in this example were required to write a reflection paper outlining their learning experience and knowledge gained from the event, which helped the OT faculty discern whether students met the learning objectives sufficiently.

Implications for Counselor Education and Supervision

Training in interprofessional collaboration provides several opportunities for counselor educators to enhance student learning outcomes in nonthreatening and practice-oriented environments. Counselor educators can consider how to develop events or programs, such as the one described in this article, to meet program objectives and align teaching with CACREP standards and the ACA Code of Ethics. CACREP standards note that counselor educators should expose students to knowledge of their "roles, responsibilities, and relationships as members of specialized practice and interprofessional teams" (CACREP, 2023, Section 3.A.3.). The ACA Code of Ethics Section D.1.C. details how counselors, as part of interdisciplinary teams, should "remain focused on how best to service clients … by drawing on the perspectives, values, and experiences of the counseling profession and those from other disciplines" (ACA, 2014). Having low-risk opportunities to collaborate with professionals from other healthcare disciplines can help counselors-in-training develop the knowledge, skills, or abilities to effectively work with other providers as soon as they enter their clinical internship experiences or the field.

These IPE events offer students learning opportunities to enhance several core areas of counselor development. They can educate others about the counseling field, answer questions, and clarify their professional role, particularly for students who may not know how counselors are trained to work with clients, or the approaches they can take for treatment. Through IPE, counseling students can highlight the value that counselors bring to integrated treatment settings and demonstrate that they are an asset to interdisciplinary care teams. Coupled with advocacy, exposure to other healthcare professionals can strengthen counselor professional identity (Brubaker & La Guardia, 2020; Klein & Beeson, 2022).

Students have opportunities during IPE events to understand where the boundaries of a counselor's scope of practice lie, and where other healthcare professionals may be better suited to help a client with a specific concern, which ultimately fulfill CAREP requirements for understanding the roles and responsibilities of professionals in integrated care teams. Faculty might consider implementing an ethics-based IPE event in the ethics course. Ethical case-studies may be a beneficial component to IPE, enabling students to enhance their understanding of ethical practice by learning how to communicate and navigate ethical dilemmas with practitioners

who may have different ethical guidelines and viewpoints on how to best support clients.

Internship courses may be a natural place for supervisors and faculty to provide IPE, as students are engaged in clinical work in the field and can directly apply what they learned from IPE into practice, while strengthening professional identity (Brubaker & La Guardia, 2020). Internship group supervision may serve as a useful setting to discuss how students might apply their interprofessional knowledge and process challenges and successes of engaging in interdisciplinary collaboration, if applicable to their site (Brubaker & La Guardia, 2020).

Limitations

This pilot event has limitations worth noting. Students from OT were required to participate in the event as an assignment for their mental health course and counseling students were asked to participate as volunteers. Given the limited CACREP standards outlining interprofessional training, this event was not embedded within a course for counseling students. Therefore, the groups were unbalanced with several OT students and one counseling student, which may have affected students' experiences. Further, counselors were graduate students and OT students were in their third year of their bachelor's degree. This may have changed the dynamics of the group, given the difference in where students were in their program.

Another potential limitation was the lack of training and instruction for students prior to engaging in the experience itself. The assignment for OT students was outlined in their course, and the counseling faculty provided a brief overview of the experience for counseling students via email. Once students were assigned to a group by the faculty, they were instructed to email each other and set up a mutual time to meet. Since faculty did not attend these groups, the experience may have varied widely among the small groups, and there was no way to ensure that groups were on task or providing accurate information when responding to the questions. However, not having faculty present may have allowed the students to feel more comfortable engaging with each other as leaders, versus looking to the faculty member for direction and assistance, which we believed would be beneficial to their overall ability to connect and communicate as developing professionals.

Finally, we did not collect qualitative or quantitative data to evaluate the outcomes of the intervention, as the initial purpose was to determine if an online IPE experience was feasible and something of interest to our professionals-in-training. While we did not use formal measurement instruments, we did ask students for their feedback for quality-improvement purposes.

Future Research

This IPE event provided a starting point for counseling and OT students to develop the core competencies for interprofessional collaboration. We reviewed the feedback from students about their experience with the virtual IPE to inform the next iteration of this event, which will include an in-person community mental health case study, about a client with a diverse background, for small interdisciplinary teams to discuss. The teams will include undergraduate and graduate students from nursing, OT, counseling, and healthcare administration. This intervention will be part of a larger-scale, quasi-experimental study, where we will evaluate students' multicultural awareness and interprofessional collaborative competency. Evaluating the effectiveness of an IPE event on counselor competency outcomes, multicultural competency, and valuing of interprofessional collaboration can contribute to the current evidence and rationale for including interprofessional training into counselor education curricula.

In counseling, researchers have mainly explored the perceptions, attitudes, and experiences of trainees toward interprofessional collaboration (e.g., Klein & Beeson, 2022; Tilstra et al., 2023; Vereen et al., 2018), which has provided a strong foundation for future research. Using this literature base as a building block, more experimental research is needed to understand how impactful IPE

can be to strengthen counselor professional identity development, interprofessional skill building and competence, and self-efficacy. In addition to evidence to support IPE effectiveness with trainees, a greater understanding of how interprofessional competence and collaboration benefits clients would further underscore the importance of incorporating IPE into counselor education programs.

Researchers should consider developing and evaluating IPE that focuses on culturally responsive, ethical care in an integrated healthcare setting. Not only can our literature base benefit from evidence that IPE prepares students well for work in the field, but it can enhance the desire of all team members to provide multiculturally competent care as our society continues to diversify. Learning objectives may include enhancing cultural self-awareness, promoting advocacy and social justice for diverse clients seeking mental health treatment, and increasing the provision of culturally sensitive approaches to care delivery.

As counseling and healthcare fields continue to move toward integrated behavioral healthcare and increased interprofessional collaboration, it is vital to provide counselors-in-training with opportunities to learn about other healthcare disciplines and how to effectively collaborate on interdisciplinary teams. Interprofessional learning events, such as the one described in this article, can be meaningful learning experiences for students' overall professional growth as counselors. Counselor trainees can benefit from IPE by having first-hand experience advocating for counseling professionals to have a seat at the integrated healthcare table, understand the value of interprofessional collaboration, improve communication with diverse providers, and navigate shared decision-making, with the ultimate hope of strengthening the quality of mental health care services and outcomes for clients.

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