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Integrated Behavioral Health Education for Counselors in an Osteopathic Medical School: Lessons Learned and Future Directions

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Integrated Behavioral Health Education for Counselors in an Osteopathic Medical School: Lessons Learned and Future Directions

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Abstract

Mental health services are being integrated into healthcare facilities at a quicker rate than can be filled. This gap in services creates openings for counselors. Integrated Behavioral Health is a complex approach to healthcare that differs substantially from specialty mental health and is often not taught in most counselor education programs despite the inclusion of IBH in the recent CACREP standards. In this article we inform counselor educators how one counselor education program located within an osteopathic medical school trains their master's-level counselors-in-training regarding work in IBH settings. The interdisciplinary approach involves numerous interprofessional education experiences that enable students to learn from, with, and about each other and their varying professions. We discuss highlights of the interprofessional experiences, topics to be included in IBH training, the importance of incorporating IBH training into counselor education, and future directions for IBH and the field of counseling.

Significance to the Public

The authors report specific ways this counselor education program located within an osteopathic medical school educated counselors-in-training on integrated behavioral health. Lectures, small group activities, discussions, and shadowing are some of the educational opportunities that yielded positive results. Each educational intervention is aimed at preparing counselors in training to work in an area of healthcare that is significantly growing, in need of mental health experts, and well-suited for counselors.

Keywords: integrated behavioral health, counselor education, interprofessional education, interdisciplinary cross disciplinary collaboration, osteopathic medicine

Integrated behavioral health (IBH) is a growing field of healthcare that refers to a system of care in which the primary goal is to address both physical and mental health needs in a single setting through seamless integration of medical and behavioral health services in traditional medical settings (Academy for Healthcare Research and Quality, 2023). The benefits of IBH are multidimensional, with researchers finding strong clinical outcomes and patient satisfaction with care (Hunter et al., 2018; Lenz et al., 2018), decreased healthcare costs (Ross et al., 2019), and decreased burnout rates for behavioral health providers (Zubatsky et al., 2018; Zubatsky et al., 2020). Researchers have also found that IBH settings improve patients' access to behavioral health services, such as consultations and preventive care (Lenz et al., 2018; Miller-Matero et al., 2019). There is also a reduction of mental health stigma in IBH settings (Crowe et al., 2018), which may be related to newly discovered access to behavioral health care (Glueck, 2015). Counseling researchers have highlighted the clinical effectiveness of counselors in IBH settings, with counselors being effective in reducing symptoms (Ulupinar & Zalaquett, 2022) and improving overall functioning (Schmit et al., 2018) in patients. Each

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of these outcomes align with the *quintuple aim* (Nundy et al., 2022), an aspirational goal of healthcare that integrates key metrics for measuring high-quality healthcare (i.e., clinical outcomes, patient satisfaction, cost of care, provider burnout, health equity) and supports the use of counselors in IBH settings. While the benefits are prominent, there are challenges with developing and implementing IBH systems, including counselor transition into these settings.

Researchers have highlighted various challenges associated with behavioral health integration. Organization and policy-level challenges to IBH systems include a lack of funding and financial stability for integration, and ineffective health technology (e.g., electronic medical records), and a burnt-out and understaffed workforce (Peer & Koren, 2022; Phelan et al., 2023). For counselors and other behavioral health providers, identified challenges include adapting their practice style to the culture and focus of medical settings (Dice et al., 2022), interprofessional communication and collaboration (Li et al., 2022), and managing professional roles associated with IBH settings (i.e., clinician, consultant, educator, referral coordinator, program administrator; Glueck, 2015; Li et al., 2022). Notably, a recurring challenge for counselors in IBH settings is the lack of training for working in IBH settings (Dice et al., 2022; Glueck, 2015; Li et al., 2022). These challenges highlight the need for targeted training to ensure that counselors are able to function effectively in IBH systems.

Integrated Care in Counselor Education

Counselor education programs are in a unique position to help counselors effectively transition into these settings. However, there are a variety of challenges associated with counselor transition into IBH settings, including a lack of medical training and knowledge, navigating interprofessional communication and collaboration experiences, and the need to adjust their style of care to the medical context (Dice et al., 2022; Glueck, 2015; Li et al., 2022). Related to these challenges, counselor education researchers have consistently identified the need for targeted IBH training at the graduate level, particularly surrounding basic medical and chronic disease knowledge (Dice et al., 2022; Glueck, 2015; Li et al., 2022).

Researchers found that counselors who engaged in integrated care training showed a strengthened professional identity, desire to work in a team, ability to collaborate, and knowledge of evidence-based practices (EBP; Fields et al., 2022). Graduate students who attended a training that was specifically for graduate students working in IBH reported a significant increase in their interpersonal clinical skills and general skills needed to practice within IBH settings (Agaskar et al., 2021; Boland et al., 2020; DeBonis et al., 2015; Funderburk & Fielder, 2013; Johnson et al., 2015; Rishel & Hartnett, 2017), and they also reported an increase in their ability to conduct assessments and screen for mental health concerns (Agaskar et al., 2021; Brooks et al., 2016; DeBonis et al., 2015; Funderburk & Fielder, 2013; Washburn et al., 2020). Counselors are not the only ones who benefit from integrated care training. The patients of counselors who received IBH training reported positive client outcomes in the form of increased client satisfaction in treatment and functioning, and decreased symptoms of depression (Fields et al., 2022).

There is a lack of standardized frameworks or models for IBH education in counselor education, leading to substantial irregularity in the ways in which IBH is incorporated into counselor education. With this in mind, researchers have identified different ways in which their respective programs have integrated IBH into counseling curricula. Agaskar et al. (2021) outlined an elective IBH course where students learned about IBH models and practice, EBP, and multicultural competencies. Lloyd-Hazlett et al. (2020) provided details on two specialized courses, the first of which emphasized a specific model of behavioral health integration in primary care (i.e., primary care behavioral health [PCBH]), and the second focusing on contextual assessment and cognitive-behavioral intervention skills. Outside of the traditional classroom, Lenz and Watson (2022) discussed the creation of a series of six 4-hour IBH training sessions that focused on

pertinent topics from an interdisciplinary standpoint. Two important aspects of each of these training initiatives was the provision of an IBH internship experience and continuing education on IBH training (Agaskar et al., 2021; Lenz & Watson, 2022; Lloyd-Hazlett et al., 2020).

IBH Education in a Counseling Program

Since 1899, the Philadelphia College of Osteopathic Medicine (PCOM) has trained healthcare professionals to take a collaborative and holistic approach when treating patients and their families. PCOM is recognized as one of the leading institutions of integrated care and their interprofessional education (IPE) experiences are often commended and replicated. The IPE experiences are led by a leadership team of educators from various healthcare backgrounds who facilitate educational opportunities in which students and faculty from the doctor of osteopathic medicine (DO), doctor of clinical psychology (PsyD), mental health counseling (MHC), and physician assistant (PA) programs learn from, with, and about each other.

The Department of MHC at PCOM has collaborated with IPE leadership and various other departments, using recommendations from previous studies when creating IPE opportunities. For instance, the MHC program at PCOM created a mandatory IPE immersion experience with IPE leadership in which we highlight EBP, wellness, and trauma while creating opportunities for collaboration (Agaskar et al., 2021). Every IPE experience has a multicultural component associated with them and case studies have a holistic representation of clients and client care (Lenz & Watson, 2022). IPE experiences cover common mental and chronic health conditions, cognitive behavioral therapy (CBT), and brief functional assessments that were suggested by Lloyd-Hazlett et al. (2020). Lastly, we are currently expanding on IBH field placements, and incorporating IBH into core Council for Accreditation of Counseling and Related Educational Programs (CACREP) courses.

Overview of IPE Experiences

There are three IPE experiences for first-year MHC students. DO students shadow MHC students in their counseling skills course and MHC students shadow DO students in their osteopathic manipulative medicine (OMM) lab. DO, PsyD, PA, and MHC students also engage in small group discussions about a movie. Second year MHC students engage in six formal IPE experiences that involve students from all four disciplines (DO, PsyD, PA, and MHC) and take place over the fall, winter, and spring terms. Each IPE requirement is built into an associated course by allocating class time to IPE and making prework and participation in IPEs required. Overall, with the goal of training collaborative and person-centered healthcare professionals, PCOM developed unique IPE experiences. We outline pertinent details and highlights of the IBH and IPE initiatives at PCOM so other programs can more meaningfully incorporate IBH and IPE into their graduate training.

Highlights of the Program

Movie Discussions

Students choose a movie from a predetermined list and watch the movie outside of class. Each movie portrays a character(s) who is struggling with both mental and physical health concerns. Students then sign up to attend a small group discussion in which students from the DO, PA, PsyD, and MHC programs come together to discuss the movie from their perspective. This discussion is moderated by a fourth-year PsyD student who is trained in IPE facilitation and at least one faculty member from one of the four disciplines. Facilitators receive a list of questions to initiate the conversation. Using movies to teach psychosocial aspects of medicine, or cinemedicine, to medical students has resulted in an increase in their motivation to learn more, humanistic insight into illnesses, and ability to share their perspective (Kadivar et al., 2018). Many counselor educators also reported a long history of

positive gains from using movies in counselor education (Toman & Rak, 2000).

Students often focus on how healthcare professionals can integrate empathy into the medical model and provide proper patient care. These conversations involve identifying the various needs of patients in differing healthcare settings and exploring the role of the provider in treating the whole person as the patient undergoes treatment. Students often collaborate and share individual experiences from their work or personal lives that demonstrate the need for mental health considerations and care and offer unique perspectives on how to meet these mental health needs as well as the importance of IBH. Faculty noted that students often report an increase in awareness of the connection between mental and physical health, a recommendation made by Lenz and Watson (2022) and Lloyd-Hazlett et al. (2020). Similarly, students have historically reflected on gaining confidence in using collaboration skills across different disciplines and an understanding of different systems of healthcare, each of which are aspects Lloyd-Hazlett et al. (2020) and Agaskar et al. (2021) suggested educators incorporate into IPE experiences.

Furthermore, the small group interactions are not solely focused on the movie. In an effort to increase understanding of professional roles, students are invited to discuss their specific field of study and its requirements. The discussion on differing professional roles creates an opportunity for students to not only understand the difference between MHC and PsyD students as well as PA and DO students, but also practice and learn skills to talk to other healthcare professionals about their roles.

Shadowing Opportunities: DO Students to Counseling Skills Courses

Lloyd-Hazlett et al. (2020) recommended IPE experiences cover CBT and brief assessments and Agaskar et al. (2021) suggested educators create IPE experiences that specifically cover suicide and common mental health diagnoses. Therefore, PCOM created opportunities in which second year DO students sit in on two MHC students' skills courses: Counseling Skills during the fall term, and Fundamentals of CBT and Suicidology during the winter term. Counselor educators who teach these skills courses purposefully chose dates in which they are lecturing about topics relevant to DO students and that were recommended by researchers (e.g., suicide and risk assessment, CBT basics). In triads, DO students portrayed being a client while the MHC student practiced the skill that was taught that evening. DO students provide the counselor-in-training with feedback related to the mock session. Using role plays that simulate the scenarios doctors are likely to encounter is an effective way to teach and have students learn because these encounters allow DO students the opportunity to apply their skills and knowledge while practicing in real time (Bharti, 2023). There is a multitude of learning objectives during these experiences: DO students inadvertently pick up on basic counseling skills, see that there is an art behind counseling, and provide constructive feedback; and MHC students get to teach basic counseling skills through demonstration and provide rationale for using techniques.

MHC Students to the Osteopathic Manipulative Medicine Lab

According to the American Association of Colleges of Osteopathic Medicine (AACOM, 2025), osteopaths are medical doctors who are specially trained in OMM, which is a hands-on, noninvasive treatment that uses gentle pressure, stretching, and other techniques on the neuromusculoskeletal system to facilitate the body's natural healing processes. Doctors using OMM try to improve functioning of or remove barriers to healing or movement by using the relationship between the neuromusculoskeletal system and the rest of the body. OMM is used to treat a variety of common ailments, such as headaches, arthritis, stress injuries, sports injuries, and pain in areas such as the lower back, neck, shoulders, and knees.

We chose an active learning approach to understanding osteopathic medicine by having MHC students shadow DO students in the OMM

lab because researchers have found active learning in medical schools has the potential to significantly stimulate co-construction of knowledge, facilitate students' interactions, and create a positive and challenging learning environment (Bingen et al., 2023. Hands-on learning also has a strong presence in counselor education. For instance, Campbell and Babb (2023) conducted a systematic review of 38 studies in counselor education pedagogy and found experiential learning supports learner self-efficacy and identity while allowing students to demonstrate knowledge gained from traditional didactic learning approaches (i.e., lectures).

Prior to shadowing DO students in the OMM lab, MHC students are required to watch two videos that define what OMM is, the history of OMM, and why OMM is important to treating the whole person. After gaining the knowledge through these videos, students then schedule a time to shadow DO students at the on-campus OMM lab. Students watch DO students who are practicing OMM on each other for about 1 hour. The DO to MHC student ratio for this shadowing experience is about 2:1, which promotes intimate discussions among students from both disciplines. There is a DO faculty member overseeing this shadowing experience and students debrief in their counseling course taught by a faculty member who specializes in IBH.

Specifically for the OMM lab, MHC students learn alternative treatments for pain management and can even participate as recipients of OMM treatments. It is useful for MHC students to be informed about common medical issues, such as chronic pain, and treatments for them, because it strengthens future counselors' abilities to treat, understand, and provide resources for clients experiencing these issues using a holistic approach (Agaskar et al., 2021; Lloyd-Hazlett et al., 2020). The process is educational, and MHC students are able to simulate cross-professional collaboration. Learning about different disciplines and strengthening communication skills to work with other providers is applicable to future coordination of care in their careers (Agaskar et al., 2021).

Interprofessional Education Seminars

Second-year MHC students engage in six IPE seminars that take place twice a term during the fall, winter, and spring terms. These formal IPE experiences have DO, PsyD, PA, and MHC students reading journal articles or watching videos on specific topics from each of the four disciplines. Students then attend a 1-hour lecture on that topic and break out into small groups where they engage in an interactive discussion or activity. In keeping with the Interprofessional Education Collaborative (IPEC, 2023) core competencies for collaborative practice, each breakout group has about 10–15 students who represent each of the four schools, and small group activities are led by two faculty members of different disciplines. Topics for the IPE experiences are in line with what previous authors have recommended (Agaskar et al., 2021; Lenz & Watson, 2022; Lloyd-Hazlett et al., 2020).

Due to the increased rates of burnout among healthcare professionals (Bridgeman, et al., 2017), the first IPE experience always focuses on self-care. Students engage in a "walk and talk" in which they pair up with a student from a different program, walk around campus, and learn about their roles and responsibilities. The initial IPE was created to have students warm up to the idea of learning from, with, and about each other by creating an intimate space in which each student shares a fun fact about themselves, the requirements of their respective program, and how they engage in self-care. Students then engage in a self-care activity and create a summative Google document of self-care strategies. Conversations during this IPE often result in students bonding over their shared struggles in implementing self-care and increasing coping skills. The self-care IPE seminar is provided to students annually, given the importance of the topic. However, the other seminars change from year-to-year, based on student feedback and research. Previously covered topics include medical trauma, working with older adults, working with LGBTQIA+ individuals, and avoiding malpractice.

Counseling Curricula

While accreditation is an important departmental target, individual MHC faculty at PCOM are committed to providing targeted opportunities to enhance students' IBH skill and knowledge. Namely, the faculty are following suggestions in the literature by infusing topics throughout trainees' graduate education during core and elective courses that are taught by faculty with experience and expertise in IBH settings (Schmoyer et al., 2023; Schmoyer et al., 2024). For example, faculty included additional training on motivational interviewing, acceptance and commitment therapy, psychoeducation, brief assessments, and warm handoffs.

In addition to incorporating IBH knowledge into core counseling courses, PCOM's Department of MHC offers a specific IBH course that was developed by the second author and focuses on behavioral medicine and the PCBH model of care, due to the existing literature supporting its effectiveness (Hunter et al., 2018). The course also focuses on behavioral medicine due to the identified need for counselors to receive training on medical concepts and EBP for biopsychosocial health concerns (Glueck, 2015; Li et al., 2022). Specifically, this course explores behavioral health assessment and treatment within the primary care context for behavioral health concerns, including those associated with medical conditions (e.g., cardiovascular disease, diabetes). In order to facilitate interprofessional learning and perspectives, this course has guest lecturers and panelists from different behavioral health (e.g., psychology, social work, marriage and family therapy) and medical (i.e., DOs) professions who share their experiences and perspectives. The intentional addition of IBH topics and concepts will continue to be integrated throughout the program and our commitment to IBH is further cemented by the hiring of a fifth faculty member who has experience in IBH systems.

Lessons Learned

Faculty who engaged in IPE experiences asked for a facilitators' guide for each IPE experience. This guide, created by IPE leadership, outlines key points from the large lecture, timelines to follow, resources, questions that aid in starting conversations, and verbiage to use when describing the small group activities. In order to combat reported feelings of inferiority by MHC students, we collaborated with IPE leadership to create more informal small group experiences for MHC and DO students that occur during the MHC students' first year. The IPE planning board now has faculty representing each of the four academic areas: MHC, DO, PA, and PsyD. It is our hope that having a faculty representative on the IPE planning board will help distinguish counseling as a field distinctly different from psychology.

While the MHC faculty at PCOM value IBH and the associated skills and knowledge, there has been a history of challenges situating specific IBH coursework into counseling curricula while balancing accreditation requirements and students' other interests. Therefore, we learned that providing universal and targeted learning opportunities for students to increase their skills and knowledge for functioning in IBH settings was necessary. Universally, MHC students at PCOM receive training in IBH skills and knowledge through core counseling courses such as Counseling Skills and Professional Orientation. Additionally, students attend weekly 30-minute professional development workshops affiliated with their field experience courses, some of which include IBH skills and knowledge (e.g., behavioral medicine, single session therapy). This allows faculty to provide basic IBH concepts, skills, and knowledge to all students who progress through the program. We also learned that these workshops and basic incorporation of IBH into core coursework were not sufficient by themselves. Therefore, we have made intentional efforts to offer electives that further explore behavioral medicine and a specific IBH elective to focus on the models, assessment techniques, and EBPs for working in IBH settings.

Future Goals for the MHC Program

The Department of MHC at PCOM offers a unique perspective and opportunity for MHC students to learn about IBH in an osteopathic medical school. This occurs through a variety of avenues, yet the most salient include various IPE experiences where MHC students are exposed to trainees from other healthcare professions, including medicine (i.e., DOs, PAs) and clinical psychology. For PCOM, future directions for the MHC program are aimed at enhancing the departmental capacities to provide high-quality IBH training for future counselors. The Department of MHC at PCOM is currently working towards CACREP accreditation, which would make the program one of the few accredited counseling programs within a medical school and the only program embedded in an osteopathic medical school. This initial accreditation would further reinforce PCOM's commitment to providing high-quality training for counseling trainees and further promote IBH perspectives in counselor education. Future initiatives for PCOM may also expand toward grant funding, as the IPE program and IBH education offerings are not currently funded.

Finally, the department is intentionally working to create additional partnerships within PCOM and the local community to improve the department's capacity to serve their MHC students. Within PCOM, this includes enhancing the MHC department's partnership with the IPE leadership at the institution, which has been met with acceptance and excitement. A MHC faculty member now sits on the IPE planning committee and was invited to be the lead facilitator for an IPE seminar on medical trauma in spring 2025. Within the community, the department is working to enhance partnerships with various organizations and clinics within the local area to expand training opportunities for students interested in IBH. Specifically, faculty have communicated with a community organization that partners with integrated care clinics throughout the region. This has led to a new field placement site located at a multi-site Federally Qualified Health Center that provides primary care, dental, and behavioral health services to the community. Future students completing their supervised clinical experience at this site will have the opportunity to receive specialized training as behavioral health consultants (BHC) within the PCBH model of behavioral health integration. Through community engagement and partnerships, the Department of MHC at PCOM will work to create additional field placement sites at fully integrated medical settings.

Discussion

The IPE experiences at PCOM are well-developed and backed by research that accounts for how counselors can benefit from engaging in integrative care training. As previously mentioned, counselor self-efficacy can be strengthened through structured trainings and workshops on EBP within integrated care (Agaskar et al., 2021; Rishel & Hartnett, 2017), didactic lectures and experiential exercises focused on clinical and professional practice within integrated care (DeBonis et al., 2015), problem-solving activities for mental health workers in primary care (Funderburk et al., 2021), mock sessions (Funderburk & Fielder, 2013), sessions involving standardized simulation patients (Washburn et al., 2020), and traditional coursework (Rishel & Hartnett, 2017), all of which we use to deliver our IPE. Researchers found self-efficacy was also increased in IBH counselors when they engaged in educational experiences that focused on the same areas that we base our IPE experiences on, such as IPEC standards (Boland et al., 2020), professional identity, community resources, collaboration, (Schuler & Keller-Dupree, 2015), teamwork (Johnson et al., 2015), and multicultural competencies (Agaskar et al., 2021). Lastly, our multidisciplinary team approach is also backed by research. Funderburk and Fielder (2013) and Kearney et al. (2020) found including other healthcare professionals in IPE trainings increased counselors' confidence in asking health-related questions of other professionals and chances of them seeking guidance, and it also decreased stress in team members who did not feel qualified to provide the services that counselors provide.

Implications for Counselor Education

As indicated by numerous researchers, the field of integrated care is growing exponentially and there is a significant need for mental health professionals to serve in these roles (Serrano et al., 2018). Unfortunately, many counselors feel ill-prepared to enter the field of IBH (Li et al., 2022), with counselors often having to learn necessary skills and knowledge while simultaneously serving in a clinical role (Horevitz & Manoleas, 2013). Ensuring that students have a foundation for interdisciplinary and integrated practice will become an imperative for counselor education programs. Therefore, the provision of IPE is needed. For counseling programs at an institution with an affiliated medical school, this process may be streamlined with practices in place for interdisciplinary partnerships.

Recreating IPE Experiences

The MHC program at PCOM is one of only a few MHC programs within a medical school, which means IPE experiences between counseling and medical students may not be feasible for many programs. Therefore, it may be more realistic for these programs to create partnerships between counseling and other behavioral health (e.g., social work, clinical psychology), medical (e.g., nursing, osteopathic medicine, traditional medicine), or allied health (e.g., physical therapy, occupational therapy) professionals. These different partnerships can allow for the initial development of IPE experiences, such as mutual class shadowing. For example, a partnership between a graduate counseling program and an undergraduate nursing program may allow for nursing students to shadow a skills course to learn foundational counseling skills (e.g., empathy, active listening, reflection), while counseling students shadow a nursing simulation lab to learn basic medical terms and daily activities of nurses (e.g., administering intravenous fluids, conducting a health assessment). If class or lab simulation is not possible, facilitating interdisciplinary and collaborative discussion through cross-listed assignments (e.g., movie discussions) may be an alternative for programs to start their own IPE initiatives. Even if formal IPE projects are not feasible for programs, there are smaller partnerships and experiences that can be facilitated between counseling students and other healthcare professions that can be invaluable for students to develop interprofessional collaboration skills (e.g., guest speakers, attendance at conferences).

Anecdotally, educators frequently discuss not needing to "reinvent the wheel" when creating high-quality educational experiences; the same can be said for infusing IBH education into counseling programs. Currently, literature exists on how programs have previously implemented IBH initiatives into their counselor education curricula (Agaskar et al., 2021; Lenz & Watson, 2022; Lloyd-Hazlett et al., 2020), suggestions for implementing IBH education into counseling programs (Schmoyer et al., 2023), and expert-led guidelines for specific IBH topics to include in counselor education (Schmoyer et al., 2024). However, it is important that educators have a strong understanding of the topics they are teaching; therefore, ongoing self-study; review of current literature; memberships in professional organizations for IBH (e.g., Collaborative Family Healthcare Association); continuing education; and consultation from IBH organizations, scholars, and clinicians is a necessity. Additionally, communication between counselor educators from different programs is beneficial, as they can learn from other programs' practices to enhance their own capacities to train students in interprofessional collaboration and IBH.

Creating community partnerships with clinics who are interested in or actively integrating behavioral health services into their medical settings is imperative. Sustainable community partnerships can help facilitate meaningful field placement experiences, provide opportunities for advocacy, and create shared learning experiences between clinical and academic spaces. This may entail counselor educators reaching out to local clinics to explore opportunities for integration, followed by a brief exploration of the roles of counselors in IBH settings, and the needs of students and of the clinic. This process may be slow to start, but has the opportunity to yield exciting new opportunities for

students, educators, and clinicians to learn from and with each other about behavioral health integration.

Future Research

The integration of IBH in counselor education opens opportunities for vital research to support this approach to care in the counseling context. Mixed methods and quantitative researchers would benefit from emphasizing the effectiveness of training initiatives associated with various outcomes, such as enhancing care coordination and interprofessional collaboration skills, readiness for counselor transition into IBH settings, and other educational outcomes. Related, longitudinal studies focusing on patient outcomes from IBH will be crucial in strengthening best practices and making claims about long-term gains to both counselors trained through IPE experiences and the consumers they serviced. In order to assess the sustainability of these training initiatives, qualitative research focusing on students' experiences and perceptions of IBH training will become an important dimension of the growing counselor education IBH literature. Counselor educators can use the results from these studies to build a stronger community of counselor educators who support IBH and IPE, inform and create training opportunities, and advocate for more IBH and IPE experiences for counselors.

Conclusion

There is a strong need for counselor education programs to incorporate IBH knowledge and skills into counselor education programs. There are numerous benefits of incorporating IBH into counselor education programs. From arming counselors in training with the knowledge to hold one of the many positions that are available in integrated health facilities, to learning how to advocate for the profession through conversations with other healthcare professionals, or learning how to treat the whole person, the benefits are felt among students and faculty, as well as the clients they serve.

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