

## Article 82

### **Preparing Counselors-in-Training for Multidisciplinary Collaboration: Lessons Learned From a Pilot Program**

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#### **Abstract**

Within clinical mental health and healthcare settings, collaboration among Professional Counselors and helping professionals from other disciplines is often necessary. Yet, misperceptions about training backgrounds, professional practices and roles can impact working relationships. This article will examine relevant research on the topic of multidisciplinary collaboration, highlighting some of the associated challenges and benefits. It will outline the authors' formation and implementation of a multidisciplinary professional development group for interns at a community agency, and it will address some of the difficulties encountered in the experience. The authors will then provide reflections and suggestions for future planning based on the experience.

#### **Introduction**

While counseling as a profession is distinct from related fields of social work, psychology, psychiatry, and marriage and family therapy, the professional functions of each often overlap in the work setting (Hodges, 2012; Agresta, 2004). In mental health

treatment, multidisciplinary collaboration is increasingly emphasized and frequently required within health care and educational systems (Quealy-Berge & Caldwell, 2004), yet effective collaboration is often discussed in the literature as difficult to actualize (e.g., Brown, Crawford, & Darongkamas, 2000; Carpenter, Schneider, Brandon, & Wooff, 2003; Leiter, 1988; Quealy-Berge & Caldwell, 2004). This article seeks to review relevant literature on the topic of collaboration amongst helping professionals and to describe the authors' experiences in piloting a multidisciplinary professional development group for intern students in a clinical setting. Additionally, through synthesizing relevant research with the authors' experiences, the potential benefits of more intentional collaboration are explored, and suggestions for implementation of multidisciplinary programming are identified. As a point of clarification, while "interdisciplinary collaboration" often refers to members of a shared discipline with different specializations, "multidisciplinary collaboration" refers to professionals from different training disciplines working together (Hinshaw, 1995), and as such in this article the collaboration between helping professionals will be referred to as multidisciplinary collaboration.

### **Individual and Collective Professional Identity Development**

It is well documented that the counseling profession has struggled to secure a collective professional identity (Gale & Austin, 2003). Most counselor educators define counselor identity in terms of what differentiates counselors from other human service practitioners (Gale & Austin, 2003; Remley & Herlihy, 2011), echoing a compare-and-contrast pattern of behavior that seems consistent across the helping professions. In a study of 238 practicing counselors, counseling professionals differentiated the practice of counseling from either social work or psychology by identifying the foundation of counseling as a developmental, prevention, and wellness orientation towards helping others (Mellin, Hunt, & Nichols, 2011). Further, counselors perceived psychologists as being oriented towards testing, research, pathology, and distant goals, while social work was perceived as being focused on case management, community resources, systemic issues, and administrative tasks (Mellin et al., 2011). From the way counselors define their practice in these examples, two of the potential barriers to effective collaboration are articulated: that each professional group approaches client care from their own professional "silo" with a clear sense of protecting professional boundaries (Jones, 2006), and that professionals tend to defend their own professional training and practice, articulated through language and rituals (Pietroni, 1991; Quealy-Berge & Caldwell, 2004).

Counselors engaged in multidisciplinary collaboration may have especially unique struggles because of the fact that counseling is the youngest of the helping professions (Mellin et al., 2011). Yet they are hardly alone in their efforts to clarify their individual role and professional identity, as well as collective value, in the multidisciplinary workplace. Professional identity development for marriage and family therapists (MFTs) includes making sense out of the socialization process; processing conflicts experienced; and sharing feelings of identity and role confusion amongst trainees (Clark, 1998). The community built amongst trainees allows for exploration of questions of what does it really mean to be an MFT, and how to integrate personal and

professional identities (Clark, 1998). Blosser, Cadet, and Downs Jr. (2010), in their study of social workers at a medical center, wondered if social work as a profession is evolving and continuing to define itself and could actually benefit from the inclusion of strategies and examples from other professions as a tool to better illuminate the “breadth of what it is to be a social worker” (p. 175). While they pondered on the possibility of comparisons with other professionals to strengthen their professional identity, they also noted the fear and possibility that multidisciplinary work environments may include clinicians that have a more publicly endorsed or accepted claim on the model of treatment in any given facility, thereby potentially weakening the perceived value of social workers.

### **Navigation of Shared Practice Boundaries**

The meaningful quest for developing individual and collective professional identity has resulted in what has been described as a “turf-war” (Gibelman, 1993) amongst the helping professions. Discussion of this battle within the professional literature from all disciplines is not new. Conflict within multidisciplinary settings may be attributed to jealousy (Ovretveit, 1995) or feelings of protection/‘protectionism’. (Ovretveit, Mathias, & Thompson, 1997) related to the allocation of professional roles (Gibelman, 1993). In a qualitative study of multidisciplinary collaboration on a psychiatric unit (including both medical staff and varied helping professionals), Jones (2006) identified themes of interprofessional rivalry and unwillingness to work together. Multidisciplinary working in and of itself may constitute a threat to professional identity (Lankshear, 2003), and those in multidisciplinary teams have to cope with differences in worldview (Pietroni, 1991) as well as differences in training, terminology, and theoretical foundation (Bemak, 2000; Mellin, 2009); confusion about roles and responsibilities; conflicts related to power and status; and the perpetuation of professional stereotypes, all of which puts at risk the purported benefits of multidisciplinary collaboration (Waxman et al., 1999). In addition to these within-group differences and conflicts, in a study of a multidisciplinary team, Lankshear (2003) noted that sources of conflict appeared to come primarily from external forces, such as government regulated social policies. When asked to identify levels of competition felt towards members of other training backgrounds in the school setting, however, school counselors, social workers, and psychologists all reported low levels (Agresta, 2004). While this study challenges the “turf-war” mentality, the challenges to multidisciplinary collaboration are nevertheless multidimensional.

### **Why Multidisciplinary Collaboration?**

One might ask, why persist in trying? First, the reality that counselors, social workers, marriage and family therapists, and psychologists are often serving in the same professional function and role is undeniable. Patterns of professional drift, or the neglect of a profession’s traditional purpose and functions in favor of activities associated with other professions (Sheafor & Horejsi, 2012), are evident when helping professionals overall come to view themselves as “therapists” generally while losing some association with their specific discipline of training (Marx, Broussard, Hopper, & Worster, 2010). While homogenization of roles within helping professions can often be cast in a negative light, through being referred to as *genericism* (Loxley, 1997) in the interdisciplinary

literature, small differences between professional roles are also connected to the potential for shared role boundaries (Hope, 2004), which can lend itself to the ability to synthesize experiences and expertise, building a richer understanding of clients and a deeper sense of collegial support (Hinshaw, 1995).

While work environments are inherently multidisciplinary by the composition of staff representing various training disciplines, that does not mean that collaboration is necessarily taking place. As previously mentioned, the tendency for helping professionals to remain in their separate “silo” (Jones, 2006) and to defend their professional training and practice (Pietroni, 1991) can conjure a spirit of competition, not collaboration, and a context within which strengths of the various training disciplines are not being maximized through intentional efforts to work together to provide best client care. Some characteristics of collaborative treatment include: merging of expertise; division of labor; collegiality; and distribution of power (Hinshaw, 1995), with the hope that the combined knowledge and skills that result from multidisciplinary collaboration will support the generation of new and creative treatment approaches (Mellin et al., 2011) to best meet the varied needs of clients.

### **Efforts Towards Multidisciplinary Understanding and Collaboration**

Mellin et al. (2011) made numerous suggestions for improving counselors’ preparation for effective collaboration with practitioners from other disciplines, including the provision of information in counselor training programs that generates respect for, as well as an accurate understanding of, the scope of practice of other helping professions. Within the clinical setting, Leiter (1988) suggested the implementation of effective and supportive multidisciplinary peer support groups, and Carpenter et al. (2003) encouraged the clarification of professional roles across disciplines in order to reduce role conflict and feelings of competition. Within the multidisciplinary school setting, Quealy-Berge and Caldwell (2004) described the use of a mock interdisciplinary case conceptualization as a method of increasing the knowledge, skills, and attitudes needed for multidisciplinary practice among student trainees from different training backgrounds. Drawing from these suggestions, the authors’ development of a multidisciplinary professional development group for interns was an effort to carry this spirit into the clinical setting, and their experiences in doing so illuminate both the above highlighted challenges as well as potential benefits to intentional collaboration.

In considering the suggestions for incorporating information geared towards multidisciplinary understanding into training programs, it is also important to note the developmental stages and challenges already facing counselor trainees. Stoltenberg, McNeill, and Delworth (2010), in their Integrated Developmental Model (IDM) of supervision, conceptualized the growth of counselors from Level 1, anxious and highly motivated to learn, to Level 3, more stable and autonomous. Taking into account the highly anxious state of many trainees, and their initial and uncertain understanding of their own professional identity, the challenge of implementing multidisciplinary collaboration may be even more complex.

## **The Internship Experience at Site of Pilot Group**

Whether one is preparing to be a counselor, a social worker, or a marriage and family therapist, the internship experience is a significant part of the training process. In their experience at a local community agency that trains graduate student interns from programs in each of these areas, the authors noticed the early tendencies of students to remain in their disciplinary “silo,” professionally and even socially. This is further compounded by both explicit requirements and implicit socialization practices dictating that students are site-supervised by a member of their own profession. While student interns regularly met with clients in separate offices, they also had shared access to the student room where they would complete paperwork, phone calls, and other out-of-session tasks. Only occasionally would they chat informally with one another during their downtime. As such, their interactions were limited and rarely included collaboration on clinical work with students from other programs.

The authors’ awareness of the literature on multidisciplinary collaboration connected to these observations resulted in the seed of a practice idea. While research has shown that profession-specific supervision is an important factor to clinical work, there is less information available on the process and impact of multidisciplinary supervision groups (Bogo, Paterson, Tufford, & King, 2011). In a study of 77 clinicians in mental health and addiction clinical settings, Bogo et al. (2011) found that while participants had mixed feelings about receiving supervision from supervisors of a different professional affiliation, there was also agreement that perception of clinical expertise and opportunities for learning with a supervisor overrode professional affiliation. Related, in their experience running a collaborative peer supervision program, Thomasgard and Collins (2003) found such a group to enhance professional growth and development among health and mental health workers. Drawing from this literature, the authors wondered whether the creation of a multidisciplinary process group could provide an opportunity for student interns at the agency to get to know one another better, both as individuals and within their developing professional roles and identities. While the interns were all receiving individual and, in some cases, group clinical supervision, the authors hoped that a multidisciplinary group might create a supportive space that could help strengthen student awareness and understanding of various forms of multidisciplinary training; assist students in developing professional relationships across disciplines; further develop a sense of individual and collective professional identity; and share resources, skills, and strategies.

### **Group Needs Assessment and Planning**

With an awareness of the professional separation that existed among interns within the agency, the authors recognized the need for systemic support in implementing the group. Therefore, the initial planning stage started with an introductory letter sent to all agency supervisors announcing the authors’ plan to create and co-facilitate a multidisciplinary professional development group that would be open to graduate student interns from all training disciplines. The letter included a survey inviting supervisors to share feedback about ways the group could support the development of their supervisee(s). Feedback from supervisors identified several key areas that they hoped would be addressed in the group, including the building of supportive relationships and

improved communication among students from different training backgrounds, professionalism and professional development, self-care, the use of expressive therapies, and multidisciplinary awareness and appreciation.

It was at this stage that the authors also clarified that the group would not provide additional clinical supervision. Specifically, this group would not be used for the purpose of students presenting and staffing clinical cases or attending to related concerns. Rather, the group would be centered around the development of increased understanding, communication, community building, and collaboration among students from varying training backgrounds, additionally allowing for exploration of the aforementioned professional development concerns in a multidisciplinary context. It was important to the clinical supervisors that this delineation be made explicit in order to minimize role confusion surrounding who to go to with supervisory issues, especially given the liability inherent in supervisory relationships.

### **Participants and Leadership**

The participants in the group were all master's level interns and included three first semester Social Work students whose internships were focused on case management; two second year Social Work students whose internships were focused on individual and group therapy; seven second and third year Marriage and Family Therapy students whose internships were focused on individual, couples, and family therapy services; and two Clinical Mental Health Counseling students, whose internships were focused on individual and group therapy.

The three regular leaders of the group, and authors of this article, were all doctoral level students in Counseling and Counselor Education. Other supervisory staff, including Marriage and Family Therapists and Social Workers, occasionally attended group sessions but were not able to commit to regular attendance. While clinical consultation and collaboration at the site typically included the involvement of medical staff (including psychiatrists and nurse practitioners), because this group was not designed to be a clinical supervisory experience (i.e., clinical cases would not be presented, staffed, or processed), and due to the other demands on the medical staff's time, they were not included in this group process.

### **Voluntary Versus Compulsory Engagement**

After the initial letter was sent to supervisors, the agency's supervisory team made the decision that this group would be made mandatory for all graduate student interns. While the intention of this requirement developed out of the belief that attending the group would be beneficial for all students, this decision led to the creation of an unanticipated dynamic prior to the group beginning. Quickly, and before students had a chance to meet with the authors and to assess for themselves the potential benefits of engaging in this experience, the group became another onerous intern task that some students said they felt burdened by and/or hoped to avoid. Commitment to any experience often differs between members who engage voluntarily versus those who are required to do so. As such, some students early on voiced their frustration with the requirement and struggled to identify any ways in which the group could support their growth and development.

### **Establishing Goals and Objectives**

In the first group session, the group leaders facilitated a discussion with the students in order to expand on the goals identified in the needs assessment given to supervisors. Initially, the leaders described the group as an opportunity for students to build a multidisciplinary community of support within which they could additionally explore important aspects of their professional development. The leaders asked students to introduce themselves to the group by giving their name and sharing an aspect of their training that they have appreciated, and something they would like to learn or understand better about other training backgrounds. Following introductions, the leaders asked questions to assist in identifying further goals. Students generally suggested that attention in the group be given to mastering administrative tasks (paperwork, electronic records management, etc.) and expressed feeling as though enough attention is given to other aspects of their professional identity and work through their individual clinical supervision. As there was evidence to support an initial lack of buy-in to the process, the leaders built initial goals and objectives for the group around the supervisors' suggestions and their own perspectives.

Under the goal of building multidisciplinary community, respect, and understanding, the leaders identified as an objective the increased ability to describe the strengths and contributions of each training background and to identify opportunities for multidisciplinary collaboration within one's clinical work. Under the goal of professionalism and professional development, the leaders identified as an objective the demonstration of increased awareness surrounding one's professional image and representation to the public based around gained knowledge of the strengths of their training background in the context of a multidisciplinary work environment. As an additional objective, the leaders identified demonstration of increased awareness of professionalism within the multidisciplinary context, including inter-professional communication, professional presentation (dress, written and verbal correspondence, boundaries of work and personal life, etc.). Related, participants in the group would demonstrate familiarity with resources for clinical work and self-care drawn from different disciplines and would express comfort in being able to implement such resources and knowledge about where and how to access such resources.

### **Group Formation and Process**

To accommodate schedules and the high number of interns at the agency, two groups were formed, each offered monthly and facilitated by two of the authors. Based on the input of supervisors, the authors developed a variety of activities to foster conversation and processing surrounding a range of topics, including client engagement and alliance building in therapeutic relationships, multidisciplinary case conceptualization, awareness of and respect for the strengths and contributions of different training backgrounds, tools for multidisciplinary collaboration, and professional development issues identified by the students. While several of these topics are commonly discussed in clinical supervision and in individual training programs, the multidisciplinary focus of this group would uniquely explore each of these areas through the lens of building effective collaboration and supportive community within a multidisciplinary work setting.

While a structured agenda was developed for the first several sessions, the authors planned to be responsive and adaptive to the expressed needs of students in subsequent sessions. Therefore, the initial sessions were planned in greater detail and organized to encourage relationship building and identification of goals for the group. Activities for each of the first three sessions were selected based around the recommendations for enhancing multidisciplinary collaboration identified in the literature review. In the first session, the leaders guided the students through introductions in which they identified some of the particular elements of their disciplinary training that they appreciated, as well as aspects of other training backgrounds that they would like to learn more about. In an effort to build empathy and respect for one another, the leaders guided the students through a partnered meditation exercise in which they are asked to reflect on the possibility of both shared and different emotions and experiences related to their present stage of personal and professional development.

In the second session, students were provided with a written case study and were asked to select a discussion partner or small group from a different training background. Students were given questions to guide their processing and case conceptualization and were encouraged to attend to the varying areas of focus, entry points, and diagnostic impressions that can be drawn from one case study depending on theoretical lens and training discipline. Following the small group and paired work, the leaders facilitated a large-group discussion to process emergent themes and suggestions. Several students expressed surprise at the varying ways of viewing one case, and were able to identify common themes across all training backgrounds related to attention to the therapeutic relationship and person-first language, as well as differences regarding individual, family, and systemic foci. Further, students within similar training backgrounds were able to share with the group the varying theoretical lenses that impact conceptualization within their field. The subsequent group session built on the second, as students used the same case study and their evolving conceptualization to collaborate across disciplines on the identification of treatment goals, resources, client strengths, therapeutic techniques, and opportunities for multidisciplinary collaboration.

Due to some of the challenges in building group engagement and process, the group convened for three sessions before it was dissolved. Future sessions planned by the leaders were to focus on the other identified goals and objectives, such as professional presentation, self-care, and multidisciplinary techniques. While several students were engaged in the process and readily offered ideas about how this group could benefit their development, the leaders observed early on that there were other students who appeared reluctant and perhaps resistant to engaging in the process, as evidenced by overheard complaints about having to attend, voiced beliefs that the multidisciplinary focus of the group was not important to their development, minimal to no attendance by some group members, and non-verbal behaviors that indicated disrespect for others in the group. Though the authors believed the potential value in this experience was great, once students felt forced to attend it likely impacted their attitudes about engaging in the process. Instead of being seen as facilitators of a collaborative experience amongst students of varied disciplines, the authors were possibly now perceived as enforcers. It was not an anticipated role that the authors were prepared for, nor was it congruent with their beliefs surrounding group process and relationship building. Additionally, the authors became aware that some agency supervisors were expressing their own



uncertainty about the importance of multidisciplinary collaboration to student supervisees, which may have further challenged the building of relationships between the authors and the group members and potentially compromised the perceived value of the group. The group leaders worked with other supervisors to attempt to address these barriers to building a collaborative group process both with individual students, and with the larger group. Consistent with the impact of the decision to make the group compulsory on the functioning and building of trust within the group, systemic efforts to explore and address challenges within the group and among the members seemed to further stifle any progress towards group cohesion.

### **Termination and Reflection**

After consulting with several supervisors and engaging in much self-reflection, the authors made the difficult choice to terminate the group. The decision to do so was not meant to be a statement about the perceived value of the experience, nor was it a decision arrived at easily. The authors felt, and still feel, that a group of this nature is worthwhile and although short-lived, much was learned within those initial sessions. Taking time away to reflect, to collect information on the experience of students and supervisors, and to build additional systemic support would allow for the creation of a group that could better meet the needs of this particular context towards the goal of building multidisciplinary collaboration.

### **Suggestions for Future Planning**

The authors sought supervision as well as consultation with fellow doctoral students and colleagues to process their perception of the friction that existed between students of the various disciplines as well as the varying levels of supervisor support. The relationships that had developed between the authors and with their supervisor provided them the safety needed for affective processing and critical reflection. Overall, the experience did not diminish the authors' view of the value of multidisciplinary collaboration, or hinder the authors' motivation to attempt this type of group again, but certainly allowed for identification of several key ingredients in order for this type of group to be effective.

First, to whatever degree possible, students should feel empowered to join the group by their own choice and not simply because it is mandated. If, for organizational or administrative reasons, an agency chooses to make a group of this nature mandatory for its interns, it's vital that questions, concerns, or frustrations about the group be processed with the facilitators present in order to allow those relationships to build and in order to keep the group process within the group. This leads to the absolutely essential second ingredient: systemic support and supervisor buy-in. While it appeared the authors had the endorsement of the majority of supervisors, the varying degrees of supervisor commitment potentially impacted student engagement. For that reason, creating and fostering connections with all agency supervisors, and having open dialogue about the group prior to its implementation, is essential. Recognizing the potential for discomfort whenever any type of new programming is introduced into a system, the creation of a forum for sharing thoughts and concerns, as well as inviting the wisdom and experience

of practiced clinicians and agency leaders, would likely create a broader community of support for such efforts.

Third, including individuals from each of the disciplines in group planning and leadership is another way to likely increase student interest and buy-in to the group. Since the authors were all from the counseling field, it automatically set up a potentially inalterable power structure within the group. As seen in the review of the literature, perceptions of power and role have tremendous bearing on the process of collaboration, and a more varied disciplinary representation within leadership could have gone a long way towards neutralizing power struggles. Similar to the early stages of the group planning presented in this article, programs aimed towards increasing intentional effective collaboration should also begin with the creation of shared goals and objectives, and the identification of action steps towards meeting those goals and objectives. By building a multidisciplinary leadership team to establish goals and objectives, the multidisciplinary collaboration will be infused through all stages and at all levels of the planning.

Finally, in reflection, it can be recognized that practically all of the challenges to collaboration cited in the literature review were present within the agency's system. Starting such a group with individuals with the least amount of systemic power—interns—was likely an uphill battle from the start. While there were agency supervisors who were effusively supportive of this group, their positive response potentially created an unrealistic picture of the sentiments of others in the agency, and with their endorsement, the authors did not further explore the sentiments of those who were less vocal about the program.

At the same time that the group was forming, supervisors and supervisees were in the important early stages of forming relationships. When one considers the behaviors of individual students that seemed to indicate resistance, potential underlying emotions of fear, competition, uncertainty, and anxiety can be identified. So many of those affective responses are developmentally appropriate for clinicians in the early stage of training (Stoltenberg et al., 2010), and also echo the challenging emotions with which multidisciplinary collaboration seems fraught. Ideally, intentional programming surrounding multidisciplinary collaboration should include professionals from all levels of the system in both the planning and process stages. Future efforts towards multidisciplinary collaboration might more successfully include the existing staff and not be limited to new interns early in their development.

### **Conclusion**

Multidisciplinary work environments for mental health counselors are increasingly common, and significant overlap of roles and functions exists among mental health professionals from varying training backgrounds. Managed care mandates and extant literature support the use of multidisciplinary collaboration, though challenges to the process are also well-documented. The experience of the authors described in this article highlights the conflict between the potential benefits of intentional collaboration and the inherent obstacles. While the experience of the authors echoed many of these challenges, the information gained in the process is crucial to the successful implementation of future multi-disciplinary groups. The design and execution of the

group must begin at each level of the system: administration, supervisors, clinicians, and interns. Each part of the system plays a vital role in the effective and successful functioning of the group and should not be overlooked in the planning stages. In the authors' experience, it was in this way that a parallel process occurred, as the challenges to collaboration amongst student interns mirrored the differing perspectives at the supervisory level. Therefore, the authors suggest engaging all levels in the conceptualization and planning stage as much as possible and potentially in the actual process of the group as well, thus additionally providing an opportunity to model the need for and benefits of multidisciplinary collaboration for professional growth and ultimately best practice.

Despite these challenges, ongoing investment in improving multidisciplinary collaboration is essential to ongoing improvements in client care, as it seems that treatment settings will only continue to become more multidisciplinary in their staff makeup. The authors' synthesis of related literature and their experiences in planning and implementing a pilot of this program offers a template that can be used and improved upon by others committed to offering opportunities for multidisciplinary collaboration. The goals and objectives described in this article reflect suggestions drawn from the literature on collaboration in mental health and healthcare settings. Additionally, as the topic of multidisciplinary collaboration in academic and practical training has received relatively little attention in the literature, ample opportunities for quantitative research on outcomes and for qualitative research on experiences and relationships exist.

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