
Preparing Counsellors for Interprofessional Collaboration through Supervision and Lateral Mentoring Préparation des conseillers à la collaboration interprofessionnelle par le recours à la supervision et au mentorat latéral

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ABSTRACT

Interprofessional collaboration is emerging as a best practice in health care. For counsellors to work effectively alongside professionals from other disciplines, they need to be educated about the value of collaborative practice and the roles, responsibilities, and expertise that they bring to interprofessional teams. Supervision practices in counsellor education can be leveraged to help counsellors acquire competencies for learning with and from other professionals. The advantages and challenges of interprofessional supervision are discussed, offering suggestions for counsellor education. Lateral mentoring is introduced as a supervision practice through which students benefit from exposure to the perspectives of professionals from other disciplines.

RÉSUMÉ

La collaboration interprofessionnelle est en train de devenir une pratique exemplaire dans le domaine des soins de santé. Pour être en mesure de travailler efficacement aux côtés de professionnels d'autres disciplines, les conseillers ont besoin d'être sensibilisés à la valeur des pratiques collaboratives et aux rôles, aux responsabilités et à l'expertise qu'ils apportent au sein des équipes interprofessionnelles. On peut miser sur les pratiques de supervision dans le cadre de l'éducation des conseillers pour aider ces derniers à acquérir les compétences qui leur permettront d'apprendre auprès des autres professionnels. L'article présente une discussion des avantages et des défis inhérents à la supervision interprofessionnelle et formule des suggestions relatives à l'éducation des conseillers. On y présente le mentorat latéral comme pratique de supervision qui permet aux étudiants de profiter d'une mise en contact avec les points de vue de professionnels provenant d'autres disciplines.

There has been limited discussion in the counsellor education literature about interprofessional (IP) collaboration. Counsellors often work on health care teams, and they consult, refer to, and seek resources for clients from professionals in other disciplines. As the realities of practice increasingly demand IP collaboration, it is important that counsellors are prepared with competencies for working effectively with professionals from other disciplines (Arredondo, Shealy, Neale, & Winfrey, 2004; Johnson, Stewart, Brabeck, Huber, & Rubin, 2004).

IP collaboration has been identified as a “best practice” in the field of psychology and in health care (Herbert, 2005; Johnson et al., 2004). IP collaboration has been defined as “learning with, from, and about each other to improve collaboration and the quality of care” (Barr, Koppel, Reeves, Hammick, & Freeth, 2005, p. 31). This definition extends beyond interdisciplinary practice, in which people from various professions may come together to offer their opinion.

Interprofessional collaboration refers to education, training, scholarship, practice, and other professional activities that prepare and call for psychologists to work: (a) in a respectful, collaborative, integrative, and informed manner with other psychologists and members of other disciplines and professions; and (b) with individuals, groups, systems, and organizations that may have diverse values, ethical perspectives, or worldviews, and accountability to different constituencies. (Arredondo et al., 2004, p. 789)

Given the emphasis on team-based approaches to service provision, professional education curricula need to support the acquisition of competencies for IP collaboration (Suter et al., 2009).

In our review of the limited literature addressing IP collaboration in the field of counselling psychology, we found a notable gap in addressing the role of supervision for enhancing students’ preparation for such practice. To that end, this discussion focuses on the importance of IP supervision in counsellor education, including the perceived difficulties and gains of such an approach. We propose that traditional approaches to supervision may be enhanced by a shift in philosophy and practice involving lateral mentoring through which students benefit from exposure to the perspectives of professionals from other disciplines.

CONTEXT

Within Canada, initiatives related to collaborative care have been supported by Health Canada since the 1990s. The initiative on Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) aims to ensure that health care practitioners have the competencies to practice together through effective collaboration (Herbert, 2005). Papers commissioned for the Phase 1 research initiative—to systematically review national and international trends in IP education and practice—were subsequently published as a special issue of the *Journal of Interprofessional Care* (Hammick, 2005).

In Phase 2, Health Canada invested significant funding to advance multi-year IECPCP research and practice projects within the Canadian context. In 2006, the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative, a coalition of 10 professional associations (e.g., Canadian Medical Association, Canadian Psychological Association, Canadian Nursing Association), released their *Principles and Framework for Interdisciplinary Collaboration in Primary Health Care* (EICP, 2006). A central message emerging from these initiatives is that the future delivery of health care services requires health care professionals to work together effectively.

Several premises behind the increased emphasis on IP collaboration pertain to client care, staff satisfaction, workforce utilization, and funding (Herbert, 2005). First, the complexity of client issues means that a variety of professional expertise is often needed to address multilayered care. A coordinated effort is needed to involve more than one professional from different disciplines in service planning and delivery.

Second, there are increasing demands for collaboration between service agencies. Specialists working in different agencies may be invited to join IP teams as required by the demands of client care. Collaboration between agencies also occurs due to increased pressure to avoid service duplication and to budget reductions that require sharing of resources. In essence, coordinated care requires piecing together available resources either within or between service agencies.

Third, satisfaction may increase when counsellors are supported to utilize their best expertise. Counsellors may feel less overwhelmed with the complexity of client needs if they can tap into a system of shared expertise. Ideally, clients and counsellors benefit from the availability of appropriate consultation, referral, and service resources.

Fourth, the shortage of professionals, particularly in the health care field, has prompted examination of workforce utilization. The idea is to have the best person with the best skills providing the best services, and avoid duplication and “wasteful” use of professional expertise.

Fifth, the increasing costs of health care require innovative practices that optimize the roles and functions of professionals who provide services. Although the extent to which the premises of IP collaboration are proven in practice have been disputed (Zwarenstein, Reeves, & Perrier, 2005), research is in its early stages in showing the benefits for consumer, staff, or system improvements. However, there is little doubt about the need to prepare professionals for the realities of the practice settings in which they will work. As health care systems move toward IP collaboration as the foundation for service delivery, counsellor education curriculum, including approaches to supervision, must also be updated.

TRADITIONAL SUPERVISION APPROACHES

There are multiple views regarding the purposes, methods, and outcomes of supervision. For example, supervision has been conceptualized as both a form of surveillance and a forum for confessions (Clouder & Sellars, 2004). Supervision has been defined as “a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and the safety of care in complex situations” (Department of Health, as cited in Bailey, 2004, p. 267).

Supervision is seen as fundamental to the process of professionalization (Clouder & Sellars, 2004), increasing the scope and quality of practice (Hyrkäs, Lehti, & Paunonen-Ilmonen, 2001), and providing the forum for the development of self-reflection and self-monitoring (Bailey, 2004). At the core of any supervision

in professional education seems to be the agreement that it is about learning from practice (Clouder & Sellars, 2004). Literature suggests that the success of supervision is highly dependent on the skills and qualities of the supervisor (Hyrkäs & Appelqvist-Schmidlechner, 2003).

Each profession has developed its own supervision history and literature. For example, in social work there is a culture of continued supervision throughout one's career. In counselling psychology, supervision is viewed as imperative to professional training and is one of the most emphasized activities of counsellor education (Bernard & Goodyear, 2004, 2009). The counselling literature offers arguably the most vast resource base about clinical supervision with a range of models and approaches typically applied in a single disciplinary context (Davies, Tennant, Ferguson, & Jones, 2004). Guidelines for practice included in the Canadian Counselling and Psychotherapy Association's code of ethics (2007) encourages counsellors to seek supervision as a feature of professional development. However, even with emphasis placed on the importance of supervision, there appears to be wide variations in approaches taken to counsellor supervision, with little accountability regarding how counsellors incorporate supervision practices post-graduation.

Traditionally, students in training to become counsellors or counselling psychologists receive supervision one-on-one with a more experienced person from the counselling profession (Bernard & Goodyear, 2004). Despite supervision being seen as (a) central to the process of becoming a professional counsellor and (b) a distinct professional competency, supervisors themselves often have little or no training in the supervision process. Originally, supervision models in counselling had been adapted from therapy models, and new supervisors have drawn techniques largely from their own personal experiences being supervised (Falender & Shafranske, 2004). Some of these models included psychotherapy-based and developmental supervision models, and more recently process-based approaches have been developed exclusively for the supervision process (Bernard & Goodyear, 2009).

However, the extent to which supervisors are chosen for their supervisory rather than their clinical experience remains a concern. It should not be assumed that an experienced counsellor has the requisite skills for supervision. This is of particular concern given the variation of curriculum in counsellor education programs pertaining to supervision practices.

INCORPORATING INTERPROFESSIONAL PRACTICE CONCEPTS INTO SUPERVISION

The key features of IP supervision are (a) an interaction occurs between at least two people; (b) one person is attempting to support the other in becoming better at helping people; (c) the process is about a relationship within which education, support, and quality control can happen; and (d) two or more professional groups are represented in the interaction (Davies et al., 2004). The importance of incorporating multiple perspectives is a common theme in the literature on IP collaboration (Peacock, Bradley, & Shenk, 2001). A parallel process occurs at the

level of IP supervision. For example, the roles we need to consider in supervision are, at minimum, the supervisee, the supervisor, and the client(s) and perhaps also other team members, family members, and academics. Intuitively, it makes sense that IP supervision might work because knowledge in real-life settings is not applied in a “take turns” fashion but rather in an integrated, holistic way.

Multiple benefits are associated with IP supervision. Essentially, IP supervision provides opportunity for multiple perspectives and a wider knowledge base. Increased creativity, increased critical thinking, and decreased complacency have also been theorized as advantages to IP supervision (Bailey, 2004). Ultimately, the contribution to the transfer of learning from training to practice is thought to be positive (Bailey, 2004).

Perceived Barriers for Interprofessional Supervision

Along with identifying determinants of successful collaboration (San Martin-Rodriguez, Beaulieu, D’Amour, & Ferrada-Videla, 2005), a number of common barriers have been noted related to professional knowledge and scope of practice, role clarity, power and status, and the rigidity of professional cultures (e.g., Baxter & Brumfit, 2008; Hall, 2005; Kvarnström, 2008; Pecukonis, Doyle, & Bliss, 2008). However, Kvarnström (2008) has aptly reframed the occurrence of barriers as issues that are not insurmountable but are difficulties that pose as situations where tremendous learning about IP practice may occur.

Perhaps the largest barrier to overcome is the socialization of professionals within specific academic disciplines. Hall (2005) and Pecukonis et al. (2008) elaborate upon professional cultures as barriers to interprofessional practice. It is important to consider how beliefs about professional identity for interacting within a profession and between professions are formulated through exposure to educational curriculum. A lack of attention to role function and accurate knowledge about other professions can lead to negative stereotypes and ineffective interactions.

There are also longstanding power differentials between professions that need to be brought to the surface in discussions about interprofessional practice. Hierarchies continue to exist in terms of which professions lay claim to particular practices within health care settings. The blurring of roles can create power struggles regarding claims to professional knowledge, boundaries of practice, and associated responsibilities for decision-making. It will require transformation of curriculum and modelling of professional practices to overcome some of the cultural barriers that exist for professions to share power in professional education programs and in the workplace.

In turn, a number of contentious issues appear as barriers for IP supervision. For example, different experiences and interpretations of what supervision means within each professional body set up a system where protecting the autonomous nature of the home profession is commonplace (Hyrkäs & Appelqvist-Schmidlechner, 2003; Larkin & Callaghan, 2005). Professional codes of practice have traditionally required supervision within the individual profession itself, and each professional brings a history and practice experience about supervision (Bailey, 2004; Emerson,

2004; Townend, 2005). As such, a number of difficulties related to supervision in an IP context emerge as locations for learning about IP collaboration.

First, in reviewing the literature on IP collaboration considering the movement from unidisciplinary to multidisciplinary interactions in the workplace, we were immediately struck by the disparate language used between professions. A number of terms are used to describe what might traditionally have been considered the supervisor (see Table 1) (Emerson, 2004; Gillig & Barr, 1999; Ponzer et al., 2004; Summers, Childs, & Corney, 2005; Thomasgard & Collins, 2003).

Table 1
Terms Used to Denote Supervisory Role by Profession

Term	Profession
Mentor	Nursing
Facilitator	Community nursing
Clinical supervisor	Physiotherapy
Practice teacher	Social work
Fieldwork educator	Occupational therapy
Peer reviewer	Mental health practitioner
Tutor	Clinical education ward
Field/site supervisor	Psychology

Emerson (2004) proposes that “placement educator” is a neutral term that could transcend the different professions. In looking forward to ways of incorporating IP collaboration into supervision practices, it is important to consider what is meant by supervision, and how the functions, goals, and processes in common might be negotiated. Bailey (2004) proposes that “clinical supervision” be called “work-based supervision” because it is more inclusive of a number of professions. The emphasis on work-based supervision also acknowledges the emphasis on socialization to the workplace and preparing students for bridging education with workplace practices.

Second, given the traditional hierarchical nature of human services, power emerges as a construct that intrudes on IP supervision (Bailey, 2004). Professional rivalries and turf wars interfere with movement toward a model that might meet the needs of many professional groups (Pecukonis et al., 2008; Townend, 2005). The challenge is shifting from territoriality to focusing on what might be gained through collaborative practice (Axelsson & Axelsson, 2009). Professional stereotypes and perceived professional status are difficulties that need to be addressed in IP practice in order to make IP supervision a reality (Larkin & Callaghan, 2005).

Third, ethical issues seem to pervade discussions about IP supervision. Although the exact nature of the concerns are not clearly articulated, differences in training level, role differences and misunderstandings, and absence of shared theories or language are often forefront (Peacock et al., 2001; Townend, 2005). The question of whose code of ethics prevails is posed as a barrier, and traditional reporting relationships may lead some professionals to claim more authority to counteract risk management (Lahey & Currie, 2005). A more promising direction is for

standards of practice to be developed for the purpose of fostering interprofessional practice. Taking a transdisciplinary approach to standards of practice can then be used to inform the codes of ethics for specific disciplines while maintaining a shared purpose. The idea here is not to eliminate separate codes of ethics, but rather to strengthen them through incorporating content that addresses professional responsibilities for ethical practices in interprofessional collaboration.

Fourth, practical and logistical issues surface; these include issues such as time for caseload management and organizational restraints (Spence, Cantrell, & Samet, 2002). The key issue here is how to coordinate schedules so that professionals from various disciplines can come together for supervision sessions.

Fifth, emotional concerns are barriers related to competence and IP activities in the workplace. The anxiety and fear that might be considered normal in any supervisory relationship seems to be heightened when “other” professional groups are involved (Hyrkäs & Appelqvist-Schmidlechner, 2003). The fear seems to be about revealing weaknesses to other professions (Townend, 2005).

Finally, and perhaps most importantly, one of the most contentious barriers is how professional associations recognize supervision hours for students who are attempting to meet requirements for licensure or registration in their own profession. It is one thing to have a conceptual agreement that working together on IP teams is conducive for learning. However, until professional associations begin to recognize and legitimize this form of training, IP supervision will be considered at best an “extra” and at worst “illegitimate.”

The traditional approach to supervision (i.e., within home profession only, supervisors untrained in supervision models or practices or in IP collaboration) is not only contrary to current service delivery, but potentially unethical given current practice contexts (Arredondo et al., 2004). Supervisors of professional practice need competency in and commitment to both supervision and IP practice. Professional bodies need to work together for systems change in developing policies and programs that support and facilitate IP training for supervisors and students who are the future of their respective profession (Emerson, 2004).

Supporting Interprofessional Supervision

The traditional distinctions between professional groups are blurring, and there is recognition in service delivery settings that teamwork is effective, perhaps essential (San Martin-Rodriguez et al., 2005). We need to bridge the large and widening gap between education of health care professionals and the realities of professional practice as members of the larger care team. The transition from student to professional can be facilitated by supporting the development of knowledge and skills essential to working collaboratively with other professions. The purpose of IP supervision is to transition the student from a trainee to a competent, accountable, and contributing team member.

If we take seriously the call for professionals to be prepared for working on IP teams, then we need to consider how to enhance supervision practices. Researchers are only beginning to articulate what makes these experiences effective and

efficient for all involved, including supervisors, supervisees, and clients. Although most of the existing research on the determinants of successful collaboration is focused on health care teams (San Martin-Rodriguez et al., 2005), perspectives from other professions lend new ideas about how to support IP supervision in counsellor education.

A common approach to practice has been shown to be a facilitator of IP supervision. For example, one particularly successful endeavour in IP supervision involved different professionals, all trained in cognitive behavioural therapy (CBT; Townend, 2005). Although the CBT practitioners may have been from different and diverse professions, the fact that they all had training in this particular approach to service delivery facilitated the IP supervision of the team. Pragmatically, common documentation systems (Larkin & Callagan, 2005) such as the way client files are managed and maintained, joint supervision policies (Larkin & Callaghan, 2005) such as the required number of individual versus group supervision hours, and a developmental approach to improving practice (Bailey, 2004) have also been shown to facilitate successful IP supervision experiences. Research has also articulated some of the competencies that may be applied across supervision to enhance trainees' capacities for collaborative practice. In particular, role clarity and effective communication are highlighted (Suter et al., 2009).

A key challenge is how well we are preparing counsellors for the realities of practicing alongside other professionals when curriculum does not include intentional opportunities for collaborative practice. Currently, we appear to be relying on the practicum component of counsellor education to expose trainees to other professionals, depending on who is involved at the practicum site.

However, the extent to which trainees are introduced to collaborative practice may be entirely left to the interests and expertise of faculty and site supervisors. The danger is that students quickly see discrepancies between what they are taught through formal learning as best practices and what is modelled to them through informal learning as practicing in the "real world." Negative attitudes and strained relationships due to power and resource issues can be experienced by students as opposition to collaborative practice (Pollard, 2008). Therefore, a coordinated effort between educational institutions and practicum sites is needed to explore opportunities and ways that IP collaboration may be positively integrated into counsellor education curriculum. However, such coordination also requires that site supervisors are supported with training for interprofessional supervision (Heale, Mossey, Lafoley, & Gorham, 2009).

To foster the preparation of faculty and site supervisors, workshops and other professional education initiatives need to be designed and delivered. As part of an Alberta-based research project connected with Health Canada's IECPCP initiative, the authors were involved in organizing and presenting at a one-day workshop titled *Interprofessional Supervision and Lateral Mentoring*. Invitations were sent to site supervisors and directors of agencies where students from applied psychology, social work, and nursing had been involved in practicum placements, as well as a larger number of community-based health and human services agencies.

The workshop was planned to strengthen the working relationships between preservice education and workplace site training. Through offering site supervisors the opportunity to engage in professional development on interprofessional supervision, it was hoped that they would become leaders at their site for initiating and/or reforming practices aimed at interprofessional practice. An interdisciplinary approach was fostered through careful planning of the agencies and site supervisors invited to the workshop. Presenters were also chosen from different professional backgrounds to try to maximize learning within and between professions. Topics covered in the workshop included rationale for interprofessional practice, traditional models of supervision and lateral mentoring, research examples on lateral mentoring, strategies to enhance collaborative learning, and challenges in student supervision.

The time allocated for the topics was balanced with time for discussion and sharing of best practices by workshop participants. The session was attended at maximum capacity and provided a forum for exchanging ideas about the connections between IP education and practicum and workplace site supervision.

Models of IP supervision need to be developed and evaluated. More attention needs to be paid to delineating the goals and methods of IP supervision. Experiences of both supervisees and supervisors who participate in IP supervision are needed. While there is some data on these perspectives (Bailey, 2004; Hyrkäs & Appelqvist-Schmidlechner, 2003; Hyrkäs, Appelqvist-Schmidlechner, & Paunonen-Ilmonen, 2002), the links between IP supervision and client outcomes have not been adequately researched.

As noted earlier in the discussion, hierarchies of power and rivalry about professional boundaries continue to prevail in many health care settings. It is only when professionals see the benefits of collaborative practice to themselves and to their clients that role alignments are likely to occur more willingly by those who have traditionally held more power on health care teams. In other words, professionals need to experience that they are not giving up; rather, they are gaining.

In concrete terms, they need to believe that their jobs are somehow made easier through interprofessional collaboration, and they need to see the benefits for their clients. This may be in the form of shared resources, developing strategies for dealing with complex cases, freeing time to utilize specialist skills, and having available a network for consultation and referral. In turn, keeping a client-centred perspective as the key reason for engaging in collaborative practice may help some professionals to realize that it is less about their perceptions of power and more about what resources can be mobilized to improve client care.

In turn, students need to be better equipped to deal with such realities and to seek out allies for building positive working relationships with individuals across professional disciplines. These are the kinds of conversations that can be held during practicum supervision, as they hold high utility for helping students navigate some of the more difficult dynamics of workplace socialization.

A key feature of mobilizing interprofessional collaboration is the preparation of faculty and site supervisors. As noted earlier, it is possible that members of either

group have not received training in either supervision or interprofessional education and practice. As a result, practices tend to be carried forward based on prior learning. In other words, supervisors supervise in ways that they were supervised, and this may not be conducive to interprofessional collaboration. If we extrapolate from the literature addressing professional cultures (Hall, 2005; Pecukonis et al., 2008), training in cross-cultural supervision appears to be a necessary requirement (Arthur & Collins, 2010).

Additionally, it will take more than one or two faculty members with specialist interests in interprofessional education and practice to make a significant impact on the preparation of counsellors. If we are truly interested in adopting collaborative practice as a direction for professional education, then such a value needs to be translated into the values and strategic planning of counselling programs. Through integrating learning opportunities within existing counselling curricula, a more holistic approach can be taken to modelling and supporting collaborative practice, without the strain of adding additional resources. However, the success of such a direction depends heavily on the interest and expertise of faculty members.

In summary, IP training and supervision in academic, practicum, and service delivery settings could be taken up in a number of creative ways without additional resources.

1. Counsellor education programs could incorporate principles of IP collaboration throughout relevant core courses of instruction like ethics or intervention courses or through other core components of programming like research seminars.
2. Practicum sites could bring students of different disciplines together to learn strategies with respect to specific interventions (e.g., CBT, reflecting teams) or specific presenting issues (e.g., eating disorders, career transitions) showcasing the expertise of individual disciplines and the advantages of collaboration in practice.
3. Current practices in service delivery and/or practicum sites and classes could start building an IP curriculum by focusing discussions around the kind of IP experiences professionals and students are encountering in their daily practice.
4. Strategic planning could incorporate professional development opportunities for faculty and site supervisors to promote better understanding about the principles and practices associated with interprofessional collaboration.

FROM SUPERVISION TO INTERPROFESSIONAL MENTORSHIP

The ideas presented in this discussion are intended to prompt further examination of the ways in which supervision practices occur in counsellor education. Expanding the traditional supervision model to an IP mentorship approach would mean opportunities for students to “learn with and from staff and students from

other disciplines” (Lait, Suter, Arthur, & Deutschlander, 2010, p. 1). Lateral mentoring is based on the premise of shared expertise and is particularly relevant for planning supervisory activities for student practicum or clinical placements.

Rather than relying on the expertise of one supervisor, students would have access to supervision by professionals from more than one discipline. A primary supervisor may still be assigned to ensure adequate attention to discipline-specific professional practice. However, lateral mentoring activities can be used to support students to gain a multitude of competencies that are not profession-specific (e.g., problem-solving, teamwork, professional behaviour). Mentors do not have to be from the same professional discipline in order to enhance students’ learning (Emerson, 2004). Exposure to IP teams can be leveraged to help students learn about the role of counsellors and the roles of professionals from other disciplines. These suggestions can be implemented without major changes to the educational curriculum, through leveraging available opportunities in practice settings (Lait et al., 2010).

The key advantage of IP mentoring is that counselling students could learn from a range of professionals. Rather than emphasizing only the differences between professions, IP mentoring supports students to find areas of commonality and effective team practices (Mullarkey & Playle, 2001). Concerns about development of professional identity can be addressed within a model of lateral supervision. There is preliminary evidence that learning alongside professionals from other disciplines actually helps students to gain a stronger grasp of the unique contributions of their own profession. Learning among professionals also mirrors the realities of practice that students will face when they enter the workforce. To summarize, lateral mentoring can enhance students’ understandings about their own profession, other professionals, and how to work together collaboratively to improve services for clients (Lait et al., 2010).

Emphasizing Client Care

Although the focus of this discussion has been the preparation of counsellors for IP collaboration, the primary purpose of such collaborations for promoting client health and well-being should not be forgotten. Clients are increasingly being called upon to be active members in determining the direction of their care. However, the extent to which clients define themselves as active members of IP teams or passive recipients of care varies considerably according to client expertise and service provider practices (Pyle & Arthur, 2009; Shaw, 2006). IP mentorship could incorporate ways to help counsellors support their clients to feel more knowledgeable and empowered about their roles as consumers and in active decision-making regarding their care. Given the training that counsellors receive in communication, the working alliance, and conflict resolution, they are in a prime position to take a leadership role on IP teams to help clients navigate service delivery systems.

CONCLUSION

Ultimately, IP supervision for counsellors should be designed to enhance the health and well-being of our clients. If resources are coordinated in more effective ways, counsellors and other professionals should be supported to use their best skills together in ways that culminate in client services that are better than any one profession could provide. However, in order to transfer the premises of IP collaboration into practice, we need to revise counsellor education.

It appears more than timely to consider how we might position counsellors to contribute meaningfully to collaborative practice and to appreciate their roles and functions for working alongside professionals from other disciplines. Although the importance of counselling psychologists developing skills for IP collaboration was documented several years ago (Arredondo et al., 2004; Johnson et al., 2004), little has been written to advance principles and practices into counsellor education curriculum. It also appears timely to consider ways for IP supervision and lateral mentoring to be incorporated into counsellor education curriculum as we prepare students for future roles that involve collaborative practice.

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