

Counseling Psychologists' Interprofessional Collaboration with Social Workers: An Exploration of Grounded Theory

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This qualitative study used grounded theory to construct a theoretical model of interprofessional collaboration between counseling psychologists and social workers across practice settings. Eighteen counseling psychologists who worked in a school or community setting participated in this study. The study formulated what it calls the “model of inclusive, client-centered counseling” that is grounded in the dynamic interaction between counseling psychologists and social workers. This model describes the negotiation and discussion process that social workers and counseling psychologists participate in, driven by shared concerns for the wellbeing of clients. The model states that interdisciplinary collaboration between counseling psychologists and social workers is intertwined within the intersectional context and is constituted by four dimensions: individual aspirations, professional training, institutional expectations, and policy implementation. Individual aspirations refer to the aspirations or sense of calling that counseling psychologists feel toward their career. The participants stated that institutional expectations or attitudes were essential to their collaboration with social workers. Moreover, the participants reported that policy implementation facilitates collaboration among counseling psychologists and between them and social workers. Furthermore, collaboration was promoted by referral from the social workers, continuous communication, and cooperation encouraged by the institutional climate. Finally, the findings indicated that counseling psychologists' actions determined their preference for collaborating with social workers. Exchanging information and maintaining connections resulted in both groups of professionals working together, whereas a lack of connection or consideration for the different perspectives of social workers resulted in them working separately. Irrespective of whether they collaborated, counseling psychologists and social workers agreed that their objective was to protect their clients' welfare. The participants stated that interprofessional collaboration came with a learning curve. In general, the context-based theoretical structure of this study suggests that interprofessional collaboration requires contextual support from institutional encouragement and policy mandates. Secondly, interprofessional collaboration requires continuous communication throughout the collaboration process. Counseling psychologists can solidify their professional identities and experience professional growth by communicating with social workers and giving their professional opinion.

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Finally, counseling courses should teach interprofessional collaboration. We discuss the implications of our findings on counseling training, counseling psychologists' interprofessional collaboration practice, and future research.

Keywords: grounded theory, counseling psychologist, social worker, interdisciplinary collaboration, counseling education and training

Interprofessional collaboration is integral to healthcare practices globally (Chang, 2020; Fleischmann et al., 2016; Freeth, 2001; Lin et al., 2020; Rose, 2011; Schot et al., 2020; Supper et al., 2015). Notably, the structure and mechanics of interprofessional collaboration are significantly influenced by national policies and relevant regulations across professions (Leathard, 2003; Miller & Freeman, 2003). Consequently, professionals from various fields must engage in negotiations to harmonize diverse perspectives during collaborative efforts. Despite these divergences, professionals universally find common ground in prioritizing patient-centered care and the benefits accrued to patients (Engel & Prentice, 2013; Green & Johnson, 2015; Hu & Broome, 2019; Hsiung, 2021; Martin et al., 2010; Zwarenstein et al., 2009).

The concept of interprofessional collaboration originated in nursing and medical disciplines and has gradually gained prominence within the helping professions (D'amour & Oandasan, 2005). Over the past two decades, various models and theoretical frameworks for practicing interprofessional collaboration have been introduced in the fields of social work (Bronstein, 2003) and school counseling (Walsh et al., 1999). These models primarily address process-oriented factors such as communication and teamwork, influenced by contextual factors. Although designed for practitioners, these models are primarily rooted in the professions of nursing and social work.

Furthermore, the practice of school counseling differs between America and Taiwan. In Taiwan, counseling has been practiced in school settings as a form of guidance and became a licensed profession since the implementation of the Psychologist Act in 2001. Moreover, the implementation of the Student Guidance and Counseling Act (SGCA) in 2014 mandates the presence of a guidance counselor as a mandatory and permanent position at elementary and high school settings. Existing frameworks and models (Bronstein, 2003; Walsh et al., 1999) are concept-based and draw on literature and research from other countries and cultural contexts. However, there has not been a model of interprofessional collaboration specifically proposed or developed in Taiwan. Given that interprofessional collaboration is closely linked to professional training within cultural contexts, it becomes crucial to formulate a theoretical model for counseling psychologists in Taiwan based on local contexts and clinical experiences.

Particularly, the core value of collaboration with clients that is inherent in psychotherapy can easily be translated into the practice of interprofessional collaboration (Anderson & Gehart, 2007). For example, collaborators attentively listen to each profession's perspectives and value each opinion (Haarakangas et al., 2007; Wagner, 2007). Haarakangas et al. (2007) presented a model to open dialogue, including seven principles for working with patients going through psychiatric crises: Immediate intervention, social network and support systems, flexibility and mobility, teamwork and responsiveness, psychological continuity, tolerance of uncertainty, and dialogue. Thus, this model of collaboration aims to generate dialogues among the patient, patients' family members, and different care professionals.

Given the importance of interprofessional collaboration, it has been identified as a core competency in many health-related professions, including medicine, nursing, social work, and psychology (Hsiung, 2021; Interprofessional Education Collaborative, 2016; Reeves & Lewin, 2004; Reeves et al., 2017; Schot et al., 2020; Supper et al., 2015; World Health Organization, 2010). Moreover, interprofessional collaboration has been integrated into training to provide trainees in healthcare professions with interprofessional learning to bridge the theory to practice (Arthur & Russell-Mayhew, 2010; Berg-Weger & Schneider, 1998; Cox et al., 2014; Derbyshire et al., 2015; Howell, 2009; Michael et al., 2014; Mulholland et al., 2020; Quealy Berge & Caldwell, 2004; Shoffner & Briggs, 2001). Mainly, Arredondo et al. (2004) argued that psychologists' competencies of interprofessional collaboration is key to providing qualified professional services and advocating for clients. Therefore, equipping practitioners in the helping professions with competency in interprofessional collaboration needs to be addressed.

In the above review of the interprofessional collaboration literature, authors firstly noted the importance of the idea of interprofessional collaboration, and then proposed multiple working models of collaboration among professions. These discussions inform training and education in helping professions. Thus, the competencies of interprofessional collaboration have been emphasized and informed training and education

for different professions. In Taiwan, counseling psychologists are considered healthcare professionals due to the implementation of the Psychologists Act in 2001. Thus, counseling psychologists are nationally licensed and engage in clinical practice by law. Since interprofessional collaboration is not considered a specific area for licensing in the profession, there is no specific course dedicated to it in the curriculum of counseling psychology programs in Taiwan. Instead, interprofessional collaboration has been taught as a professional attitude across the entire counseling psychologist training. S.-F. Chang (2015) interviewed ten counseling psychologists with clinical experience related to sexual assault and domestic violence in community settings to examine the core competencies of interprofessional collaboration. The findings indicated three core competencies, including assessing the effectiveness of collaboration, using the other professionals' language to communicate, and utilizing ecosystem perspectives and group dynamics to facilitate communication (Chang, 2015).

According to the most recent national survey of counseling psychologists' clinical practice (Lin, 2014), 64.4% of 325 counseling psychologists practiced in school settings, with approximately half of participants being in full-time practice. Therefore, most counseling psychologists in Taiwan do not practice in hospitals or other medical settings. However, interprofessional collaboration is essential to counseling psychologists' practice, regardless of their practice setting (Chang, 2015; Chang, 2020; Chen et al., 2021; Hsing & Hsu, 2014; Yu & Chiang, 2011, 2017). In school settings, counseling psychologists often collaborate with guidance counseling psychologists. Since counseling psychologists are external healthcare professionals in schools, the most common challenges of collaborating with guidance counseling psychologists are confidentiality due to cultural differences across work settings and professional training (Wang & Tu, 2009). Additionally, Hsing and Hsu (2014) found interprofessional collaboration to be an obstacle counseling psychologists experienced when they worked in school settings. For example, counseling psychologists are trained to keep clients' (students) information confidential and to obtain oral or written consent from clients and their guardians before sharing information with other professionals. In contrast, guidance counseling psychologists, who are trained in the teacher education system, take a team-based approach to confidentiality that aligns with the ethics code of the student guidance work (Taiwan Guidance and Counseling Association, 2015). This approach involves sharing the client's critical information within a guidance team, consisting of the director and the coordinator of counseling services and the guidance counseling psychologist. Differences in the way that confidentiality is understood is a common challenge when counseling psychologists and school counseling psychologists collaborate with other professions or work in non-traditional settings (Helbok, 2003; Mellin, 2009; Weist et al., 2012).

Chen et al. (2021) found counseling psychologists working in the Student Guidance and Counseling Center function more like "professional assistance" than "collaboration support" when they worked with guidance counseling psychologists. They concluded counseling psychologists build equal and mutually supportive relationships with guidance counseling psychologists while having different assessments and understandings of the client. Similar findings have been reported in interprofessional collaboration experiences between school counseling psychologists and social workers in Singapore. School counseling psychologists focus on working with individual students, and social workers emphasize working with family and the system (Lim & Wong, 2018). Mellin (2009) also presented a model for interdisciplinary collaboration in school; however, collaboration processes among professions have not been investigated, and thus need to be examined.

Leathard (2003) argued policy has been one of the essential factors for interprofessional collaboration. Similarly, since the Psychologists Act was passed in 2001, counseling psychologists in Taiwan also cooperate with social workers in a variety of community settings. Specifically, counseling psychologists often collaborate with social workers at the Prevention Center of Domestic Violence and Sexual Assaults across cities and encounter various challenges of interprofessional collaboration. For example, Yu and Chiang (2011) interviewed social workers who worked at the Prevention Center of Domestic Violence and Sexual Assaults collaborated with counseling psychologists to investigate interprofessional collaboration

experiences with counseling psychologists. The findings indicated that differences in professional training contribute to the challenges of cooperating with counseling psychologists. For example, counseling psychologists often focused solely on the client, while social workers usually considered both the client and her/ his family system. Similarly, counseling psychologists reported collaboration between counseling and social work can be challenging due to ineffective communication (Yu & Chiang, 2020). H.-P. Chang (2020) interviewed professionals, including counseling psychologists, working with domestic violence cases involving child and youth protection to investigate collaboration mechanism. This study indicated that the energy of the professionals was the key to demonstrate professional autonomy, present their perspectives of the problem and develop trust. However, counseling psychologists' counseling model while engaging in interprofessional collaboration across settings remains unknown.

Based on the above research findings, counseling psychologists' interprofessional collaboration with social workers has been researched separately in school and community settings in Taiwan and internationally. However, school and community settings are standard fields where counseling psychologists often encounter interprofessional collaboration. Thus, developing an overarching theoretical model of counseling psychologists' interprofessional collaboration across different settings in Taiwan is warranted. Such a model can inform clinical practices and counseling psychology training and education. Therefore, the current research was designed to develop a theoretical model of counseling psychologists' interprofessional collaboration with social workers via' investigating the interprofessional collaboration experience of counseling psychologists who work in school and community settings and cooperate with social workers.

Method

Grounded theory was used to conduct this study. The grounded theory approach to qualitative research was developed to create theoretical models from people's experience of a phenomenon (Charmaz, 2014; Corbin & Strauss, 2015). From an ontological perspective, grounded theory asserts that truth is fluid (Corbin & Strauss, 2015; Creswell & Poth, 2018). This research considers the nature of interprofessional collaboration to be dynamic, which is consistent with the ontological assumption of grounded theory. Additionally, interactionism and pragmatism are the epistemological pillars of grounded theory (Corbin & Strauss, 2015). This epistemological standpoint corresponds to the nature of the research topic: Interprofessional collaboration consists of interactions among professionals.

Participants

The sampling strategies adhered to the theoretical sampling of grounded theory (Charmaz, 2014), with recruitment continuing until theoretical saturation was attained. Recruitment, data collection, and analysis occurred concurrently, involving counseling psychologists engaged in interprofessional collaboration with social workers who were willing to share their experiences. According to the most recent survey, over half of counseling psychologists in Taiwan practice in school and community settings (Lin, 2014). Therefore, the Student Guidance and Counseling Centers and the Prevention Centers of Domestic Violence and Sexual Assault emerged as representative agencies for interprofessional collaboration between counseling psychologists and social workers.

Recruitment continued until no new categories emerged, resulting in the inclusion of 18 counseling psychologists in the research. Among the eight participants working in the Prevention Centers of Domestic Violence and Sexual Assault (PC_CO), six were part-time counseling psychologists. Two participants (PC_CO_F and PC_CO_G) were full-time counseling psychologists working in clinics, who completed support applications and subsequently practiced in the Prevention Centers of Domestic Violence and Sexual Assault. During the recruitment period, the Student Guidance and Counseling Act (SGCA) was implemented in

2014 in response to a serious bullying incident in a junior high school in Taoyuan County, Taiwan. This legislation addressed students' mental health and safety issues. As a result, every county and city were mandated to establish Student Guidance and Counseling Centers and hire counseling psychologists to provide services for students. Consequently, the research team opted to recruit counseling psychologists working in these centers. Ten participants worked in Student Guidance and Counseling Centers (ST_CO), established in the Department of Education of each city or county in Taiwan. Eight of these were full-time counseling psychologists who collaborated with social workers in the Student Guidance and Counseling Centers and also had connections with social welfare organizations or foundations.

All 18 participants were aged between 30 and 48, with an average age of 40. Their years of practice ranged from 3 to 20 years, averaging 9.6 years of practice. The average interview duration was 80 minutes. The participants' demographic characteristics are detailed in Table 1.

Table 1
Participants' Demographic Characteristics

Participants	Years of practice	Full-time/Part-time	Biological sex	Interview date (year/month)	Interview duration (minutes)
PC_CO_A	6	Part-time	Female	2008/09	60
PC_CO_B	20	Part-time	Female	2008/09	85
PC_CO_C	10	Part-time	Female	2008/09	75
PC_CO_D	7	Part-time	Female	2008/10	75
PC_CO_E	17	Part-time	Female	2017/07	85
PC_CO_F	6	Full-time/ Part-time	Male	2016/05	65
PC_CO_G	13	Full-time/ Part-time	Female	2016/06	120
PC_CO_H	15	Part-time	Female	2017/12	90
ST_CO_A	3	Part-time	Female	2014/07	75
ST_CO_C	18	Full-time	Female	2014/10	65
ST_CO_D	3	Full-time	Female	2016/04	80
ST_CO_E	3	Full-time	Male	2016/07	75
ST_CO_F	3	Full-time	Female	2017/06	85
ST_CO_G	6	Full-time	Male	2014/07	90
ST_CO_H	5	Full-time	Male	2014/07	80
ST_CO_I	17	Full-time	Female	2014/07	65
ST_CO_J	3	Full-time	Female	2014/08	85
ST_CO_K	15	Part-time	Female	2016/04	105

Data Collection

The interview protocol was developed based on the research team's theoretical sensitivity and informed by previous research findings about interprofessional collaboration. Sample questions included, "Overall, what did you feel or observe when collaborating with social workers?" and "What do you think about the experiences of working with social workers?" The interview protocol is outlined in the appendix. The researcher first explicitly stated the purpose of the study, secured informed consent, and then began the semi-structured individual interviews. All interviews were conducted face-to-face and by the second author. The interviews took place from 2008 to 2015 as the data collection and data analysis conducted consecutively to reach theoretical saturation. The location of the interviews depended on the participants' conveniences, e.g., the participant's office or the counseling room. The participants agreed to be recorded and were aware the interview was being transcribed verbatim by research assistants. The interviews ranged from 90 to 120 minutes in length.

Data Analysis

Before the analysis process, the researchers developed theoretical sensitivity based on their interprofessional collaboration experiences and reading relevant literature and theories. The researchers also utilized their sensitivity from their own clinical experience to inform the analysis. As shown in Figure 1, the data analysis process followed the established steps of grounded theory (Corbin & Strauss, 2015). First, the researchers read each transcript and wrote memos for each transcript to increase familiarity with transcripts. Next, open coding was utilized to identify concepts for each transcript. Then, axial coding was utilized to compare concepts among transcripts and then develop appropriate categories constantly. Each step was triangulated by each team member to reach consensus. When there are no new categories, the analysis reach theoretical saturation. Finally, the categories were integrated into core categories and compared to the current literature to form a new theory. These core categories were based on over half of participants' perspectives. An example of data analysis with one participant is presented in Table 2.

Figure 1
Data Analysis Procedure

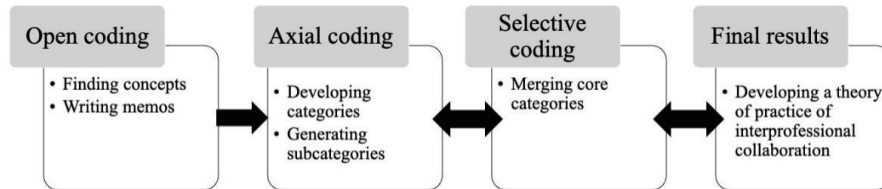


Table 2
Example of Data Analysis

Number	Transcript	Concept	Subcategory	Core Category
PC_CO_A_008	I worked with female domestic violence survivors...and the social worker supervisor gave me positive feedback, she thought I did help the client...I am glad to contribute as I always care about minority population and would like to help them. I am glad that I could help.	Would like to work with the minority population	Personal traits and professional expectations	Individual aspirations
PC_CO_C_183	I think it is good to do this work (providing counseling in Prevention Center of Domestic Violence and Sexual Assault). I have a responsibility to provide the client's information to social workers, and they provide the information to me, too. I think it is okay to spend time exchanging information	Would like to spend extra time and energy for collaboration		
ST_CO_D_040	They just had this job opening and I would like to try. I expect to contribute to the rural areas and provide help.	Would like to work at rural center at rural area.	Career decision	
ST_CO_I_064	I have a feeling I do have an ideal image while collaborating with social workers, so I often look at that image when working with them. Therefore, I didn't really see the obstacles which I guess must be there...	Had an ideal image when collaborating with social workers	Personal mindset for collaboration	Individual aspirations

Research Team

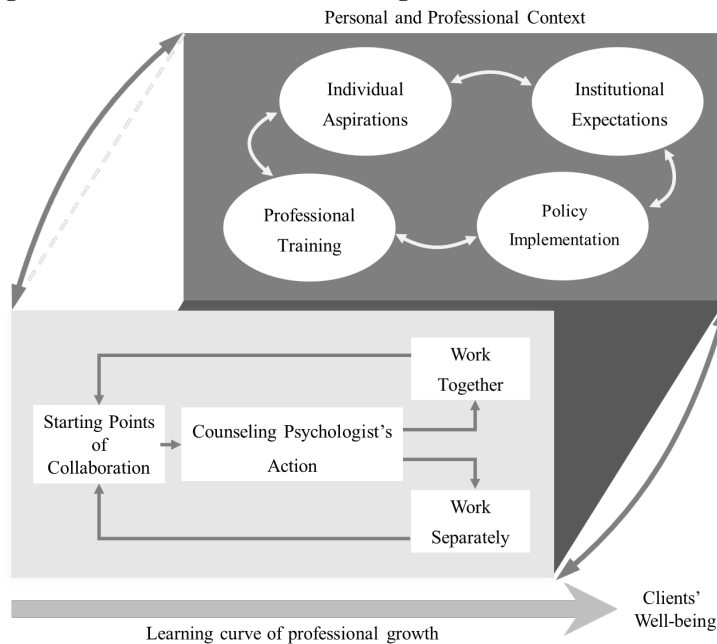
The first author has a master's in social work and a Ph.D. in counseling psychology. She is currently a faculty member of the social work department at a different university from the second author. She conducted individual interviews and served as a co-rater for data analysis. A research assistant from the social work department also participated in data analysis. The second author is a registered counseling psychologist with over ten years of clinical experience in both school and community settings, where she had cooperated with social workers. She is currently a faculty member of a university counseling department. She was responsible for data analysis and took a leading role in manuscript writing. The third researcher is a registered psychologist with 20 years of experience teaching counseling psychologists, including school counseling psychologists. He is currently a professor in a faculty of education at a Canadian university. He assisted with writing the article. All researchers have clinical experience of interprofessional collaboration. In addition, both researchers are familiar with interprofessional collaboration theories and research findings, which enhance their theoretical sensitivities. It is important to note the collaboration within this research team, which involves the professions of counseling psychology and social work, represents the nature of interprofessional collaboration over this entire research process.

Results

Based on the grounded theory data analysis, the authors have developed the “Clients Wellbeing-directed and Inclusive Counseling Model” for interprofessional collaboration, as illustrated in Figure 2. The findings indicate that counseling psychologists consistently focused their considerations and actions on clients' well-being. Notably, clients' well-being encompasses not only their internal needs, as conventionally addressed in counseling training, but also extends to aspects such as physical safety and the creation of a stable environment for living and learning. This broader perspective is particularly relevant when collaborating with social workers, where the well-being of clients may be intricately tied to factors like being identified as a protective client or having an unstable mental status. The term “inclusive” reflects the participants' incorporation of various contextual factors, including individual aspirations, professional training, institutional expectations, and policy implementation, in their collaborative efforts with social workers.

Overall, the results indicated that participants' actions during collaboration with social workers were embedded within their personal and professional contexts, including individual aspirations, professional training, institutional expectations, and policy implementation. Based on these contexts, participants reported there were some starting points of collaboration, and they took a variety of different actions, which led to working together or working separately with social workers. Over half of the participants reported that the collaboration process was a learning curve of professional growth and all their actions and decisions during collaboration were directing to clients' well-being. Each core category is presented as follows.

Figure 2
Clients Wellbeing-directed and Inclusive Counseling Model



Note. This figure illustrates the research results, which needs to be read from the back to the front. The personal and professional context at the back contains four domains, which are circular and related to each other. This context provides important background information when counseling psychologists collaborate with social workers, which is shown at the front.

Personal and Professional Context of Interprofessional Collaboration

Participants explained the reasons or the background context while describing their interprofessional collaboration with social workers in various settings. First, more than half of the participants reported that they were willing to spend extra time and energy for collaboration because of their passion and commitment for the counseling profession. Next, participants mentioned professional training was different than social workers and their training did not really equip them with competency of interprofessional collaboration. Finally, participants also reported that institutional expectations and policy implementation influenced their collaboration. It is important to note all domains are interrelated.

Individual Aspirations

Twelve participants reported that, although it took extra effort to collaborate with social workers, they were willing to do so because they perceive a “calling” from the counseling profession or a sense of achievement from practice. These personal aspirations serve as motivation to take extra time for interprofessional collaboration. The following are excerpts from three participants:

I think it is good to do this work (providing counseling in Prevention Center of Domestic Violence and Sexual Assault). I have a responsibility to provide the client’s information to social workers, and they provide the information to me, too. I think it is okay to spend time exchanging information. (PC_CO_C_183)

They just had this job opening and I would like to try. I expect to contribute to the rural areas and

provide help. (ST_CO_D_040)

Other clinical psychologists at the center thought I work too hard, I look too tired, they even thought I was like a ‘rescuer’...I just believe clients are here and I have to work this way to make it right. (ST_CO_K_187-188)

Professional Training

Eleven participants reflected on their counseling training, which informed their attitudes and the way they communicated with social workers. There are two concepts to be aware of regarding professional training.

Different Perspectives of Professional Ethics. Eight participants reported the counseling psychology profession has different perspectives on ethical considerations than social work. Specifically, they contrasted the strict approach to confidentiality emphasized in counseling psychology with the approach of social workers, who are used to exchanging client’s information in their practice. Thus, counseling psychologists need to figure out the amount of client information and the way to disclose to social workers who they collaborate with. The following are quotes from two participants:

It’s about confidentiality, as psychologists, how strictly we should keep client’s information confidential. Should we consider social workers colleagues and share a bit more information with them? I had a special experience when I discussed the client with social workers, they looked pretty surprised that a psychologist would discuss a client with them. I had experiences where the social worker wasn’t willing to share information related to reporting. In this case, it’s pretty difficult for me to work with the client. (PC_CO_D_040, 042)

If we pass the client’s information, there would be a confidential issue. Therefore, we have to discuss what information is necessary to be passed, and how to pass (to social worker), the process needs to be considered before passing the information. It’s ok to pass the information without mentioning the exact content of counseling session. (PC_CO_F_004)

Lacking Systemic Perspectives. Additionally, 9 participants reported that their education did not provide training on systemic perspectives, which is essential to clinical practice, particularly collaborating with social workers. Thus, counseling psychologists have to do “learning by doing” when working with social workers.

It was not about systemic work-related courses in my master’s program. However, having a systemic perspective is necessary for working with minors. (ST_CO_E_244, 245, 250)

Counseling psychologists are too passive and don’t connect with resources. Counseling training doesn’t include system work. I believe counseling psychologists from traditional counseling training couldn’t serve as qualified school guidance professionals. (ST_CO_G_033)

Institutional Expectations

Ten participants also expressed that interprofessional collaboration was deeply influenced by the expectations of counseling from their work settings. For example, participant PC_CO_H reported that, based on her experience, most institutions did not explicitly state their expectations of the counseling psychologist while still holding expectations about counseling profession, which contributed to unclear communication between the counseling psychologist and social worker.

Sometimes the counseling psychologists did the bare minimum of the institution’s expectations. Most institutions I collaborate with didn’t express their expectation for counseling psychologists or they couldn’t really ‘ask’ counseling psychologists to do what they expected. (PC_CO_H_124-125)

Additionally, participants mentioned the institution’s understanding of counseling also affected

interprofessional collaboration. For example, participant G in the Student Guidance and Counseling Center perceived the standpoint of the supervisor to be an important influence on the way counseling psychologists and social work collaborate.

I thought the third-level guidance might be difficult for social workers due to social work training.

I believed the way social workers and counseling psychologists collaborate depends on the supervisor's leadership style. (ST_CO_G_026, 027)

Policy Implementation

In Taiwan, counseling psychologists' practice is strongly regulated and impacted by national policies implementation. For example, 10 participants reported the Student Guidance and Counseling Center expects the counseling psychologists to collaborate with the social workers and school system, especially in the time right after establishing the Centers around 2008. Thus, policy implementation influences the institutions' expectation of the counseling profession.

Student Guidance and Counseling Centers were just about to build according to the policy.

Everything was just starting and it was pretty chaotic. There were many unpredictable situations.

Additionally, counseling psychologists in this center were not familiar with other professions at that time and other professionals didn't really know how to work with counseling psychologists.

(ST_CO_A_033, 092)

Contextual Process of Interprofessional Collaboration. Based on the Model, participants reported that their interprofessional collaboration with social workers was a process that is embedded in the above-mentioned personal and professional context (Figure 2).

Starting points of collaboration

Counseling psychologists in this study described some starting points of interprofessional collaboration with social workers. This finding reveals that interprofessional collaboration did not just occur; instead, collaboration started with referrals, clients' diverse needs, and organizations' climate.

Making Referrals and the Following Communication From Social Workers. More than half of the participants described experiences that demonstrated interprofessional collaboration sometimes begins with a referral. The referrals usually came from social workers in the Prevention Center of Domestic Violence and Sexual Assault or in social welfare organizations. However, if social workers did not provide the client with accurate information about the nature of the referral, counseling psychologists found it challenging to work with the client at the beginning.

Sometimes a social worker would introduce counseling to the client as "there will be a teacher, or a 'big sister' to chat with you. So, you have something in mind, you can chat with her." However, I don't think this information is clear enough to the client. Then I found the client didn't know the reasons for counseling, it's a pity. (PC_CO_A_021, 023)

Participant H, who also worked in the Prevention Center of Domestic Violence and Sexual Assault, reported she and the social worker organized a meeting so she could be formally introduced by the social worker to the client. In that meeting, social worker also explained the counseling services to the client.

We did lots of things before working with the client, they (social worker) would talk to the client, sometimes I found client was still not clear about counseling or being resistant to counseling, I would contact social worker and we counseling psychologist, social worker, client sat down to talk. This three-people meeting would make things (the referral) clear. (PC_CO_H_056-59)

Clients' Diverse Needs. Almost half of the participants mentioned that clients' needs were diverse; for

example, some clients' urgently need financial support. Therefore, counseling psychologists have to connect and work with social workers to meet a variety of clients' needs. Three excerpts from participants illustrate this theme:

I think it is hard to meet client's needs or sooth clients anxiety and worries only relying on counseling services. Thus, social workers provide so much huge support, they can offer financial support, even living environment. I think because of it (counseling psychologist and social worker collaboration), clients could get a chance to have internal and external assistance. (PC_CO_C_098)

I think it should be like that (collaborating with social worker) because every kid (client) is different, he/she might sometimes need counseling and sometimes need a social worker... (ST_CO_H_017)

I think counseling and social work are like 'someone is fighting, and this person has someone to take care of the right and left side, respectively. I'm looking forward to having discussions with social workers because the clients we work with do not just have simple psychological issues. (ST_CO_J_177, 184)

Organization Climate Appreciates Collaboration. Participants reported that support from the work environment matters for interprofessional collaboration. Participant G, working in the Prevention Center of Domestic Violence and Sexual Assault, reported social work and counseling psychology can work together.

If there was a student needing to go to hospital, the social worker and I would be there, and the things that he/she could do would be totally different than I, so why don't we go there together? (PC_CO_G_135)

In addition, one of the participants who was working in a Students Guidance and Counseling Center reported collaboration with social workers was considered to be part of the counseling psychologists' practice within her organization.

Clear collaboration was mainly case discussion. For example, a counseling psychologist thinks this client might benefit from the social worker's help, the counseling psychologist would have a professional consultation with the social worker. Contrarily, the social worker would have discussions with the counseling psychologist. (ST_CO_I_056)

Actions Leading to Working Together

Participants reported there are specific actions that counseling psychologists can take to facilitate working together with social workers. One such action is developing a more flexible counseling structure, which is different than what is learned in traditional counseling training, and another is information exchange with social workers.

Developing a Flexible and Nontraditional Counseling Structure. Participants mentioned that clients referred from social welfare organizations were usually challenging. In response, the counseling psychologists had to develop a more flexible counseling model, which was different than the traditional structure they learned from professional training, such as working in 50-60 minute sessions and having counseling sessions in a fixed location. Participants saying working interprofessional collaboration needed to develop a more flexible counseling structure to work with clients. Examples of this flexibility included:

The working style was that we have to go out and go to other schools to meet clients...sometimes I spent a half day to just worked with a client as I had to spend time to build the connection with the clients and their teachers. (ST_CO_E_022、025-026、031)

I worked at an elementary school at a rural area and the client was referred from a social welfare organization...he didn't want to have a session at play room and kept going outside. I accompanied him and played with him. Then I expanded the play room to the entire campus and

boundary setting became pretty hard. He (the client) sat down to talk to me...then finally, he was willing to stay in the playroom afterwards. (ST_CO_K_091、097、104)

Exchanging Information with Social Workers. Most participants identified exchanging information about the client with social workers as a way to improve the collaborative relationship. This exchange of information also assists the social workers in providing information to the client.

The social worker also updated me about this information. I usually updated the client's information and informed the social worker, for example, I would let the social worker know the client phoned me yesterday. (PC_CO_B_063)

There was a time when we were free to discuss with the social worker, who was the case manager of the client. When I arrived at the institution, the social worker updated me about the client. When the counseling session finished, I provided the social worker with today's observation about the client. I found we were working together for this client. (PC_CO_H_032-3)

Actions leading to working separately

More than half of the participants also described actions that made counseling psychologists and social workers work more separately. Specifically, counseling psychologists expressed that lack of connections with social workers and lack of consideration for different perspectives resulted in less interprofessional collaboration.

Lack of Connections. Participants said they did not spend time connecting with social workers and they preferred focusing on working directly with clients. One of the reasons counseling psychologists do not connect with social workers is their paid working hours only include working with clients. Time spent in discussion with social workers is unpaid and usually happened outside of counseling psychologists' work hours.

I probably would put myself closer to the client. The relationship with clients is more important to me. Honestly, I didn't spend much time to meet with social workers. Mostly, I contact social workers via phone or emails. I still focus on my own work. (PC_CO_C_045)

That social worker thought I worked too much, even suspecting that I misused the counseling hours. My work hours are overloaded...Not every social worker I worked with could help me to contact teachers at school, so I contacted them by myself. (ST_CO_K_204-205)

Lack of Consideration of Different Perspectives. In addition to lack of connection, some participants mentioned they did not consider the different perspectives that social workers may have about the client.

Most of time we talked about the client, but I didn't double-check that the social workers really understood what I meant. (PC_CO_A_025)

The social workers didn't ask me. If the issues are not very important, the social workers didn't contact us. Mostly, we actively contacted social workers and it seemed the social workers didn't dare to ask us. (PC_CO_D_041)

Clients' wellbeing-directed and inclusive approach of collaboration

Given the existence of different perspectives between counseling psychology and social work, more than half of the participants reported it is important to find common ground, which is the client's wellbeing. For example, participant C from the Prevention Center of Domestic Violence and Sexual Assault addressed the client's autonomy when working with the social worker.

The social workers told me the client was mandated to be placed in a shelter but the relationship between me (counseling psychologists) and the client, and the relationship between the social worker and the client were a bit tense. When the social worker told me, I think we needed to provide the client with some autonomy. (PC_CO_C_026-2)

Additionally, focusing on the client would be a basis to work together. Participant I working at Student Guidance and Counseling Center believed counseling psychology and social work were complementary and that the different perspectives of the two disciplines provided a more complete understanding of clients.

I continue thinking about how to build a partnership between the counseling psychologist and social worker. I don't believe these two professions are separate. I think social worker and counseling psychologist have their own professional competencies. These two professions are complementary and multiplied for the client, like 'one plus one is more than two. (ST_CO_I_038-2)

Learning curve of professional growth

More than half of the participants reported it takes time to learn how to collaborate with social workers and to develop a collaborative partnership. The collaboration process itself was also a learning curve for participants.

The learning curve (of collaborating with social workers) was a bit long. At the beginning, the standpoints of social workers are almost the same as mine. Social workers' goals might not be the same as psychologists. I believe we need to communicate and exchange opinions. We didn't force the social workers to listen to us. We (social workers and counseling psychologists) can understand each other. (PC_CO_C_139)

If we are unaware of different angles, like what doctors, social workers and schools are doing and can do, we just talk about our own profession, which actually doesn't allow us to solve the problem. I believe school work is not easy. First, the counseling psychologist needs to understand the school system, as well as know the counseling profession, psychological testing, medication, and psychopathology. Additionally, counseling psychologists need to know what resources lie beyond medication and psychopathology. (ST_CO_K_258, 260)

Discussion

The model of counseling psychologists' interprofessional collaboration that emerged from this study (Figure 2) echoes and expands on the findings of the existing literature. Thus, the discussion of the findings is organized according to the topics of contextual support for collaboration, collaboration and communication, and sustainable collaboration. Finally, the implications and limitations of the study are presented.

Contextual Support for Interprofessional Collaboration

This model emphasizes the importance of the context of interprofessional collaboration, meaning collaboration between professions is inherently connected to contextual factors (Bainbridge et al., 2010; Chang, 2015; Cox et al., 2014; Mellin, 2009). Compared to current models and frameworks of interprofessional/ interdisciplinary collaboration (Bronstein, 2003; Mellin, 2009), the present theoretical model explicitly illustrates a two-layer model to address the contextual and process-oriented nature of interprofessional collaboration. That being said, the findings reveal that, under current policy implementation and regulations, counseling psychologists' career planning and training background and organizational expectations about counseling influence their collaboration with social workers in Taiwan.

Additionally, the results indicated personal aspiration was part of context which was foundation for counseling psychologists' interprofessional collaboration with social workers. This finding echoes the findings of H.-P. Chang (2020) and Meads (2003), meaning professionals' actions actually are related to their personal values. Therefore, in this study, the way of practicing interprofessional collaboration was

associated with counseling psychologists' personal attributes, such as their aspirations, values, and styles.

To supplement the lack of discussion of national policies and related regulations for psychologists, in the current literature in Taiwan (Chang, 2015; Chen et al., 2021), the model of this study indicated policy played an essential role while counseling psychologists were practicing interprofessional collaboration. Moreover, the development of such policy is essential to guide clinical practice, as with interprofessional collaboration in health care in other countries (Leathard, 2003; Schot et al., 2020; Supper et al., 2015).

In addition to policy, the model that emerged from this study demonstrated the importance of the institutional context to interprofessional collaboration. Echoing previous results (Mellin, 2009; Yu & Chiang, 2020), sufficient understanding and reasonable expectations of counseling from institutions could provide support for interprofessional collaboration. However, it must not be assumed the institution has a reasonable expectation or "correct" understanding of the counseling profession. Instead, it is the responsibility of counseling psychologists to make institutions understand the profession of counseling and develop a format or structure to communicate and exchange perspectives from each profession. This process could be considered part of the consultation process, which requires counseling psychologists' solid professional identity (Arredondo et al., 2004).

Besides institutional and policy-related factors, Mellin (2009) indicated personal characteristics are also included in the contextual factors. Consistent with Mellin, the theoretical model that was developed in the present study indicated counseling psychologists' professional commitment from personal aspiration and attitudes serve as motivation for making efforts to engage in interprofessional collaboration. From the results, it is essential to note the counseling psychologist licensing system and professional development have been strongly associated with policy implementation and regulation in Taiwan. Similarly, the contextual aspects of the model that emerged from this study, (i.e., individual aspirations, professional training, institutional expectations, and policy implementation), largely resemble the four levels of social work services senior practitioners' learning needs, i.e., personal, professional, interprofessional, and organizational (Meads, 2003). Echoing Meads (2003), these four aspects of the model are essential, related, and interdependent for counseling psychologists while practicing interprofessional collaboration.

Further, previous interprofessional collaboration research has demonstrated the importance of professional education (Interprofessional Education Collaborative, 2016; World Health Organization, 2010). Though the model of interprofessional collaboration practice that was developed in this research indicated professional training as part of contexts, interprofessional collaboration has not been addressed in counseling psychology training programs in Taiwan. Thus, there is still a gap associated with interprofessional collaboration between trainees' learning and counseling psychologists' practice.

The Clients Wellbeing-directed and Inclusive Counseling Model that emerged from the findings of the present study consists of four interrelated aspects as context for counseling psychologists' interprofessional collaboration. This theoretical model could serve as a guideline for counseling psychologists or as a possible structure while practicing interprofessional collaboration. Further, we recognize the differential impact of the four aspects of collaboration in each counseling psychologists' practice. For example, some counseling psychologists might be more affected by individual aspirations, but others might be more influenced by institutional expectations. The theoretical model could be utilized to enhance awareness of contextual factors affecting interprofessional collaboration in practice to ensure the quality of counseling services and protect client's well-being.

Collaboration and Communication: Working Within Differences and Solidifying the Professional Identity

Based on the Clients Wellbeing-directed and Inclusive Counseling Model (Figure 2), one of the starting points of interprofessional collaboration is referrals from social workers. Lockhart (2006) found the importance of communication for referral practice, and counseling psychologists in this study often experienced a lack of sufficient communication when receiving a social worker's referral. The findings of the study indicate follow-up communication after receiving a referral is key to building a collaborative partnership. According to Lockhart's suggestions, using clear language and discussing different professional roles when working with the client facilitates positive collaboration.

This research revealed counseling psychologists' actions leading to either working together or separately with social workers. Specifically, maintaining communication is the key to successful collaboration. Learning from the postmodern approach of psychotherapy (Haarakangas et al., 2007; Wagner, 2007), acknowledging differences, and listening to each profession's perspective is essential to communication. Echoing previous findings (Martin et al., 2010; Zwarenstein et al., 2009), different perspectives between professions are not uncommon based on professional training; indeed, it can be considered a demonstration of professionalism. We believe the difference brings an opportunity for conversation and collaboration between counseling psychologists and social workers. The goal of such communication is not to reach a consensus or to seek agreement about what perspective is correct, but to understand the other professionals' interventions and working plans. Similar to previous research findings (Reeves et al., 2017; Rice et al., 2010; Supper et al., 2015), participants in the present study reported that communication process brings more personal connection, enhancing and improving the collaboration relationship.

The findings also indicated client wellbeing-directed is common ground for counseling psychologists to communicate and reach understandings with one another. Previous research findings indicated similar results (Green & Johnson, 2015; Hu & Broome, 2019; Interprofessional Education Collaborative, 2016); client wellbeing-directed is helpful to build teamwork. Given the divergent perspectives of counseling psychologists and social workers are an inherent part of interprofessional collaboration, it is vital to ensure the goal for clients' welfare and well-being is still protected despite these different perspectives or working strategies among professionals. A client wellbeing-directed approach to interprofessional collaboration allows for the different perspectives and strategies of counseling psychologists and social workers to address multiple needs of the client in a complementary way.

Echoing previous research findings (Arredondo et al., 2004; Mellin et al., 2011; Wall, 2003), the model that emerged from this study indicated professional training is part of an important context while practicing interprofessional collaboration. Mellin et al. (2011) argued counseling psychologists ethically practice interprofessional collaboration based on professional knowledge and need to be aware of the distinction between counseling and social work. This requires a strong sense of professional identity. Hence, interprofessional collaboration practice is strongly associated with counseling professional identity.

Sustainable Interprofessional Collaboration: Interprofessional Learning and Education in the Counseling Profession

The Clients Wellbeing-directed and Inclusive Counseling Model includes professional training as part of the context, indicating counseling training plays an important role in interprofessional collaboration. Participants reported counseling training did not equip them with the competencies of interprofessional collaboration—one of the important factors for having sustainable interprofessional collaboration in interprofessional learning and education. Previous research suggested training would be more transferrable for trainees if it occurred in the context of interprofessional learning (Freeth, 2001; Interprofessional Education Collaborative, 2016; World Health Organization, 2010). Therefore, interprofessional learning

bridges the gap between theory and practice. Particularly, the findings of the present research echo previous results; counseling psychologist trainees need to have familiarity with the context of the working environment and be aware of the challenges of interprofessional collaboration (Chang, 2015; Cox et al., 2014). For example, counseling psychologists need to be aware of what is expected of their profession from the organization/institution and how these expectations affect the counseling psychologist's collaboration and work with the client.

Additionally, one of the most valuable findings of this research is the finding that counseling psychologists experienced professional growth via interprofessional collaboration. Compared to interprofessional collaboration within the medical system, e.g., nurses and physicians (Martin et al., 2010; Reeves & Lewin, 2004), counseling psychologists and social workers are both independent helping professions and have a less hierarchical professional partnership. Thus, counseling psychologists have opportunities to have professional discussions with social workers based on an egalitarian partnership. This provides opportunities to experience professional growth via collaboration, which in turn sustains each profession and also interprofessional collaboration.

Implications and Limitations

The model of interprofessional collaboration that emerged from this study provides a clear structure for practitioners in Taiwan to follow while revising or modifying based on the contexts of the setting in which they work. Clients may experience increased benefits when counseling psychologists develop a more context-sensitive interprofessional collaboration with social workers. However, the model was developed from practitioners working in Prevention Centers of Domestic Violence and Sexual Assault and Students Guidance and Counseling Centers. Therefore, it might be more comprehensive to investigate counseling psychologists working at other diverse settings in the future research.

Professional training has a profound influence on counseling psychologists in their work with social workers. Thus, counseling education and training needs to recognize interprofessional collaboration as a key practice competency and explicitly integrate it into each course of counseling training. Given the intensity of current counseling psychologist training programs in Taiwan, it would be challenging to add a specific course on interprofessional collaboration to the curriculum. Therefore, it would be more practical to integrate the concept of interprofessional collaboration into practicum or internship courses, and to enhance trainees' sensitivity and familiarity with interprofessional collaboration in existing courses. Nevertheless, a few counseling master's programs have recently developed an elective course on interprofessional collaboration, which would be an important reference for addressing this important topic.

Further, since policy implementation and regulations have deeply impacted counseling psychologists licensing and clinical practice in Taiwan, the practice of counseling psychology would benefit from being updated with policy revisions. Moreover, as Myers et al. (2002) indicated, advocating for clients' welfare by advocating for the integration of interprofessional collaboration into policies related to professional training requirements could benefit counseling psychologists' practice.

Overall, the present research developed a theoretical model of interprofessional collaboration practice based solely on counseling psychologists' experiences and perspectives. If future research focuses on collecting and analyzing data from dyads of interprofessional collaborators (i.e., counseling psychologists and social workers), this could provide a better understanding of the dynamic and interactional process of interprofessional collaboration. The other limitation of this research is it only examines collaboration with social workers. Future research could further develop a model of counseling psychologists' interprofessional collaboration in practice with any other relevant profession, which could inform counseling psychology training and education. Moreover, a systematic review of counseling psychologists' interprofessional collaboration could be conducted to depict a comprehensive picture of counseling psychologists' collaboration based on the current results in Taiwan.

Conclusions and Reflections

The interprofessional collaboration model, named the “Clients Wellbeing-directed and Inclusive Counseling Model,” developed in this research, serves as a comprehensive framework guiding counseling psychologists in incorporating contextual factors into their collaboration with social workers. This establishes interprofessional collaboration as a dynamic and essential process. As emphasized by Charmaz (2014), constructing a theory is a reflective process for researchers. Reflecting on our research journey, we underscore the significance of interprofessional collaboration for counseling psychologists, drawing insights from our clinical experiences and the evolution of our research focus. Through detailed descriptions of counseling psychologists’ clinical and collaborative experiences with social workers, we have formulated a theoretical framework that provides guidance for the practice of interprofessional collaboration among counseling psychologists. The substantial time invested in data collection interviews and analysis aimed to achieve “theoretical saturation.” We believe it is particularly meaningful and important to address interprofessional collaboration, especially as the number of counseling psychologists in Taiwan has reached 6,000 and continues to grow.

Reviewing our proposed model, the Clients Wellbeing-directed and Inclusive Counseling Model, we recognize its meaningful representation of contextual factors. This model serves as a reflective tool for counseling psychologists, urging them to step beyond their “comfort zone” and advocate for clients’ well-being with increased courage. It encourages psychologists to actively foster flexibility in collaborating with social workers, facilitating communication and the exchange of client information for future treatment directions. Derived from this research, the model prioritizes client well-being, aligning seamlessly with professional ethical considerations. Our findings suggest that well-being encompasses not only internal needs but also situational and contextual perspectives, crucial for comprehensive professional assessments. Furthermore, the model’s incorporation of individual aspirations, professional training, institutional expectations, and policy implementation can inform counseling training and education. This equips future counseling psychologists with awareness and sensitivity to these crucial aspects of their clinical practice and interprofessional collaboration.

Note

According to the Psychologists Act in Taiwan, the title of the counseling professional should be counseling psychologist. However, in the existing literature master-level counseling professionals are usually referred to as counseling psychologists whereas counseling psychologist is usually reserved for practitioners having doctoral training. As this study focuses on master-level counseling professionals, the word “counseling psychologist” was utilized.

References

- Anderson, H., & Gehart, D. (Eds.). (2007). *Collaborative therapy: Relationships and conversations that make a difference*. Routledge. <https://doi.org/10.4324/9780203944547>
- Arredondo, P., Shealy, C., Neale, M., & Winfrey, L. L. (2004). Consultation and interprofessional collaboration: Modeling for the future. *Journal of Clinical Psychology, 60*(7), 787–800. <https://doi.org/10.1037/0000153-006>
- Arthur, N., & Russell-Mayhew, S. (2010). Preparing counsellors for interprofessional collaboration through supervision and lateral mentoring. *Canadian Journal of Counselling and Psychotherapy, 44*(3), 258–271.

- Bainbridge, L., Nasmith, L., Orchard, C., & Wood, V. (2010). Competencies for interprofessional collaboration. *Journal of Physical Therapy Education, 24*(1), 6–11. <https://doi.org/10.1097/00001416-201010000-00003>
- Berg-Weger, M., & Schneider, F. D. (1998). Interdisciplinary collaboration in social work education. *Journal of Social Work Education, 34*(1), 97–107. <https://doi.org/10.1080/10437797.1998.10778908>
- Bronstein, L. (2003). A model for interdisciplinary collaboration. *Social Work, 48*(3), 297–306. <https://doi.org/10.1093/sw/48.3.297>
- Chang, H.-P. (2020). The collaboration and shared governance model of professionals who work on domestic violence cases involving child and youth protection. *Chinese Journal of Guidance and Counseling, 57*, 17–49. <https://doi.org/10.3966/172851862020010057002>
- Chang, S.-F. (2015). The core competence for domestic and sexual violence counseling interdisciplinary systems collaboration: An exploration study on community counseling. *Bulletin of Educational Psychology, 47*(1), 23–43. <https://doi.org/10.6251/BEP.20140904>
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). SAGE Publications.
- Chen, W.-C., Jiang, S.-J., Lin, C.-Y., & Hung, Y.-F. (2021). School psychologists' expectations verses the reality of interdisciplinary collaboration between school psychologists and school counselors. *Formosa Journal of Mental Health, 34*(1), 55–84. [https://doi.org/10.30074/FJMH.202103_34\(1\).0003](https://doi.org/10.30074/FJMH.202103_34(1).0003)
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). SAGE Publications.
- Cox, J., Adams, E., & Loughran, M. (2014). Behavioral health training is good medicine for counseling trainees: Two curricular experiences in interprofessional collaboration. *Journal of Mental Health Counseling, 36*(2), 115–129. <https://doi.org/10.17744/mehc.36.2.c426q74431666762>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care, 19*(1), 8–20. <https://doi.org/10.1080/13561820500081604>
- Derbyshire, J. A., Machin, A. I., & Crozier, S. (2015). Facilitating classroom based interprofessional learning: A grounded theory study of university educators' perceptions of their role adequacy as facilitators. *Nurse Education Today, 35*(1), 50–56. <https://doi.org/10.1016/j.nedt.2014.05.001>
- Engel, J., & Prentice, D. (2013). The ethics of interprofessional collaboration. *Nursing Ethics, 20*(4), 426–435. <https://doi.org/10.1177/0969733012468466>
- Fleischmann, N., Tetzlaff, B., Werle, J., Geister, C., Scherer, M., Weyerer, S., Hummers-Pradier, E., & Mueller, C. A. (2016). Interprofessional collaboration in nursing homes (interprof): A grounded theory study of general practitioner experiences and strategies to perform nursing home visits. *BMC*

- Family Practice*, 17, Article 123. <https://doi.org/10.1186/s12875-016-0522-z>
- Freeth, D. (2001). Sustaining interprofessional collaboration. *Journal of Interprofessional Care*, 15(1), 37–46. <https://doi.org/10.1080/13561820020022864>
- Green, B. N., & Johnson, C. D. (2015). Interprofessional collaboration in research, education, and clinical practice: Working together for a better future. *Journal of Chiropractic Education*, 29(1), 1–10. <https://doi.org/10.7899/JCE-14-36>
- Haarakangas, K., Seikkula, J., Alakare, B., & Aaltonen, J. (2007). Open dialogue: An approach to psychotherapeutic treatment of psychosis in northern Finland. In H. Anderson & D. Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp. 221–234). Routledge.
- Helbok, C. M. (2003). The practice of psychology in rural communities: Potential ethical dilemmas. *Ethics & Behavior*, 13(4), 367–384. https://doi.org/10.1207/S15327019EB1304_5
- Hsing, C.-P., & Hsu, Y.-K. (2014). Preliminary exploration for the practice essence and service model of the school psychologist: Analysis through the difficulties copying and profession expectation. *Chinese Journal of Guidance and Counseling*, 39, 117–149.
- Hsiung, P.-C. (2021). Development and application of medical family therapy in Taiwan: Personal actualization. *Bulletin of Educational Psychology*, 52(3), 665–684. [https://doi.org/10.6251/BEP.202103_52\(3\).0008](https://doi.org/10.6251/BEP.202103_52(3).0008)
- Howell, D. (2009). Occupational therapy students in the process of interprofessional collaborative learning: A grounded theory study. *Journal of Interprofessional Care*, 23(1), 67–80. <https://doi.org/10.1080/13561820802413281>
- Hu, Y., & Broome, M. (2019). Interprofessional collaborative team development in China: A grounded theory study. *Journal of Nursing Management*, 27(6), 1075–1083. <https://doi.org/10.1111/jonm.12775>
- Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. <https://ipec.memberclicks.net/assets/2016-Update.pdf>
- Leathard, A. (2003). Policy overview. In A. Leathard (Ed.), *Interprofessional collaboration: From policy to practice in health and social care* (pp. 12–43). Brunner-Routledge. <https://doi.org/10.4324/9780203420690>
- Lim, X. H. C., & Wong, P. Y. J. (2018). Interprofessional collaboration between social workers and school counsellors in tackling youth at-risk behavior. *Asia Pacific Journal of Social Work and Development*, 28(4), 264–278. <https://doi.org/10.1080/02185385.2018.1506357>
- Lin, C.-H. (2014). Practice and opinion survey of counseling psychologists in Taiwan. *Bulletin of Educational Psychology*, 45(3), 279–302. <https://doi.org/10.6251/BEP.20130227>
- Lin, S.-H., Tien, H.-L., & Lu, H.-W. (2020). Exploration of the supervisory experiences of school counseling supervisors and the perspectives on school counseling supervisory system construction. *Bulletin of Educational Psychology*, 52(2), 311–335. [https://doi.org/10.6251/BEP.202012_52\(2\).0004](https://doi.org/10.6251/BEP.202012_52(2).0004)

- Lockhart, C. (2006). Collaboration and referral practices of general practitioners and community mental health workers in rural and remote Australia. *Australian Journal of Rural Health, 14*(1), 29–32. <https://doi.org/10.1111/j.1440-1584.2006.00746.x>
- Martin, J. S., Ummenhofer, W., Manser, T., & Spirig, R. (2010). Interprofessional collaboration among nurses and physicians: Making a difference in patient outcome. *Swiss Medical Weekly, 140*, Article w13062. <https://doi.org/10.4414/smw.2010.13062>
- Meads, G. (2003). New primary care policies: From professions to professionalism. In A. Leathard (Ed.), *Interprofessional collaboration: From policy to practice in health and social care* (pp. 133–145). Brunner-Routledge. <https://doi.org/10.4324/9780203420690>
- Mellin, E. A. (2009). Unpacking interdisciplinary collaboration in expanded school mental health: A conceptual model for developing the evidence base. *Advances in School Mental Health Promotion, 2*(3), 4–14. <https://doi.org/10.1080/1754730X.2009.9715706>
- Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development, 89*(2), 140–147. <https://doi.org/10.1002/j.1556-6678.2011.tb00071.x>
- Michael, K. D., Bernstein, S., Owens, J. S., Albright, A., & Anderson-Butcher, D. (2014). Preparing school mental health professionals: Competencies in interdisciplinary and cross-system collaboration. In M. D. Weist, N. A. Lever, C. P. Bradshaw, & J. S. Owens (Eds.), *Handbook of school mental health: Research, training, practice, and policy* (2nd ed., pp. 31–43). Springer. https://doi.org/10.1007/978-1-4614-7624-5_3
- Miller, C., & Freeman, M. (2003). Clinical teamwork: The impact of policy on collaborative practice. In A. Leathard (Ed.), *Interprofessional collaboration: From policy to practice in health and social care* (pp. 121–132). Brunner-Routledge. https://doi.org/10.4324/9780203420690_chapter_8
- Mulholland, P., Barnett, T., & Woodroffe, J. (2020). A grounded theory of interprofessional learning and paramedic care. *Journal of Interprofessional Care, 34*(1), 66–75. <https://doi.org/10.1080/13561820.2019.1635095>
- Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development, 80*(4), 394–402. <https://doi.org/10.1002/j.1556-6678.2002.tb00205.x>
- Psychologists Act. (2020, January 15). *Amendment to Articles*. <https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=L0020098>
- Quealy Berge, D., & Caldwell, K. (2004). Mock interdisciplinary staffing: Educating for interprofessional collaboration. *Counselor Education and Supervision, 43*(4), 310–320. <https://doi.org/10.1002/j.1556-6978.2004.tb01855.x>
- Reeves, S., & Lewin, S. (2004). Interprofessional collaboration in the hospital: Strategies and meanings. *Journal of Health Services Research & Policy, 9*(4), 218–225. <https://doi.org/10.1258/1355819042250140>
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration

- to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6, Article CD000072. <https://doi.org/10.1002/14651858.CD000072.pub3>
- Rice, K., Zwarenstein, M., Conn, L. G., Kenaszchuk, C., Russell, A., & Reeves, S. (2010). An intervention to improve interprofessional collaboration and communications: A comparative qualitative study. *Journal of Interprofessional Care*, 24(4), 350–361. <https://doi.org/10.3109/13561820903550713>
- Rose, L. (2011). Interprofessional collaboration in the ICU: How to define? *Nursing in Critical Care*, 16(1), 5–10. <https://doi.org/10.1111/j.1478-5153.2010.00398.x>
- Schot, E., Tummers, L., & Noordegraaf, M. (2020). Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration. *Journal of Interprofessional Care*, 34(3), 332–342. <https://doi.org/10.1080/13561820.2019.1636007>
- Shoffner, M. F., & Briggs, M. K. (2001). An interactive approach for developing interprofessional collaboration: Preparing school counselors. *Counselor Education and Supervision*, 40(3), 193–202. <https://doi.org/10.1002/j.1556-6978.2001.tb01252.x>
- Supper, I., Catala, O., Lustman, M., Chemla, C., Bourgueil, Y., & Letrilliart, L. (2015). Interprofessional collaboration in primary health care: A review of Facilitators and barriers perceived by involved actors. *Journal of Public Health*, 37(4), 716–727. <https://doi.org/10.1093/pubmed/fdu102>
- Taiwan Guidance and Counseling Association. (2015). *Code of ethics for student guidance practice*. https://www.guidance.org.tw/school_rules/content.html
- Wagner, J. (2007). Trialogues: A means to answerability and dialogue in a prison setting. In H. Anderson & D. Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp. 203–220). Routledge.
- Wall, A. (2003). Some ethical issues arising from interprofessional working. In A. Leathard (Ed.), *Interprofessional collaboration: From policy to practice in health and social care* (pp. 69–78). Brunner-Routledge. <https://doi.org/10.4324/9780203420690>
- Walsh, M. E., Brabeck, M. M., & Howard, K. A. (1999). Interprofessional collaboration in children's services: Toward a theoretical framework. *Children's Services: Social Policy, Research, and Practice*, 2(4), 183–208. https://doi.org/10.1207/s15326918cs0204_1
- Wang, L.-F., & Tu, S.-F. (2009). The effectiveness of interprofessional collaboration between elementary school counselors and counseling psychologists in Taipei City. *Bulletin of Educational Psychology*, 41(S), 295–320. <https://doi.org/10.6251/BEP.20090402>
- Weist, M. D., Mellin, E. A., Chambers, K. L., Lever, N. A., Haber, D., & Blaber, C. (2012). Challenges to collaboration in school mental health and strategies for overcoming them. *Journal of School Health*, 82(2), 97–105. <https://doi.org/10.1111/j.1746-1561.2011.00672.x>
- World Health Organization. (2010). *The framework for action on interprofessional education and collaborative practice*. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>
- Yu, S.-H., & Chiang, C.-M. (2011). The experience of interdisciplinary cooperation in the “Taiwanese

- domestic violence and sexual abuse prevention center” between the professions of counseling and social work-Reflection on the counseling profession from the perspectives of social workers. *Chinese Journal of Guidance and Counseling*, 30, 24–53. <https://doi.org/10.7082/CJGC.201108.0024>
- Yu, Y.-A., & Chiang, C.-M. (2017). Reflections on professional collaboration: Social workers' perspectives of counseling psychologists' practice in the field of school guidance. *The Journal of Guidance & Counseling*, 38(2), 53–73.
- Yu, Y.-A., & Chiang, C.-M. (2020). Understanding professional collaboration with social workers at the centers for prevention of domestic violence and sexual assault: Counseling psychologists' perspectives. *Taiwanese Social Work*, 23, 109–160.
- Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 3, Article CD000072. <https://doi.org/10.1002/14651858.cd000072.pub2>

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Appendix Interview protocol

A. Building collaborative alliances with social workers

- a. Please elaborate on your understanding of “interprofessional collaboration.” Additionally, in your work context, which professionals do you typically collaborate with?
- b. Based on your experiences collaborating with social workers, could you share the most memorable aspect of the interprofessional collaboration?
- c. Throughout the process of interprofessional collaboration with social workers, how do you foster mutual sharing and support in discussions?

B. Provide counseling services

- a. How do you refer clients for counseling services during the collaboration process with social workers?
- b. Can you describe how discussions on clients and assessments take place with social workers?
- c. What methods do you employ to assess changes in clients?
- d. How do you evaluate a client’s readiness for termination?

C. Differences in professional training between counseling psychologists and social workers

- a. In your collaboration with social workers, what differences in viewpoints regarding client treatment do you perceive between your role and theirs?
- b. Conversely, what similarities in viewpoints do you share with social workers regarding the understanding of clients and client treatment?

D. Communication between professions

- a. Reflecting on your collaborative process with social workers, what mutual influences and changes have occurred between both professions?
- b. When encountering differing viewpoints on clients or client treatment in the collaborative process, how do you typically address and handle these differences?
- c. In the collaborative process, what is your envisioned ideal model for interprofessional collaboration?
- d. What specific recommendations do you have for social workers based on your collaborative experiences?

- E. In your overall collaborative experience with social workers, is there any aspect or topic you would like to discuss that hasn’t been covered in this interview?

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諮商心理師於實務場域與社工師 專業的合作與實踐：紮根理論之 探究

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本研究使用紮根理論，藉由訪談與社工師有合作經驗之諮商心理師，探究其實務經驗，希冀建構諮商心理師於實務場域與社工師專業合作之理論，共計 18 位諮商心理師參與本研究。本研究提出諮商心理師在實務場域與社工師合作的模式為「以個案福祉為導向之涵容諮商模式」。此模式指出諮商心理師與社工師的合作是在實務場域中心理師與個案關係發展的脈絡為基礎，也是雙方因個案福祉而相互協商歷程；「個案福祉」不只是傳統諮商訓練強調個案本身的內在需求，更涵蓋系統性與脈絡性的專業考量。當諮商與社工跨專業合作時，共同討論先維護個案福祉有時是讓個案能確保人安全，或是穩定生活與學習環境為先。而在諮商心理師與個案的諮商歷程中，諮商心理師與社工師也會多次以案主最佳福祉充分討論。另，此模式包括諮商心理師個人期許、專業訓練、實務場域機構期待與政策實施等四面向。合作歷程為實務場域機構氛圍支持專業合作，以社工師轉介諮商師後持續溝通合作；或諮商心理師於合作中展現積極參與樣貌。歷程中諮商心理師無論是與社工師共同工作或是分立執行工作，皆是為了維護個案福祉。本研究希冀未來能以此對諮商心理師提供與社工專業合作之教育訓練，以做為專業合作知能之裝備。

關鍵詞：紮根理論、諮商心理師、社會工作師、專業合作、諮商教育訓練

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