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RESEARCH ARTICLES

Self-Efficacy of Undergraduate Human Services Students With Integrated Behavioral Health

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Human services professionals (HSPs) are poised to contribute to interprofessional collaboration (IPC) in Integrated Behavioral Health (IBH) settings as care enhancers. Interprofessional Education (IPE) effective for training HSPs requires changes or addition to curriculum. The purpose of the current study was to present workshops adjunct to curriculum to HSPs targeting their engagement in IBH settings. The study explored their self-efficacy with IPC after such training using a pre- and post-test design. Results indicated a statistically significant increase in self-efficacy from before and after the workshop. Discussion includes implications for human services educators in using workshops to augment the IPE their students undergo.

As healthcare and human services shift towards an interdisciplinary, interprofessional, and biopsychosocial framework, integrated behavioral health (IBH) has risen as an effective and increasingly prevalent model of care (Barajas et al., 2021; Dobmeyer, 2018; Richman et al., 2020). IBH has been conceptualized as the integration of behavioral health and medical providers in a shared setting toward the goal of care that addresses all pertinent health needs (Agency for Healthcare Research and Quality, n.d.). The growing prevalence of IBH (Richman et al., 2020) responds to the demand for healthcare that comprehensively addresses the multidimensional components of health and wellness, including behavioral health (Barajas et al., 2021; Dobmeyer, 2018; Reiter et al., 2018; Richman et al., 2020; Runyan, 2018; Siantz et al., 2018). This interprofessional collaboration (IPC) has improved client outcomes and satisfaction (Davidson et al., 2022; Donovan et al., 2018; Richman et al., 2020; Runyan, 2018; Winfield et al., 2017). Human services professionals (HSPs) are poised to engage in IPC as behavioral support specialists and practitioners (Barajas et al., 2021; Dobmeyer, 2018; Donovan et al., 2018; Robins et al., 2021; Runyan, 2018; Schmoyer & Carlisle, 2023), and human services educators must consider how to train HSPs in IPC to remain relevant in increasingly common IBH settings and qualified to deliver integrated services with proven effectiveness (Au et al., 2018; Siantz et al., 2016). The current study examined human services students' self-efficacy with IPC before and after IBH training workshops. Workshops may

be one of many modalities for training human services students to participate effectively in interprofessional teams in myriad integrated settings (Roberts et al., 2019).

Integrated Behavioral Healthcare

Integrated Behavioral Healthcare exists on a continuum of integration, including coordinated care with intermittent communication between health professionals at a distance, co-located care with shared physical space and intermittent collaboration between health professionals, and full integration with systemic changes that contribute towards routine collaboration and communication among interdisciplinary healthcare providers (Heath et al., 2013). On any spot on the continuum, IPC occurs as a critical component of care when individuals from two or more professional identities work together to achieve multidimensional healthcare outcomes (Interprofessional Education Collaborative, 2016). Within this context, HSPs provide behavioral and social health services in a variety of settings (Robins et al., 2021; Siantz et al., 2016; e.g., hospitals, primary care) while interacting with other healthcare professionals (e.g., physicians, nurses, clinical psychologists, clinical mental health counselors, social workers).

Due to the increased demand for healthcare to comprehensively address the multidimensional components of health and wellness (Barajas et al., 2021; Dobmeyer, 2018; Reiter et al., 2018; Richman et al., 2020; Runyan, 2018; Siantz et al., 2018) and prevalence of behavioral health integration in medical settings (Barajas et al., 2021; Richman et al., 2020; Runyan, 2018), HSPs have the capacity to enhance the delivery and outcomes of biopsychosocial treatment services (Robins et al., 2021). The primary purpose of HSPs is to "assist individuals and communities to function as effectively as possible in the major domains of living" through the utilization of interprofessional knowledge (National Organization for Human Services [NOHS], n.d.). Within the health and wellness system, professionals with a human service background can serve in a variety of roles, including case managers, care coordinators, certified substance abuse counselors, peer support and recovery specialists, community outreach workers, and patient advocates, among others (National Organization for Human Services, n.d.). In IBH settings, HSPs can be conceptualized as Care Enhancers (Au et al., 2018; Blount et al., 2017), in which they provide services that seek to strengthen the quality and accessibility of care that patients receive. Specific job titles for HSPs in these settings may include care manager, care coordinator, case manager, behavioral health consultant assistant, health navigator, patient advocate, and peer support and/or recovery specialist (Au et al., 2018; Blount et al., 2017; Gagne et al., 2018; Robinson & Reiter, 2016).

Competencies for Interprofessionalism in Integrated Behavioral Healthcare

To serve effectively in these roles, HSPs must learn the key competencies outlined by the Interprofessional Education Collaborative ([IPEC], 2016) including roles and responsibilities, interprofessional communication, teams and teamwork, and values and ethics for interprofessional practice. Interprofessional education (IPE) in these areas involves the introduction of novel education strategies (Richards et al., 2021; Schmoyer & Carlisle, 2023) to increase students' skills and conceptualization of IPC and improve their confidence in shared decision-making, discharge planning, and clinical thinking skills (Porter et al., 2020; Roberts et al., 2018; Singh et al., 2018). HSPs have the capacity to play a critical role in providing auxiliary and support services that may impact the coordination, delivery, and outcome of IBH services (Au et al., 2018; Siantz et al., 2016). Therefore, there is a need for HSPs to have training and education on IBH and IPC to promote self-efficacy in their roles in IBH settings (Schmoyer & Carlisle, 2023; Siantz et al., 2016).

Interprofessional Education

To attend to this demand for comprehensive, integrated care, various researchers have highlighted the importance of proper education and training for HSPs in IBH (Au et al., 2018; Porter et al., 2020; Siantz et al., 2016; Singh et al., 2018) and other behavioral health professionals (Dice et al., 2022; Putney et al., 2017). This training becomes increasingly important during higher education, as researchers have identified that many healthcare professionals in IBH settings need to learn the skills and knowledge necessary for effective practice on the job due to a lack of formal training in their education (Ansa et al., 2020; Blount et al., 2017; Dice et al., 2022; Horevitz & Manoleas, 2013). They must understand the roles and scopes of practice of other professionals and how their work with clients fits into the infrastructure. In this way, HSPs learn to facilitate medical care, manage mental health crises, provide referrals, use assessments, and engage in relationship-building (Porter et al., 2020; Roberts et al., 2019).

To date, there are limited studies on the outcomes of IBH and IPC training for human services undergraduate and pre-professional students (Porter et al., 2020). Despite this, researchers have found that IPE workshops and coursework are related to improved understanding and respect for interdisciplinary roles, enhanced communication for IPC, and an increase in self-assessed IPC competencies among other helping professions (Horevitz & Manoleas, 2013; Porter et al., 2020; Putney et al., 2017; Roberts et al., 2019; Singh et al., 2018). Pertaining to human services students, one study showed that an IPE course designed for human services, public health, and nursing students was related to improvement in all four IPC competency domains (Porter et al., 2020). Additionally, other researchers have identified that IPEC competencies are critical for effective IPC (Ansa et al., 2020;

Roberts et al., 2019), thus emphasizing the need to integrate IPE in human services education. While research related to HSPs and IPC training has been promising, there is little research on training future HSPs on IBH concepts and their roles in these settings. This presents a significant gap, especially with the potential for qualified HSPs to enhance the coordination, delivery, and outcome of a wide range of healthcare services.

The purpose of the current study was to explore the self-efficacy of HSPs with IPC after workshops targeting their engagement in IBH settings. Using workshops as training adjunct to coursework in human services programs may be a modality for increasing the competency of students in IPC practice in IBH settings. IPE may require programs to make changes to their curricula, train their educators, and garner institutional support. In order to test the effectiveness of IPE in a human services program using already available resources, workshops adjunct to existing coursework could prove to be a start to further integration of IPE into the greater curriculum. The research question guiding the study was: To what extent do workshops following IPC competencies improve undergraduate human services students' self-efficacy with IPC in IBH settings?

Method

The study used a causal-comparative design to show statistically significant differences in self-reported self-efficacy of undergraduate human services students who had taken a two-part workshop on IPC practice in IBH settings. Pre- and post-test surveys included valid and reliable instrumentation using the IPEC Competency Self-Assessment Tool. Researchers ran an independent-samples t-test to determine if there were differences in IPEC competencies before and after students completed the IBH workshop.

Power Analysis

Using G*Power 3.1.9.6 (Faul et al., 2009), we calculated an a priori power analysis with a .05 alpha level (Cohen, 1988, 1992), a medium effect size for multiple R^2 of .09, (Cohen, 1988) and a power of .80 (Cohen, 1992). This power analysis revealed a target number of participants (N = 128).

Participants

All study procedures were approved by the Institutional Review Board at the researchers' university. Inclusion criteria for the study required one to be an undergraduate human services student, 18+ years old, and currently enrolled in a human services course. Undergraduate student participants were recruited from two universities in human services programs accredited by the Counseling for Standards in Human Services Education (CSHSE) using invitations in class and via email. Both programs, one a Northeastern, urban, private university and the other a Southeastern, urban, public university, offered workshops in the 2023 Spring, Summer, and Fall academic semesters.

Participants were informed that participation or lack thereof would not affect their course outcome, and they were not compensated for their participation in the study.

Instrumentation

Researchers used a valid and reliable measure of self-efficacy with the IPEC Competencies taught in the presentation. Participants first completed a general demographic survey that asked questions related to their race, age, gender identity, and current academic standing.

IPEC Competency Self-Assessment Tool

The *IPEC Competency Self-Assessment Tool – Revised* (Lockeman et al., 2016) is a 16-item, self-report measure that is designed to assess collaborative practice based on the IPEC competencies through individual, student self-assessment. The assessment covers each core competency in two domains: Interprofessional Interactions (e.g., *"I am able to apply leadership practice that support effective collaborative practice"*) and Interprofessional Values (e.g., *"I am able to maintain competence in my own profession appropriate to my level of training"*). The instrument directly aligned with the IPEC competencies that informed the design and delivery of the workshops. Participants were instructed to rate how much they agreed with each item on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Procedures

Under the supervision of an associate professor with a research agenda to include IPC and IBH, a team of four doctoral-level counseling students (also with research lines in IBH) developed the workshops based on the four IPEC competencies and research on the role of HSPs in IBH settings. These peer-reviewed sources can be found in Appendix A. The first workshop, *"Introduction to IBH,"* provided students with information about IBH settings, interdisciplinary health professions, and the Interprofessional Education Collaborative (IPEC) competencies required to effectively work within these professions (i.e., values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork). The second workshop, *"Human Services Professionals in Integrated Behavioral Health,"* further expounded upon the first by addressing the scope of practice, basic IPEC competencies, and common job titles and roles of human services professionals (HSPs) within IBH settings.

Over the course of three academic semesters, the same four doctoral-level counseling students served as workshop presenters. They emailed course instructors offering the workshop in their various human services classes. Upon confirmation, the students reserved class times to present. To achieve spaced recall and address time constraints, they presented the workshops in two parts, on two separate days, and over the course of one week. Students who were enrolled in online, asynchronous human services courses or who were at the other university were provided a pre-recorded version of the

Table 2. Levene's Test of Normality Results

		F	p	t	df
IPEC Competency		1.541	.22	-2.64	195

workshop, which was also presented on two separate days over the course of one week. Both the in-person and online workshops were identically scripted and based on the same two Microsoft PowerPoint presentations with the same presenter script.

At the beginning of the first workshop, and again at the conclusion of the second, participants were asked to scan a QR code that linked them to a Qualtrics survey page. There, they were provided with an informed consent, and if accepted, they were asked to complete the online, anonymous demographics questionnaire and self-report measure. Students enrolled in more than one class in which a workshop was taught were asked not to participate twice.

Results

Researchers used IBM Statistical Package for the Social Sciences (SPSS) for Windows, Version 29 to clean and analyze the data. Additionally, descriptive statistics were conducted to report demographic information, identify means and standard deviations, and to determine if outliers, skewness, or kurtosis were present. Pre- and post-test differences were analyzed using independent sample t-tests.

The initial sample consisted of 226 cases; however, the final sample consisted of 197 participant responses after 27 were removed due to missing data. One hundred-four students completed the pre-workshop survey, and 93 completed the post. Participants were not matched from the pre- to post-tests, so the samples were analyzed as independent. However, because any responses on the post-survey were from students who had completed the pre-survey, only pre-survey responses are included in demographic statistics.

The sample was predominantly Caucasian/White students (44.16%, n = 87), along with Black/African American students (40.10%, n = 79), Hispanic/Latino/Spanish students (6.60%, n = 13), and Multi-Ethnic students (3.55%, n = 7); the remaining 5.59% (n = 11) were from other racial groups or the participant preferred not to answer. Students ranged in age from 18-54 years (M_{age} = 24.72 years; SD =7.84 years), and 71.07% identified as cis-gender female. In terms of years in college, 34.01% (n = 67) were in their fourth year, 39.59% (n = 78) were in their third year, 14.72% (n = 29) were in their second year, 3.55% (n = 7) were in their first year, and 8.12% were beyond their fourth year.

An independent-samples t-test was conducted to determine if there were statistically significant differences in IPEC Competencies before and after students completed the IBH workshop. Competency scores were normally distributed, as seen by a non-significant Levene's test result (F(195) = 1.54, p = .216).

Table 3. Independent Sample t-test Results for IPEC Competencies of Students Before and After the IBH Workshop

		N	Mean	SD	t	df	p	d
IPEC Competency	Before	104	4.11	.55	2.67	195	.01*	.54
	After	93	4.31	.53				

*p is smaller than .05

There was a statistically significant difference between students who completed the assessment before or after the workshop, $t(195) = 2.67$, $p = .009$, $d = .54$. Students reported higher IPEC Competency scores after completing the workshop ($M = 4.31$, $SD = 0.53$) than students who completed the assessment before the workshop ($M = 4.11$, $SD = 0.55$) with a medium effect size of $d = .54$. See Table 3 for comparison of IPEC competency scores.

Discussion

Consistent with studies in related fields (Roberts et al., 2019; Singh et al., 2018), including human services (Porter et al., 2020), results of the current study indicate that a workshop can increase students' interprofessional competencies. These previous studies focus on graduate student education, however, including medical students. The current study sampling the undergraduate student population adds to the literature showing how IPE can be effective at the undergraduate level of higher education as well. Undergraduate human services students' knowledge of IPEC competencies is needed for effective participation in interprofessional teams (Ansa et al., 2020). While a stand-alone course could teach the IPEC competencies more thoroughly (Porter et al., 2020; Singh et al., 2018), as much as two workshops (Roberts et al., 2018) can increase students' self-efficacy with IPC, a simple addition to a human services curriculum providing training to keep students relevant in the helping fields they are entering (Au et al., 2018; Siantz et al., 2016).

Implications for Human Services Education

This study highlights the feasibility and effectiveness of infusing concepts related to IBH and IPC in coursework for human services students. Due to the shifting healthcare landscape that increasingly adopting IBH (Barajas et al., 2021; Richman et al., 2020) and the capacity for HSPs to meaningfully impact IBH systems to enhance patient care, human services education programs, and faculty may serve an important role. For human services education programs at the undergraduate and graduate level, creating opportunities and initiatives focusing on IPE may create an environment that promotes the development of interprofessional skills and knowledge necessary for working in IBH settings. These may include the creation of IBH workshops, concentrations, certification programs, and/or electives that current human services students and professionals can engage in. Similarly, this may include creating opportunities for interprofessional learning through

educational partnerships with other social and/or healthcare training programs, such as nursing, psychology, counseling, physical therapy, dentistry, and others. These initiatives may allow for human services programs to adequately prepare HSPs for effective interprofessional practice in integrated settings during internship experiences and independent practice after graduation.

Individual human services educators could also benefit from these findings, as this study highlights the effectiveness of brief workshops and lessons pertaining to IBH and IPC for human services students. Human services educators can incorporate IBH and IPC concepts in foundational human services coursework, including Introduction to Human Services; Human Services Methods; Crisis Intervention, Prevention, and Ethics; Substance Abuse Treatment and Research; and Internship in Human Services. This may allow for ongoing exposure to IBH and IPC throughout human services education, promoting competence and knowledge related to practicing in integrated settings as a part of an interdisciplinary treatment team. This may be further enhanced by structuring lectures and assignments for future HSPs to be interprofessional in nature (Schmoyer & Carlisle, 2023). Additionally, human services educators can advocate to create more systemic opportunities for IPC and IBH to be incorporated into human services education programs. Educator training and experience will become important in this process, as the NOHS Ethical Standards (2024) indicate the need for HSPs to be adequately trained for their professional responsibilities. For human services educators, this may mean receiving training in IPC and IBH through independently sponsored workshops, continuing education credits, and/or receiving supervision on these topics.

Limitations

While this study does render promising results, there are a few limitations that must be taken into consideration. One possible limitation concerns the use of different modalities and multiple in-person instructors for the workshop's delivery. For example, the online recording was more consistent than a live presentation, and despite having a script, different presenters possess unique teaching styles, which may have impacted the understanding and retention of the workshop's learning objectives. Moreover, the presenters strived to ensure that the two workshops were conducted within exactly one week of each other; however, the scheduling availability of faculty members who agreed to reserve class times for the presentations did not always allow for the same intervals between the first and second presentations (i.e., some workshops were held five days apart versus seven days). Establishing an invariant interval between the two, while also either delivering the workshops in-person from a single presenter or explicitly utilizing an online modality, may increase generalizability. Participants indeed came from a variety of levels of clinical experience, which could have influenced their existing knowledge of the competencies. Interestingly, some students reported a desire to have received exposure to the information presented in the workshops earlier in

their academic journeys, suggesting that the presentation of the workshops in introductory-level courses would be more efficacious for both students and researchers. Finally, because the workshops were offered in various human services courses, some students saw the presentations more than once. Multiple exposures to the material may have affected not only the post-test results, but also the inclination of students to continue their participation in the study, which could explain the attrition rates between the pre- and post-tests.

Conclusion

There will be barriers and challenges into incorporating IPE into human services curriculum, including staffing, budget, and gaining cooperation. However, taking the process step by step is a legitimate way to approach curriculum evolution. A workshop is a straight-forward first step to initiate this evolution. And students can be involved in designing and presenting it, adding the use of other vital competencies in their education. As demonstrated by the small change in self-efficacy reported in this study, the effect on students may be gradual as well, but certainly will progress with implementation of well-designed IPE. Future studies can build upon this research by assessing students' response to larger curricular changes, including integration of chapters into courses, such as Introduction to Human Services, and stand-alone courses on the topic. Conceptual articles may be written about how human services educators have successfully incorporated IBH courses in their curriculum, including how they overcame staffing and budget barriers. Finally, it would be interesting to hear from professionals in the field how they work in IBH settings, including what educational preparation helped and what is still needed, with whom they work and how, and what roles they play in the interprofessional care.

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