The Connection Between Career Development and Mental Health

Seth Hayden and Debra Osborn, Guest Editors

- The Role Anxiety Plays in Career Decision Making
- Major Depressive Disorder and Career Development
- Substance Misuse and Career Development
- Mental Health or Career Counseling: A Forced Choice? No Need!
- Breaking Through Career Indecision in Clients with ADHD
- Career Planning and Transition for Students with Mental Health Issues: Integrated Services at K-12 Settings
- Integrating Career Planning in Community and Agency Settings
- Veterans’ Mental Health and Career Development
- Using Theory-Based Career Assessments
- Family and Mental Health Considerations for Working with First Generation College Students
- Career Development in Men with Disabilities
- Supervision of Co-Occurring Career and Mental Health Concerns
- Career Counseling Group Supervision: A New Approach in Master’s Level Counseling Programs
- Linking Career and Mental Health Concerns Through Technology
- Career Development of Transgender College Students
- Promoting the Resilience of Community Ex-Offenders
- A Holistic View of Homelessness
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Richard L. Knowdell
Career Planning & Adult Development Network, P.O. Box 611930
San Jose, CA 95161 USA
(408) 828-3858
e-mail: rknowdell@mac.com

Membership & Subscriptions:
Career Planning Network
P.O. Box 611930
San Jose, CA 95161 USA
(408) 828-3858
e-mail: rknowdell@mac.com

Managing Editor
Steven E. Beasley
453 Alberto Way, Suite 257E
Los Gatos, CA 95032 USA
(408) 354-7150
e-mail: stevenbeasley@verizon.net

Guest Editors
Seth Hayden, PhD, Assistant Professor
Wake Forest University
(901) 351-7787; e-mail: haydensc@wfu.edu

Debra Osborn, PhD, Associate Professor
Florida State University
(850) 644.3742; e-mail: dosborn@fsu.edu

Editorial Board:
Jeanne C. Bleuer
Counseling Outfitters, LLC
Chelsea, MI 48118 USA

Deborah P. Bloch, Professor Emerita
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Foreword

Looking Ahead with the Journal

We wish to thank the authors of this special issue of the Journal devoted to The Connection between Career and Mental Health. A special thank you to Guest Editors Seth Hayden of Wake Forest University and Debra Osborn of Florida State University.

Here is what we have planned for future issues of the Journal:

Online Reputation Management, Personal Branding, and Personal Search Engine Optimization, with Guest Editor and our Newsletter Columnist Susan Joyce of Marlborough, Massachusetts.

Job Search 6.0 with Guest Editor Marie Zimenoff of Fort Collins, Colorado.

Book Reviews 2016, with our Book Reviews Editor Maggi Kirkbride of San Diego, California.

Careers Related to the Internet, with Guest Editor and our Newsletter Columnist Melissa A. Venable of Beaufort, South Carolina.

The Military Life: A Career Defending our Nation, with Guest Editor Don Orlando of Montgomery, Alabama.

Career Change, with Guest Editor Sarah Shin, University of Maryland--Baltimore County.

Your Inner Hero's Journey and the Kiersey temperament assessment system, with Guest Editor Carolyn Kalil of southern California.

Steven E. Beasley, Managing Editor
Career Planning and Adult Development Journal
408-354-7150
e-mail: stevenbeasley@verizon.net
Introduction

INTRODUCTION TO THIS ISSUE

The connection between career development and mental health has been understood by many within both disciplines of counseling. Despite empirical support for this connection, these two aspects of functioning are often viewed as distinct lending to the need to provide a resource connecting these elements. As guest editors, we are pleased to present this special issue of the Career Planning and Adult Development Journal focusing on the topic of the connection between career development and mental health.

The special issue is divided into three sections: Section 1: Impact of Mental Health Concerns on Career Development; Section 2: Manifestations in Settings; and Section 3: Connection with Special Topics and Populations. Each of the articles include information on the connection between career development and mental health, and discusses the practical application of this information in the delivery of career services as it relates to common mental health concerns (Section 1), the manner in which the connection may manifest in common counseling settings (Section 2), or the manner in which special populations and topics are impacted by co-occurring career and mental health concerns (Section 3). Our goal in this design was to provide career practitioners with practical applications with respect to addressing career and mental health concerns.

In Section 1: Impact of Mental Health Concerns on Career Development, four common commonly occurring mental health concerns as well as an article on the connection between career and personal counseling are provided. The mental health concerns are discussed in detail along with their implications for practice. Apodaca begins this section with a discussion of anxiety as it relates to career development. As this is a common feature of those seeking assistance for career development concerns, this article touches on the manner in which a career practitioner can account for this mental health concern within career services. Hayden, Kronholz, Pawley, and Theall provide a discussion of major depressive disorder (MDD), a common mental health diagnosis, and its connection to career development. The impact of MDD on the process of counseling in addition to theoretical orientations that provide a framework in which to support clients with co-occurring MDD and career development concerns are discussed in detail. Robertson offers a detailed review of the literature on substance use disorder especially as it relates to the change in diagnostic features in the DSM – 5. Implications for career practitioners as it relates to this disorder are provided. Stoltz and Haas provide a broader examination of the dichotomous view of career or mental health counseling. They discuss the manner optimal human functioning and career adaptability can be integrated into career counseling. This section concludes with Brooks sharing her expertise derived from years of practice and scholarly work in career services or addressing career indecision for those diagnosed with Attention Deficit/Hyperactivity Disorder utilizing a creative intervention called a “possible lives map.” Specific instructions as to the steps to facilitate this intervention are provided. While there are a myriad of additional mental health concerns that could have been examined in this section, the editors desired to touch base on
commonly-encountered issues by career practitioners and the manner in which career and mental health counseling can be conceptualized in an integrated manner.

Section 2: Manifestations in Settings examines how the connection between career development and mental health are uniquely posited within various service delivery settings. The two settings addressed are those in which there is a high potential for encountering co-occurring career and mental health concerns. Ju and Tang discuss career development and mental health as connected features within a K-12 school setting. Their discussion of the specific aspect of treating students identified with these concerns is pertinent given the attention on student well-being and career readiness within school settings. Sterner provides a detailed description of the providing career services in a community agency. He discusses in detail the potential challenges inherent in addressing career development in a community agency and provides a framework designed to conceptualize career and mental health service delivery in an integrated manner. Though this section is brief, these articles and their specific attention to the context of the delivery of services appeared to warrant their own specific section. It is apparent more scholarly attention on the various settings in which career development and mental health concerns are addresses is warranted.

The final section, Section 3: Connection with Special Topics and Populations, is the largest of three sections with a total of ten articles on topics to the connection between career and mental health concerns. Zalaquett and Chatters begin this section with an overview of the connection between career and mental health concerns for military service members and veterans with an in-depth examination of the mental health challenges faced by this population and its connection to career development. Dozier, Lenz, and Freeman examine the integration of assessments to the benefit of clients experiencing co-occurring career and mental health concerns. Given the common use of measures with career services, this topic is of great relevance to the field. Wheeler provides a thought-provoking discussion on the familial influence of first-generation college students as it relates to their career development and mental well-being. Ebener, Fioramonti and Smedema cover the topic of supporting men with disabilities in their career development with a specific focus on psychosocial factors. The next two articles focus on the process of supervising counselors who are encountering co-occurring career and mental health concerns in their work. Luke and Redekop discuss providing supervision counselors who are encountering co-occurring career and mental health concerns by utilizing an integrated model of supervision. Lara, Brant, and Vess provide an explanation of an innovative approach drawing in several theories utilized within the context of group supervision. Osborn, Belle, Gonzalez, and McCain review the use of technology to enhance the well-being of clients in the domains of career development and mental health. The implementation of standard tools as well as online applications offers a rich examination of this topic. Sangganjanavanich and Headley focus their attention on the needs of transgender college students in the realm of career development with a specific examination of the implications of their experience as it relates to their mental health. This is a timely topic given recent societal change in regards to lesbian, gay, and transgender access to social institutions. Scholl, Perry, Calhoun, and Robinson discuss the provision of career services to ex-offenders through community-based workshops designed to address their unique considerations. Finally, Pergantis, Tolliver, and Murdock Bishop cover the topic of homelessness through the use of a holistic and integrative approach to support clients experiencing homelessness through the process of establishing or reestablishing career stabilization and self-concept.
In summary, the aim of this special edition was to provide a comprehensive look at the connection between career development and mental health that would be useful to career practitioners. Given the interplay between these two domains of functioning, it is important for career practitioners to consider effective strategies for addressing clients with co-occurring concerns in the areas of specific diagnoses, settings, and special topics and populations. Though not exhaustive in nature, this special edition does provide information on a broad array of associated topics designed to inform the provision of services. It is our belief that our manner of providing services needs to be better reflect the integrated needs of our clients. We appreciate your interest in this special edition and hope you find the information within to be useful in your work.

About the Guest Editors

Seth C.W. Hayden, PhD, is Assistant Professor of Counseling at Wake Forest University. He has provided career and personal counseling in community agencies, secondary school, and university settings. His research focuses on the career and personal development of military service members, veterans, and their families. In addition, he explores the connection between career and mental health issues as well as integrated models of clinical supervision designed to facilitate positive growth in counselors’ ability to formulate interventions. He earned the PhD in Counselor Education at the University of Virginia in 2011. He earned the Bachelor of Arts in psychology, Bachelor of Science in education, and Master of Science in counseling at the University of Memphis. He is a licensed professional counselor in Virginia and is credentialed as a National Certified Counselor (NCC) and a Certified Clinical Mental Health Counselor (CCMHC) through NBCC. He also holds the Approved Clinical Supervisor (ACS) from the Center for Credentialing & Education. He is the co-author of two monographs through the National Career Development Association: Career Development for Transitioning Veterans and Group Career Counseling. He has also contributed to the authorship of 13 peer-reviewed journal articles, two peer-reviewed book chapters and over 32 national presentations on these topics. He is a past-president of the Military and Government Counseling Association and is chair of the research committee for the National Career Development Association, both divisions of the American Counseling Association. He was also the co-editor of the Career Planning and Adult Development Journal special issue devoted to Career Assessments.

Contact him as follows:

Seth C.W. Hayden, PhD, NCC, LPC, CCMHC, ACS
Assistant Professor of Counseling
Wake Forest University
217 Carswell Hall
Winston-Salem, NC 27109 USA
336-758-8624, email: haydensc@wfu.edu
Debra Osborn, PhD, is Associate Professor in the Educational Psychology and Learning Systems department at the Florida State University, and a Nationally Certified Counselor. She is a Fellow and recent (2012-2013) Past President of the National Career Development Association, and a Fellow of the American Counseling Association (2014). She earned the PhD in Combined Counseling Psychology and School Psychology at Florida State University in 1998. She has been a counselor educator, and member of NCDA and ACA for over 18 years. Her program of research includes three foci: (a) the design and use of technology in counseling, (b) innovation and effectiveness in counselor education; and (c) the design and use of assessments in career services. She has written 25 peer-reviewed articles, 7 books, 8 book chapters, and over 55 national presentations on these topics. As a counselor educator, she is passionate about teaching career development, and is the author of Teaching Career Development: A Primer for Instructors and Presenters (2008). She also was the guest editor of a special issue of the Career Planning and Adult Development Journal, entitled The Education of Career Development Practitioners (2009).

Contact her as follows:

Debra Osborn, PhD, Associate Professor
Educational Psychology and Learning Systems
Florida State University
3205-E Stone Building
Tallahassee, FL 32306 USA
850-644-3742
e-mail: dosborn@fsu.edu
Chapter 1

PROMOTING CLIENT CHANGE: The Role Anxiety Plays in Career Decision Making
by Marty Apodaca

In Greek mythos, the Hydra was a multi-headed monster that lived below the surface of water. The Hydra was unique in that each time a head was struck off, two more heads sprouted from the wound. Vicious and foul in nature, the Hydra attacked anyone who drew near. So great was the Hydra’s threat that a champion was needed to vanquish the beast. Many champions attempted to slay the fiend and all of them failed; no matter how hard or valiantly the champions fought, they were soon overtaken. Eventually the champion summoned to slay the beast was the demi-god Hercules. Like others before, Hercules’s first attempt to battle the Hydra was unsuccessful. Hard as Hercules struggled, more heads rose up; Hercules could not fight the monster alone. For the many people afflicted with anxiety, combating the disorder may feel like an overwhelming task. Anxiety is complex, multifaceted, and can present in a variety of ways. Like the fiend in the myth, anxiety represents the Hydra’s body, the core disorder, while the heads of the beast are the different manifestations that can include phobias, fears, and social anxiety. Like a monster that lives below the surface of human cognition, anxiety can rear a head and cause a client to become locked down, an indecisive individual. This inability to choose can have drastic effects for clients in the career decision-making process.

Anxiety and Career
Anxiety can have a debilitating effect on clients in the career decision-making process. Undergraduate clients can experience anxiety when thinking about potential majors and career. Clients with little to no knowledge about the world of work experience more major/field of study and career related anxiety than their peers (Kimes & Troth, 1974). Undergraduate clients who struggle with career and major exploration perform at a lower academic level than other students (Daniels, Stewart, Stupnisky, Perry, & LoVerso, 2011). These issues can compound and leave clients feeling hopeless about school while also locking clients down emotionally and preventing them from making a decision. These clients can enter offices in crisis mode and often will seek direct advice or answers as to what they “should” do. These clients can present unique challenges since a career practitioner’s role is often to help clients develop professionally while providing resources and avenues for exploration. Career practitioners provide answers to questions pertaining to career-related issues, but do not tell clients what they “should” and “should not” do. Clients who look for quick answers tend to want to take the career versions of the Myers-Briggs Type Indicator (MBTI) (Briggs, Briggs-Myers, 2015) and the Strong Interest Inventory (SII) (Strong, Donnay, Morris, Schaubhut, Thompson, 2004) in the hopes the assessments will provide answers. Before clients can take the assessments, often they will meet with a career practitioners who will explain the purpose of the assessments. Many times, these clients will
state a need to “take the tests that will tell them what to major in” or “what career they should be working in,” to which most career advisors would respond that assessments are self-exploratory tools that can assist with this decision but are not quick and fast answers for choosing a major or career. Unperturbed, many clients still insist on taking the assessments while carrying their personal issues, anxiety, and lack of knowledge about self and career into the assessments. Anxiety can negatively impact a client taking an assessment; the results of the MBTI can be inconclusive, with the areas of the preferred clarity index in the slight preference range and the general occupational themes of the SII can be flat or elevated, with an undefined theme code present. These types of occurrences can have a negative impact on clients. In regards to the MBTI, a best practice technique during the interpretation is to have the practitioner explain the dichotomies and then have clients self-identify before the results of the formal MBTI are examined (Myersbriggs.org, 2015). This is done so the client and career practitioner can explore the client’s reported and verified type. If more than two of the four dichotomies (i.e., Extraversion/Introversion, Sensing/Intuition, Thinking/Feeling, Judging/Perceiving) are in the slight preference, it can be difficult for clients to differentiate between the areas, leaving the results of the assessment inconclusive. Clients who experience this can become frustrated and insist on continuing with the interpretation in the hopes that some useful information can be gleaned. The SII matches clients’ interests with people who are happily employed and generates a theme code based off of Holland’s RIASEC model. A typical SII profile will have interests that range from very high to very low. A person experiencing anxiety can have a flat profile, where interests fall within the moderate to very low categories, or an elevated profile, where the interests are in the very high to high ranges. Either result can be unsatisfying for clients, as no clear themes or occupations are present. Anxiety can prompt feelings of hopelessness within clients, and these feelings can push clients to answer how they perceive they “should” respond, which in turn can lead to assessment results that are not a true fit for the client (Donnay, Morris, Schaubhut, & Thompson, 2004; Myers, McCaulley, Quenk, Hammer, 2009).

Clients who have inconclusive assessment results can feel as if they failed. For clients taking both the MBTI and SII, career practitioners must explain to the clients that there is no right nor wrong results associated with the assessments, and can explore informal assessments with clients when the results of the MBTI and SII are inconclusive. Informal assessments, such as card sorts (Osborn, Kronholz, & Finklea, 2015), can be a collaboration between practitioners and clients in an environment that can help lessen and address the effects of anxiety since formal assessments can elevate feelings of anxiety and promote a need to perform within clients.

While exposing clients to work and volunteer related activities can help clients develop an understanding about career and self, anxiety can manifest uncertainty about self and career. Outside influences can also prompt anxiety in clients. For example, the University of New Mexico (UNM) is a Hispanic serving institution, and many clients come from collectivist cultures. Clients from collectivist cultures can share different career values than elder family members. When these values are different, the client can go through a difficult time fulfilling personal interests in school and work. Pushed into an unfulfilling career, clients may experience more work-related anxiety than other employees (Daniels, Stewart, Stupnisky, Perry, & LoVerso, 2011). At the Office of Career Services at UNM, career practitioners encounter these clients when they enter the office and ask about other career options, career transitions, or report feelings of being stuck. Clients often
self-report feeling anxious or explain symptoms related to anxiety when discussing their current cognitions on career.

Catalyst for Change
Hercules could not battle the Hydra alone. In order to defeat the beast, assistance was needed. Hercules sought advice and help from others close to him. Together a plan was made and Hercules became a champion who successfully battled the monster. Anxiety can be the monster that keeps a client from happily living life. Lurking just below the surface of cognition, anxiety can rear one of its many heads and immobilize a client, preventing them from making a decision. Regardless of where a client resides in their career journey, anxiety can leave a client feeling out of control. According to Weinstein, Healy, and Ender (2002), clients who experience less perceived control over their environment and emotions can experience greater levels of anxiety. Loss of control and feelings of hopelessness can create a difficult cycle for clients to break out of. Clients stuck in this loop can feel trapped in their current career or unable to choose a major. Together, a client and career practitioner can work together to find ways to cope with anxiety and move beyond indecision.

Identifying anxiety in clients can be a difficult process for career practitioners if no formal screening measures are employed. While many clients seeking career assistance need help with a resume, cover letter, or some other career issue, the safe and supportive environment of a career practitioner’s office can lead a client to divulge more information than they had initially anticipated. When this happens, it is a possible indicator that there may be a bigger problem in a client’s life than the presenting issue. Career practitioners can then reassure the client that this is a confidential environment in which to share information, and can acknowledge the difficult time the client is going through, although if a career practitioner does not feel comfortable working with the client or does not hold a background in counseling, this is a good time to refer to a counseling agency. Career practitioners can provide a resource list with outside counseling agencies in the community for the client to contact. During this process, it can be helpful to talk to the client about what information to provide when calling an agency. Several colleges and universities offer counseling services for students and staff members, expediting the process of referral. Some clients’ self-disclose personal information or struggles with anxiety freely, easing the process of having an open conversation about what form anxiety takes within a client. Other clients may not be able to identify anxiety as an issue they struggle with, but will talk about the symptoms associated with anxiety which can include difficulty breathing, rapid heart rate, a feeling of losing control over the situation, becoming emotionally and physically locked down and unable to make a decision, nausea, sweating, difficulty sleeping, and difficulty concentrating and making decisions (American Psychiatric Association, 2013). At times a client may state they are fearful of choosing a major or afraid of making a wrong career move.

Clients who make these statements may not have the emotional vocabulary to distinguish between fear and anxiety; fear is a response to an immediate and present perceived danger while anxiety is a response to potential future occurrences (Craske, Rauch, Ursano, Prenoveau, Pine, & Zimbarg, 2009). A way to conceptualize between anxiety and fear is through the story of Hercules and the Hydra, in which anxiety is an emotional response the hero may feel when thinking about a potential battle against the Hydra, while fear is the response the hero feels while engaged
in combat with the Hydra. If a client reports a feeling of fear, further exploratory questions are asked by the career practitioner to distinguish when the client is experiencing this response. Career practitioners can ask a client when they experience the feeling of fear to distinguish between fear and anxiety. If a client expresses feeling fearful while engaged in a career decision making process such as choosing a major, searching for a job, or writing a resume, but not at the thought of doing these tasks, a client can be experiencing fear and not anxiety. If this is the case, a career practitioner can work with a client in the moment to help identify where these feelings are coming from. Bringing awareness to fear by having the client talk about what they feel and having the career practitioner validate the feeling can help normalize the response and allow the client to move on. If the client expresses feeling locked down and defeated by thinking about making a career decision, then further exploration on how anxiety is affecting the client is needed.

Externalization Scaling Questions
Externalization of a problem is a narrative therapy technique that helps separate a client from their presenting issue. Capuzzi and Gross (2003) state that, “Narrative counselors’ or therapists’ essential credo is that ‘the person is never the problem; the problem is the problem’” (p. 311). Clients who internalize maladaptive thoughts regarding anxiety can become stuck in their problem filled story and view themselves as the problem. It can be helpful to normalize the client’s feeling, reflecting that the struggle they are going through is real and helping the client to view anxiety through an objective lens (Corcoran, 2004).

The Beck Anxiety Inventory (Beck, Steer, 1993) asks targeted questions associated with the physical symptoms of anxiety; a technique career practitioners can use is to ask clients where they feel anxiety initially manifest in their body. This may be one of the first times a client has stopped to think about this question. Some clients report tightness in their chest that makes it difficult to breathe, others report intrusive thoughts of inadequacy that keeps them from making a decision, while other clients can share feeling restless and being unable to sleep. After a client reports these thoughts and feelings, it can be useful to ask the clients what is done when they experience these feelings and cognitions. A common response from clients is to combat the thoughts and feelings by attempting to push them away or repress them. Much like the Hydra, the harder the client fights, the more anxiety can push back until it consumes and overwhelms the client. Other clients may report feelings of defeat and inadequacy when anxiety interferes with their current objective. By talking openly about how anxiety affects the client, patterns can start to emerge. Having the client recognize patterns can help them understand the role anxiety plays in their story (White, 2007). Having clients speak about how they have overcome instances of previous anxiety can help examine and externalize clients’ strengths. Strengths are important tools for clients to utilize, as they can be employed when clients start to recognize the signs of anxiety. When a client is able to document and draw upon previous instances of success, the client can experience more perceived control over their anxiety (Daniels, Stewart, Stupnisky, Perry, & LoVerso, 2011).

Scaling Questions
When conversations between clients and career practitioners have successfully externalized anxiety, scaling questions can act as a catalyst for goal setting with clients (Corcoran, 2004). Scaling questions help clients and career practitioners thoroughly explore the current effect anxiety is
having on a client. Some questions to consider asking a client are:

On a scale of 1 to 10, with 1 representing a total absence from anxiety and 10 representing severe anxiety, what number are you currently at in regards to anxiety?

You stated you are currently at a ________, what events lead up to you feeling this way?

What level would you like to be at in regards to feeling anxious?

What does it look like when you are at this level? What do you feel? What would be different?

You stated feeling at a level ________, what would it look like if you dropped one level to ________?

Would you like to practice some of your stated techniques which help you feel less anxiety? How are you feeling now? Has anything changed?

When thinking about your next step, what goal would you like to set for yourself? What strengths and techniques will you utilize to help you complete this goal? How can I assist you as complete this goal?

These questions can promote a conversation with a client and have the opportunity to branch out in multiple directions. Again, there is not a right nor wrong way to ask these questions, rather the goal is to get the client to speak about anxiety and for the counselor to listen to how anxiety effects the client’s life in regards to the client’s presenting problem. By listening to clients’ experience with anxiety, a career practitioner now has a frame of reference when working with a client to develop a plan of action. For instance, when assigning homework, providing opportunities for incremental success helps develop competence and control over clients’ anxiety.

When developing tasks for a client to perform outside of the office, clients will have different courses of action depending on how anxiety affects them. Some clients may feel overwhelmed looking at a list of majors their university offers or possible employment postings. Scaling back assignments and setting tangible goals assists clients in marked success they can build upon. Some clients may set goals that are too high and experience a feeling of failure when the goals are not met. A career practitioner can recognize this and work with the client to ensure the goal is tangible and within the client’s reach, thereby ensuring client success and building skills of competency and control. In session, anxiety can manifest differently within clients, but career practitioners can become aware of clients experiencing anxiety within session by looking for signs of fidgeting, excessive sighing and statements of feeling overwhelmed and stressed, and difficulty breathing.

The goal of this method is not to specifically target anxiety and reduce symptoms, but rather to have the client gain a greater sense of understanding and control over their life in order to utilize previous strengths they may not have been cognizant of. This tangible goal setting and marked success is Cognitive Behavioral in origin, but works well when implemented in a narrative model because there is a “greater focus on increasing the overall functioning of the client versus having a focus on certain types of symptom reduction” (Twohig, Woidneck, & Crosby, 2013, p. 228).

**Brief Client Case Example**

“Sam” met with career practitioner and expressed concerns over an upcoming interview. Sam stated previous struggles with anxiety around career making decisions and life circumstances, and specifically shared being in transition from male to female and having feelings of uncertainty
about potential employers’ acceptance of the client as a person. While reporting on reason for the visit, Sam became visibly agitated, fidgeting in their chair; Sam’s breathing changed into shallow, rapid breaths and became emotional and teary-eyed. The career practitioner reflected on the observed symptoms the client displayed and asked the client what they were feeling at the moment and if the feeling began in a certain area of the body. Sam stated feeling stressed and anxious of the upcoming interview and that the feelings began as a tightness in the chest. The career practitioner asked the client to rate their current level of anxiety, with 1 being no anxiety at all and 10 being the worst anxiety they ever felt. The client stated they were at a level 9. The career practitioner then asked client what being at a level 8 would look like and how they could work together to bring the anxiety level down to a 8. Sam stated this could be achieved by knowing what to expect during the interview and knowing that the employer would be accepting. Sam was experiencing a lack of control over their situation, which prompted feelings of anxiety.

The career practitioner then asked about Sam’s willingness to participate in a breathing exercise in order to become more present during the session. Sam agreed and reported feeling a little more at ease once the exercise was completed. The career practitioner then asked what it would look like if they were successful in the interview. Sam reported being able to articulate responses to questions and not being nervous at all. Career practitioner then normalized the feelings of becoming nervous during an interview and stated that nervousness was a natural reaction to a stressful situation. Sam responded well to the statement and then worked with the career practitioner to evaluate and practice common interview questions. The career practitioner then checked in about Sam’s feelings. Sam reported feeling better but was still unsure as to whether the employer would be accepting. The career practitioner explored these feelings and thoughts about whether it would be necessary to reveal personal information during the interview. Interviewing was described as a two way process where Sam could ask the employer questions regarding the work setting. This encouraged Sam to gain control over the situation by giving the client power to reject a position if Sam did not feel it would be a right fit.

The career practitioner asked about Sam’s feelings about the upcoming interview. Sam appeared more at ease and stated their anxiety level was now at a 3.5. The career practitioner reflected on the achievement the client had made during the session and asked what helped contribute to the lower level of anxiety. Sam expressed being able to feel control over the upcoming situation and knowing what to expect during the interview. They then collaborated on a structured plan for the client to practice questions and become cognizant of signs of anxiety, as well as how to manage the anxiety in the moment if Sam felt anxious during an interview. The career practitioner then had the client write out what helped lessen the feelings of anxiety and ways to cope and move forward when the client felt anxiety manifest. Additionally while in session, a career practitioner can have the client practice:

**Deep breathing:** have the client place their hands on their stomach and breathe until their stomach protrudes out, then slowly blow the air out of their mouth. Career practitioners can also participate by demonstrating the technique and giving instructions of when to breathe in and out; this helps engage with clients and also models how to use the technique. This can be practiced over a set time or number or breaths.

**Visualizing success:** ask the client to explain what it would look like if they overcame anxiety and made a decision. The career practitioner can also ask the client to reflect upon what the client
feels when they visualize success. Follow up questions can include: When was the last time you experienced this feeling?; What can you do to experience this feeling again?

Physical activity: some clients may respond well to physical activity such as walking or stretching. Career practitioners can ask the client if they would like to take a short walk during the session. Brief physical activity such as stretching and walking can help encourage a positive mood state and lessen the anxiety felt during and outside of a session (Parente, 2000).

When to refer: addressing anxiety in session and practicing anxiety reducing techniques may not be enough to help some clients feel less anxious. For these clients, anxiety may be deep rooted and require the outside assistance of a physician, mental health counselor, or both. Career practitioners who do not observe a client’s anxiety level decrease in session may feel unable to help clients overcome anxiety. Career practitioners can then refer clients to outside agencies where mental health practitioners and access to medication are available. A client who suffers from severe anxiety and utilizes medication, mental health counseling, and career counseling has a greater chance of moving out of career indecision than clients whose anxiety goes untreated (Haslam, Brown, Atkinson, Haslam, 2004).

Conclusion
Clients who are afflicted with anxiety present unique challenges in that how anxiety is individually constructed among clients can be complex and multifaceted. Understanding what anxiety means to clients and the unique ways in which anxiety affects clients is the foundation upon what change and action are built. Providing clients with action orientated tasks in small, incremental steps can help build confidence and skills within clients, thereby enabling clients to take control of their lives and make career decisions in a less-encumbered way.

References


About the author

Marty Apodaca is a Career Development Facilitator at the University of New Mexico (UNM). He earned the Master of Arts in Counseling at UNM, a CACREP accredited program. He has served as a liaison to the Ethnic Centers at UNM and is currently working on developing an interactive and support based program for first generation students. He is the past president of the New Mexico Career Development Association and an active member of the National Career Development Association and New Mexico Counseling Association. His current interest is in helping clients share, connect with, and ultimately develop authorship over their stories.

Contact him as follows:
Marty Apodaca  
MSC06 37101, University of New Mexico  
Albuquerque, NM 87131 USA  
e-mail: rapodaca@unm.edu
Chapter 2

MAJOR DEPRESSIVE DISORDER and CAREER DEVELOPMENT: Link and Implications
by Seth C.W. Hayden, Julia Kronholz, Elizabeth Pawley, and Kathryn Theall.

Abstract
Career development is a complex process involving many aspects of the human experience. There appears to be a clear connection between career and mental health concerns, which present unique considerations for career practitioners. Major Depressive Disorder (MDD) can significantly impact one’s ability to effectively engage in career development. Managing this concern within the context of career assistance can be crucial in the provision of quality services. This article discusses the unique aspects of MDD, its impact on phases of career development assistance, applicable theories that encompass career and mental health concerns, and recommendations for career practitioners who encounter MDD in their clients.

Keywords: major depressive disorder, career development

There are several aspects of the human experience involved in career decision making. While career decision making occurs both with and without the guidance of trained career services professionals, various career theories and models exist to provide explanations of the decision-making process, and what factors should be included to effectively execute these decisions. Deliberate career decision making is dependent upon phases such as orientation, exploration, and commitment building (Gati & Asher, 2001). These stages typically begin with an individual’s presenting concern, revolving around occupational or educational choices, usually with a variety of background factors impacting this decision.

According to Sampson, Reardon, Peterson, & Lenz (2004), career problems can hold more complexity than other problems for a variety of reasons, including reconciling one’s own opinion of his or her best interest with that of loved ones or cultural groups, being overwhelmed with the amount of readily available career information, keeping up with economic change, the ambiguity of following different paths to attain a career goal, and the powerful emotions that can accompany this important problem solving process.

A diagnosis of Major Depressive Disorder (MDD; American Psychiatric Association, 2013) might further complicate the complex process of career decision making. Given the benefit of cognitive clarity defined as “the ability to objectively assess one’s own strength and weaknesses and relate the assessment to environmental situations” (Brown & Brooks, 1991, p. 5), clients experiencing MDD may experience inherent obstacles to effective career decision-making. Individuals may look for resolutions to these often complicated decisions by enlisting the help
of a career practitioner, who may use a multitude of methods to assist clients with their career concerns. This article contains an overview of Major Depressive Disorder and its relationship to aspects of career development assistance. The authors’ primary intention is to provide career practitioners with practical strategies for effectively addressing the career development needs of those experiencing MDD.

**Major Depressive Disorder**

**Prevalence**
The National Institute of Mental Health states that depression is one of the most common mental health concerns in the United States (2015). The National Survey on Drug Use and Health (NSDUH) found that in 2012, nearly 16 million adults aged 18 or older in the U.S. reported at least one major depressive episode in the past year, representing 6.9 percent of all U.S. adults (NIMH, 2015). Globally, the World Health Organization (WHO) reported that depression affects about 350 million people worldwide (WHO, 2015). Depression can interfere with a person’s functioning at school, at work, and in social relationships. In its most debilitating state, depression has been found to relate to overall poorer general health and suicide (Kawakami et al., 2012; Smits & Huijts, 2015).

**Symptoms**
According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V; American Psychiatric Association, 2013), the major markers for MDD are depressed mood or loss of interest or pleasure for period of 2 weeks or longer. Additional indicators of depression include changes in sleep patterns, significant weight loss, fatigue or loss of energy, feelings of worthlessness or hopelessness, difficulty concentrating, or a recurrent thought of death or suicidal ideation without a specific plan or attempt. The DSM-5 criteria for depression note that the presence of these symptoms must be so severe that they cause clinically significant distress in social, occupational, or other important areas of functioning. Finally, the symptoms must not be better explained by another disorder, such as schizophrenia, grief, bereavement, mood disorder, or other disorders (APA, 2013). In relation to career development, these symptoms can create challenges with career decision making and problem solving as the ability to have the requisite energy and accurate self-perception to effectively address a career development concern may be lacking.

**Models of treatment**
In relation to the mental health treatment of MDD, pharmacology and psychotherapy are the two main modalities of treatment. Since the early 1990’s, selective serotonin reuptake inhibitors (SSRI) and norepinephrine reuptake inhibitors (SNRI) are acknowledged to be some of the most effective pharmacology treatments for depression (Dale, Band-Andersen, & Sánchez, 2015). Often times, these antidepressants are the first line of treatment before other interventions. Rush et al. (2006) found that about 50% of people diagnosed with major depression enter clinical remission after using pharmaceutical interventions. As such, many people turn to multimodal levels of treatment to supplement a medicine regimen, such as monoamine oxidase (MAO) inhibitors, traditional talk therapy, or brain stimulation.
Many empirical studies have established psychotherapy as an effective treatment of depression and treatment outcomes are comparable to that of pharmacological intervention (Cuijpers, van Straten, Andersson, van Oppen, 2008; Elkin et al., 1989). Cognitive behavioral and interpersonal therapies have been shown to be the most effective psychotherapies for treatment of depression (Cuijpers, 2015). Additionally, acceptance and commitment therapy, designed to promote psychological flexibility through six core processes of acceptance (active and aware embracement of aversive internal experiences), cognitive diffusion (creating a context in which undesirable function of thoughts disappear), contact with the present moment, self as context (experiencing that one is more that one’s thoughts, feelings, and experiences), choosing values in different life domains, and commitment to choices on the basis of these values, (Hayes, Luoma, Bond, Masuda, & Lillis, 2006) has shown evidence to be an effective therapy for self-guided treatment of depression (Flederus, Bohlmeijer, Pieterse, & Schreurs, 2012). In general, self-help has also been shown to be an effective treatment for the symptoms of depression (Hanson, Webb, Sheeran, & Turpin, 2015). Self-help treatment methods are an emerging model of mental health service delivery in order to address the extensive need for treatment, and to increase access to evidence-based practices for treatment of depression (Farrand & Woodford, 2013).

Connection between MDD and Career Development
Hinkleman and Luzzo (2007) reflect what is known to be true by many career counselors: clients’ vocational concerns are often impacted by mental health factors, such as anxiety, depression, personality factors, interpersonal concerns, and more. As such, it is in the best interest of career counseling providers to be aware of these concerns that may impact their work with clients. In the past ten years, there has been an increased focus on the connection between mental health and career development, as traditionally, career and personal counseling have been separate quests (Rottinghaus, Jenkins, & Jantzer, 2009). However, this distinction has become a notion disapproved by many scholars and practitioners, citing the reciprocal nature of career and mental health concerns (Lenz, Peterson, Reardon, & Saunders, 2010; Sampson, 2009; Walker & Peterson, 2012). Walker and Peterson (2012) proposed that career concerns are often related to mental health issues, while Lenz et al. (2010) suggested that the presence of mental health concerns can contribute to problems with career decision making or interfere with the decision-making process. Moreover, there is evidence that simply being in a state of career indecision may contribute to mental health issues (Walker & Peterson, 2012).

MDD and Career Assistance
Presenting concern
Psychological distress is likely to impact vocational choice, while difficulty making a vocational choice may exacerbate psychological difficulties (Hinkleman & Luzzo, 2007). This reciprocal pattern may result in a cycle of reduced overall functioning in academic, work, social, and interpersonal settings. Depression is a significant factor shown to impact career development, supported by a robust literature base of empirical investigations. Research suggests that people who have negative career thoughts or are undecided on their career exhibit more symptoms of depression (Walker & Peterson, 2012). Similarly, research indicates that people who have made a career choice may report less depression (Rottinghaus, Jenkins, & Jantzer, 2009). These important findings have significant implications on career counseling and the manner in which counselors create and implement interventions.
Indications of the presence of MDD can be gleaned through formal and informal assessment. For example, a counselor might observe a client’s nonverbal communication, and listen for indications of associated symptoms as a client discusses a presenting career-related concern. Inquiring about the affective aspects of the individual’s career concern, as well as exploring a potential history of mental health issues such as MDD in initial discussions, can also be useful in providing a comprehensive understanding of the client’s needs related to the career concern. Due to the reciprocal nature of career concerns and mental health concerns, best practices for service delivery suggest for clients to have access to mental health and career counseling (Hinkleman & Luzzo, 2007). As such, career counselors should have appropriate training in both mental health counseling and career counseling. For many reasons, career counselors may be hesitant to inquire about a client’s personal background. This might be because personal concerns may be seen as unrelated to career counseling, or because the counselor feels inadequate in their psychotherapeutic skills. Counselors are reminded that counseling skills in psychotherapy and career counseling are not separate, in that building rapport and basic counseling skills are important in either setting.

**Goal setting**

Setting goals can be beneficial for the career decision-making process as goals provide behavioral direction through planning and action. Declaring a specific desired end result or a solution to a career concern provides direction in what can be an overwhelming, anxiety-ridden task. For decades, research has suggested that prompting structured goal setting and high levels of client goal-oriented behavior leads to increased mental health and satisfaction in counseling contexts (Hall & Foster, 1977; Willer & Miller, 1976). While there may be a multitude of methods or avenues in which an individual can reach career goals, being specific and monitoring progress towards desired goals can bring clarity and focus to the choices made on a daily basis.

In relation to MDD, career practitioners may find clients suffering from this diagnosis to be seemingly “unmotivated” or struggling to formulate clear counseling goals. A career practitioner may consider the degree MDD may be present when encountering these type of issues with goal-setting.

**Monitoring of progress**

In relation to clients with MDD, monitoring progress in making a career decision may be a challenge. If there are instances in which the counselor and client feel that appropriate gains are not made in counseling, a referral may be necessary. Many factors should be considered when making a referral, such as the type and intensity of the presenting concern, the services available in the area, counselor competencies, and client preferences. In some cases, a referral to another person within the same organization might be appropriate, and in other cases, a referral to another organization may be in the best interest of the client. Other cases might include referring the client to community resources, such as a job skills group or a psychiatrist. These referrals should be considered on an individual basis and counselors should be aware of the many factors to reflect on when referring a client to another source. Regardless of whether a client is accessing mental health services, the career practitioner should continually monitor the symptoms of MDD to assess the client’s well-being as well as capacity to fully engage in career development assistance.
Assessments
A commonly utilized component in the deliberate career decision-making process is assessment, which has been embedded into vocational guidance since its foundation with Parson’s (1909) trait and factor approach and self-assessment questionnaire (McMahon & Watson, 2012). Now, an abundance of assessments exist to measure a vast array of career constructs, ranging from the popular Strong Interest Inventory (SII; Strong, Donnay, Morris, Schaubhut, & Thompson, 2004) to the Career Decision-Making Difficulties Questionnaire (Gati, Krausz, & Osipow, 1996). Individuals can explore their interests, values, skills, personality, decision-making style, and career aspirations through creative career counseling techniques and conversational reflections, instead of or in addition to more formalized assessments. McMahon and Watson (2012) discuss the potential strategies for weaving together more traditional methods of quantitative assessment and the more subjective nature of recent constructivist or story-telling techniques. Regardless of theoretical orientation, the quality of a career assessment is dependent upon the level of self-exploration it promotes for individuals, rather than confirming a specific option or career choice (Blustein & Flum, 1999).

In addition, there is the potential to utilize career assessments as a screener for mental health concerns. Walker and Peterson (2012) found a connection between the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996; 1998), the Occupational Alternatives Question (OAQ; Slaney, 1980), and a modified version of the Beck Depression Inventory – II (BDI–II; Beck, Steer, Ball, & Ranieri, 1996). This apparent connection between career and mental health assessments illustrates the importance of awareness on the part of career practitioners of this connection between MDD and career decision making. It also provides an opportunity to utilize career assessments as an initial screener for MDD. If there are elevations in the indicated areas on the assessment, career practitioners can attend to the mental health elements of a career decision to the degree appropriate given the guidelines of practice for their setting and their level of training.

In administration and interpretation of assessment results such as the Self-Directed Search (Holland & Messer, 2013) or Strong Interest Inventory (Strong et al., 2004), it is important to note that clients with symptoms of depression may have a diminished self-concept and experience a loss of interest in many areas. A counselor might notice a low score on the “Self-Estimates” section of the SDS, or lower scores on the Occupational Interest scales on the Strong Interest Inventory. A clinician would benefit from considering the potential reasons for consistent low scores in their interpretation of results, perhaps processing the lack of endorsements on the assessment items with their client.

Counseling and Career Theories Related to Career Development and Depression
Given the complexity of the career decision and its connection to mental health concerns such as depression, a career practitioner may be interested in utilizing approaches that encompass these elements. Several career and counseling theories discuss the interconnected nature of career and mental health. Though not an exhaustive overview, the following theories explicitly identify the connection between career development and mental health concerns.
The Indivisible Self
The Indivisible Self (Myers & Sweeney, 2008) is an evidence-based model of wellness that highlights the interconnected elements of human functioning. The factors of the Indivisible Self (i.e. Coping, Social, Essential, Physical, Creative) interact with a change in one area contributing to a change in other area. The factor of Work is located within the Creative Self along with Thinking, Emotions, Control, and Positive Humor. This illustrates the connection between work thoughts, feelings, and sense of control. Given the manner in which Major Depressive Disorder (MDD, American Psychiatric Association, 2014) can impact one’s emotions and thought processes, it is apparent this conceptualization bears consideration when assisting those diagnosed with MDD in making a career decision.

Narrative-Based Approaches
The career construction approach views career-related abilities, interests, and values as relational phenomena that reflect socially-constituted meanings (Savickas, 2005). Individuals narrate their subjective perception of themselves and the world through their own language and meaning systems (Bujold, 2004). Life Design (Savickas, 2012) is a paradigm which focuses on identity, adaptability, intentionality, and stories. By listening to the client’s narrative, a practitioner gains insight into life themes, values, interests, and personality type. These narrative-based approaches focus on meaning-making on the part of the client related to their experience. This process can be significantly impacted if MDD due to the presence of a negative self-perception. Career practitioners utilizing these approaches can analyze the impact of the depression on the client’s story through such assessments as the My Career Story (Savickas & Hartung, 2012) and the Career Construction Interview (Savickas, 2011).

Career Flow
Career flow, which is a hope-centered model of career development, (HCMCD; Niles, Amundson, & Neault, 2011) posits hope at the center of this model and essential to each of its stages (i.e. self-reflection, self-clarity, visioning, goal-setting, action-planning, implementing, and evaluating). Hopefulness within this model is conceptualized as envisioning a meaningful goal and believing that positive outcomes are likely to occur should specific actions be taken (Niles, 2011). If hope is diminished for any reason, clients will not be motivated to engage in career planning activities and ongoing career management. A lack of hope and optimism characteristic of those with MDD can be detrimental to motivation and hinder engagement in elements of career development. The Career Flow Index (Niles, Yoon, & Amundson, 2010) provides a theoretically-based instrument to assess the six Hope-center career development competencies (i.e. hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting). Given the negative self-concept those with MDD may possess in relation to their ability to attain career development goals, focusing on hope and its impact of aspects of career development can be a useful approach.

Cognitive Information Processing
Cognitive Information Processing (CIP; Sampson et al., 2004) is another theory in which career and mental health considerations are integrated into the structure of the theory. CIP focuses on concepts of readiness, decision-making, and the associated thinking related to career decision-making and problem solving. In addressing career concerns, a significant consideration is the
cognitive messages one carries with them when faced with a career decision. The Executive Processing Domain of the Pyramid of Information Processing focuses on the cognitive process that directly speaks to the difficulties someone with MDD may experience in their ability to effectively engage in career decision-making and problem solving. Assessing and modifying negative thinking, a common aspect of MDD, as it relates to a career decision is a critical element of this approach.

Social Cognitive Career Theory
Another career theory that encompasses both career and mental health concepts is Social Cognitive Career Theory (SCCT; Brown, & Lent 1996). A tenant of this approach is that people eliminate possible occupations due to faulty self-efficacy beliefs or outcome expectations. In addition, the greater the perceived barriers to an occupation, the less likely individuals are to pursue those careers. Finally, modifying faulty self-efficacy and outcome expectations can help individuals acquire new successful experiences and open their eyes to new career occupations. For those assisting individuals with MDD, managing examining the impact of MDD on self-efficacy and outcome expectations can be a critical aspect of the focus of support. Though not comprehensive in nature, the theories mentioned in this section include in their structure a link between career development and mental health aspects such as those impacted by MDD. Possessing a framework in which to conceptualize co-occurring career development and MDD can assist career practitioners with formulating appropriate interventions to fully attend to the needs of clients.

Collaboration between providers
Due to the link between career and mental health, it is important in career counseling to provide clients access to career and mental health counseling. This continuity of care may be achieved by consultation between providers, including exchange of information and discussion surrounding treatment goals. It would be appropriate to develop distinct goals depending on the treatment setting. For example, a college student searching for a first-time professional position who also has a diagnosis of MDD may have separate goals in career counseling and psychotherapy. MDD is likely to affect the client’s motivation to search for a job, the ability to recognize or verbalize particular skills and qualities they possess which make them a fit for the position, and may interfere with decision-making abilities. The intersection of career counseling and mental health is made evident in this example, and a prime reason to coordinate care between providers.
Career counselors can best serve their clients by requesting an exchange or release of information form in the event the client is also attending psychotherapy. In this way, the career counselor and mental health provider are able to collaborate on similar goals, refrain from developing competing goals, and determine which concerns should be treated in which setting.

Recommendations for Addressing MDD in Career Development
Career counselors are considered fellow gatekeepers for the field of mental health, often times serving as a frontline for clients with more severe symptomology. Career counselors might find themselves in a position where their client is unwilling to go to a psychotherapist, but is open to career counseling because the impression is less stigmatized. As such, it is imperative that career counselors understand diagnostic signs and be familiar with symptoms of mental health diagnoses and crisis/risk. Should a career counselor notice that a client exhibits symptoms of MDD, the career practitioner untrained in addressing mental health concerns must make appropriate refer-
rals, and help the client understand why it is important to visit two separate providers. This can be achieved through a genuine and empathetic conversation explaining the goals and services provided in various mental health settings. An extensive knowledge of community resources is also essential in this situation.

An additional perspective is to view career counseling as a psychological intervention in which there is a willingness on the part of the career practitioner and client to discuss non-career issues (Niles & Harris-Bowlsbey, 2013). Considering that the etiology of certain psychological symptoms in mental health concerns such as MDD can reside in problems in the work situation rather than the person is an additional aspect of providing holistic career assistance. Either for mental health providers or career practitioners, no assumptions should be made when selecting an intervention unless a thorough assessment of the client’s work situation is completed (Brown, & Brooks, 1985). Being willing to address career and mental health concerns and considering the reciprocal nature of these elements of the client’s experience can greatly enhance the quality of services provide to those in need.

Finally, possessing a theoretical foundation that incorporates both career and mental health concepts can offer a framework in which to assess, conceptualize, intervene, and monitor progress towards career development goals. Possessing in-depth knowledge of an approach achieved through personal research, additional training, and supervision of practice can empower a career practitioner to simultaneously address career concerns and MDD when appropriate. Selecting a theory that matches one’s view of human functioning and more specifically career development that also possesses empirical support for its use can inform this decision-making process. Structuring the process of engagement with clients through theory can enhance the efficiency and effectiveness of career services.

**Conclusion**

Major Depressive Disorder provides unique challenges in relation to career development assistance impacting several facets of the process. There are many indications in theory, research, and practice that career and personal counseling addressing such concerns as MDD are best considered as integrated elements of a client’s experience. Thankfully, research, theory, and practice have pressed this notion forward and general consensus recognizes the interconnectedness of career and mental health. Career practitioners will benefit their clients when integrating career and mental health considerations in their work.

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**About the authors**

**Seth C.W. Hayden**, PhD, is an assistant professor of counseling at Wake Forest University. He has provided career and personal counseling in community agencies, secondary school, and university settings. His research focuses on the career and personal development of military service members, veterans, and their families. In addition, he explores the connection between career and mental health issues as well as integrated models of clinical supervision designed to facilitate positive growth in counselors’ ability to formulate
interventions. He is a past-president of the Military and Government Counseling Association and a chair of the research committee for the National Career Development Association, both divisions of the American Counseling Association.

Contact him as follows:

**Seth C.W. Hayden Ph.D., NCC, LPC, CCMHC, ACS, Assistant Professor**
**Wake Forest University**
**1834 Wake Forest Rd.**
**Winston-Salem, NC 27109**
**336-758-8624, email: haydensc@wfu.edu**

**Julia Kronholz** is a doctoral candidate in the Counseling Psychology and School Psychology Combined PhD program at Florida State University [FSU]. She is also a career advisor at the FSU Career Center and has 10 years of experience in career services in the areas of counseling and employer relations. Her research interests include the intersection of career and mental health, diversity considerations in counseling and psychology, and the use of assessments in counseling services.

Contact her as follows:

**Julia Kronholz, M.Ed**
**Department of Educational Psychology and Learning Systems**
**Florida State University**
**Tallahassee, FL, 32306**
**jkronholz@fsu.edu**

**Liz Pawley** is a Career Counselor and Internship Coordinator at the Graham Office of Career Management at the University of Kentucky and a 2015 graduate of the Career Counseling M.S./Ed.S. program at Florida State University. She is a member of NCDA as well as the Kentucky Career Development Association (KCDA). She has written for Career Developments and contributed to the Career Development Quarterly’s published “Annual review: A content analysis of career development theory, research, and practice – 2013.”

Contact her as follows:

**Liz Pawley, M.S., Ed.S., Career Counselor/Internship Coordinator**
**Graham Office of Career Management, University of Kentucky**
**132 Gatton College of Business and Economics**
**Lexington, KY 40506 USA**
Kate Theall earned the MA in Clinical Mental Health Counseling at Wake Forest University. She is a Licensed Professional Counselor Associate (LPCA) and a National Certified Counselor (NCC). She currently works in private practice.

Contact her as follows:
Kate Theall, MA, LPCA, NCC
Mood Treatment Center
1901 Adams Farm Parkway
Greensboro, NC 27407 USA
336-722-7266
e-mail: kate@moodtreatmentcenter.com
Chapter 3

SUBSTANCE MISUSE and CAREER DEVELOPMENT
Exploring the intersection of substance use disorder and career concepts
by Heather Robertson

Abstract
Substance use disorder (SUD) has become significant concern both globally and nationally. Specifically, SUD may impact career development in areas such as educational attainment, employment, and income. Literature was reviewed outlining career development and SUD, with findings impacting the life span, the workplace, finances, and special populations. Career development interventions were also reviewed including general treatment and specific programs. Recommendations for career practitioners working with individuals with SUDs are included, as well as cautions and recommendations for future research.

Substance abuse and public policy researchers have endorsed the use of vocational services as part of the recovery process (Baud, Templeton, Silver, McKell, Novak, & Hay, 2013; Meara, 2006; West, 2008; Wong & Silverman, 2007). Several benefits have been cited including increased earnings and reduced dependence on welfare (Meara, 2006), obtaining employment and maintaining abstinence (West, 2008), and increased job skills and job readiness (Wong and Silverman, 2007). Despite these benefits, few substance abuse treatment facilities are providing vocational rehabilitation services (West, 2008). Professional literature pertaining to substance use and career development was reviewed to address the questions:

• To what extent does substance use disorder impact career development?
• What treatment interventions are effective in the career development process for individuals struggling with substance use disorder?

Results of this review and implications for practitioners are presented, as well as cautions for working with this population and opportunities for further research.

Scope of Substance Use
Substance misuse is a growing concern and complex issue both globally and nationally. The World Health Organization (WHO; 2015) reports that 3.3 million deaths occur each year due to harmful alcohol use, and 15.3 million people globally have a substance use disorder (SUD). According to the Substance Abuse and Mental Health Services Administration (SAMSHA; 2014), rates of SUD are decreasing for some populations in the U.S., but not all. For example, binge alcohol use, alcohol dependence, and alcohol abuse decreased significantly between 2009 and 2013 for adolescents and young adults, yet the decrease was not significant for those over the age of 25. Despite their decreases in alcohol use, young adults (ages 18-25) use illegal drugs at more
than double the rate of other age groups. Illegal drug use among adolescents (≤ 17) decreased from 2009 to 2013; however the decreases were not statistically significant for black adolescents. There is growing emphasis on SUD treatment, and the number of people in substance abuse treatment has grown significantly from 2009 to 2013. In 2013, adolescents received alcohol abuse treatment at a higher rate than any other age group, while adults received treatment for illicit drugs at a higher rate than other populations (SAMSHA, 2014). Despite reductions in use and increases in treatment, the impact of substance use continues to be examined across professions.

**Understanding Substance Use Disorders**
The Diagnostic and Statistical Manual (DSM) of Mental Health Disorders recently changed the classification of Substance-Related and Addictive Disorders in the transition from the DSM-IV to the DSM-5. The DSM-5 classification involves substance-use disorders (SUD) and substance-induced disorders (APA, 2013). SUDs are now classified from mild to severe and are organized by the substances outlined in the DSM (e.g. alcohol, caffeine, cannabis, etc.) (APA, 2013). It is worth emphasizing that substance use disorders are classified as clinical mental health disorders. Classification of alcoholism as a mental health disorder has been in place for over 30 years since the DSM III in 1980 (Hasin, 2003). Despite the stigma and stereotyping that often surrounds SUD (Baudl, et al, 2013), practitioners have the responsibility to recognize that individuals with SUD have a classified mental health disorder. As with individuals with any other mental health disorder, these clients are deserving of a fully-functioning life, including career wellness. Career practitioners play an important role in helping these clients achieve their career goals, and overcome career barriers, which may include substance misuse.

**Employment as a Measure of Career Development**
Many practitioners would agree that, while employment may be part of career development, it does not encapsulate the process. There is often a misconception among the public – including clients, students, parents, agencies, and administration – that career development equals employment. In the professional literature reviewed, obtaining employment was often used as the “litmus test” to determine the wellbeing of those with SUD (Booth & Feng, 2002; Fergusson & Boden, 2008; Gascon & Spiller, 2009). While not all practitioners share the belief that employment equals success, nonetheless, employment can be related to other factors, such as sense of purpose, stability, and self-esteem, which contribute to the career development process.

**Substance Misuse and Career Development Issues**
West (2008) reported that unemployment and underemployment are significant concerns for those experiencing SUD, and that failure to address employment issues impact an individual’s ability to attain and maintain abstinence. Based on the literature reviewed, it was evident that effects of SUD impact individuals, workplaces, finances and society.

**Lifespan Issues**
Researchers have examined the impact of adolescent substance abuse on adult career development constructs. Merline, O’Malley, Schulenberg, Bachman, and Johnston (2004) examined substance use at 17 years of age and 35 years in a longitudinal study of 7,541 individuals. Their findings indicated that those who used substances at 17 were significantly more likely to use sub-
stances at 35, specifically: heavy drinking (3 times more likely), marijuana (8 times more likely), any other illegal drug (5 times more likely to use cocaine and 3 times more likely to misuse prescription medication). Factors that reduced the likelihood of adult substance abuse included obtaining a college degree and getting married.

Substance use also appears to impact employment. Merline et al. (2004) found that those who were unemployed were more likely to use substances, while those who were homemakers were less likely to use substances. Hyggen (2012) examined the relationship between cannabis use and work commitment with a study of 1,997 participants in a 25-year longitudinal study. He found that commitment to work decreased at a faster rate and that overall work commitment was lower for those who used cannabis regularly. Fergusson and Boden (2008) examined cannabis use between the ages of 14 and 25 with 1,265 subjects and found that increased use of cannabis between the ages of 14-21 significantly impacted the following by age 25: “lower levels of degree attainment, lower income, higher welfare dependence, higher unemployment, lower levels of relationship satisfaction, and lower levels of overall life satisfaction” (p. 974). The results remained significant when researchers controlled for confounding variables. These studies suggest that substance use and abuse at a younger age impacts one’s adult career development, including an increased likelihood to use substances as adults.

**Workplace Issues**
Researchers have also examined how SUD manifests in the workplace. Elliot and Shelley (2006) examined the accident rates of individuals who screened positive for substances in routine workplace drug tests. They found that those who tested positive for substances had higher accident rates, vehicle accidents, and injury/illness than those who did not test positive. Norström (2006) examined overall alcohol consumption in Sweden in comparison to overall workplace absences using national health insurance data and labor force surveys. Norström found that an increase in population drinking was related to an increase in male workplace sickness absence. Norström also found other factors that may influence drinking and absences, such as national employment rates.

National news has highlighted the abuse of prescription medication in the workplace. A recent New York Times article (Schwarz, 2015) reported that workplace professionals are abusing prescription stimulants to enhance performance. Medical professionals claim that what started as a high-achieving college student habit, has transformed in to addictive and dangerous workplace behavior with workers from finance to education obtaining stimulants through dealers or doctors. While little research is available, the trend is gaining attention from both substance abuse and medical professionals who claim to have seen an increase in cases (Schwarz, 2015). Their claim is significant considering that after the use of marijuana, nonmedical use of psychotherapeutics is the most common illegal drug used by adolescents, being used significantly more than hallucinogens, inhalants, cocaine, and heroin (SAMSHA, 2014). The result of misusing prescription drugs in the workplace has been treatment for some, and termination for others (Schwarz, 2015).

**Financial Issues**
Career concepts such as termination, unemployment, and income are prevalent in substance misuse and career development literature. Gascon and Spiller (2009) found a statistically significant
correlation between high rates of unemployment and high exposure rates to opioids, as tracked by data from the Kentucky Poison Control Center. Booth and Feng (2002) found that heavy drinkers were more likely to be unemployed, and, if they were working, heavy drinkers had fewer weeks of employment within a six month period. Fergesson and Boden (2008) also found lower income and higher reliance on welfare among their cannabis-using population. Hyggen (2002) points out that low employment rates among cannabis users may also be due to a culture among cannabis users that supports low employment motivation.

**Special Populations**

There are certain populations that receive attention in the SUD and career development literature; specifically, women, ex-offender, veterans, and those with co-occurring disorders. Other populations, such as racial, ethnic, or religious groups, have been the subject of research on career development and substance misuse with less frequency.

**Women.**

Women with SUD are perceived to have more barriers to employment based on high rates of unemployment, lower wages, and limited work experience (Meara, 2006). These barriers exist in addition to other gender discrimination barriers that may be present for all women. Despite these barriers, Meara found that women with SUD were able to get themselves off of public assistance programs at a similar rate as women without SUD. Meara contends that while women with SUD have increased their employment and income since welfare reforms of the mid-90s, their earnings and employment still lag in comparison to women without SUD.

**Ex-offenders**

Vernick & Reardon (2001) pointed out that while many vocational services for ex-offenders include vocational education, few focus on career development. Tschopp, Perkins, Hart-Katuin, Born, and Holt (2007) discussed a variety of barriers that ex-offenders with psychiatric disorders face, including: lack of skills, employer perceptions, and stigma. Tschopp et al. also discussed individuals who have had lucrative income prior to incarceration through illegal activities (e.g., drug dealing) and their challenges developing motivation for legal employment. Providing vocational and employment treatment services has been demonstrated to improve employment outcomes for ex-offenders with reduced rates of relapse and recidivism in some studies (Butzin, Martin, & Inciardi, 2005), but not others (Sung & Richter, 2006).

**Veterans**

The challenge with veterans and SUD appears to be both access and retention of vocational services. The Veterans Administration (VA) recognizes the connection between employment and longer-term SUD recovery, as evidenced by their implementation of work therapy programs for veterans in treatment (Kerrigan, Kauogh, Wilson, Wilson, & Bostick, R., 2004). Despite implementing these programs, many veterans dropped out of the program in the first 90 days. Others have found that veterans with psychiatric illnesses simply did not access vocational services, even when they were available (Twamley, Baker, Norman, Pittman, Lohr, & Resnick, 2013). Additional barriers for veterans may exist for those who are ex-offenders and those with co-occurring disorders (LePage, Washington, Lewis, Johnson, and Garcia-Rea, 2011).
Co-occurring disorders.
According to the National Alliance for Mental Illness (2015), over 40% of individuals with a SUD have a co-occurring mental health disorder. Beimers, Beigel, Guo, and Stevenson (2007) conducted research on individuals with co-occurring disorders and reported that while employment was attainable, nearly half of those employed were on the job for less than two months. Strickler, Whitley, Becker, and Drake (2009) interviewed individuals with co-occurring disorders and found the following themes regarding employment: 1) managing their illness, 2) value of employment, 3) enjoyment of work, 4) personal motivation and job seeking assistance, and 5) reinforcement of work behavior. The researchers noted that these themes may be strengths, as well as weaknesses, for clients. These studies indicate that while individuals with co-occurring disorders are employable, managing their illness and their SUD may be critical to their success.

Substance Misuse and Career Development Treatment
Treatment strategies to address career development needs of those with SUD are addressed in the literature. As discussed earlier, many studies have utilized employment as the ultimate indicator of career development success. While other measures of success exist, the interventions highlighted below provide promising outcomes for those with SUD toward developing personal and financial wellness. General guidelines for treatment are presented, followed by specific interventions, including structured work programs and job skills training programs.

General Treatment Guidelines
Graham (2006) provided practical treatment guidelines for career practitioners assisting those with SUDs. Graham discussed the importance of the career practitioner who is willing to meet clients where they are at, treating their career development needs in light of their recovery process. He also emphasizes the importance of collaborating with the client’s substance abuse counselor, if appropriate and with consent. In this manner, the practitioner is treating the whole client, including their SUD, when considering career development strategies. Graham suggested reframing the recovery in relation to their employment goals. He also discussed the importance of seeing the employment process from the client’s point of view. Graham stated that if client’s see themselves as ‘addicts’ or as a drug-user, their scope of career options will be narrowed. It’s important for the counselor to understand the client’s vision, and help them expand that vision in light of their recovery. He recommended using the strengths that clients have used in their recovery process, such as spirituality, as part of their employment process.

One important distinction is that all of the literature reviewed provided career services to individuals who were already engaged in treatment for substance misuse. Thus it can be inferred that a general guideline would be treating the substance misuse concurrently with vocational objectives. Substance misuse must be treated in order for the client to achieve vocational goals. Graham (2006) advocated for not providing services while a client is actively using substances, yet also recognizing that relapse is part of the recovery process. He used the term “addiction as career” (p. 176) in which substance misuse takes over an individual’s purpose and recommended reframing the counseling process from the framework of the client’s career development purpose.

Structured Work Programs
Structured work programs may include supported employment services, therapeutic workplaces, or individualized support services such as job coaching and job development. Wong and Silverman (2007) described the therapeutic workplace as an environment in which workers with SUDs are paid daily for work, as long as the produce daily substance-free toxicology screenings. The Veterans Administration (VA) finances comprehensive work therapy programs for veterans with SUD (Kerrigan, et al, 2004). Kerrigan et al found that about half (54%) of enrolled veterans obtained employment and about 60% of those employed were still employed at the 6 month follow up. Both studies recognize that regular attendance and completion of these programs is critical to clients maintaining long-term abstinence and employment.

Another benefit of the structured work program is that individuals with SUD are able to receive feedback on work related performance in a supportive environment. In working with patients with SUD in a therapeutic workplace, researchers found they were able to assess problematic workplace behavior such as absenteeism, lateness, sleeping on the job, rule breaking (e.g. eating at computer), and vulgar language. Researchers were then able to address the behavior with corrective actions and allow those with SUD to develop new behaviors prior to entering a competitive workplace (Carpenedo et al, 2007).

**Job Skills Training Programs**

Job skills training programs included those services which provide either job readiness and employability skills training, or job-specific training. While most of these services are delivered in person, there is some research surrounding the use of multimedia instruction (Butler, Chiauzzi, Thum, & Budman, 2004). Vernick and Reardon (2001) highlighted corrections programs that focus on both social skills and vocational skills, as many inmates with SUD have never successfully maintained employment and lack social skills for the workplace. Aklin et al. (2014) researched women in a methadone treatment program, and found that those assigned to a treatment group consisting of job readiness training had better employment outcomes and higher income than those assigned to the control group.

Workshops designed to assist with job skills training have met with varying degrees of success. Svikiis et al (2012) found that individuals with SUD who completed a Job Seekers Workshop (JSW) did not have different employment outcomes, and actually took longer to obtain employment, than those who did not attend the workshop. There was also no significant employment differences noted among those completing the Vocational Problem-Solving Skills (VPSS) workshops, however differences in work motivation were noted (Coviello, Zanis, & Lynch, 2004). Other studies indicated successful outcomes when training job-specific skills, such as computers, to individuals with SUD (Dillon, Wong, Sylvest, Crone-Todd, & Silverman, 2004).

**Discussion**

**Career Practitioner Implications**

Career practitioners are encouraged to increase their knowledge of substance misuse, addictive behavior, and SUD. As noted, significant stigma and stereotypes surround those with SUD, and practitioners are encouraged to conduct an honest self-evaluation regarding their own beliefs and experiences. This reflection should include possible triggers the practitioner may experience in working with those with SUD. Graham (2006) discussed the importance of reflection for
employment counselors considering work with individuals with SUD. He specifically encourages practitioners to consider: risks of defining clients as “an addict”, beliefs about substance use as deviant behavior, and willingness to accept alternative lifestyles. SUD clients may have engaged in behaviors that conflict with the counselor’s personal values, such as drug use in front of children, dealing, prostitution, and illegal activities. Counselors must be able to demonstrate genuine respect and nonjudgmental, positive regard for the client. Graham (2006) stated, “Most counselors have a preconceived notion of substance misuse through observation of relationships, the media, or personal experience. Asking one’s self questions regarding the nature of fear and anxiety is an important task” (p. 172-173).

Attention to practitioner language warrants brief discussion. Practitioners are encouraged to monitor how they may use addiction-related phrasing inappropriately (e.g. “I’m addicted to ______.” or “I’m going through withdrawal for ______.”) or disparagingly (e.g. “crack-head”, “junkie”, “stoner” etc.). While this reminder may seem unnecessary in professional literature, practitioners are reminded to use person-first language (e.g. person with cocaine-use disorder), avoid stereotyping, and exercise respect for clients. Graham also emphasized the importance of the word substance “misuse” which is nonjudgmental and consistent with DSM 5 terminology, as opposed to “addiction.” Graham offers supportive strategies for working with individuals with SUD; including not delivering services while client is actively using, understanding that relapse is part of recovery, preparing for resistance, and focusing on emotions, feelings, and client strengths.

Cautions
Readers should view the presented information with caution. The presented information is sampling of a wide variety of discussion topics; all content related to substance misuse and career development could not be included. As mentioned above, there were several special populations that were not included in the review, such as ethnic groups (Roberts, Harper, & Preszler, 1997), geographic regions (Booth & Feng, 2002), or other populations. The exclusion of this information does not imply that these groups are absent among substance use and career development research; simply that other groups were cited more frequently in the literature search. Another important caution is the possibility of unexamined, confounding variables that may impact the results discussed. Some researchers specifically discussed controlling for these variables (e.g. Ferguson and Boden, 2008), while others proposed the prospect of other variables impacting the results (e.g. national unemployment rates, culture, etc.). A final caution is that all literature reviewed was based on classifications from DSM-IV criteria. Readers should recognize that some of the terminology utilized may not correspond to DSM-5 standards.

It is equally important that career practitioners be aware of substance abuse treatment facilities and organizations within their community. Career development services should not be provided when clients are actively using substances (Graham, 2006), and it is both ethical and beneficent to provide proper referral, if needed. The safety the client’s co-workers, the client, and the counselor them self could be at-risk if clients are under the influence of substances.

Future Research
Opportunities for additional research in the areas of career development and SUD are vast. As
discussed, obtaining employment is often the measure of success when working with clients with SUD. It would be beneficial for researchers to utilize other measures of success, such as long-term employment, financial stability (e.g. vehicle purchase, home ownership, retirement, savings, minimal credit card debt, etc.), work-life balance, work satisfaction, and life-satisfaction. Longitudinal studies have been beneficial to examine the impact of substance use from adolescence in to adulthood, however longitudinal studies aimed at examining long-term impact of career interventions for those with SUD would significantly add to the literature. Finally, it has been noted that the literature reviewed addressed career development strategies for those already connected to SUD treatment programs. It would be worthwhile to develop mechanisms to provide support services to those not currently connected to treatment, possibly as an incentive for entering substance abuse treatment.

Closing
Substance use disorder (SUD) continues to be an issue of significant concern both globally and nationally. Specifically, SUD may impact career development pertaining to the life span, the workplace, finances, and special populations. Career development interventions for SUD are available including structured work programs and job skills training programs. Career practitioners working with those with SUDs are encouraged to expand their knowledge of addiction and engage in honest self-reflection regarding their beliefs about substance use. While literature should be viewed with caution, there is ample opportunity for additional research designed to assist those with substance use disorders achieve their career goals.

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About the author

Heather Robertson, PhD, is Assistant Professor in the Department of Counselor Education at St. John’s University. She is the program coordinator for the Clinical Mental Health Counseling program. She teaches students in both school and mental health programs. She is a Licensed Professional Counselor (LPC) in Connecticut, a Nationally Certified Counselor (NCC), a Certified Rehabilitation Counselor (CRC), and a formerly-certified New York State School Counselor. She works as a part-time counselor for Military Services with Phoenix House, providing substance abuse counseling services to military members and their families. Previously she served as a counseling practitioner and administrator in multiple environments, including college student affairs, corrections/probation, community agencies, and middle school/high school settings. She earned the PhD in Counselor Education and Supervision at Virginia Tech, the MS in Counseling and Guidance at Texas A & M University, Corpus Christi, Texas, and the BA in Policy Studies at Syracuse University. She is the advisor for Chi Sigma Iota (CSI) at St. John’s University.

Contact her as follows:
Heather C. Robertson, PhD, NCC, CRC, LPC (CT)
Assistant Professor, Counselor Education
Clinical Mental Health Counseling Program Coordinator
St. John’s University, Queens Campus
8000 Utopia Pkwy, Jamaica, NY 11439 USA
(718) 990-2108.
e-mail: robertsh@stjohns.edu
Chapter 4

MENTAL HEALTH or CAREER COUNSELING: A Forced Choice? No Need!
by Kevin B. Stoltz and Karen J. Haas

In 2011, the National Aeronautics and Space Administration (NASA) ended the US shuttle program and approximately 3500 workers found their jobs gone (Chow, 2011). These workers used their personal and career adaptability to find new employment, move households, and re-establish support systems. Once considered the most stable jobs, even the federal government is relying on worker’s career and personal adaptabilities to aid them and their families in economic, social, and psychological recovery when large-scale government projects end. Super and Knausel (1981) observed that adults continue to develop skills and new career interests over the life span. Based on this observation, they proposed career adaptability as the construct that aided adults’ in continued career development. Savickas (1997) posited that the term career adaptability actually represents the acquisition of career skills and attitudes across the life span, and proposed that this term represents an integrative construct for the Life-Span, Life-Space (Super, 1990) theory.

Other terms represent concepts and dimensions of career adaptability. Hall (1996) coined the term Protean career, indicating, like the Greek god Proteus, workers need to be able to reshape skills, attitudes, and behaviors constantly to avoid the capture of unemployment. Arthur & Rousseau (1996) called the new career, Boundaryless, inferring that workers must go beyond the bounds of hierarchical organizational structures and seek opportunities outside the confines of these structures. Additionally, the construct of career adaptability is demonstrating significant relationships with positive psychology measures, building evidence that mental health and career adaptability are related.

The relationship between mental health and career counseling is not new. Betz and Corning (1993) argued that the division between career and personal counseling is in conflict with the overall philosophical position of the counseling profession. These authors contend that counseling is steeped in holistic underpinnings that emphasize development of the entire person. They supported this argument by underscoring the common aspects of career and personal counseling processes (e.g., therapeutic alliance development, exploration of incongruent situations and aspirations). Krumboltz (1993) emphasized the need for counselors to attend to all aspects of human development. He noted that many client problems include aspects of career and personal counseling. Blustein & Spengler (1995) highlighted the many parallels between career and personal counseling and stated that treatment of one dimension has effects across the other. Attempting to reduce the conceptual division, these authors presented the term career or personal domain as the focus of counseling in general.
More recently, Zunker (2008) highlighted relationships between personal and career counseling by presenting the biopsychosocial model within the framework of human behavior. Zunker explained that these three dimensions coalesce to create influences on human behavior including career behavior. He cited multiple life roles (cultural and social), the pervasive nature of psychological disorders and early learning (schemas), career barriers (cultural and cognitive), and the ubiquitous aspects of work stress (biological, psychological, and social) as experiences that are important to consider when providing counseling services.

Together, these authors provide strong arguments supporting the claim that career counseling is mental health counseling and that clear divisions are not possible in practice. One domain has significant influence on the other and thus, career and personal counseling have mutual influences. With this understanding, being able to identify and grow the clients’ strengths and adaptabilities becomes a central focus in career counseling.

The purpose of this article is to emphasize the importance of conceptualizing career counseling as a process for mental health and optimal human functioning. A definition of optimal human functioning is offered as a framework for supporting individual human strengths. Then, by reviewing emerging literature that highlights relationships between career adaptability and markers of positive mental health, we advance the perspective that career counseling affects the whole person. Finally, we describe ways of incorporating the various dimensions and aspects of optimal human functioning and career adaptability into the practice of career counseling.

**Optimal Human Functioning: Well-Being Across Life Roles**
Interpersonal relationships and work highlight the human experience (Erikson, 1963; Savickas, 1991). According to Blustein and Spengler (1995) and Zunker (2008), there is mounting evidence that career concerns are integral to human functioning. Contextual and environmental changes in the social and work worlds imply that career issues will become increasingly more widespread in the lives of people. These structural changes in the workforce may create feelings of anxiety, stress, and indecision that affect a number of areas of psychosocial functioning. However, the constructs of psychological hardness and well-being, main tenets of positive psychology, can be harnessed to assist workers in overcoming challenges as they face diverse work and personal transitions.

Scarce attention has been focused on creating rationales and interventions linking positive psychology to career counseling, with the exceptions of Harris, Thoresen, and Lopez (2007), Savickas (2003), Stebleton and Peterson(2007), and Zikic and Franklin (2010). The work of these researchers indicates favorable results gained by the application of positive psychology concepts to career counseling. Specific findings demonstrate the use of narrative counseling techniques as particularly well-suited in facilitating the skills and behaviors of optimal human functioning and career adaptability (Savickas, 1993; Stebleton & Peterson, 2007; Zikic & Franklin, 2010).

Positive psychology is defined as the study of optimal human functioning (Stebleton & Peterson, 2007). The meaning of optimal human functioning centers on experiencing positive emotion, engaging in meaningful activities and relationships, taking responsibility, pursuing personal growth, and adopting productive roles in society (Robertson, 2013; Walsh, 2008). Optimal human functioning, or well-being, is exemplified by high involvement and focus, intrinsic mo-
tivation, and the capability of overcoming difficult challenges by the application of personal strengths and characteristics (Donaldson, Dollwet & Rao, 2015; Fredrickson & Losada, 2005; Keyes, 2002). Self-esteem, life satisfaction, and optimism are among the most important constructs that reflect optimal human functioning (Seligman, 2011).

Seligman (2011) defines well-being theory as a construct that includes five measureable elements or pillars (PERMA): positive emotion, engagement, relationships, meaning, and achievement. Positive emotion concerns what individuals feel (e.g., pleasure, satisfaction). These emotions involve intellectual and physical stimulation, creativity, and challenge. Supporting the inclusion of emotion, Hartung (2011) posited that emotion and affect are important variables in the study of career development. Engagement centers on the process of flow, or the loss of self-consciousness during an absorbing activity. The engagement of workers is also an emerging topic in career literature (Alessandri, Borgogni, Schaufeli, Caprara, & Consiglio, 2015). The act of building and maintaining positive relationships and social networks is a key element that centers on the importance of relationships to human functioning. The social and relational aspects of career development are well documented (Blustein, 2006; Hall, 2002). Additionally, people value meaning and purpose in life. According to Seligman, a meaningful life consists of belonging to and serving something larger than the self. Meaning is often created by reflecting on personal struggle and tension (Singer & Bonalume, 2010; Thorne & McLean, 2001) and thriving after an event. Career development includes many events that create struggle and tension. Adams (2012) makes a strong case for including meaningfulness as an integral part of career counseling. Finally, accomplishment is symbolized as personal agency to pursue excellence. The achieving life (Seligman, 2011) is viewed as an individual who is often absorbed in career work (sense of flow), experiences positive emotions, and believes work is contributing to something larger than the self. To flourish in career and life, individuals must cultivate positive emotions, engagement, positive relationships, meaning, and achievement. Qualities such as self-esteem, optimism, resilience, vitality, and self-determination help people to flourish in overcoming challenging events and circumstances, thereby creating a sense of continuity and meaning of life. These tenets of positive psychology apply equally well to career development.

This total view is represented in the work of Brott (2005), Peavy, (1994), and Savickas (2011). Although many times these lines of research (positive psychology and career counseling) develop with little cross-over, there are meaningful conceptualizations that link career and optimal human functioning.

Career Adaptability: Markers of Mental Health Functioning
Career adaptability is a construct that highlights individuals’ skills and strengths to cope with work demands, changes, and transition. In research, career adaptability shows significant relationships with many positive mental health indicators. Extroversion, conscientiousness, openness to experience, and agreeableness personality traits show positive correlations with career adaptability (Rossier, Zecca, Stauffer, Maggiori, & Dauwalder, 2012; Teixeira, Bargagi, Lassance, Magalhães, & Duarte, 2012; van Vianen, Klehe, Koen, & Dries, 2012). Rottinghaus, Day, and Borgen (2005) and Rottinghaus, Buelow, Matyja, and Schneider (2012), found positive correlations between extroversion, conscientiousness, openness to experience, and agreeableness with career optimism, confidence, and seeking career knowledge. Additionally, Rottinghaus et al.
(2012) noted positive correlations of career adaptability with positive life orientation, work-life balance, career decision-making, and career self-agency. The correlations between the personality trait of neuroticism and career adaptability were negative in these studies (Rossier et al., 2012; Rottinghaus et al., 2005; Rottinghaus et al., 2012; Teixeira et al., 2012; van Vianen, Klehe et al., 2012), indicating that those people with high scores on neuroticism reported lower adaptabilities. These studies indicate that many aspects of personality correlate with constructs from positive psychology.

Briscoe, Henagan, Burton, and Murphy (2012) found positive attitudes toward career self-management correlated with active coping strategies. They noted seeking social support correlated with an unbounded attitude concerning organizational hierarchies. These studies show that individuals who go beyond the organizationally defined boundaries for support and information tend to experience more positive career opportunities and embrace responsibilities for self-managing their careers.

In addition, career adaptability was shown to correlate with self-regulation skills (Creed, Fallon, & Hood, 2009), increased work pleasure and engagement (Johnston, Luciano, Maggiori, Ruch, & Rossier, 2013), positive emotions and self-efficacy, (Hirsch, 2009), and fewer perceived career barriers and overall life satisfaction (Soresi, Nota, & Ferrari, 2012). These studies highlight the positive linkages between career adaptability and well-being in life.

Collectively, these correlational studies indicate that positive personality traits relate to positive work experiences. Additionally, career adaptability and the related constructs, defined as skills that can be increased through narrative counseling (Savickas, 2011), help people make positive career transitions and adjustments.

**Optimal Human Functioning and Career Adaptability: A Whole-Life Perspective**

Workers in the 20th century relied on the hierarchy, stability, and security of their work environments to provide a place of safety for their careers. Inherent in the 21st century is the notion of protean and boundaryless careers that require individuals to engage in managing their own careers. These changes require workers to develop a strong sense of identity to guide career decisions and transitions. Researchers (Blustein, 2006; 2013; Hall, 2002; Savickas, 2011) point to the acquisition of career meta-competencies that denote psycho-social capabilities, such as career adaptability, resiliency, optimism, identity awareness, sense of purpose, self-esteem, self-efficacy, and emotional intelligence. Career meta-competencies help people to be self-directive learners and proactive agents in designing their evolving career trajectories. These career meta-competencies are analogous to the concept of optimal human functioning in that both constructs center on personal agency, strength-building, personal identity, emotional engagement, social relationships, and meaning making.

Exploring rationales and interventions that help individuals to utilize career meta-competencies is critical in view of the changing nature of careers. To aid clients with adjusting to career changes, transitions, or identity development tasks, we propose that the therapeutic alliance is more important in career counseling than ever before. The creation of a holding environment (Maree, 2010) becomes the space for helping the client explore, inventory, and construct an ability to
self-hold that will serve as a reserve for the person in future transitions. Career counseling should help the person develop a fund of self-knowledge and self-encouragement that assists the client in future career and life transitions.

The Therapeutic Alliance as Holding Environment: Crucial Role of the Career Counselor
Researchers highlight the working alliance as paramount to successful counseling outcomes (Horvath 2006; Maree, 2013; Meissner, 2007). Others, (Brott, 2001; Maree, 2010, 2013; Meara & Patton, 1994) posit that the working alliance is a necessary component of career counseling. In this section, we emphasize the critical role of the career counselor in establishing the therapeutic alliance as a holding environment (Maree, 2010). The term “holding”, devised by British psychoanalyst Donald Winnicott, refers to not only the psychosocial environment in which infants are nurtured, but also the therapeutic conditions necessary for effective counseling practices. The holding environment creates a safe, caring, and trusting space where individuals can explore and growth is actualized (Winnicott, 1961).

In the mid-20th century, the western world, with heavy industry and bureaucratic organizations, created a social contract with workers (Shein, 1964). This contract dictated worker loyalty and in exchange, workers were given secure employment with opportunities for advancement. The organization acted in the role of supportive parent, effectively providing aspects of the holding environment (Maree, 2010). However, with the advent of the global economy, the contract was broken (Uchetille, 2006) and workers were vested with self-managing their careers. To achieve this in today’s protean and boundaryless career environment, workers must learn to hold themselves (Maree, 2010, 2013) and garner their strengths and career meta-competencies in order to flourish.

The therapeutic alliance: Care in career counseling.
The therapeutic alliance established by the counselor and client, presents the client with a collaborative space that provides care or conditions for support. Within this environment, the client can begin to draw a sense of safety and support while exploring career and life stories (Maree, 2013). As the alliance strengthens, the counselor helps the individual develop a sense of personal agency, accessing the person’s individual adaptabilities and personal strengths. These resources are put to work examining the present and forging possible future career and life stories. The counselor provides support and encourages the individual, enabling the client to stand freely and to hold the self. This therapeutic alliance helps individuals to recognize and cultivate those positive aspects of well-being and adaptability such as optimism, resilience, confidence, and self-direction (Robertson, 2013). The development of the inner holding environment enables individuals to engage in optimal human functioning, allowing clients to recreate and reimagine their career and life paths. A specific aspect of developing this holding environment is helping the client develop a future life story that includes meaningful elements of personal experience for examination and restorying (authoring new and more fulfilling career/life stories).

Career Narratives: The Building Blocks of Optimal Human Functioning
The guiding principal of the narrative approach to career as mental health counseling is that people make sense of their lives through stories (Brott, 2001; McAdams, 2008; Savickas, 2011). In his narrative model of identity, McAdams (2008) contends that identity itself takes the form
of an inner story, including settings, scenes, character, plot, and themes. The use of narratives promotes individuals’ power of agency by evaluating resources and building on those positive aspects of well-being that help the person work through career and life transitions (Savickas, 2011). The aim of narrative career counseling is to aid individuals in scripting their own life story by helping them explore personal tensions, construct meaning, and a personal holding environment (Maree, 2010, 2013).

The use of narratives in career counseling is linked to optimal human functioning and career adaptability by its emphasis on a holistic approach, the power of human agency, a focus on personal strengths, identity understanding, the search for meaning, and a future orientation of hope and optimism.

**Narrative Counseling Strategies: Integration of Career and Mental Health**

Counselors can employ narrative interventions to help clients reauthor career/life stories. While engaged in the therapeutic alliance, counselor and client collaborate to review life events, construct maps that link experiences (Brott, 2005), identify strengths, abilities, and interests, and pinpoint overarching life themes that recur within the client’s personal schemas (Savickas, 2011). Counselors build the holding environment by affirming the client’s story and reflecting the emotional content that accompanies the story. By focusing on basic counseling skills, the counselor begins constructing a holding environment. Recognizing the deep emotions that come with negative events and helping the client develop meaning from the events is a key aspect to building optimal human functioning. Finally, helping the client to understand life themes and discover how those themes influence work behavior and adjustment is important.

This type of in-depth work is not often associated with career counseling (Blustein & Spengler, 2005; Peavy, 1994, Savickas, 2011). However, this work represents a fertile ground for helping clients cultivate the skills, strengths, attitudes, meaning, and adaptabilities that represent many aspects of optimal human functioning.

**References**


About the authors

Kevin B. Stoltz, PhD is an associate professor in the Department of Leadership Studies at the University of Central Arkansas. He is a National Certified Counselor and Approved Clinical Supervisor. His research interests include, career development and counseling, career assessment with early recollections, career transition, and career adaptability. He is serving currently as Chair of the Research Committee for NCDA and is on the editorial boards of the Career Development Quarterly, Measurement and Evaluation in Counseling and Development, Journal of Individual Psychology, and the Global Journal of Psychology.

Contact him as follows:
Kevin B. Stoltz, Ph.D., NCC, ACS
2825 College Avenue, Apartment 23
Conway, AR 72034 USA
e-mail: kbstoltz59@gmail.com
662-801-7447

Karen Haas, PhD, is Assistant Professor of Counseling and Program Co-Coordinator of the Master’s in Counseling Program at Keene State College, Keene, New Hampshire. She has worked in higher education as a teacher and counselor educator for over 15 years in Ohio, Arkansas and New Hampshire. As a counselor educator, she is involved in ACA and ASCA, and is active in state and local counseling associations. Her research agenda focuses on professional identity development of counselors-in-training, narrative approaches to career counseling, and psychological hardiness in career transitioning. She works with both the K-12 and adult population in career development and is currently involved in studying resilience in career transitions in women in higher education and in K-12 youth.

Contact her as follows:
Karen Haas, PhD, Assistant Professor of Counseling
Rhodes Hall, Keene State College
Keene, NH 03431 USA
e-mail: Karen.Haas@keene.edu
Chapter 5

BREAKING THROUGH CAREER INDECISION in CLIENTS with ADHD
by Katharine S. Brooks

Abstract
Career decision-making is a key element to successful career development, and can be particularly challenging for individuals with attention deficit hyperactivity disorder (ADHD). Many career practitioners are not specifically trained to work with ADHD clients, and may find their typical career decision-making methods ineffective. This article provides six general techniques the author has found particularly helpful with individuals with ADHD, and presents instructions to complete a “Possible Lives Map,” a creative visual-thinking exercise that can help break through the cycle of career indecision.

Introduction
Deciding what career to pursue is one of the most important tasks in the career development process (Gati & Asher, 2001). Traditional methods of assisting individuals with the decision-making process generally involve helping them build knowledge of their skills and values, and matching those traits in a logical fashion to opportunities in the workforce (Parsons, 1909; Holland, 1973).

Career decision-making can be enhanced through career assessments and experiential activities (such as shadowing professionals in the field of interest, completing internships, summer jobs, or volunteer activities), which help clients acquire real world knowledge and experience. These approaches all rely on a belief that increasing knowledge of one’s self and the marketplace, logically assessing those factors, and weighing the options and consequences of different choices will result in a clear career direction.

Career decision-making skills are regarded as crucial to an individual’s career success, and career indecision is often associated with low self-efficacy and emotional instability (DiFabio, Palazzeschi, Asulin-Peretz & Gati, 2013). Individuals with ADHD often experience difficulty with career decision-making. Norwalk, Norvilitus, & MacLean (2009) found a significant negative relationship between the presence of ADHD and career decision-making self-efficacy, and cited studies (Wasserstein, 2005; Weyandt & DuPaul, 2006) demonstrating that this could be due to deficits in planning skills (executive functioning) and attention. Individuals with ADHD often also experience symptoms of depression, anxiety, and/or other mental health issues (Heiligenstein & Keeling, 1995) which could further impair their career decision-making ability. In a comprehensive article outlining career development issues for college students with ADHD, Dipeolu (2011) noted that most ADHD college students find career planning “to be boring, time-
consuming, and therefore, avoid it” (p.418). She further noted that ADHD clients need “particular assistance” (p.418) with decision-making due to issues related to attention and impulsiveness. She cited several key elements needed in counseling sessions with ADHD clients including providing structure, instilling hope, and realistic goal-setting.

So what happens when a client’s ADHD makes decision-making in general, and career decision-making specifically, particularly challenging? What is a practitioner to do when the typical methods promoting career decision-making don’t work and the client is unable or unwilling to commit to a career field? Career indecision can be very frustrating to both the client and the practitioner. Not having a career goal tends to stop the job-seeking process in its tracks: after all, how do clients move forward when they don’t know where they’re going? Given that clients with ADHD are likely to struggle with career decision-making (Norwalk, Norvilitis & MacLean, 2009), it is imperative that career practitioners learn more about the unique career development issues of ADHD clients (Dipeolu, 2011), have a variety of techniques at hand and be creative and nimble in their approach.

For the past 30 years, my career practice has consisted primarily of college students and alumni, and I specialize in working with those who have mental health issues, ADHD, learning disabilities, and other unique characteristics which often impair their ability to smoothly transition through the career development process. In addition, many of my clients are liberal arts students or alumni, whose majors did not provide a linear track to a career, potentially adding to the indecisive nature of their career search. I will present my overall approach (with references for further reading) and one in-depth technique I created to help my clients overcome their career indecision.

**Characteristics of ADHD Clients in Career Counseling Sessions**
Clients diagnosed with ADHD exhibit a variety of behaviors which can be challenging to career development and decision-making (Dipeolu, 2011). I have observed that conversations can be difficult with the individual jumping rapidly from one topic to the next, seemingly unable to answer questions in a methodical manner. Their thought patterns appear disorganized, while their overt behavior can range from passive (appearing bored and disinterested) to agitated (restless). Some of my ADHD clients express no interest in any career field and resist my attempts to suggest fields, expressing concern about being locked in to a career. Conversely, rather than having no idea what career to consider, others have too many ideas and feel overwhelmed and paralyzed by indecision. Particularly challenging to the practitioner is that many will seem to arrive at a career decision, only to quickly jump to a new idea or solution, or even back-track to one previously eliminated. They often state that they don’t trust themselves or their decision-making ability, and are highly fearful of making a mistake. Some have difficulty seeing anything in their future, particularly if they have been in the educational system their whole lives, have limited experience beyond the classroom, and lack knowledge of the career opportunities available to them. They often report feeling discouraged about their futures.

**Therapeutic Goals**
With chronically indecisive ADHD clients, my overarching goal is to give them hope, help them break through whatever barrier is holding them back, and apply positive and strengths-focused
strategies to move them forward and engage them in the career development process. ADHD clients often cope by avoiding the process, and resist interventions or suggestions by others, so I focus on exercises which help them create opportunities from within: career ideas that are their own, not suggested by parents, peers, or counselors. I work through their resistance one piece at a time and focus on small incremental steps likely to result in positive outcomes thus increasing their motivation. My goal is not to fix or cure them of their core issue (ADHD is a lifelong diagnosis), but rather to help them identify the behaviors or thoughts which are keeping them stuck, and offering alternative ways to think and act in the process.

**Techniques to Facilitate the Decision-Making Process**

I have found that many techniques which work for a general population are particularly helpful with ADHD clients. They include:

Traditional cognitive-behavioral approaches (Burns, 1999) are particularly helpful for breaking through dysfunctional thinking patterns leading to avoidance or indecisiveness, and have been found to be effective with individuals with ADHD (Ramsay & Rostain, 2003). Disputing irrational thoughts, clearing up common myths or misconceptions about the job search, reducing perfectionist and *all or nothing* (Burns, p.32) thinking can help clients think more clearly about the career process. Many clients have developed *must* or *should* thinking patterns that limit their willingness to explore options. “I must find the perfect job” is a belief that needs to be challenged, for example.

Normalizing the client’s career indecision can help reduce their anxiety and open them up to greater exploration. Explaining that they are in a *gathering information* phase where they are not expected to have selected a career path creates a positive atmosphere, reduces the client’s stress, and allows them to think more clearly and broadly about their options.

Framing questions to focus on positive change (Burwell, 2006) can help challenge an ADHD client locked in negative or perfectionist thinking. Asking what careers might be “good enough” rather than perfect, can begin to open up options. Focusing on the *next* or *first* opportunity can help the client see that their choice isn’t permanent and doesn’t have to be perfect.

Encouraging a growth mindset focusing on curiosity and experimentation (Dweck, 2006) can help break through the myth that every career decision is a life-long fixed decision. Casting the career exploration process as an *experiment* allows the individual to fail—many experiments, after all, do fail—and subsequently develop greater resilience. Encouraging the client to become *curious* about their options can help as well. Asking clients what they are curious about (for example, what problems in the world they would like to solve) can help them identify areas for exploration.

Paradoxical intent (Frankl, 1975) can work as well: if clients aren’t moving forward because they are afraid of being rejected, I often encourage them to deliberately seek out rejection. I have them select a highly competitive employer or a job they know is too advanced for their education, and apply anyway. To do so, they will have to write a good cover letter and resume, and this will provide a template for future more realistic applications. The overwhelming fear of being rejected is gone, because they know they will be rejected.
We celebrate their completion of the resume and application and continue the search for more compatible career and employer options. It’s helpful to assess the client’s current status of career decisiveness, particularly when they appear bored or restless. Basic Likert-type questions can help: “On a scale of 1-10 with 1 being ‘completely undecided’ and 10 being ‘I know exactly what career I want to pursue’ where are you?” This simple question offers the chance to help the client move forward in incremental steps, and the practitioner can suggest actions that might propel them to the next level.

**Possible Lives Mapping: A Creative Technique for Reducing Career Indecision**

Early in my career, while providing academic support and coaching for students with ADHD issues, I often used visual thinking techniques like Mind Maps to help them organize their papers and prepare for tests. I discovered that, with some modification, these same visual mapping techniques provided a creative way to organize the students’ future career ideas and clarify their career decisions leading me to create a visual mapping activity with college students at Dickinson College. I have since used this technique, later titled “Possible Lives Maps” loosely in reference to Markus and Nurius’s (1986) “Possible Selves” concept, with thousands of students. It is fully described with illustrations in You Majored in What?: Mapping Your Path from Chaos to Career (Brooks, 2009), but I will present a brief outline of the steps to create and analyze the Maps here.

**Instructions for completing the Possible Lives Map**

Give your clients a blank piece of legal-sized paper and have them write their name in the center, and draw a circle around it. Ask them to think about all the different careers they have considered throughout their lives, starting back in their childhood when (for example) they might have wanted to be a firefighter because they toured the fire station in kindergarten. Encourage them to write down these various careers, paying particular attention to ones they have considered recently. In each case, they just write the career (not a narrative about it) and draw a circle around it. I generally recommend that they write down about 10 careers in random locations around the paper. Locating the careers randomly around the paper allows for white space for the client to write comments and observations and prevents the hierarchical thought pattern a list might create. Ten careers seem to be enough to provide a good source for analysis without overwhelming them with too many choices; however, it is permissible to select fewer or more. Encourage them to dream: what would be their fantasy career? They should not worry about their education or skill level; they should just focus on what would they enjoy. Remind them that these are “possible lives”: careers they might enjoy, but don’t have to pursue if they choose not to.

If the individual struggles to identify many careers, they may not have a broad knowledge of different career options. For these individuals, I provide a list of careers other clients have identified (Brooks, 2009, p. 113) and I share that with them, encouraging them to select ones which sound interesting.

Once they have identified their possible lives and drawn a circle around each one, have them connect each entry with a solid line back to their name in the center of the paper. Then partner with them to examine and analyze the careers they have chosen. Look for similarities or unifying themes such as outdoor, intellectual, leadership or management, active, creative, educating, consulting, serving others, technical, travel, adventure, etc. (Doing this with several clients in
a group setting can be a positive experience and they learn from each other’s career ideas. They often help each other identify hidden themes, which in turn seems to bolster their own self-analysis.) Ask them to write down the key factors or themes they have identified. Explain that while they may not actually end up in any of the careers on the Map, the themes they uncover might help them identify more careers. For instance, identifying a pattern of helping others can start a conversation of how to implement that desire. Each of the uncovered themes can lead to a deeper discussion of what is important about that characteristic—or even how particular characteristics might be holding them back. (For instance, if every career selected requires graduate school, and the individual needs a job immediately, this would be an excellent place to discuss related careers that don’t require the same level of education, while formulating a plan to investigate further education down the road.)

Now ask the client to identify about 3 (again, this is flexible) careers that currently interest them the most. Three career options seem to provide flexibility without being overwhelming to the client. Also, notice the term, currently—this helps clients focus on the present and not some unclear future.

Then ask a simple question, “Can you do it tomorrow?” meaning, could they literally start doing that job the next day. Most clients say no—they have to complete their education or they need more experience, etc. If a client rather naively says yes, this provides an opportunity for a reality check by asking follow-up questions such as whether they have a targeted resume prepared.

Once they have selected one-to-three careers, ask them to use the solid line (connecting the career to their name) to write down two or three actions they need to take to move toward that career. If they have trouble identifying the necessary steps, you can offer suggestions such as online research, networking, writing a resume, etc. As they are doing this, encourage them to notice their energy—where do they get excited and where do they feel tired or lose interest? It’s not unusual for some clients to learn that they are potentially moving toward a career they thought sounded interesting or that they “should” do (perhaps due to parental influence or peer pressure), only to discover they find the steps to attaining that career boring or lacking in meaning. This can be a valuable insight, propelling them in a new direction.

Making the Career Decision: Selecting the Probable, Possible, or Intention Path
Once the Map is completed, the themes are identified and analyzed, and the steps to some key career choices have been outlined, simply ask the client which career is most appealing. At this point, usually one of three paths emerges: what I call the “probable”, “possible”, or the “intention” paths (Brooks, 2009).

The Probable Career Path
If they select one career path (“probable”) and it is a reasonable and realistic choice, you can help them develop an action plan to move toward that career. If it’s an interesting choice, but not immediately attainable (“United States Senator”) then a discussion can begin about how one gets to that role and what the first step might be. In this case, the client might be encouraged to volunteer for a local candidate’s campaign, or take a course in government. Perhaps the career choice can be expanded to include politics in general. Or, conversely, when speaking to the cli-
ent, you may learn that the reason they want to be a senator is to be in charge—to have a leadership role. This can open up a discussion of the type of leader they would like to be, whom they would like to lead, in what setting they would like to lead, etc. The advantage of the probable career path is that you can now use traditional career development and job search methods to help them move toward their goal.

The Possible Career Path
When someone has narrowed their choices to two or three careers, consider them on a “possible” path and begin looking for the steps needed to move toward each of those careers, again encouraging an atmosphere of experimentation and curiosity. What experiments could they try to learn more about their interests? One step could be to begin writing a resume for each position. Which resume seems the strongest? Which one did they enjoy writing the most? Which one gives them more energy as they created it? These clues can help the client select one of their paths for their initial foray into their career. The possible career path allows the client who feels locked in by one career choice to pursue several options at one time. This search can be more challenging to organize than the probable path, but most individuals ultimately move toward a single choice (or sometimes creatively combine their choices) once they start experimenting.

The Intention Path
If your client cannot narrow their choices to three careers (a likely occurrence with ADHD) they are good candidates for the intention approach. Rather than force a choice, focus on the themes and threads inherent in their selections. If, for instance, working outdoors showed up as a desired theme, the next step for this client might be to set a simple intention: “I am looking for an opportunity to work outdoors.” This intention should be written down (maybe on Post-it™ notes and placed on mirrors or other strategic locations) and the client can be encouraged to keep an open mind and look for opportunities. This action takes some of the pressure off the client to make a decision (which they would likely resist anyway), and focus on what’s out there rather than their own internal confusion. Drawing on selective attention (the tendency to see what we are mentally focusing on), this technique may increase the likelihood that they will find something they might have previously missed.

One former client was unable to clarify her career interests beyond a desire to “do something interesting” stating that her number one fear was she would “end up in a boring career.” Her intention became: “I am seeking an interesting career opportunity for next year.” Within a week, she discovered a career path that just “magically appeared” (her words). She received an email from Teach for America, and as she read it she caught herself thinking, “That sounds interesting.” And the word interesting struck her—that’s what she was looking for. She applied and ultimately began teaching for that organization the following year.

It is important to note that this intention stage is not meant to substitute for career action; if the client had not found something to focus on within a few weeks, we would have moved on to other approaches to help her make a decision. It can be useful to establish a one-to-three week boundary around the intention-seeking path. You don’t need to tell the client this (it would be an arbitrary pressure on them), but if you sense they are using intentions to prolong their indecision, it may be time to move to something else. Whether the ADHD client determines a probable, pos-
sible or intentional path, it can be helpful to discuss the characteristics and requirements of the career field or specific position in light of their individual strengths and challenges.

**Case Study**

Jeffrey (the individual’s name and other identifying information has been changed) was referred to career services by the learning center at his university during the first semester of his senior year. He had been recently diagnosed with ADHD. He expressed concern that he couldn’t decide what to “do” after graduation. He had never held a job, so he didn’t have any past history to rely on for guidance. An extremely bright and articulate student, when asked about career options Jeffrey would often get tied up in philosophical discussions that veered away from decision-making. For example, when asked to identify two or three geographic locations where he might want to work, Jeffrey brought up about twenty locations around the world, describing the benefits of each. When asked to narrow down this list, he did so in a random manner with no strategy for determining the best places to start, such as local connections or economic factors. He made comments like, “I have always wanted to visit Spain. Maybe I could do something there.” Or, “I think California would be a great place to live-- or I could move home to Texas.” Traditional career assessment instruments provided insights, but failed to move him toward career clarity.

Jeffrey agreed to create a Possible Lives Map, and wrote several “possible lives” on his map: architect, artist, graphic designer, philosophy professor, diplomat or ambassador, poet, Foreign Service administrator, actor, private school teacher, art student, and teacher of English as a second language. His map revealed several important career themes/interests: the desire for international opportunities; positions which involve teaching or mentoring; a strong need for creativity and self-expression; opportunities which are flexible and open for personal development; opportunities to continue learning; a chance to influence or help in various situations; and a desire to be around creative, intelligent, and well-traveled individuals.

Jeffrey was unable to select three careers from his map so he fit the *intention* path. We set an intention that he would seek opportunities based on his themes of international, learning, and creativity. We then framed his search into just three manageable career goals: identify possible first jobs and/or graduate school options related to the identified themes; determine the best location for starting out; and prepare the necessary items (resumes, applications, etc.) to pursue these opportunities. Jeffrey continued to work with the psychologist in the learning center on his academic issues and to help maintain his focus on his goals, and participated in a total of five appointments in the career center. The psychologist and I consulted regularly on his progress and to ensure that our advice was consistent.

Ultimately, Jeffrey enrolled in a master’s degree program in Spain (majoring in art), and attained a job as a residence hall supervisor for the program. Through these experiences, he hoped to gain more workplace-related skills, focus on his artistic pursuits, deepen his Spanish language skills, and determine if his interest continues in international diplomacy, all while developing a stronger resume for future employment. Important elements of this outcome are: Jeffrey is recognizing that career exploration is a life-long process and he only needs to focus on the immediate future; he is learning to creatively combine his many interests; and he will learn from his experiences abroad, which will help him move to his next career adventure.
Conclusion
Individuals with ADHD present unique challenges for career practitioners, and the field would benefit from more research about treatments which are most successful. Case studies such as Jeffrey’s highlight the value of a creative approach to decision-making and a balanced combination of therapeutic support as well as career development for individuals with ADHD. The use of the Possible Lives technique seems to benefit clients experiencing decision-making difficulties with regard to career choice, whether than indecision is the function of normal development or the presence of ADHD. Career services practitioners who work with individuals with ADHD need to be creative in their approach to these clients, and focus on techniques designed to move them forward in their development.

References


**About the author**

*Katharine S. Brooks*, EdD, is the Executive Director of the Office of Personal and Career Development at Wake Forest University. Previously she was the Director of Career Services, College of Liberal Arts, The University of Texas, Austin. She is a licensed professional counselor in Texas, nationally certified counselor (NCC), and board certified coach (BCC), and has been practicing in the career services field for thirty years. She is the author of *You Majored in What? Mapping Your Path from Chaos to Career*. She blogs at Career Transitions for *Psychology Today*. She has twice been designated a Top Ten Most Visionary Leader in Career Services by CSO Research. She received the prestigious Kauffman Award from the National Association of Colleges and Employers (NACE). She created the NACE Career Coaching Intensive program and has trained thousands of counselors and career services practitioners. She earned the EdD in educational psychology and the master's degree in rehabilitation counseling at West Virginia University. She earned the BA in sociology and anthropology at Gettysburg College.

Contact her as follows:

*Katharine S. Brooks, EdD*

*Wake Forest University*

*Winston-Salem, NC 27109 USA*

e-mail: brooksks@wfu.edu*
Chapter 6

CAREER PLANNING and TRANSITION for STUDENTS with MENTAL HEALTH ISSUES: Integrated Services at K-12 Settings
by Song Ju and Mei Tang.

Work plays a central role in an individuals’ life and self-identity (Blustein, 2006). To prepare all students to be ready for post-secondary planning and transition to work is a primary task for school counselors at K-12 settings (ASCA, 2004). Despite the widely accepted acknowledgement of the importance of career intervention for planning and transition, services for K-12 students are still lacking. Further, there are scarce resources for students with disabilities with regard to career intervention programs, activities and strategies (Carter, Trainor, Cakiroglu, Swedeen & Owens, 2010). This paper aims at a) illustrating the challenges and needs of students with disabilities with a focus on mental health issues as well as the best practices for transition services from the literature, and b) making recommendations for school counselors and practitioners to integrate services for effective transition planning.

Employment as a critical transition need
Employment is closely related to various dimensions of quality of life and has been recognized as a critical aspect of adulthood (Rogan, Grossi & Gajewski, 2002). Transition from school to work has been identified and included as an essential pillar in all types of transition models (Will, M., 1984; Halpern, A., 1985). The importance of transition to employment is also evident by the federal legislation movement, which directs educational programs to promote employment opportunities and outcomes for individuals with disabilities, such as the landmark legislation of the Vocational Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the Individuals with Disabilities Education Act (IDEA) of 1990, and School to Work Opportunities Act of 1994. Particularly, the reauthorized IDEA 2004 placed greater emphasis on post-school outcomes, which requires that no later than age 16, the IEP must include “appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills” and the transition services “needed to assist the child in reaching those goals” (IDEA, 2004, p. 14).

Population and Transition Issues
Unquestionably, transition to employment is one of the major transition needs for students with mental health issues. Different terms and definitions are used to describe people with mental health conditions. For example, in the mental health system, the 1993 definition of “serious emotional disturbance” developed by the Center for Mental Health Services (CMHS) is used to describe the population (Wagner, Kutash, Duchnowski, & Epstein, 2005). In the education sys-
tem, under IDEA’04, the term “Emotional Disturbance (ED)” is used to represent children and youth who have mental health issues (e.g., emotional, behavioral or mental disorders) and who need emotional and behavioral support. The category includes a wide range of specific conditions with a variety of diagnoses and classifications in different service systems, such as schizophrenia, affective disorders, anxiety disorders, depression, and other psychiatric disorders (APA, 2013; Karpur, Clark, Caproni, & Sterner, 2005). Children and youth who are classified as having emotional disturbance represent the fourth largest category in special education. The percentage of children who are classified as emotional disturbance has increased substantially from 0.6 per cent since 1976 to 0.8 per cent in 2011 with a 33 per cent raise (U.S. Department of Education, National Center for Educational Statistics, 2012).

Youth with ED tend to experience persistent challenges during transition to adulthood. Many children with ED will develop more physical and mental health issues when transitioning from youth to adulthood as they learn to take more responsibilities and develop essential competencies for future independency. The major challenge for this population is the ability to control their emotional needs and behaviors. Students with ED tend to display challenged behaviors and poor interpersonal skills, which negatively impact their development socially, emotionally, academically and lead to unsatisfying post-school outcomes (Kochhar-Bryant & Greene, 2009). Common transition issues for this population involve school failure and high dropout rates, criminal justice system involvement and reoccurrence, chronic unemployment and underemployment, poor social adjustment, and deviance from communities (Lane & Carter, 2006; Wagner & Davis, 2006).

Research has suggested that transition outcomes can be substantially improved through effective transition planning and implementation (Landmark, Ju, & Zhang, 2012; Test, Mazzotti, Mustian, Fowler, Kortering, & Kohler, 2009). Transition outcomes mainly refer to the longitudinal post-school outcomes for students with disabilities in terms of getting and holding meaningful employment, attending further training and education, and living independently to the maximum extent. Schools are required to help students with disabilities develop appropriate postsecondary goals in those areas and provide transition services as well as teach a variety of skills (e.g., academic, functional, social, behavioral, and occupational) to students, so students will achieve better post-school outcomes and improved quality of life. Employment outcomes could include individual involvement in different kinds of employment, such as self-employment, competitive employment, and supported employment, which also are associated with factors like work duration, stability, wages, and benefits. Postsecondary outcomes could include participation in further education/training after exiting high school, such as matriculation in colleges and participation or enrollment in adult education classes, career and technical training programs, or certification postsecondary programs. Independent living outcomes could include living arrangements, self-care skills, community engagement, and financial status (Cobb et al., 2012). Students with ED have critical needs in social skills and life skills development other than learning academics (Lane & Carter, 2006). Career training and preparation is also a central part of secondary transition planning. Employment preparation and life skill development are particularly important for students with ED, because they may have limited access to vocational rehabilitation services and lack essential support to pursue and retain employment following graduation (Carter, Trainor, Ditchman, & Owens, 2011; Swank & Huber, 2013).
Employment Outcomes and Challenges
The employment outcomes for young adults with ED are particularly disappointing over the past few decades. According to the National Longitudinal transition Study (NLTS) report, which provided a national picture of the post-school lives of high school youth with disabilities and their transition outcomes to early adulthood, there is a significant decrease of the employment rates for students with ED at the time of the interview ranged from 40.5% in 2005 to 59.4% in 1990 (Newman, Wagner, Cameto, Knokey, & Shaver, 2010). Across all disability categories, young adults with ED also reported the highest rate of an average number of jobs held since high school (i.e., 4.6) and the lowest rate of average duration of job (i.e., 18.8 months), which indicated a salient difficulty in job retention (Newman et al., 2011). These disappointing outcomes reveal an imperative need to improve and reinforce the school-to-work transition services for youth with ED throughout secondary school years to early adulthood.

Transition Services and School Counselors
School counselors play a critical role in providing a variety of related services to students with ED including consultation, assessment and intervention. They not only provide academic and behavioral consultation on an ongoing basis in schools and assist in data-based decisions in developing related support for students with ED, but also conduct various assessments to determine the strengths and needs of students and develop intervention plans. The ASCA National Standards (2004) and National Model (2012) stated clearly that school counselor need to assume leadership in developing and implementing guidance programs that enable students to make a successful transition from school to the world of work and development of employment readiness. School counselors are in a unique position in developing and implementing integrated transition services along with other stakeholders, as they are professionally trained to work with career development needs of all students as well as required to coordinate Individual Education Plan for students with disabilities. Career guidance services are included in many of the high-quality programs in early years of high schools, including vocational assessment, career exploration and planning, and support services to students and parents (Phelps & Hanley-Maxwell, 1997; Brolin & Loyd, 2004).

Research and Practices
Driven by federal legislation and initiatives, numerous programs and practices have evolved to promote transition to work outcomes. Most evolved transition practices were titled “research-based” and deemed “effective.” To identify practices and predictors for post-school success with “real” empirical research evidence, several major reviews have been done over the past two decades (Greene, 2003; Landmark, Ju, & Zhang, 2012; Phelps & Hanley-Maxwell, 1997; Test et al., 2009). Critical elements of effective transition services and support for youth with disabilities have been identified. To equip school counselors and career practitioners with up-to-date effective practices, in this article, we review important transition practices focusing on supporting career development for youths with ED, followed by making recommendations for school counselors and practitioners to integrate best transition practices into career development intervention programs in schools.
Paid or Unpaid Employment/Work Experience
Both paid and unpaid work experience are identified as positively related to post-school employment, which means students having a job during school years (Landmark, Ju, & Zhang, 2010; Test & Cease-Cook, 2012). Particularly for students with ED, Karpur et al. (2005) found that students with ED who had paid/unpaid employment experiences during high school had better post-secondary school outcomes. Paid and unpaid work experience can be gained through different programs, such as school-to-work transition programs, career and technical education program (CTE) and other work-based learning programs. The process usually consists of vocational assessment, job placement, analysis and development, and job coaching. Students are also encouraged to explore after school jobs, find internships and summer jobs. Work experience promotes development in career awareness, employability skills, and specific occupational knowledge and skills. Career counseling and guidance should be offered to explore future community-based employment options. Ongoing counseling is also needed to provide emotional and behavioral support as students with ED and guide them to cope with potential stressors from various work settings.

Employment-related skills refer to employability skills (e.g., basic work skills, academic skills, social skills and personal traits), career awareness skills (e.g., job search skills and interview skills) and other specific occupational skills. Employment preparation programs are consistently recognized as evidence-based transition practices in promoting post-school outcomes, such as CTE, work study and occupational coursework (Landmark et al., 2010; Test et al. 2009). However, students with ED generally have exiguous involvement in work-based learning programs (e.g., internship programs, school-based enterprises, cooperative education programs, and apprenticeship programs; Carter, Trainor, Cakiroglu, Swedeen, & Owens, 2010). A quality transition program should incorporate career development trainings in an alignment with students’ needs and postsecondary goals. Students with ED should have relevant trainings and experience where they can learn general employability skills, perform job searching, prepare for interviews, develop professionalism, and practice work ethics before exiting high school.

Social Skills Training
Research has indicated that students with high social skills were more likely to be engaged in positive post-school outcomes such as employment and independent living (Test & Cease-Cook, 2012). However, many students with ED are characterized as having deficits in social adjustment and developing relationships with people (Cook, Gresham, Kern, Barreras, Thornton, & Cews, 2008). Social skill training (SST) represents interventions routinely implemented with secondary students with ED as a means of improving social competence (Cook et al., 2008). Commonly used intervention techniques include “coaching, modeling, rehearsal, feedback, reinforcement, goal setting, instructions, discussion, peer training, problem solving training, self-instruction, self-monitoring, self-evaluation, and self-reinforcement.” (Maag, 2006, p.8). SST must be tailored to individual student’s needs, conducted based on sound assessment, and must address specific behavior problems.

Independent Living Skills Training
Possessing daily living skills is also a strong predictor of better post-school outcomes for students with disabilities, which encompasses self-care skills, adaptive skills and leisure skills.
Students who had high daily living skills were more likely to have a higher quality of life and more likely to be engaged in employment and independent living (Test & Cease-Cook, 2012). Independent living is a critical postsecondary goal when appropriate. For students with ED, it is important to conduct relevant assessment to identify skill deficits and develop related IEP goals and plan for relevant trainings in IEPs (Lane & Carter, 2006).

**Self-Determination Training**

Self-determination has been commonly recognized as best practice in transition literature, which is defined as “acting as the primary causal agent in one’s life and making choices and decisions regarding one’s quality of life free from undue external influence or interference” (Wehmeyer, 1996, p.77). Self-determination consists of a combination of skills, knowledge and beliefs including but not limited to choice making, decision making, goal setting, problem-solving, self-advocacy, self-awareness, self-efficacy and self-regulation (Wehmeyer, 1996). Research has suggested that students with ED have limited knowledge and lower capacities to engage in self-determined behaviors comparing to students with other high incidence disabilities (Carter, Lane, Piersonson, & Glaeser, 2006). Opportunities and access to self-determination trainings may also be limited due to the lack of attention in schools and inadequate professional development in this area for secondary teachers. There is an imperative need to provide self-determination interventions to students with ED, which can be embedded in daily classroom instructions, community-based instructions, work-related training as well as be facilitated in home environments (Carter et al., 2006).

**Inclusion in General Education**

Inclusion in general education was suggested as a predictor for better post-school outcomes for students with disabilities (Landmark et al., 2010; Test et al., 2009). Students who receive instruction in general curriculum (especially core content areas) and regular classroom are more likely to be engaged in postsecondary education and post-school employment (Test et al., 2009). Students with ED have unique difficulties in accessing general curriculum in inclusive settings due to their characteristics, such as displaying challenged behaviors, anxiety and resistance, aggression, a lack of academic motivation, poor interpersonal skills, and poor problem solving skills (Walker, Ramsey, & Gresham, 2004). Positive behavior interventions and support (PBIS) and psychological interventions could be effective strategies in promoting transition. Students with ED may also greatly benefit from receiving mental health services.

**Family Involvement**

Family or parental involvement has been identified as a best transition practice by numerous literatures (Geene, 2003; Landmark et al., 2010; Test et al., 2009). Family involvement in transition planning process usually includes participating in IEP meetings, providing a wealth of information and knowledge of the student, participating in transition assessment, being involved in decision making in transition planning and developing postsecondary goals, advocating for their children, and facilitating transition planning and implementation. Family involvement is particularly important for career development of youth with disabilities because they are a natural source of support and may have additional resources and community connections. Several barriers may hamper active parent participation, such as negative experience when interacting with teachers and schools, lack of information and resources, lack of communication or miscommunication,
personal and family issues, etc. There is a need to enhance parent-professional relationships, increase parent knowledge, provide resources and increase effective communication between family and other transition stakeholders.

**Interagency Collaboration**
Interagency collaboration involves a coordination of services among multiple parties including students, parents/family, multiple school personnel, various agencies (e.g., rehabilitation services, mental health services, public health services and developmental disabilities), community organizations (e.g., disability organizations and local groups), and/or other adult service providers (e.g., group homes and independent living centers). Research has suggested that students were more likely to be competitively employed if they received continuing employment support after existing high school or received assistance from more community-based agencies (Landmark et al., 2010; Test & Cease-Cook, 2012). It is important to look into relevant services and agencies based on students’ postsecondary goals and enhance the collaborations among different programs and agencies in order to integrate resources and promote a seamless transition from in-school to post-school years.

**Recommendations for School Counselors and Career Practitioners in Schools**
The purpose of this article was to provide an overview of substantiated transition practices which target the perplexity of transition needs and career development for adolescents with ED. School counselors and career practitioners in schools play a crucial role in transition planning and implementation of transition programs. They are also instrumental in coordinating services among school personnel, agencies and community partners to promote transition to adulthood (Swank & Huber, 2013). It is important for school counselors and career practitioners to know what effective transition practices are available for promoting transition from school to work, so they can knit the practices and resources into career intervention programs and other counseling service programs. To better integrate the services, the following suggestions are for school counselors and career practitioners to highlight when planning for career development for students with ED.

First, school counselors and career practitioners should facilitate student work experience and community-based experience. Transition professionals need to explore community-based work options that match the student’s interests, needs and goals. Employment settings and placement for students with ED must be carefully planned based on individual characteristics and needs. School counselors should conduct career assessments with students and facilitate the data-based decision-making process. It is important for school counselors to collaborate with other transition staff (e.g., transition specialists) to conduct assessments in the community. Due to complex emotional and behavioral needs of students with ED, school counselors should provide ongoing counseling support and may work with other transition staff to provide interventions and support services at the workplace.

Second, school counselors and career practitioners can work with classroom teachers and transition staff to provide critical skill trainings in classroom instruction, community-based instruction, and throughout the counseling program. As identified in effective transition practices, critical skills include self-determination skills, self-advocacy, social skills, interpersonal skills, independent living skills and employment-related skills. When working with students with ED, school
counselors should place a great emphasis on teaching self-determination skills and social skills through providing opportunities to practice, using modeling and feedback, and encouraging students to self-advocate during transition planning meetings, classroom learning, and employment-related activities. Martin, D’Ottavio and Nickerson (2007) recommended using the Student-Directed Summary of Performance and Student-Directed IEP as effective approaches for engaging students in transition planning process to increase self-determination skills. Furthermore, school counselors and career practitioners must facilitate general classroom inclusion. Students with ED are more likely to have negative experiences from teachers and peers in general classrooms. Many general education teachers lack professional development in teaching students with ED. They may show resistance in providing support to students and encounter frustration when teaching the population. School counselors should build collaborations among general education and special education teachers, facilitate developing and implementing positive behavior intervention and support plans, and provide resources and advice to teachers.

Additionally, school counselors and practitioners should develop and maintain collaborative relationships with parents of students with ED. It is important for school counselors to effectively listen and respond to parents’ questions and concerns. School counselors may need parents to implement some of the intervention strategies. For instance, school counselors can educate parents about the purposes and processes of engaging students in transition planning at home. School counselors play the role of liaisons between parents and schools; therefore, developing collaborative relationship with parents is critical for successful implementation of transition plans.

Last, but not least, as a key player in the interdisciplinary planning team, school counselors and career practitioners must understand the transition process as a coordination of services and facilitate interagency collaboration. School counselors should be knowledgeable about community agencies, services and policies, and be able to work with other transition staff to coordinate services among different agencies and school programs. It is also essential for school counselors to lead attentions and conversations on the individual student during interdisciplinary planning meetings.

In summary, school counselors are in the unique position to coordinate school to work transition services for students with disabilities. To help students make effective transitions from school to work, school counselors can be instrumental in developing, facilitating and evaluating these components as evidenced by the research: coordinating real-world work experiences through curriculum and internship placement; working with classroom teachers for students develop employment-related skills, social skills, and independent living skills; collaborating with school, family and community agencies for inclusion and integrated services.

References


**About the authors**

**Song Ju**, PhD is an assistant professor in the program of Special Education at the University of Cincinnati. Her major research interest is transition education and services for students with disabilities focusing on transition from school to employment. She is involved in various training programs for youth and young adults with disabilities which prepare students for successful transition from school to adulthood. She is also engaged in research and gives presentations in various conference and workshops. Her work is published in journals such as Exceptional Children, Career Development and Transition for Exceptional Individuals, and Journal of Vocational Rehabilitation. Contact her as follows:

**Song Ju, PhD, Assistant Professor**
**School of Education/CECH**
**University of Cincinnati, 2600 Clifton Ave, 600E Teachers College**
**Cincinnati, OH 45221-0049 USA 513-556-5693. e-mail: song.ju@uc.edu**

**Mei Tang**, PhD is a Professor in the Counseling Program of University of Cincinnati. She has been a counselor educator for 18 years. Her main research areas include career development of minority members, cultural identity and acculturation and work with school-age population, and cross-cultural counseling issues. She has served on editorial boards of Career Development Quarterly (CDQ), Journal of Counseling, and Development (JCD), and is currently the Associate Editor of Journal of JCD. Her publications predominantly focus on career development issues and appear in the journals such as Journal of Vocation Behavior, Journal of Career Assessment, Professional School Counseling, and CDQ. Dr. Tang has collaborated with local school and community agencies to provide services to diverse population in urban settings. Contact her as follows:

**Mei Tang, PhD, LPC, Professor**
**School of Human Services/CECH, University of Cincinnati, 2600 Clifton Ave**
**Cincinnati, OH 45221-0049. USA 513-556-3716. e-mail: mei.tang@uc.edu**


Chapter 7

INTEGRATING CAREER PLANNING in COMMUNITY and AGENCY SETTINGS: Issues, Factors, and Considerations
by William R. Sterner

Abstract
The benefits of integrating career and mental health counseling are evident throughout the literature; however, a paucity of literature exists examining the value of career planning within community and agency settings. The purpose of this article is to examine the issues, factors, and considerations associated with integrating career/vocational planning into these settings through a mental health lens. Case scenarios are presented that highlight how an integrated career planning process would strengthen treatment outcomes.

Counselors working in community and agency settings face a number of challenges not only with developing and maintaining competencies to address the wide range of client issues, but also with the increasing confluence of social, political, and economic forces that dictate the quality, availability, and affordability of these services (Patrick, 2007). Many of these challenges evolved during the past 50 years with the deinstitutionalization of individuals with mental illness. Prior to the passage of Community Mental Health Act of 1963, individuals with mental illness were often confined to state hospitals and asylums where they faced poor quality of life, isolation from the community, disrespectful treatment, and social marginalization (Rosenberg & Rosenberg, 2006). Five decades following the passage of the Community Mental Health Act, the lack of a comprehensive and coordinated system of care continues to raise concerns for those working with clients in community and agency settings.

Counselors are continually faced with how best to address the diverse needs of clients often with reduced budgets and shrinking resources (Patrick, 2007). Depending on the agency, the community being served, and the type of services provided, community and agency counselors may be required to wear many hats. It is not uncommon for counselors in these settings to be knowledgeable of not only mental health and substance abuse treatment, but also pharmacology, related medical disorders and disabilities, diverse managed care systems, case management issues, community resources/services, advocacy and legislative issues, and career counseling.

In these settings, counselors are often required to focus their efforts on presenting issues such as mental health and substance abuse problems while providing scant attention to concerns such as career development. Career development is not always viewed as a treatment priority (Robertson, 2013), even though employment issues (e.g., joblessness) can exacerbate mental health
issues (Ronzio, 2012). The guiding principles, philosophy, and history of counseling are rooted in viewing clients through a holistic lens, yet many agencies place greater emphasis on adhering to the reductionist approaches imposed by third party payers than on the broader developmental needs of their clients. In many instances, and with a shift toward brief interventions, counselors seeing value in addressing issues that do not fall within the scope of approved services are often left to find innovative and creative ways to integrate care.

The growing consensus that comprehensive and coordinated care is critical to effectively address the needs of clients with co-occurring issues (Drake et al., 2001; Rosenberg & Rosenberg, 2006; Steele & Rechberger, 2002) may eventually create opportunities for counselors to expand care into issues that compound these disorders. Gerg (2007) highlighted the implications for counselors and agencies of incorporating a comprehensive mental health counseling model, including assessing one’s strengths, assets, deficits, and symptoms in relationship to one’s environment; a collective evaluation of factors impacting the client and how these factors interact; and the interconnectedness of treatment and interventions across presenting issues. Gerg (2007) added most community and agency settings operate from the broader allied/medical health professions model, which may create philosophical and professional identity concerns related to treatment approach and direction across disciplines.

One such issue that warrants attention within a comprehensive care model is career planning. A paucity of literature exists emphasizing the importance of integrating career planning as part of the overall community/agency treatment strategy. The focus of this paper is to review issues, factors, and considerations that impact integration of career planning within the framework of community/agency counseling. This paper will examine career planning through a mental health lens and explore issues/factors facing community agencies. Considerations for integrating career/employment planning into overall treatment will be discussed and case scenarios will highlight the importance of integrating career planning within an agency model.

Career Planning Through a Mental Health Lens
To understand the importance of career planning as a function of mental health treatment within community and agency settings requires a review of recent data. In 2012, Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that in the past year nearly 44 million adults in the US (18.6% of the total adult population) had a diagnosable form of mental illness, an increase from 17.7% in 2008. When examining mental illness and employment status in 2012, those who had any mental illness had a higher rate of unemployment (25.5%) than those who worked part-time (19.8%) or full-time (15.2%) and when comparing part-time to full-time employment, those who worked part-time had a higher rate of unemployment (SAMHSA, 2013). The number of individuals receiving mental health services or counseling during 2012 was 2.5 million more than in 2011 (34.1 and 31.6 million respectively; SAMHSA, 2013). Herr (as cited in Herr, 2003) reported data from Gallup polls that nearly 2 in 10 working Americans change jobs each year and 1 in 10 need career assistance. Herr (2003) noted as the workforce experiences higher rates of unemployment, underemployment, and less than full-time employment, the demand for career counseling exceeds the availability and accessibility of these services. As mentioned, career counseling is often not the primary focus of treatment in most community or agency settings. Herr (2003) indicated that one of the advantages of the career counseling
process across settings is that it works in conjunction with other program aspects or interventions. He added that even though career counseling is utilized by a diverse group of counseling professionals, little empirical data exist as to the efficacy across career counseling service providers (Herr, 2003). One possible reason for the lack of empirical data may be in how career counseling is prioritized with respect to other psychological problems. Several scholars noted that historically counselors and psychotherapists have placed greater emphasis on the treatment of psychological and interpersonal issues and less priority on employment and work issues (Blustein, 1987; Guindon & Giordano, 2012; Herr, 1989; Robertson, 2013). Blustein (1987) stated that “separating work issues from other psychosocial concerns creates an artificial distinction between aspects of life that are clearly interrelated” (p. 794). He concluded that if a maladaptive personality pattern is creating psychological difficulties and disturbances, then it is expected that similar problems will manifest on the vocational domain.

Given the important connection between psychological and vocational domains, limited research exists exploring the relationship between the two (Herr, 1989). Some believe that when clients with mental illness like schizophrenia are employed, integrating vocational or career counseling into treatment can be instrumental and essential to their recovery because it helps create a sense of purpose and meaning in life (Andresen, Oades, & Caputi, 2003; Deegan, 1996) as well as improved functioning, decrease symptom presentation, and a reduction in relapses (National Collaborating Centre for Mental Health, 2003). Lidz, Sorrentino, Robison, and Bunce (2004) emphasized that a key aspect in the course of treatment of substance abuse disorders is preparing clients for work. One factor leading to an effective transition back into the community is finding work and maintain a regular work schedule.

Robertson (2013) indicated that vocational guidance efforts have not fully embraced the need to integrate mental health issues within policy-making decisions. However, many believe career counseling has evolved as a therapeutic modality that does not focus solely on work and career issues (Herr, 1989). According to Ronzio (2012), not addressing mental health issues can have repercussions for clients not only in their ability to apply interventions learned in counseling, but also in the degree of success they experience in the workplace. Paul and Moser (2009) added that those who have difficulty managing their mental illness are often at greater risk for unemployment.

As support for a comprehensive model of care for mental health within community and agency settings grows, policy makers need to weigh the benefits of integrating career planning and personal counseling. Given the interrelationship between work and mental health, it is critical that counselors not see these as mutually exclusive domains, but rather as an interdependent relationship (Blustein, 1987; Niles & Pate, 1989). Further, with concerns about the effect the global economy is having on job creation in the US (Ronzio, 2012) and projections for growing worldwide unemployment over the next decade (International Labour Organization, 2012), career and vocational planning as part of the overall treatment model warrants greater consideration and advocacy.

**Career Planning in Community and Agency Settings**
In their review of the literature on career counseling and severe mental illness, Caporoso and
Kiselica (2004) concluded that certain settings, such as mental health agencies, do a poor job of meeting vocational and career needs for clients with severe mental illness. With the primary intent to treat mental health and substance abuse issues across many community and agency settings, it is likely that most agencies struggle to meet the multifaceted needs of clients. Patrick (2007) mentioned with the demands placed on counselors and agencies to meet changing social and population demographics and diversity of needs facing clients, comes an increased need for specialized treatments.

Issues/Factors Impacting Integration of Career Planning
Managed care. Tang (2003) believes that career counseling needs to be integrated into more than school settings. Yet, as mentioned, many community and agency settings struggle to meet the demands to treat the most significant mental health and substance related issues, especially with the current climate toward capitated care. Within the managed care environment, several issues may limit counselors from addressing client needs including career counseling. Some of these issues include the emphasis on medical necessity as a condition for any services to be provided, premature termination, the over reliance on diagnosis, and the availability of care (Gerig, 2007; Randall & Aldred-Crouch, 2006). Cost containment often restricts the number of sessions thus limiting the therapeutic value for many clients (Gerig, 2007). The effects of managed care also raise questions about the quality of treatment care and the latitude many counselors have to work with clients, especially those with issues not covered under the approved diagnostic codes or services.

Counselor experience and training. One possible reason community and agency settings have not fully integrated career planning may be a function of counselor competence and training needed to navigate this process. Few counselor education curricula provide master’s and doctoral level graduates with the specialized training in career counseling and development needed to address the complexity of career and vocational planning for clients [Council for Accreditation of Counseling & Related Educational Programs (CACREP), 2014; Tang, 2003]. Rather most students are required to take a foundational career counseling course with only a handful of programs offering an advanced course or career counseling practicum (Savickas, 2003). In 2014, of the 298 CACREP-accredited institutions only ten had a specialty in career counseling. Even if services were not limited to mental health and substance abuse or service restrictions were not imposed by the agency or third party providers, counselors may not feel competent providing career assessment and counseling.

Kang, Magura, Blankertz, Madison, and Spinelli (2006) found that unemployed clients who were also on a methadone protocol and were desperately in need of employment were the ones who sought out vocational counseling when it was available, however, counselors often lacked the training to address the therapeutic needs of this population. Whiston (2002, 2003) asserted that most counselors were not clear about what career techniques and interventions worked best and how best to apply them under different circumstances. Guindon and Giordano (2012) echoed similar concerns that mental health counselors were often not prepared to address career issues. Blustein (1987) indicated that counselors intending to address both vocational and clinical concerns need to be versed in vocational theory as well as understand vocational behaviors. He added that for counselors to be effective, training and competence in career counseling is
needed. However, as Blustein (2001) noted, work-related issues have been poorly integrated into psychotherapeutic practice. A contributing factor may be that many mental health practitioners minimized the importance of career counseling or considered work-related issues nonexistent or of little interest (Blustein, 2001; Guindon & Giodano, 2012).

Counselors working in community and agency settings may not place much emphasis or value on career counseling as they do not see it as central to their role and function within domains of mental health and substance abuse (Herr, 2003). Savickas (2003) believes part of the reason for the indifference in how career counseling is viewed may be that counselor educators have responded to the calls of students who expressed greater interest in other concentrations (e.g., mental health counseling). Contributing to this indifference may be students’ attitudes toward career courses. Osborn and Dames (2013) found that instructors were often frustrated with negative student attitudes toward career courses at the outset of the course. As the semester progress and students’ attitudes shifted, faculty frustration diminished. They also found that most instructors surveyed were positive, satisfied, competent, and preferred to teach the career course. Further, counselors, specifically career counselors, have not done well in advocating for the benefits of career counseling to consumers (Niles, 2003; Savickas, 2003; Whiston, 2003).

**Economic and cultural factors.** Not factoring in career and employment issues, especially for those who have mental health disorders that result in employment issues, may further exacerbate mental health functioning resulting in greater difficulty reengaging in the labor market creating increased financial stress (Audhoe, Hoving, Sluiter, & Frings-Dresen, 2010). Given the changing economic landscape, globalization of the workforce, and evidence supporting the value of comprehensive career planning, organizations and policy makers remain skeptical about making this investment (Feller & Peila-Shuster, 2012). Feller and Peila-Shuster (2012) reported numerous educational, social, and economic benefits are tied into integrating career planning into community and agency settings, including fewer incidence of depression, work-place violence, work-related stress, and reduced criminal justice activities.

One possible reason for this skepticism may reside with who has traditionally benefited from career counseling. As Whiston (2003) indicated, in Western culture those who have participated in career counseling over the years were likely not the ones living on the fringes of society and desperately in need of vocational guidance and direction, but instead those who had the privilege, opportunities, and resources. Too much effort and energy has been spent on the career needs of the dominant culture without much consideration to other cultural groups who could benefit from focused career and vocational counseling (Pope, 2003, Tang, 2003). Even though women and minority groups are becoming a larger segment of the labor market, counselors are unclear about how best to assist these groups given some of the unique problems they face (Tang, 2003).

**Agency issues.** It is possible the problem with integrating career planning lies with administrators who may not see its value as part of the agency’s mission or who have little knowledge or understanding of its significance for clients with mental health and substance abuse issues. Where there is agency support for career counseling, one questions whether counselors and administrators keep current on the models and interventions that best meet the needs of their clients while conforming to the changing economic landscape (Herr, 2003).
Systematic and procedural issues within agencies may also contribute to problems integrating career planning. Agencies, and their administrators, are often challenged by limited resources and staffing. Most community and agency settings cannot justify having a counselor on staff who specializes solely in career counseling and if they are the exception, the question is whether they would be able to maintain a caseload to justify their position. Most agencies expect counselors on staff to serve as generalists addressing a wide range of presenting issues. In some instances, agencies may designate a counselor who will work with specialty issues such as career planning, even if they lack specific training. This course of action presents a number of issues and challenges including how are services being billed since most insurances do not authorize payment for career planning (Tinsley, 2001) and ethical concerns if one is practicing beyond their scope of expertise.

Agencies should place greater emphasis on career planning as part of the overall client assessment and treatment process. Intake and assessment forms in most agencies include questions about employment issues and history however these forms often provide a cursory overview of career or work-related issues, while not always connecting to mental health or substance related problems. The advancement of computer and software technology may also factor into the relevance of career and vocational planning within agencies (Tang, 2003). Even if administrators incorporate career planning as part of the agency’s service mission, they may not place much value on integrating computer-based self-guided assessments and online occupational tools with face-to-face counseling. They may rationalize that using self-guided assessments and online tools are more cost effective allowing counselor resources to be allocated to other seemingly pressing issues. Even with the advent of computer technology, ease with which information is available, and accessibility of information and resources, many clients need more than self-guided career assessments and tools. Whiston, Brecheisen, and Stephens (2003), in their meta-analysis of career counseling effectiveness, found that interventions not involving a counselor were generally less effective than interventions that did include a counselor. Their analysis demonstrated that better outcomes resulted when computer-based technologies and career counseling were combined versus computer technologies alone.

**Considerations for Integrating Career Planning**
To argue for integrating career planning into community and agency settings requires more than demonstrated effectiveness of career interventions. It requires a wholesale change in how career counseling is perceived within the overall therapeutic process in these settings. One of the first considerations is to examine the extent to which institutional, financial, and attitudinal barriers are hindering the development of a holistic and comprehensive model of care of which career planning is an important component. Advocating for and educating stakeholders of the value that career planning can have as part of a comprehensive system of care should be assessed. Robertson (2013) indicated that incorporating vocational interventions within a mental health model not only enhances one’s self-efficacy and self-concept, but also helps to reduce the problematic psychological effects for those struggling with unemployment and mental health issues. He added that vocational guidance may lend support and benefit for mental health therapy. By integrating career counseling into the existing therapeutic process established within community and agency settings, there is a degree of efficiency and cost savings that may develop as...
counselors use similar techniques to address different but related issues. For example, if a client is presenting with low self-esteem, anxiety, and depression due to recurring and co-occurring vocational and mental health issues, the counselor can explore the client’s cognitive schemas across these conditions. Due to coexisting vocational and mental health issues, the techniques used to address these issues are often transferrable and easily adapted across conditions (Ronzio, 2012). This course of action may reduce concerns with adhering to managed care requirements since issues are addressed simultaneously. Evidence for supporting an integrating mental health and career issues as part of a comprehensive treatment model have been well documented (Blustein, 1987, 2006; Heppner & Heppner, 2003; Lenz, Peterson, Reardon, & Saunders, 2010). Blustein (2006) highlighted the position of numerous scholars and practitioners that vocational and personal counseling often overlap and are equally complex, challenging, and fraught with psychological pain. Blustein (1987) states that “an intervention that addresses vocational issues within a broader therapeutic context clearly would be helpful in designing comprehensive treatment programs” (p. 795). Tang (2003) mentioned that by fully assessing and understanding client resources, interventions may yield greater benefit to the client.

Other considerations include agencies placing greater emphasis on training that focuses on the interrelationship and importance of career planning and mental health and substance abuse issues. Agencies may consider allocating funds to assist in career development training while supervisors need to encourage staff to see the merits of this type of training as being as important as mental health and substance abuse training. Counselor educators must encourage and support students to examine and understand the value of integrated career and mental health counseling while discouraging attitudes that deem them as mutually exclusive issues.

Further recognition of the significance cultural factors play in career planning is necessary. Counselors should recognize that gender and cultural differences can influence career planning and outcomes in much the same way as with mental health and substance abuse treatments. Recognizing differences allows for more detailed and specific treatment planning. Viewing career issues through an empathic lens can bring into focus the nuances and complexities clients are facing. This approach helps the counselor not only better understand the client’s reality, but also allows the counselor to develop a more compassionate and comprehensive treatment plan. Agencies want to ensure that counselors designated to address career planning have the skills, training, and competencies to integrate career counseling within the mental health system (Lenz et al., 2010). Agencies should make a concerted effort to integrate career planning into their mission and program objectives while enhancing their marketing to align with comprehensive care approach. Further, Lenz et al. (2010) indicated consideration should be given to the name of the integrated program. If the name implies too much focus on mental health services, clients seeking career counseling make go elsewhere while too much focus on vocational services may diminish the unit’s credibility for those seeking psychological help.

**Career Planning Program Development Template**

Even though no specific strategy was identified in the literature on how best to integrate career planning into an agency setting, Schutt (2012) outlined a career development program model that can serve as a template. Schutt mentioned the initial stage in the strategic planning process begins with a needs assessment. The needs assessment generates the mission statement and pro-
vides clarity as to the internal and external targeted audiences and the main purpose of the work to be conducted (Schutt, 2012). Related to the mission statement, Lenz et al. (2010) added that agencies planning to integrate career and mental health counseling may find that these services operate from a common philosophy and theoretical framework. From the needs assessment, an organizational strategy is developed from which the career planning model implements the mission and vision. Schutt explained the purpose is to align programmatic activities with client needs.

Once the strategy areas are identified, efforts are directed toward establishing program objectives, performance measures, and initiatives (Schutt, 2012). These steps can provide justification for career planning as part of a comprehensive plan, as well as evidence-based outcome data to support continuation of care based on meeting client needs, demonstrating the program’s efficiency and effectiveness, and overall program evaluation (Shutt, 2012). Establishing a strategic budget allows program administrators to identify additional levels of service or a means to expand or enhance the program or its functions (Schutt, 2012). Finally, program evaluation provides outcome measures that demonstrate the effectiveness of the program objectives and goals.

**Case Scenarios**
The following case scenarios demonstrate a type of client who is often served by community and agency settings and can benefit from integrating career planning within these settings. These scenarios provide justification for how an integrated career planning process could strengthen treatment outcomes. In each of the three scenarios the client was referred to a community or agency setting to address the mental health and substance use disorders.

**The Case of Rob:** Rob is a 27 year old, White male diagnosed with co-occurring anxiety disorder and substance use disorder. Rob has a history of legal issues, with the most recent being a DUI. Rob has a high school diploma and his work history has been sporadic since age 18 due in part to his mental health and substance use disorders. His work history involves employment in restaurants and bars, which has exacerbated his presenting issues. He is worried about a lack of transferrable work skills. He reports that being around too many people makes him very nervous and uncomfortable resulting in increased substance use. He mentions if he could find a job that suits his temperament and personality, he would feel better about himself.

To initially engage Rob in addressing his concern, the counselor conducted a comprehensive assessment to better understand how career and mental health and substance abuse issues intersect. This assessment focuses on the types of work Rob would like to do and how his current work exacerbates his presenting issues. Therapy targeted his vocational interests and the narrative he has constructed regarding his career aptitudes, values, and beliefs. Coordinating care with a psychiatrist to address his anxiety is warranted as is integrating cognitive therapy to examine any maladaptive schemas. Evaluating his motivation to change especially related to his substance use patterns is essential for establishing treatment and aligning specific strategies.

**The Case of Rosie:** Rosie is a 31 year old Latino female who has been living in the US for the past three years. Rosie immigrated to the US from Columbia to make a better life for her and her two children. Rosie was professionally educated in Columbia as a lawyer but was working as a
janitor for a cleaning company. She is frustrated that she had not been able to find comparable work. She has been told that she cannot practice as an attorney in the US until she meets the credentialing requirements, which would require her to meet all state requirements. Rosie also has a history of depression and reported experiencing neurological and physical complications resulting from an undiagnosed bacterial infection. She has many psychosocial pressures that had been working on in counseling but feels many of these stressors would subside if she could find more satisfying work. Rosie is significantly underemployed resulting in stress and depression. Rosie appears in need of a medical evaluation and treatment for her infection and assess whether the infection is contributing to her depression.

Assessing Rosie’s psychosocial issues and examining them through her cultural lens is warranted. Understanding her career concerns requires the counselor to examine her situation from both cultural and gender lens and to assess what options may be available both short and long term. The counselor also wants to determine which treatment approaches are applicable and what supports are available and what resources exist. Given the short time in the US, the counselor needs to assess the degree of acculturation.

These case scenarios highlight the importance of integrating career and vocational counseling with mental health treatment. They also demonstrate the complexities and challenges associated with providing integrated care that includes career concerns as well as reinforce efforts to establish comprehensive care within agency settings.

Conclusion
Agencies are challenged with having limited resources and services to meet the diverse needs of their clients. A number of issues and factors influence the degree to which career planning is integrated into agency settings. The challenge facing counselors and agencies is how best to integrate career planning within agency settings, including treating career and mental health issues simultaneously; advocating for system, program, and funding changes; and enhancing training.

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About the author

William R. Sterner, PhD, is Associate Professor of Counseling, Marymount University. He teaches in the master’s and doctoral program and served as the EdD program coordinator from January 2014 to August 2015. He earned the PhD in Counselor Education (2007) and the MEd in Rehabilitation Counselor Education (1994) at The Pennsylvania State University. He is a licensed clinical professional counselor and supervisor in Maryland and a licensed professional counselor in Pennsylvania and North Carolina. He has been an Approved Clinical Supervisor since 2012. He worked for nearly six years as a Clinical Mental Health Counselor and Drug and Alcohol Clinical Supervisor in Central Pennsylvania before his doctoral studies. He also worked for two years as a TASC Coordinator for the Centre County Pennsylvania MH/MR- D&A Office, conducting substance abuse assessments with clients in the criminal justice system. In addition to his faculty responsibilities he maintains a private practice. His scholarly activities include numerous publications and presentations focusing on counseling supervision, career development, methodological issues in research, spiritual/religious issues, and mental health and substance abuse.

Contact him as follows:

William R. Sterner, PhD, Associate Professor
Counseling Department
Marymount University
2807 N. Glebe Road
Arlington, VA, 22207 USA
e-mail: wsterner@marymount.edu
Chapter 8

VETERANS' MENTAL HEALTH and CAREER DEVELOPMENT: Key Issues for Practice
by Carlos P. Zalaquett and SeriaShia J. Chatters

Abstract
Veterans’ career issues and mental health issues are interrelated. Nobody returns from active war areas untouched. With a high number of veterans returning from war scenarios, seeking for ways to reintegrate into civilian life, looking for work and, and attempting to develop a career path, career counselors are asked to respond to the complex issues these clients may bring to the counseling process. Addressing veterans’ mental health issues affecting work or career related activities is the focus of this article. Veterans’ key mental health concerns, career issues, and best ways to assist them are emphasized.

Due to the recent drawdown in armed forces in Iraq and Afghanistan, the armed forces have significantly reduced the number of service men and women in the United States (Crawford, 2015; Schogol, 2015). Service within the armed forces is usually associated with good mental health. Current research indicates that many veterans and service personnel do well after they return to civilian life (Kitchiner & Bisson, 2015). However, a significant number of veterans do suffer from mental health issues that require treatment and support; and several of these veterans present with multiple concerns (Strong, Ray, Findley, Torres, Pickett, & Byrne, 2014). This is important because greater psychosocial stress can lead to poorer mental health (Bonde, 2008). Adjustment problems can lead to financial problems; in turn, financial difficulties can lead to adjustment problems (Elbogen et al., 2012). Multiple psychosocial stressors like income, employment, or depressive symptoms can increase the risk for heart disease (Thurston & Kubzansky, 2007).

The increased number of veterans entering the civilian workforce denotes a need to understand how to facilitate their transition from active military service to civilian life. This transition includes changes to their home, work, and social environments, as well as psychosocial stressors such as unemployment, which can negatively impact their social, emotional, and psychological well-being.

In this article, we aim to address veterans’ issues with transition to the civilian workplace and its’ impact on their mental health, and work and career activities.

Work and Mental Health
There is a strong connection between the jobs, careers, and working environments of people, and their health and well-being (Abele-Brehm, 2014; Strauser, Lustig, & Çiftçi, 2008). Work defines us and understandably so, as we spend a third of our lives in this activity. Work is more than
just a way to sustain us financially and can be an excellent therapeutic experience for those with personal adjustment problems. On the negative side, work-related stresses can produce psychological damage. Issues such as unemployment, underemployment, or work instability usually produce problems of living and negatively affect mental health. The converse is also true, as mental health issues can have detrimental impact in our capacity to find and sustain work related activities (Strong et al., 2014; Zalaquett, 2010).

There are indicators within the research that this connection can be more significant for active duty servicemembers and veterans due to the structure, rigid set of guidelines, standards, values, and morals indicative of indoctrination into the Armed Forces (Coll, Weiss, & Yarvis, 2011). The loss of this connection, in addition to any mental health issues exacerbated by a soldier’s indirect or direct involvement in wartime conflict, can significantly impact a veteran’s transition to the civilian workforce (Coll et al., 2011). Disgruntled individuals can upset any work environment; job complexities can negatively impact a person’s mental health; and unsafe and stressful workplace tax the physical and mental well-being of individuals (Zunker, 2008). These issues compounded with the stress of transition (Ahern et al. 2015), periods of unemployment (Faberman, & Foster, 2013), and stigma (DeViva et al. 2015) experienced by veterans highlights the importance of considering both career development and personal development to understand the impact of mental health issues on work and career decisions in veteran populations.

**Number of Veterans Entering the Civilian Workplace**
Over the past decade over 2 million veterans have been discharged (honorably, uncategorized, general) from the armed forces (Carney, 2014). Specific groups of veterans, such as veterans under the age of 35, over the age of 55, or veterans suffering from a physical disability or mental health issue, may find the transition to be considerably more difficult (Williamson & Mulhall, 2009). In addition to the burden of transition, some veterans suffering from mental health issues may experience additional hardships due to the nature of their discharge. Although veterans suffering from Post-Traumatic Stress Disorder (PTSD) and other service connected mental health issues may receive an honorable discharge, some veterans suffering from mental health issues classified as ‘pre-existing’ such as a personality disorder, may receive a ‘general’ discharge which can impact their access to medical and social services from Veterans Affairs (VA) (Carney, 2014). A report published the National Council for Behavioral Health indicated that nearly 730,000 (30%) men and women OEF/OIF veterans have a mental health condition requiring treatment (2012, p. 2). Among these, 18.5% have post-traumatic stress disorder and, major depression, or both; and, 11.6% have other mental health disorders. Additionally, these veterans report increased use of alcohol and drugs, which could lead to an ‘other than honorable’ discharge, placing them in a category in which they would not receive any medical benefits (Carney, 2014). The VA provides a myriad of services for veterans, however when veterans are unable to receive physical or mental healthcare, often they are not exposed to many of the other social services the hospitals provide. It is important for career and mental health counselors to understand these issues as veterans may encounter these as they re-enter the civilian workforce.

**Mental Health Issues Prevalent Among Veteran Populations**
Nock and colleagues (2015) published an article regarding the results of the U.S. Army’s Study to Assess Risk and Resilience in Servicemembers (STARRS) and found the rate of major depres-
Major Depressive Disorder (MDD).
Major depressive disorder, or unipolar depression, is a disorder characterized by repeated episodes of depression without any history of independent episodes of mood elevation and increased energy (mania) (World Health Organization, 2010). An episode of depression is characterized by one or more of the following key symptoms lasting at least two weeks: persistent sadness or low mood, loss of interest or pleasure, and low energy or fatigue. Associated symptoms include sleep disturbances, poor concentration or indecisiveness, poor or increased appetite, agitation or slowing of movements, low self-confidence, guilt or self-blame and suicidal thoughts or acts. The episode may be specified as mild, moderate, or severe depending upon the number and severity of symptoms, and degree of functional impairment. Several and very distressing symptoms characterize severe episodes (NICE, 2010; World Health Organization, 2010).

Post Traumatic Stress Disorder (PTSD).
PTSD is “…a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.” (World Health Organization, 2012). This disorder is characterized by reliving the event (e.g., flashbacks, nightmares), avoiding situations that remind you of the event (e.g., avoid similar situations or stimuli), negative changes in beliefs and feelings (e.g., numbing), and feeling keyed up (e.g., irritability) (APA 2012). Common symptoms include headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, or discomfort in other parts of the body. Co-occurring substance abuse, depression, or another anxiety disorder are also common. Prevalence is higher among deployed U.S. military personnel (14–16%; Tang & Freyd, 2012), active duty armed forces, and veterans (compared to 3.5% prevalence in the general population; National Institute of Mental Health (NIMH) 2015; National Center for PTSD, 2015).

Both PTSD and MDD cause significant stress and functional impairment in important areas of functioning (e.g., social, occupational) (APA 2013). PTSD and MDD can impact the career of individuals affected by these disorders. Knowing about these disorders can help career counselors provide targeted and informed assistance to their clients. This is important because in spite the burden inflicted by PTSD and MDD, many professionals still have difficulties recognizing and diagnosing these disorders. For example, less than half of clients receive appropriate diagnosis and even fewer receive adequate treatment for depression. One way to increase the identification of these disorders is to use accepted assessment tools (Gelenber, 2010; Zalaquett & Stens, 2006).
Treatment success increases when these symptoms and conditions are appropriately identified and treated. The following are useful screening tools for MDD and contact information to obtain the instrument: The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, & Williams, 1999) (http://www.phqscreeners.com/overview.aspx); the two-item Patient Health Questionnaire (PHQ-2; Kroenke. Spitzer, & Williams, 2003) (http://www.phqscreeners.com/overview.aspx); and the Zung Self-Rating Depression Scale (Zung SDS; Zung, 1965) (www.depression-help-resource.com/zung-depression-scale.pdf). For information about these screenings and best treatments visit Zalaquett’s (2013) Clinical Depression. Practice Briefs, published online by the Knowledge Center of the American Counseling Association (http://www.counseling.org/knowledge-center). The following are useful screening tools for PTSD: Short Form of the PTSD Checklist - Civilian Version (Lang & Stein, 2005); Short Screening Scale for PTSD (Breslau, 1999); SPAN (Davidson, 2002); The Short Post-Traumatic Stress Disorder Rating Interview (SPRINT, Connor & Davidson, 2001); and Trauma Screening Questionnaire (TSQ) (Brewin et al., 2002). For information about these screenings and best treatments for PTSD visit www ptsd va gov/PTSD/professional/assessment/screens/index asp and Zalaquett’s (2013) Post Traumatic Stress Disorder. Practice Briefs, published online by the Knowledge Center of the American Counseling Association (http://www.counseling.org/knowledge-center).

Revisiting the Connection between Career and Mental Health Issues

According to a recent article by Tanielian et al. (2014), practitioners in the Veterans Affairs healthcare system are overwhelmed by demand of services and civilian practitioners are substantially underprepared to provide mental health care to veterans. The prevalence of mental health issues experienced by veterans and the lack of adequate services to aid in their recovery illustrate the possible increase in veterans seeking employment whilst simultaneously struggling with mental health needs. Career counselors need to remain aware of the interrelatedness of their clients’ mental health and work-related roles and competencies. Furthermore, they need to distinguish the contributions of the personal and career aspects in the person’s difficulties, in order to effectively determine a plan for problem resolution, an offer of assistance, engagement in an interdisciplinary approach with mental health professionals, or a proper referral (Engels, Minor, Sampson, & Spletcs, 2011). This demonstrates the importance of career and personal development and well-being, and highlights the importance for career and mental health professionals to address these dimensions when discussing clients’ issues and experiences (Zalaquett, 2010).

Additionally, career counselors must remain aware of the added stigma a veteran may encounter in the workplace. These preconceived notions may contribute to higher unemployment rates and lower earnings among veterans, and can exacerbate career related conflicts and mental health issues (Loughran & Heaton, 2013).

Importance of Career and Mental Health Counseling for Veterans with Mental Health Issues

According to the Bureau of Labor Statistics (2015), the rate of all Veteran unemployment rate decreased to 5.3 % in 2014, down from 6.6 % in 2013. The unemployment rate for male and female veterans was 5.2 % and 5.9 % respectively in 2014. The rate for non-veteran males and females was 6.2 % and 5.9 %. These results do not account for veterans who are underemployed (Loughran, 2014).
Although this employment news is encouraging, veterans between the ages of 18-24 are more likely to experience employment issues (United States Department of Labor, 2015). Additionally, this population of veterans are also more likely to suffer from depression, PTSD, and other combat related mental health issues (Institute of Medicine, 2012). Federal programs such as the Transition Assistance Program (TAP) and the Veterans Assistance and Training Program (VEAP), as well as variations of these programs within different branches of the armed forces (e.g., Army’s Soldier for Life Transition Assistance Program or Air Force specific delivery of TAP for Airmen) have been developed to ease the transition process. Unfortunately, recent surveys conducted by The Kaiser Foundation and The Washington Post (Kaiser Family Foundation, 2014), and Tanielian et al. (2014) have found these programs are experiencing severe backlogs and many veterans are receiving very few, if any, benefits from many of these federal programs.

These issues represent an opportunity for career counselors to work toward developing programs in the civilian sector to provide counseling and consultation services for veterans. Working with the veteran population highlights many opportunities for collaboration between career counselors, mental health counselors, and rehabilitation counselors. Programs could focus on transitional services, helping reservists and guardsmen become re-employed, rehabilitation services for veterans with physical and mental disabilities, mental health counseling for veterans suffering from mental illness, career consultation, and skills workshops in resume writing, interview skills, and job searching. These services will help to prepare veterans to enter the workforce, however counselors can collaborate to help prepare the employers are prepared to work with veterans as well.

Concerns of Organizations Regarding the Mental Health of Veterans
Many organizations have made a public commitment to hire veterans. Veteran’s friendly organizations can be found using resources such as Military.com’s job for veterans (http://www.military.com/veteran-employers) and The Veteran Owned Business Directory (http://www.veteranownedbusiness.com/). In spite of this, career counselors should remain aware of the added stigma a veteran may encounter in some workplaces. A recent survey of human resource managers found approximately 40% would seriously consider not hiring a veteran due to their perception of veterans having mental health issues (Society for Human Resource Management [SHRM], 2012). These preconceived notions may contribute to higher unemployment rates among veterans and can exacerbate career related conflicts. Career counselors may need to consider providing additional services to veterans encountering barriers, such as employer’s concerns regarding gaps in employment or evidence of frequent moves on the resume, as these are common for veterans due to the nature of their work. Preoccupation with emotional and mental stability of veteran employees, as the extensive publicity generated during the last decade of war regarding the wounds of war have created the fear that someone who is suffering of a mental health or physical trauma may struggle to assimilate with non-veteran coworkers, may require extensive accommodations including excused absences for on-going treatment appointments, or may be prone to possible violent outbursts in the workplace. Lack of understanding of how veteran’s training, experience, and education relates to a particular occupation.

Most of civilian employers do not have a clear understanding of what the military does or the scope of the pertinent experience and responsibility veteran employees bring (SHRM, 2012). These findings indicate there is an inherent need for career counselors and mental health counsel-
ors to collaborate to help the civilian sector to gain a better understanding of the veteran population, their qualifications, and their needs.

**Impact of Gender, Race, Ethnicity, and Other Multicultural and Social Justice Dimensions Affecting Career Development of Veterans**

Culture or ethnicity may affect individuals’ likelihood of developing mental disorders and seeking treatment. Provision of culturally competent counseling may positively affect the treatment outcomes of diverse clients (Alcántara, Casement, & Lewis-Fernández, 2013). Career counselors must consider the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, and physical and mental status, in the discussion of clients’ career or mental health difficulties (Zalaquett & Chatters, 2012).

Gender differences exemplifies the impact of diversity factors. The number of female veterans in the United States in 2013 is 1.6 million (U.S. Census Bureau, 2015). Yet, the majority of the current trainings, presentations, and materials available for training counselors to work with veterans offer very limited information regarding gender differences (Chatters & Zalaquett, 2015).

Current evidence suggest that military women may react differently to specific or cumulative traumatic life events and display a varied pattern of psychological symptoms and disorders in response to such experiences. Military women are more likely to screen positive for psychiatric disorders after deployment; present physical or mental health problems such as PTSD and Major depressive disorder (MDD); and, more difficulties in post deployment adjustment than military men (Zalaquett, 2015). Career and mental health counselors should tailor assessment, diagnosis, and treatment to the diversity dimensions of the veterans they serve.

**What Would Help You Provide Effective Counseling Services to Veterans?**
The following represent key factors with the capacity of improving your career counseling service to veterans:

**Understanding military culture and values.** Counselors who understand the culture of the military are better position to provide effective counseling. The military culture fosters unit cohesion and teamwork. Though these values are not exclusive to military, veterans will put the group first. Group work, cohesion, and team effort can be consider strength and can be emphasized in job applications and interviews.

**Understanding the need for a mission and purpose.** A returning veteran is moving from a very specific directive-oriented environment to one that may lack such structure. Addressing this issue may help better prepare veterans for civilian jobs. Also important is addressing job goals on both the veteran seeking a job and the characteristics of possible jobs. Job search my focus on more structured types of occupations. Without a sense a purpose and structure, veterans may find themselves frustrated at work.

**Understanding that not all veterans suffer from mental disorders or physical disorders.** It is important for counselors to realize that even though veterans have a higher incidence of specific mental disorders higher than the non-veteran population, the majority of the returning veterans are not affected by such disorders. Thoughts to the contrary may bias the counselor’s perception of the veteran and may lead to assuming he or she is not fit for work related activities.
Learning about strategies and resources available to veterans.
Such learning will empower career counselors to help veterans (a) attend transition program’s workshops after separation or retirement. The workshop typically covers career exploration, job search strategies, and resume, cover letter, and interview preparation. (b) Think about veterans’ transferrable skills and way to describe their military experiences for civilian employers. (c) Help them find employers that are military-friendly using resources such as http://www.military.com/veteran-jobs. (d) Practice adjusting their military body language and speech to the civilian employer’s body language and speech. (e) Emphasize ex-military candidate expected strengths, such as precise communication, individual accountability, diligent execution, and executive leadership, and capacity to handle stressful situation. And, (f) encourage them to network online and face-to-face with veterans’ groups and veteran friendly organizations.

Learning about strategies to assist veterans with Traumatic Brain Injury.
Traumatic Brain Injury (TBI) is frequently observed in transitioning veterans. Focus on the beliefs and thoughts associated to career development. Help the veteran provide a meaning to their injury and the degree it affects their career development. Hayden, Green, and Dorsett, (2013) report that those veterans with TBI that are working present improvements in areas other than work and show reduced levels of depression and substance abuse than those who are not. These authors offer the following steps for helping veterans with TBI: Stage 1: Establish Therapeutic Alliance exhibiting military culture-sensitivity. Focus on branch, rank, and military experiences, and use this information to help with career concerns. Stage 2: Determine the Nature of the Injury and Anticipated Recovery by discussing veteran’s level of functionality, thoughts associated with personal identity pre and post TBI injury, and thoughts related to how injury affects career. Identify and reframe negative thoughts, and help problem-solve, recovery, and growth. Stage 3: Determine Abilities and Talents by focusing on abilities and strengths, and how these can foster career development despite injury. Instill hope for career development. Stage 4: Determine Career Interests and Skills by examining client’s interests and skills and best areas of application. Use instruments such as Self-Directed Search Form R (SDS; Holland, 1994) and transferable skills inventories to ground the discussion. Stage 5: Creation of Integrated Future by summarizing work done and constructing a new narrative that highlights current abilities, interests, and skills, and offer a future oriented towards possibilities ahead to facilitate career development and progress (Hayden et al., 2013).

For an informed list of recent publications regarding career counseling of veterans please see Buzzetta, Miles, Robertson, and Schomaker (2013) Bibliography of military career transition research, 2000 – present.

Summary
Career counseling and personal counseling of veterans are interrelated. Counselors are asked to respond to the complex and interrelated issues the client brings to the counseling process. Addressing career issues cannot be separated from the counseling issues affecting the veteran’s life, in the same way that mental health issues cannot be separated of the work or career activities that covers more than one third of the veteran’s life. Thus, counselors’ skills should include the ability to assist with the range of issues clients bring, to have the knowledge to work with other mental health professionals or to refer when necessary, and to work with diverse veterans and
to advocate for them when needed. This view of career and mental health counseling as intertwined matches with who enters the counseling relationship, the Whole Veteran Client and her or his Context.

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About the authors

Carlos P. Zalaquett, PhD, is a Professor in the Department of Educational Psychology, Counseling, and Special Education at The Pennsylvania State University, and a Licensed Mental Health Counselor in the State of Florida. He has received several awards for his work on behalf of education, such as the USF’s Latinos Association’s Faculty of the Year Award and Tampa’s Hispanic Heritage’s Man of Education Award. He is the author or coauthor of the books *Becoming an Ericksonian, Becoming Yourself; Evaluating Stress: A Book of Resources*, Volumes I and II, with Dr. Richard Wood; *Intentional Interviewing and Counseling, Essentials of Intentional Interviewing*, and *Las Habilidades Atencionales Basicas*, with Dr. Allen Ivey and Dr. Mary Bradford Ivey. He is also the author of more than 60 peer-reviewed publications and many national and international presentations on the topics of mental health, education, counseling, psychotherapy, and multiculturalism. He is the Vice-President for the United States and Canada of the Society of Interamerican Psychology, the Chair of the Florida Behavioral Health Alliance, and the past-president of the Florida Mental Health Counselors Association and the Suncoast Mental Health Counselors Association. He serves as Associate Editor of the *Journal of Multicultural Counseling and Development* and as editorial Board Member of the *Journal of Counselors for Social Justice*. He has published and presented on counseling male and female veterans and best ways to address their mental health, career, and reinsertion needs. He also organized or co-organized the University of South Florida’s Counselor Education Institute on Counseling the Military, Families and Children. He is an international trainer who has conducted programs at universities and institutions in Argentina, Australia, Brazil, Chile, Colombia, El Salvador, Guatemala, Mexico, Peru, and Singapore.

Contact him as follows:

Carlos P. Zalaquett, PhD, LMHC, Professor
Department of Educational Psychology, Counseling, and Special Education
The Pennsylvania State University,
333 CEDAR Building,
University Park, PA 16802 USA
(814) 867-6252.
e-mail: cpz1@psu.edu
SeriaShia Chatters, PhD, is an Assistant Professor in the Department of Educational Psychology, Counseling, and Special Education at The Pennsylvania State University. She is the Coordinator of the Clinical Mental Health Counseling in Schools and Communities Program and the Practicum Coordinator of The Counselor Education Program. Her research interests include investigating empirically supported treatment modalities to improve mental health and wellness outcomes for active duty military, veterans, and their families. She aided in the development and coordination of the University of South Florida's Summer Institute on Counseling the Military and Their Families, a day long program aimed at training mental health professionals to gain an understanding of military lifestyle, primary mental health issues experienced by active duty military and veterans, and empirically supported treatment modalities recommended for use in the treatment of military personnel and their families. She is also currently conducting research to aid in providing counselors and mental health professionals with empirically supported training in how to provide services for the military and their families.

Contact her as follows:

SeriaShia Chatters, Ph.D., LMHC, Assistant Professor
The Pennsylvania State University
Department of Educational Psychology, Counseling, and Special Education
327B CEDAR Building
University Park, PA 16802 USA
(814) 863-2413.
e-mail: sjc25@psu.edu
Chapter 9

USING THEORY-BASED CAREER ASSESSMENTS to CONNECT CAREER and MENTAL HEALTH ISSUES
by V. Casey Dozier, Janet G. Lenz, and Vanessa Freeman

Introduction
As Wood and Hays (2013) noted, “assessment is an integral component of practice for counselors working with clients or students on career related issues” (p. 3). Journal articles, test directories, and conference vendors, provide evidence of the increasing number of assessments available that can be used in the career guidance and counseling process. In addition, the growth of web-based resources has brought a significant increase in the number of career assessments available to consumers and practitioners, with little oversight or quality control associated with these instruments, regardless of whether they are offered for a fee or at no cost (Osborn, Dikel, Sampson, & Harris-Bowlsbey, 2011). Ethical codes in the counseling and career development field stress the importance of considering the reliability, validity, and psychometric properties of any assessments used with clients. The National Career Development Association’s code of ethics (2015) states that career professionals must understand the “validation criteria, assessment research, and guidelines for assessment development and use” (p. 13). Another consideration with regard to career assessments is the relationship between theory, research, and practice (Sampson, Hou, Kronholz, Dozier, et al. 2014). The development of career theories often leads to the creation of constructs within those theories, e.g., career thoughts, congruence, differentiation, vocational identity, etc. The hallmark of a good theory is that it produces measures to assess constructs derived from the theory, followed by research on those measures and constructs to validate the theory’s propositions or assumptions, e.g., negative career thinking is associated with low vocational identity. In reality, many career assessments are created without a clear connection to an associated theory, and/or there is a lack of research on their psychometric properties, and their ability to produce valid results for clients who complete them. Whether via online sites, print materials, or conference presentations, it is not uncommon to see career assessments promoted as being fun, free, quick, and easy to use. However in many instances, these assessments lack any theoretical foundation, research, or supporting materials (e.g., professional manual, intervention tools). Osborn and Zunker (2012) stressed the importance of reviewing an assessment’s professional manual prior to use with clients. Promoting the use of career assessments that lack theoretical foundations, supporting research, and guidelines for professional use, seems, at best, at odds with sound practice and, at worst, a violation of ethical codes.

The purpose of this article is to highlight two career assessments, based in theory and research, which can be used in practice to explore the connection between career and mental health issues, which is an increasing area of emphasis in the counseling field (Lenz, Peterson, Reardon, & Saunders, 2010; Zunker, 2008). The first assessment described is the Career Thoughts Inven-
Career Thoughts Inventory
The Career Thoughts Inventory (CTI; Sampson, et al. 1996a) is based on cognitive information processing (CIP) theory (Sampson, Reardon, Peterson, & Lenz, 2004) and Beck’s (1976) cognitive therapy model. Both of these perspectives describe how negative or dysfunctional thinking can impact feelings and behavior and create difficulties in functioning. CIP theory includes the pyramid of information processing domains: self-knowledge, option knowledge, decision making (CASVE cycle), and thinking about decision making (executive processing). The CTI’s 48 items reflect each content domain of the CIP pyramid and CASVE cycle, which includes the following phases: Communication, Analysis, Synthesis, Valuing and Execution. The CASVE cycle provides a model for career problem solving and decision making (Sampson et al. 2004). An example of a CTI item in the self-knowledge domain is: “I get upset when people ask me what I want to do with my life.” A sample CTI item in the Communication phase is: “I get so depressed about choosing a field of study or occupation that I can’t get started.” A CTI item from Executive Processing is “I get so anxious when I have to make decisions that I can hardly think.” The CTI also includes three subscales: Decision Making Confusion (DMC), Commitment Anxiety (CA), and External Conflict (EC).

The CTI Professional Manual (Sampson, et al. 1996b) provides information on the CTI’s reliability and validity. Of particular interest in this article is the CTI’s convergent validity with selected constructs related to mental health factors. Instruments used in examining the CTI’s convergent validity included the My Vocational Situation (MVS), Career Decision Scale (CDS), the Career Decision Profile (CDP), and the Revised NEO Personality Inventory. “Constructs with a negative connotation (e.g., indecision, neuroticism, anxiety, angry hostility, depression, impulsiveness, and vulnerability) were directly correlated with the CTI Total, DMC, CA, and EC” (Sampson, et al. 1996b, p. 59).

The relationship between the CTI and mental health factors was further explored in later research studies. Saunders, Peterson, Sampson, and Reardon (2000) examined the relationship between CTI scores, depression and career indecision in a sample of university students. Dieringer (2012) studied clients seeking career services in a university career center and found that individuals with elevated DMC and CA scores had significantly higher scores on the Beck Depression Inventory and the Beck Hopelessness Scale. Additional studies have been carried out that have examined the relationship of the CTI total scores and the three subscales. Space in this article does not permit a full review of those, but readers are directed to the CIP/CTI bibliography available at the following website: www.career.fsu.edu/content/download/191178/1653555/CurrentCIPBibliography.pdf to learn more about CIP theory and the use of the CTI in research and practice.

The CTI validation studies and subsequent research have provided ample evidence of the CTI’s relationship to various mental health factors. Table 1 [see Appendix] illustrates how CIP content domains relate to CTI items & potential mental health factors. Research suggests that
when individuals present with high levels of negative thinking (including elevated CTI total scores and elevated scale scores), career practitioners should be alert to the presence of accompanying mental health concerns. The CTI Manual (Sampson, et al. 1996b), provides guidelines for interpreting the total score, the subscale scores, and individual items, along with suggested interventions, including the CTI Workbook (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996c) which is designed to help individuals identify, challenge, alter their negative thinking, and subsequently take action in their daily lives to engage in more positive thinking.

The Self-Directed Search
The Self-Directed Search (SDS), a popular interest inventory utilized by more than 35 million people worldwide, was developed based on Holland’s RIASEC theory (Holland, 1997). Holland’s theory proposed that personality types and environmental models can be characterized as one of six RIASEC types captured on a hexagonal model: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional. RIASEC theory and its related applications have been referenced in more than 1,600 citations (Foutch, McHugh, Reardon, & Bertoch, 2014). The Self-Directed Search was revised in 2013 and is now in its 5th edition (Holland & Messer, 2013). The SDS Professional Manual provides detailed information on the reliability and validity of the SDS 5th edition (Holland & Messer, 2013).

While the SDS is commonly used as a tool to relate personal characteristics to occupational alternatives, it also serves as a diagnostic tool (Reardon & Lenz, in press) to help users understand factors that may be impacting their career problem solving and decision making. As Reardon and Lenz noted (in press), the SDS is a career intervention, but its theory-based secondary constructs can also provide insight into client characteristics that may affect clients’ readiness to benefit from career interventions. The next section illustrates how selected diagnostic constructs, based on Holland’s theory and generated from SDS assessment results, are connected to both career and mental health concerns.

SDS Diagnostic Constructs
In addition to summary scores on Holland’s RIASEC types, the SDS provides information on a number of secondary diagnostic constructs that have significant practical implications in understanding a client’s career situation. These secondary constructs (e.g., coherence, congruence, differentiation), derived from the SDS and grounded in Holland’s theory, not only inform “hypotheses about a person’s career path, level of aspiration and achievement, job shifts, educational behavior, social behavior, and environmental responsiveness” (Holland, 1997, p. 40), but they may also have important implications regarding a person’s mental health and overall wellbeing. In the section that follows, three of the SDS secondary constructs are discussed, specifically congruence, coherence, and profile elevation, to illustrate how they can provide insight into the intersection of clients’ career and mental health concerns.

Congruence.
Congruence is described as the level of agreement between any two Holland codes (Holland & Messer, 2013). When using the SDS, practitioners can determine congruence by comparing the aspirations summary code to the assessed summary code. The SDS Professional Manual (Holland & Messer, 2013) provides a worksheet in Appendix D to use in calculating a congruence
score. For example, a client’s three-letter summary code from the SDS assessment (e.g., Conventional, Social, and Artistic) can be compared with the aspiration summary code (e.g., Artistic, Investigative, and Realistic) which is calculated based on the RIASEC codes for a person’s occupational daydreams. In the example above, the client would have a low congruence level based on the Iachan Agreement Index described in the SDS Professional Manual. A low level of congruence does not automatically indicate that mental health factors are present, but it is a sign that should involve further discussion between the practitioner and the client. The assessed SDS code may simply represent where the client “has been” with regard to his/her occupational history, activities, and competencies, and the daydreams may reflect occupational goals for the future. Of greater concern is when the daydreams seem completely unconnected to clients’ self-reported characteristics as reflected in their SDS results, and clients sees no discrepancy between what they aspire to do and their interests and competencies. While practitioners will want to be sensitive to clients’ passions about future possibilities, it may be useful to discuss with the client the low congruence, specifically how the occupational dreams might be reached if the client’s history and present state suggests a difficult path going forward. From a readiness perspective (Sampson, McClain, Musch, & Reardon, 2013), this situation takes on additional complexity when there are other factors in the person’s situation that represent significant barriers to achieve particular occupational goals (e.g., extremely low academic achievement coupled with the desire to become a physician, personality disorders and the desire to be a pilot, etc.). Low congruence may also reflect individuals’ intense dissatisfaction with their current job or life activities, and this situation may be connected to other mental health factors associated with a lack of a person-environment match.

**Coherence.**
Coherence of aspirations is defined as the “degree to which codes of a person’s set of vocational aspirations or occupational daydreams belong in the same RIASEC category” (Holland & Messer, 2013). For example, if the first three daydreams have the same first letter (e.g., Social), then coherence would be high; whereas, if the first letter of the second and third aspirations are different from the first daydream listed, then coherence would be low (e.g., AES, EAS, SIA). Reardon and Lenz (1999) suggested that low coherence may indicate that clients are confused about occupations, their own interests, or how occupations and interests are related. Practitioners may find reasonable explanations for varied daydreams, e.g., the client is multipotential or has diverse interests and skills (Reardon & Lenz, in press). It may be useful to ask clients about themes or patterns associated with their daydreams. Similar to the congruence discussion above, practitioners should take note if the list of unrelated daydreams seem to have no basis in reality and are in no way connected to the client’s self-knowledge or personal characteristics. While practitioners will want to be sensitive to clients’ self-reported ideas about future occupations and explore any barriers to these goals that could be reduced or eliminated, they also need to discuss with the client any “disconnects” about how these varied occupational dreams might be reached if all the data at hand suggests a difficult path going forward.

**Profile Elevation.**
Profile elevation is the total sum of the six RIASEC scores on the SDS (Holland, & Messer, 2013). As a positive indicator, high profile elevation has been associated with valuing new experiences. Bullock and Reardon (2008) studied profile elevation in relation to NEO scores.
and found that high profile elevation was positively related to Openness, Conscientiousness, and Extraversion. In contrast, individuals with “low scores may be less willing to consider new career options and they may display characteristics such as sadness and frustration” (Reardon & Lenz, 2013, p. 23). Holland and Messer (2013) reported significant positive correlations between profile elevation and extraversion, openness, and agreeableness. In situations where clients have a low profile elevation score, which may reflect a number of negative responses and low self-estimate ratings, practitioners should be alert to issues such as depression, lack of engagement with life, low self-esteem, and related concerns. In the section that follows a case study, with both CTI and SDS assessment results will be discussed to highlight the intersection of career and mental health concerns.

Case of “Madison”
Madison is a 34-year-old, married, White female who came into a university-based career center that serves community adults who are seeking career assistance. She has been employed with a government agency for 4 years, but is dissatisfied with her current work environment. She does not enjoy the pressure placed on her to meet various deadlines, and feels like she is not using the skills she possesses. Madison describes her work environment as being one where she “comes into her office space, stares at a computer all day, and has minimal interaction with others.” She is often required to work nights and weekends which interferes with her ability to take care of her family. Madison has two small children who are cared for by her husband who works part time. Madison and her husband have discussed the idea of Madison continuing to work while her husband transitions into being a stay-at-home father. At this time, they are unable to complete this transition because they cannot support their family financially without a dual income.

Prior to working in her current position, Madison was employed as a cruise ship performer for several years. She became involved in this work after graduating from college with a political science degree and while looking for a summer job. Madison had been active in theatre and chorus in high school, but had given up these activities while in college. Madison did not have a clear idea of what she wanted to do after college and applied for the position on a whim. She enjoyed this work greatly, including the interaction with others and the creative aspects, but had to quit when she got married and became pregnant with her first child. After the birth of her first child, she became employed in her current job to help pay the bills. She reported feeling overwhelmed, anxious, and saddened by her current situation and described herself as being “at the end of her rope” regarding how to move forward. Madison completed the Career Thoughts Inventory (CTI) to help the practitioner learn more about her current thinking regarding her career situation. At a subsequent appointment, Madison completed the Self-Directed Search (SDS) to further explore what kinds of activities and occupations she might be interested in pursuing. The results of her assessments follow.

Case Data
Career Thoughts Inventory (CTI)
CTI Total Score (T Score): 67 (96th percentile)
Decision-Making Confusion (DMC) (T Score): 61 (86th percentile)
Commitment Anxiety (CA) (T Score): 66 (95th percentile)
External Conflict (EC) (T Score): 60 (84th percentile)
Case Analysis
Madison’s CTI results suggest that she is having many negative career thoughts. Her elevated Decision-Making Confusion (DMC) score points to difficulties she is having in making a career decision, and is reinforced by her past experiences in making career decisions. She lacked clarity about her career goals following graduation and randomly chose to become a cruise ship performer without considering her interests, skills, and values. Additionally, she seems to have chosen her current job in the same manner. This lack of understanding of how to make career decisions may have also contributed to her elevated Commitment Anxiety (CA) score. This scale assesses an individual’s feelings about making career choices and the level of anxiety that accompanies this process. The CTI results highlight Madison’s confusion and anxiety associated with making a career decision at the present time. At age 34, and in light of the family’s financial situation, Madison feels pressure about choosing the “right” job which in turn makes it difficult for her to proceed in the job search process. She feels caught between the need to keep her job and the associated benefits, but feels extremely discouraged about finding a satisfying alternative. Lastly, her scores on the External Conflict (EC) scale suggest that her family, and the role she plays in it, interferes with her ability to navigate the career development process. Her expressed feelings of anxiety and discouragement are supported by her CTI results.

The diagnostic signs from Madison’s SDS results contain both positive indicators and some areas for further discussion. On the positive side, the congruence level between her assessed summary code, ESR and her Daydreams summary code, EAS, was high. However, her daydreams had low coherence. As noted previously, these options may simply reflect her diverse skills and interests, but the career practitioner will want to explore the extent to which these alternatives contribute to her uncertainty and anxiety associated with considering future career choices. In addition, while the first two letters of her SDS summary code, ES, are high in consistency, the challenge of this code combination is that it relates to a wide variety of occupational alternatives and this could be contributing to her commitment anxiety as reflected in the CTI results. Madison’s profile elevation is average, but her differentiation is low. Differentiation relates to the “distinctness in an SDS profile” (Reardon & Lenz, 2013, p. 23). Low differentiation may reflect many high or low SDS scores, which results in a flat profile. Reardon and Lenz (2013) suggested that users with low differentiation may present more “interpretation challenges for practitioners” (p. 23). Madison’s anxiety and confusion, as reflected in her CTI scores, may be connected to her low differentiation. She may be overwhelmed with options or she may feel confused by the variety of options across the different Holland areas.

While some career counseling models encourage embracing a diverse array of options, not all clients feel comfortable with the ambiguity associated with this type of approach to career choice. The practitioner working with Madison used a CIP-based approach to career decision making called the CASVE cycle. The visual figure of this approach that the practitioner shared with Madison, along with the accompanying “Guide to Good Decision-Making Exercise” (Sampson, Peterson, Lenz, & Reardon, 1998) helped her see a process for moving forward in her career problem solving. The practitioner highlighted CTI items related to various aspects of the CASVE cycle and CIP pyramid. This helped Madison see why she was feeling confused and anxious, but also helped her see specific areas that could be addressed by various career interventions. To address the career and mental health concerns reflected in Madison’s elevated CTI
scores, the practitioner used the CTI Workbook (Sampson, Peterson, Lenz, Reardon, & Saunders, (1996c) as part of the counseling process to help Madison challenge and reframe her negative career thoughts.

The practitioner also talked with Madison about ways to explore and prioritize options that better fit with her self-knowledge. Madison’s SDS summary code (ESR) helped her and the practitioner understand her unhappiness with her current job. Her lack of interest in Conventional occupations, as reflected in her SDS results, lends further support to this conclusion. She has a strong interest in working with people (S) as a leader or motivator to achieve a common goal (E) which she is unable to do in her current work. Madison also appears to enjoy activities and occupations that allow her to use her hands and body in a more flexible work environment (R). These interests are supported by the fact that she enjoyed her job as a cruise ship performer where she was able to use these interests in her work every day. The practitioner helped her brainstorm ways to learn about options and make a plan for next steps.

**Conclusion**
This article and the accompanying case highlight how theory-based career assessments can provide a window into the intersection of career and mental health concerns. Clients who present for career assistance may be experiencing a range of emotions, including anxiety, confusion, frustration, etc., accompanied by negative thinking. Saunders (2014) noted that adult clients, in particular, who are dealing with greater life complexity, may need assistance in confronting negative thinking early in the career counseling process, in order to move forward with other career tasks. Theory-based assessments like the Career Thoughts Inventory and the Self-Directed Search can point to not only career areas that need attention, such as self- and options knowledge, and decision-making difficulties, but also other areas that cross over into mental health factors such as stress, anxiety, confusion, and family conflict. Use of theory and research-based instruments that provide a more complete picture of a client’s situation offer practitioners a more efficient and holistic way to assist clients in navigating their life career journey.

**References**


APPENDIX

<table>
<thead>
<tr>
<th>CTI domain based on CIP theory</th>
<th>Dysfunctional thoughts</th>
<th>Potential mental health factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-knowledge</td>
<td>Unstable or weak self-knowledge schemata that comprise one’s identity</td>
<td>Low vocational identity, e.g., “I’m unsure of myself in many areas of my life”</td>
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<tr>
<td>Occupational knowledge</td>
<td>Difficulty in developing a conceptual framework or schema of the occupational world</td>
<td>Disturbed thinking relative to the world of work; potential options</td>
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<td>Communication</td>
<td>Presence of disabling emotions or cognitions that block progress through the CASVE cycle</td>
<td>Anxiety, depression, frustration; unwillingness to acknowledge nature of the problems which include a combination of career and mental health issues</td>
</tr>
<tr>
<td>Analysis</td>
<td>Lack of motivation to expend the effort related to solving a career problem; intimidated by the task</td>
<td>Feeling “stuck”; unable to examine information need to solve a career problem; fear of moving forward with next steps</td>
</tr>
<tr>
<td>Synthesis</td>
<td>Inability to use information about self and options to identify plausible alternatives and create a manageable list of options</td>
<td>Cognitive distortions; inability to process information; overwhelmed by information; inability to focus on &amp; use resources</td>
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<tr>
<td>Valuing</td>
<td>Inability or unwillingness to balance impact from significant others and self interests; unable to rank options; not wanting to take responsibility for choices</td>
<td>Anxiety; fear of making a wrong choice; fear of disappointing important people</td>
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<tr>
<td>Execution</td>
<td>Unable to develop a plan of action to pursue choice; lack of persistence in reaching a goal</td>
<td>Procrastination; fear of failure; lacking in skills needed to execute next steps (e.g., social anxiety)</td>
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<td>Executive Processing</td>
<td>Lack of confidence as a career problem solver or decision maker; lack of persistence or self control</td>
<td>Depression or anxiety over resolving career problem; finding a satisfactory solution; Perfectionism related to career outcomes</td>
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Table 2. Self-Directed Search Summary Scores

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<th>A</th>
<th>S</th>
<th>E</th>
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About the authors

V. Casey Dozier is the Program Director of Career Advising and Counseling at the Florida State University Career Center. She earned the PhD in the Combined Counseling Psychology and School Psychology program at Florida State University. Her professional qualifications include: Licensed Psychologist (State of Florida); and National Certified Counselor (NBCC). Her publications include refereed journal articles, book chapters, and national presentations. She has provided clinical interventions in a variety of settings, with an emphasis on personal and career counseling to assist college students of all ages. Her professional passions have been related to supervision and training, underserved populations, work-life balance, and integrating theory, research, and evidence-based practice. Contact her as follows:

V. Casey Dozier, PhD, NCC
Program Director for Career Advising and Counseling
The Career Center
Florida State University
100 South Woodward Avenue
Tallahassee, Florida 32306-4162 USA
850.644.8315
e-mail: casey.dozier@fsu.edu
Janet G. Lenz, PhD, is the Program Director for Instruction, Research, & Evaluation in the Florida State University Career Center, and an Associate-In faculty member in FSU’s Department of Educational Psychology and Learning Systems (EPLS). She earned the BS in Sociology at Virginia Commonwealth University, the MS in Student Personnel Administration and PhD in Counseling and Human Systems at Florida State University. She is a National Certified Counselor (NCC), Master Career Counselor (MCC), and a Career Development Facilitator Instructor. She is past-president of the National Career Development Association (NCDA) and an NCDA Fellow. She has authored or co-authored more than 70 publications in the career area. Her research interests include the application of cognitive information processing and Holland’s RIASEC theory to career counseling and services, the relationship of client characteristics to career constructs, and the connections between career and mental health issues.
Contact her as follows:
Janet G. Lenz, Ph.D., Associate-In Professor
Program Director for Instruction, Research, & Evaluation
Florida State University Career Center
2122 Dunlap Success Center (DSC)
100 S. Woodward Avenue, P.O. Box 3064162
Tallahassee, FL 32306-4162 USA
850.644.9547; e-mail: jlenz@fsu.edu

Vanessa Frierson Freeman, MA, is a career advisor and career planning class instructor at the Florida State University Career Center. She is currently an advanced doctoral student in the Combined Counseling and School Psychology program at Florida State University. Vanessa earned the master’s degree in Counseling in Higher Education at the University of Delaware. Prior to returning to school, Vanessa was an academic advisor at the University of Maryland working with students who were undecided about their majors. Her areas of interest include first generation college student’s transition to college and their career development, as well as students who are undecided about their majors.
Contact her as follows:
Vanessa Frierson Freeman, MA.
Ph.D. Student, Combined Program in Counseling Psychology and School Psychology
Career Advisor, Florida State University Career Center
Lead Instructor, Introduction to Career Development, The Dunlap Success Center
Florida State University, 100 S. Woodward Ave.
Tallahassee, FL 32306-4162 USA
850.644.6431; e-mail: vfreeman@fsu.edu
Chapter 10

POTENTIAL FAMILY and MENTAL HEALTH CONSIDERATIONS for WORKING with FIRST GENERATION COLLEGE STUDENTS EXPLORING CAREERS

by Melissa Wheeler

Abstract
For first-generation college students (FGCSs) reconsidering their majors and future occupations, career exploration can also elicit mental health concerns arising from the unique place these individuals hold in their families and the students’ reported reasons for attending college. This article provides career practitioners with a glimpse into the mental health concerns and familial issues that can arise for FGCSs during career exploration given the unique background of this population. Strategies for career practitioners to use while working with FGCSs will be discussed.

Introduction
Many FGCSs are the first in their families to attend college; others are the hope in their families to be the first to graduate from a four-year college. The US Department of Education defined first-generation college student (FGCS) in the Higher Education Act of 1965 as an individual whose parents did not complete a Bachelor’s degree. Often described in the literature as pioneers (Bui, 2002; Goria & Castellanos, 2012; Orbe, 2004), these students are acutely aware of their unique position in and responsibility to their families indicating bringing honor to their families, gaining respect and/or status, and helping their families out financially as reasons for attending college (Bui, 2002). Other FGCSs have reported attending college to pursue careers they would not have the qualifications to pursue without a Bachelors degree (Byrd & MacDonald, 2005; Coffman, 2011; Gibbons & Woodside, 2014; Martinez, Sher, Krull, & Wood, 2009). When a student’s stated reason for attending college centers on family and career, what happens when that student’s career interests change or they are not successful in pursuing the original major and/or career of their choice?

For FGCSs who are reconsidering their future careers either due to forced choice or changing interests, this decision can naturally trigger other concerns including a lost sense of purpose, lost sense of belonging, and familial issues. Given that researchers have reported that first-generation college students are retained at alarmingly lower rates compared to their peers during the first year of college (Ishitani 2003; 2006), an awareness of the unique strengths and challenges when working with this population could help career practitioners assist in the retention efforts of these students. In fact, career motives for college attendance may hold an important key to the retention puzzle for FGCSs.
In a study of ethnic minority FGCSs, Dennis, Phinney, and Chuateco (2005) found that career/personal motivations for college attendance predicted college adjustment and that these motivations may also have an effect on college commitment. With this information in mind, career practitioners are well situated to not only assist students in career exploration, but to also play a part in university retention efforts for FGCSs. Understanding and exploring the overlapping career and mental health concerns of this population during career counseling can assist FGCSs in their career and educational journey as well as assist them with communicating their experiences and decisions more effectively to their families.

**Family and Mental Health Concerns**

FGCSs have discussed the position they hold in their families as college-attending pioneers and role models for other family members (Goria & Castellanos, 2012). In the past, FGCSs have reported attending college to bring honor to their families (Bui, 2002). It is not uncommon for any college student to feel they are a source of pride for the family; their career goals and achievements in college becoming stories discussed among the family and community. In addition to this pride, FGCSs have also reported feelings of guilt surrounding attending college while their parents struggle at home, or guilt for choosing college activities over family (Bradbury & Mather, 2009; Covarrubias and Fryeberg, 2014; Olenchak & Hébert, 2002; Stieha, 2010). These feelings of guilt can even extend to the decision to attend college. In a study of Latina FGCSs enrolled at a four-year university, Gloria and Castellanos (2012) reported that the families of study participants questioned their decision to go to college and some were accused of abandoning their families. Career practitioners may note that family pride can be a strength when working with FGCSs and it can complicate the career decision making process.

The impact of perceived support on the mental health of FGCSs cannot be ignored when working with this population. In a study comparing a sample of FGCSs to their non-FGCS peers, Wang and Castaneda-Sound (2008) noted that the FGCSs reported lower academic self-efficacy and more somatic symptoms compared to their peers. Ethnic minority FGCSs participants reported lower levels of self-esteem, academic self-efficacy, perceived support from family and friends, and life satisfaction. FGCS participants who reported strong levels of perceived family support also reported increased self-esteem and life satisfaction. Increased levels of perceived family support correlated with lower levels of reported stress in the FGCS sample and increased perceived peer support corresponded with decreased reporting of psychological symptoms. In summary, perceived support can have an impact on the stress levels and reported psychological symptoms of FGCSs during college which can directly impact mental health. Career practitioners working with FGCSs reconsidering their careers can help identify students with increased levels of stress, somatic symptoms, and psychological symptoms so that referrals to campus mental health and medical professionals can be made.

**Transition to college**

The transition to college can create challenges for any student, however the psychological challenges FGCSs face during the college transition and through the college experience can be remarkably different from their non-FGCS peers. The families of many FGCSs do not have experience with college attendance or the culture of college (Brost & Payne, 2011; Byrd & MacDonald, 2005). When talking about college with their families, FGCSs may feel out of place and
even avoid the topic of college at home (Orbe, 2004) while others may feel there is no one in the family they can relate to anymore (Covarrubias & Fryberg, 2015). FGCSs have reported feeling that the culture of college did not match that of their families and students have had to find ways to navigate this clash while adjusting to the unfamiliar college environment (Bryan & Simmons, 2009; Coffman, 2011; Olenchak & Hébert, 2002). FGCSs may not feel that family can understand or help with this transition.

For FGCSs reconsidering their college majors and future careers, the transition to college can be further complicated by the career exploration process, questions about whether or not their courses will fulfill future plans of study, and uncertainty about future goals. FGCSs have reported a lack of knowledge around the structure and function of college (Brost & Payne, 2011; Byrd & MacDonald, 2005) which can translate into trouble locating university resources to assist with the college transition and career exploration process. They may not know resources are even available to assist with career and transition issues. Career practitioners may find it helpful to research ways to reach the FGCS population at their college, including partnerships with academic advisors and services targeting adult and commuter services.

Sense of responsibility
FGCSs may feel a sense of responsibility to continue to fulfill the goals they have discussed with their families prior to college attendance, almost like a contract with parents to pursue a certain career field. When a student’s career trajectory and/or major comes into question, the student may experience guilt for continuing to attend college without a distinct end-goal in mind. In research interviews with two FGCSs, Olenchak and Hébert (2002) reported the students experienced feelings of guilt because they did not want to pursue the goals their parents had set for them while attending college. The students also discussed feeling guilty when considering pursuing personal goals and interests in college because their parents were sacrificing to send them to college. Feelings of guilt can complicate the career exploration process and need to be addressed by career practitioners in order to fully understand expectations of the student and from where or whom those expectations may arise.

In a study examining achievement guilt of FGCSs, Covarrubias and Fryberg (2014) found that FGCSs reported higher frequencies of achievement guilt and perceived more family struggle than their non-FGCS peers. Additionally, participants in the study who reported perceiving more family struggle also reported more achievement guilt. In essence the more a FGCS study participant perceived their families at home were struggling, the higher their reported feelings of guilt for having opportunities not available to their family. Yet when FGCSs were asked to reflect on a time when they helped their families, the students reported lower levels of perceived family struggle and exhibited less achievement guilt. For practitioners working with FGCSs, it may be helpful to ask students to reflect on a time when they assisted or helped their families (Covarrubias & Fryberg, 2014) and/or to elaborate on how a future career could alleviate perceived family struggle. Students may also find it helpful to talk with other FGCSs about their sense of responsibility and feelings of guilt surrounding leaving their families.

Sense of belonging
A sense of belonging has been found to play an important part in the mental health of FGCSs
(Stebleton, Soria, & Huesman, 2014). The FGCSs studied reported lower ratings in sense of belonging compared to their peers. The researchers noted that as the FGCSs reported higher ratings in sense of belonging, they reported fewer instances of depression, stress, and being upset. A sense of belonging can be critical to the mental health of FGCSs. This is an important finding for career practitioners working with FGCSs reconsidering their careers given the reported career and family intentions for pursuing a Bachelors degree. A FGCS without a clear career destination may experience a lost sense of belonging within the family and in college. Couple this with the finding that FGCS perceptions of family support are linked to college adjustment and GPA (Dennis, Phinney, & Chuateco, 2005) and it can be easy to see how a sense of belonging in the family and in college may not only effect mental health but also college adjustment and performance. Career practitioners may want to explore this potential connection with students to better understand the impact of career exploration on sense of belonging and campus adjustment.

The parents of FGCSs reconsidering their careers may have once taken pride in announcing the profession their child was pursuing in college but now they do not have a tangible answer to this question. Students lacking a distinct career goal while in college may feel their position as role model in the family is diminished and that without a goal, they are dishonoring the family. Contributing to this lost sense of belonging in the family is the reported feelings of a culture clash between the FGCS’s family culture and the college culture (Bryan & Simmons, 2009; Coffman, 2011; Stieha, 2010). Additionally, FGCSs have reported they lack knowledge about the structure and function of colleges and the college curriculum (Brost & Payne, 2011; Byrd & MacDonald, 2005) which could lead to confusion and feelings of isolation when they do not know how to explain to family members that a college major does not always dictate the career one will pursue. Career practitioners can provide examples of the various majors leading to various career paths to help FGCSs understand the function of college. Asking students to research what they cannot do with a specific major may also help dispel career myths. Students may find it helpful to role-play answering the ominous questions, “What are you studying in college?” or “What are you going to do after college?” This practice may also help students gain self-efficacy in having conversations about their career exploration.

**Pull to home**
Finally, FGCSs have reported feeling a “pull to home” that can be challenging to navigate (Olenchak & Hébert, 2002; Stieha, 2010). This pull can be experienced as a need to live geographically close to family (Bradbury & Mather, 2009) or as pressure to move back home even if professional opportunities post-graduation are non-existent (Bryan & Simmons, 2009). When working with FGCSs, it is not uncommon to learn that the students may live at home or return home on the weekends to be with family. For career practitioners working with FGCSs, the pull to home can be an important concept to keep in mind when discussing career options as students may not be able to articulate why they are investigating career options close to home. Using career genograms as a way to explore the education and careers of family members can provide students the opportunity to reflect on their status as first-generation college students. Genograms can also aid career practitioners by providing a beginning gauge of a student’s career exposure.

**Strategies for Career Practitioners**
Career practitioners working with FGCSs who are reconsidering their careers can use an aware-
ness of the interconnected nature of career and mental health concerns to better address students’ needs. Intentionally designing and implementing interventions and treatment plans involving reflection of the role of family, sense of belonging, sense of responsibility and additional pressures can help FGCSs reconnect with the reasons for college attendance as well as assist them in forming career goals.

Many widely used career strategies can be slightly adapted to address issues that can be unique to FGCSs. When first meeting with a FGCS, career practitioners can inquire about the student’s motivation for college attendance and goals for college attendance. Additionally, questions regarding family expectations for college attendance can easily be incorporated into the initial meeting with a client. Finally, career practitioners can incorporate exploration of supports and barriers for career choice and college attendance as a way to assess available resources and possible stumbling blocks.

Resume construction can also be a unique opportunity for career practitioners to explore issues related to family, sense of belonging, and purpose. When working on the resume, career practitioners can uncover the student’s reasons for work, perspectives of career planning, intentionality regarding past work and future work, as well as thoughts on the part career plays in their sense of identity and purpose.

As mentioned previously, career practitioners can utilize career genograms to tap into family concerns of FGCSs. For instance, students can be asked to reflect on the educational attainment of family members and their status as first-generation college students. Genograms also allow career professionals the opportunity to explore a student’s career exposure as well as potential biases about jobs, education, and how careers interests develop. Genograms can also provide opportunities to dispute career myths regarding the finality of career choice and provide familial examples of career changers.

Family support can be utilized as a strength/support for FGCSs to be explored when working on career issues. FGCSs have reported continuing to rely on family members to make important decisions (Bradbury & Mather, 2009) so incorporating family in the career decision process may be a naturally occurring process with students. Wang and Castaneda-Sound (2008) found that as FGCSs perceived increased support from family, they reported increased psychological well-being. Therefore, working with FGCSs to garner support for their career exploration and future goals can help improve their mental health. Career practitioners can work with students to plan conversations with family concerning career exploration issues. A role-play can be utilized to build student self-efficacy in communicating with parents regarding career goals and the structure of college. Students can be encouraged to explore ways to involve family members into the career decision process, however, career practitioners should also remember to explore the role of culture in each student’s life. FGCSs from collectivist cultures may have different needs concerning differentiation from family versus students from individualist cultures. Career practitioners will want to explore the familial and relational implication for the student if they wish to pursue a career the family does not support. In this situation, it can be helpful to work with the student to carefully research the desired career and potential familial concerns.
Finally, career practitioners will want to establish partnerships with campus academic and mental health resources to provide seamless referrals that will connect FGCSs with the services they need. During the career exploration process, the career practitioner may notice the student becomes overly stressed or upset when discussing career exploration, college expectations, and familial concerns. This may be a good time to discuss referring the student to a campus mental health partner for psychological support until such time when the student is ready to resume career exploration.

**Summary**

Career practitioners have a unique opportunity when working with FGCSs who are reconsidering their careers. Career exploration can provide students with time to reflect on their role within the family unit and to effectively communicate the college experience to family members at home to garner further support. By reestablishing a sense of purpose and belonging while in college, FGCSs may also improve their psychological well-being. In turn, students may choose to continue on the path to college graduation and a successful career.

**References**


About the author

Melissa Wheeler, PhD, is a Distance Clinical Professor in the Department of Counseling and Special Populations at Lamar University in Beaumont, Texas. She is a Nationally Certified Counselor and an Approved Clinical Supervisor. She earned the PhD in Counseling and Counselor Education at the University of North Carolina, Greensboro. Prior to and during her doctoral degree studies, she worked with college students in varying capacities at several universities. She has presented her work at state, regional, and national conferences to increase awareness about the experiences of first-generation college students. She is also the co-chair of the National Career Development Association’s Research Committee. Contact her as follows:
Melissa Wheeler, PhD, e-mail: Melissa.maw@gmail.com
Chapter 11

CAREER DEVELOPMENT in MEN with DISABILITIES: A Psychosocial Perspective
by Deborah J. Ebener, Daniel L. Fioramonti, and Susan M. Smedema

Abstract
This article discusses psychosocial factors that influence adaptation to disability and vocational outcomes of men with disabilities. Specifically, social-role expectations related to masculinity and disability, and attitudes towards disability, particularly employers’ attitudes, are discussed. Strategies to assist men with disabilities through the adaptation process to assure better vocational outcomes are presented.

Introduction
Career development is a lifelong process that is influenced by various psychological, social, physical, and economic factors (Engels, 1994). These factors can affect an individual’s needs and goals at various stages of life, thereby impacting career pursuits. Disability can occur at any stage of life and may affect an individual’s physical, psychological, social and economic functioning (Falvo, 2009). Consequently, disability can have a major effect on the career development of an individual. When compared to the general population, people with disabilities have significantly lower graduation rates from high schools and colleges (American Institutes for Research, 2013), narrowed opportunities for employment (National Council on Disability, 2007), and marked employment underrepresentation (U.S. Department of Labor, 2015). Employment data from the 2014 U.S. Department of Labor indicates unemployment rates are higher for persons with disabilities than for those without disabilities despite level of education. Workers with disabilities are more likely to report part-time employment or self-employment than workers without disabilities. Among persons with disabilities, the unemployment rate was the same for both men and women in 2014, 12.5 percent (US Department of Labor, 2015). Consequently, it is not surprising that people with disabilities are more likely to have average annual incomes falling below $15,000 per year. Such experiences of economic inequity can impact an individual’s adaptation to disability, quality of life, and overall psychological well-being.

Adaptation to Disability and Career Development
Adaptation to disability is the process by which individuals respond to changes (e.g., functional, psychological, social) that occur subsequent to the onset of disability or chronic illness (Bishop, 2005). Adaptation to disability impacts an individual’s quality of life, life satisfaction, potential, and opportunities (Smedema, Catalano, & Ebener, 2010; Marini, 2005). Various person-, environment-, and disability-related factors influence adaptation to disability (Vash & Crewe, 2003), including societal and individual attitudes towards disability. Employers’ attitudes regarding disability influence hiring decisions and retention of employees with disabilities (Schur,
Male Social-Role Expectations and Disability
Gender-role socialization can impact an individual’s adaptation to a disability (Vash & Crewe, 2003; Marini, 2005). Masculinity is often defined by a constellation of characteristics such as physique, self-reliance, strength, toughness, success, sexual prowess, and independence (Herek, 1986; Marini, 2005). For a man with a disability, his body may not fit the perception of masculinity as defined by the dominant culture. Functional impairments specific to a disability (e.g., mobility deficits) may impede his ability to function independently. These differences in physique and functioning do not fit societal views of masculinity and result in men with disabilities being stigmatized and marginalized by the culture at large (Gerschick & Miller, 1995; Marini, 2005). Consequently, men with disabilities may have difficulty coping with the pressures of presenting in the traditional masculine sense and may feel the need to disprove societal perceptions of being dependent, weak, or inadequate (Gerschick & Miller, 1995; Marini, 2005). Men with disabilities may also struggle with issues related to employability and financial security. These concerns include their perceived ability to support a family, perceived discrimination by employers, lack of career alternatives, and marketability (Marini, 2005). Men with disabilities may fear being viewed as an “unfortunate,” unemployed person in contrast to social role expectations for men (e.g., men are to be strong and the “bread-winners” for their families). The tendency to compare one’s self to that of perceived social role expectations can create a discrepancy between the “ideal” self and the “actual” self. This discrepancy can lead to poorer adaptation to disability and result in negative psychosocial outcomes.

Attitudes toward Disability
Though legislative progress has been made to minimize the discrimination of persons with disabilities (e.g. The Americans with Disabilities Act of 1990), biased attitudes toward persons with disabilities still exist (Barr & Bracchitta, 2012). Persons with disabilities may frequently be perceived as dependent, less socially desirable, incompetent, unhappy, and different (Rohmer & Louvet, 2012). Research indicates that people endorse overtly positive attitudes toward individuals with disabilities while maintaining implicitly negative affective and cognitive dispositions (Rohmer & Louvet, 2012). In media and other public forums, persons with disabilities are often idealized (e.g., as selfless, wise, brave) or demonized (e.g., as tragic, special, ungrateful) (Hume, 1995, cited in Daruwalla & Darcy, 2005). Negative societal and personal attitudes negatively affect the psychosocial adjustment of persons with disabilities, and can result in role entrapment, reduced social status, needless dependency, and generally lowered expectations (Smart, 2001). An array of variables predict attitudes toward persons with disabilities. Disability type can influence attitudes, with less bias directed against persons with physical disabilities and increasingly more negative attitudes directed toward those with cognitive disabilities, intellectual disabilities, and psychiatric disabilities (Smart, 2001). The gender of a person with a disability may also impact attitudes, with less affirming attitudes reported toward women with disabilities than toward men with disabilities (Weisel & Florian, 1990).
Generally, women report more positive attitudes toward persons with disabilities than do men (Goreczny, Bender, Caruso, & Feinstein, 2011; Weisel & Florian, 1990). Nationality and cultural norms (European Opinion Research Group, 2001, cited in Hannon, 2006), as well as amount and quality of contact with persons with disabilities (Barr & Bracchitta, 2012; Smart & Smart, 2007) likewise impact attitudes. Tervo, Palmer, and Redinius (2004) cited evidence that education level, age, marital status, socioeconomic status, and residence setting (urban versus rural) may also influence attitudes toward persons with disabilities.

The attitudes of employers toward persons with disabilities have also been studied. While employers generally express relatively favorable overt attitudes toward and willingness to hire workers with disabilities, their affective and behavioral reactions tend to be less positive (Burke et al., 2013). Such reactions can adversely impact hiring choices, accommodation provision, and appraisals of work performance. Supervisors’ and co-workers’ attitudes toward employees with disabilities are influenced by stereotypes, affective discomfort, difficulties arising from communication barriers, their own personality traits (such as aggression or anxiety), and prior experiences with people with disabilities (Schur, Kruse, & Blanck, 2005).

**Workplace Accommodations**

The Americans with Disabilities Act of 1990 (ADA), and its subsequent reauthorization in 2008, mandates that employers provide reasonable accommodations to qualified employees. The use of reasonable accommodations can positively affect job performance (Franche et al., 2005), retention (Fabian et al., 1993), and satisfaction (Hartnett, Stuart, Thurman, Loy, & Bastiste, 2011). While reasonable accommodations are stipulated by law, there can be reluctance on the part of men with disabilities to request accommodations. According to the ADA, the person with the disability is responsible for initiating the accommodation process. The individual with the disability must disclose their condition to the employer, inform the employer of how the limitations of the disability hinder their ability to perform the job’s functions, and suggest accommodations that may assist them in performing those functions. This process can be overwhelming to the individual. Variables such as the visibility (or perceived stigmatization associated with the disability; Jan, Kaye, & Jones, 2012), communication between the employee and employer (Rumrill, 2001), and the employers’ supportiveness (Jan et al.) can affect the employee’s willingness to request accommodations.

Employees who request accommodations may find some employers resistant to providing those accommodations. Employers’ perceptions of the cost of the accommodations can influence whether they grant accommodations (Kaye, Jans, & Jones, 2011). Employers may assume that the costs of the accommodations will be higher than their actual cost (Carpenter & Patzold, 2013) or fear resentment from other employees if accommodations are granted (Cleveland, Barnes-Farrell, & Ratz, 1997). Accommodation decisions may also be influenced by the employer’s perceptions of and feelings toward the employee making the request (Florey & Harrison, 2000). Overall, the lack of knowledge of disability-related issues and accommodations are primary reasons employers continue to resist hiring and providing accommodations to persons with disabilities.
Other Barriers to Career Opportunities for Men with Disabilities

Another barrier to career opportunities for men with disabilities is the completion of post-secondary education. Research shows that persons with disabilities who graduate from college are more successful in employment and earn higher salaries (Madaus, 2006). Successful post-secondary experiences have an important relationship with employment outcomes in students with disabilities (Madaus, 2006). College students with a disability are often faced with social (e.g., stigma from peers, faculty and staff), physical (accessibility issues), and other environmental barriers (e.g., transportation difficulties) (Johnson, 2006). They are more likely to drop out and less likely to graduate from college within five years than students without disabilities (Horn, Berktold & Bobbitt, 1999). College students with disabilities have been found to have poorer psychosocial emotional outcomes than students without disabilities (e.g., Blase et al., 2009). Overwhelmingly, the research suggests that college students with disabilities, regardless of gender, experience greater distress than students without disabilities.

The lack of role models with disabilities and men’s attitudes toward mentoring can also be a barrier for men with disabilities. The relationship with a mentor or role model can have beneficial effects to an individual’s career development (Kram & Isabella, 1985). While the majority of women and other minority groups view mentoring as a critical factor in career success, fewer men have the same perspective (Morrison, White, & VanVelsor, 1987). Since men with disabilities experience many of the psychosocial barriers faced by other minority groups (e.g., discrimination, stigma, negative societal attitudes), they too may benefit from mentoring. Yet, people with disabilities do not have consistent access to mentors with disabilities in the workplace. Within a work setting, a mentor is usually a more experienced person in the organization. The presence of employees with a disability at higher levels of an organization conveys the possibility of advancement to other employees with disabilities (Bolick & Nestleroth 1988). Thus, assisting men with disabilities to locate successful mentors and/or role models with disabilities, while challenging, can be very beneficial for their career success.

Strategies to Assist Men with Disabilities

When counseling men with disabilities it is important to address issues related to adaptation to disability. Men with disabilities may be experiencing an identity crisis due to incongruence between their actual self as a man with a disability and their perceptions of masculinity. Career counselors and practitioners should have an understanding of societal views of masculinity and disability and be prepared to initiate talking points (Marini, 2005). Even though some men may agree to see a career counselor, they may be more reluctant to process their fears or perceived shortcomings. Marini (2005) suggests that career counselors openly address the client’s potential desire to avoid burdening others with their problems as a means of granting permission to discuss his concerns. In a similar manner, other concerns related to the disability, masculinity and social-role expectations should be addressed, allowing the career counselor or practitioner to gauge an expectation discrepancy between the client’s perceptions of being a man with a disability and how he believes a man “should be.” These discrepancies can then be further examined and addressed through cognitive behavioral interventions.

Cognitive behavioral therapy (CBT) is applicable to counseling individuals adapting to disabilities that do not impair self-assessment or conceptualization skills (Swett & Kaplan, 2004). For
example, cognitive behavioral interventions have been shown to be effective in improving coping methods for various disabilities and chronic illnesses (e.g., Fekete, Antoni, & Schneiderman, 2007; Graves, 2003; Scott-Sheldon, Kalichman, Carey, & Fielder, 2008). Psycho-educational strategies, behavioral techniques, and cognitive therapy have also been effectively employed to increase self-efficacy and coping skills, and decrease depression and anxiety with individuals in medical settings (Graves, 2003; Rehse & Pukrop, 2003; see also Livneh & Antonak, 2005). Cognitive behavioral interventions that focus on reducing negative reactions to disability (e.g., the adverse effects of stress, catastrophizing disability-related circumstances, and development of dysfunctional attitudes) may have the potential to positively influence feelings of self-worth and subjective well-being (Smedema et al., 2010). CBT can assist men with disabilities in reframing their old schemata based on societal views of masculinity and disability to schemata in which idealized male characters adjust to their new capabilities. Or, career counselors may challenge dysfunctional thoughts related to a job search (e.g., “If I pursue a job no one will hire me because I have a disability.”). Positive new schemata based on functioning in the environment with a disability can foster better adaptation and psychological well-being. Men who adopt such schemata may be more likely to view counseling, career, accommodations, and disability services as means to assure that they function at their maximal level in all aspects of life. Cognitive reframing should be coupled with the development of other coping skills to deal with barriers clients are likely to face in daily life (e.g., architectural barriers, negative attitudes).

Career practitioners should empower their clients to be self-advocates, and can gauge the client’s knowledge of disability laws affecting them as an individual. Psycho-educational approaches can be used to increase clients’ awareness of their rights and develop self-advocacy, communication, and assertiveness skills to assist them with requesting accommodations or discussing their disability with an employer.

Career counselors and practitioners can engage in advocacy at the community level by participating in programs and events aimed at increasing a consciousness of disability-related issues and decreasing negative attitudes among employers. Career practitioners can play a role in educating employers with respect to incentives for employing persons with disabilities, the employability of persons with disabilities, and the capabilities of a specific applicant with a disability. The communication of such information may foster positive attitudes regarding hiring persons with disabilities. Career practitioners can also participate in community and organization training programs (e.g., serve as guest speakers at Rotary Clubs, offer psycho-educational training regarding employing workers with disabilities to local employers) and involve themselves in the provision of job placement services offered through schools or universities (e.g., provide information at job fairs). Psycho-educational group interventions aimed at reducing employers’ anxiety related to interacting with persons with disabilities may help alleviate negative attitudes and encourage more positive social interaction.

Summary
A disability can have a major impact on the career development of an individual. When compared to the general population, people with disabilities are less likely to graduate from college, more likely to report unemployment or underemployment, and earn less income. These experiences impact an individual’s adaptation to disability, quality of life, and psychological well-
being. Psychosocial variables related to attitudes toward disabilities, barriers to post-secondary education, scarcity of role models, and limited career opportunities can negatively influence adaptation to disability and career development. Men’s adjustment to a disability is also influenced by social-role expectations of masculinity, which can negatively impact adaptation. These expectations, coupled with men’s tendency to avoid seeking accommodations for their disability and help for psychological issues, can result in poorer psychosocial and career outcomes. Career counselors and practitioners can utilize cognitive behavioral and psycho-educational interventions to assist men in developing skills to foster positive adaptation to their disabilities.

References


**About the authors**

**Deborah Ebener** is Associate Professor and Coordinator of the Psychological and Counseling Service program in the Educational Psychology and Learning Systems Department, Florida State University [FSU]. She is a Nationally Certified Counselor, Certified Rehabilitation Counselor, and Licensed Psychologist in the State of Florida. She is a Past President of the American Rehabilitation Counseling Association (ARCA). She earned the PhD in Rehabilitation Psychology at University of Wisconsin - Madison. She has been a counselor educator, and member of the American Counseling Association for over 25 years. She is the past coordinator of the rehabilitation counseling program and current coordinator of the counselor education program at FSU. Her program of research includes three foci: (a) coping and psychosocial adaptation to disability, (b) disability and recovery from substance use disorders, and (c) humor and coping. She has authored 25 peer-reviewed articles and over 50 national presentations on these topics. As a counselor educator, she is passionate about teaching mental health and substance abuse counseling courses. She was the recipient of the FSU Division of Student Affairs Partners with a Purpose award in 2011 for her Disability Counseling Services
Daniel Fioramonti, MS, EdS, is a doctoral student in the Combined Program in Counseling Psychology and School Psychology in the Department of Educational Psychology and Learning Systems at Florida State University. He earned the master’s and educational specialist degrees in mental health counseling at Florida State University. He is the 2014 recipient of the John and Clara MacDonald Endowed Scholarship. He currently serves as a graduate research assistant for the Disability Counseling Services project. His research interests include adjustment to disability, attitudes toward disability, spirituality, and religiosity. Contact him as follows:

Daniel Fioramonti, 3210 Stone Building, 1114 W.Call Street, Tallahassee, FL 32306-4459 USA

Susan Miller Smedema, PhD, joined the Rehabilitation Psychology faculty at the University of Wisconsin - Madison in the summer of 2013. Previously, she was an assistant professor in the Rehabilitation Counseling program at Florida State University for six years. She has also served as an instructor in the Graduate Counseling Program at the University of Northern Iowa. She earned the PhD in Rehabilitation Psychology at UWMadison in 2005, and is a Certified Rehabilitation Counselor. She has a strong record of research within the field of rehabilitation psychology, having published over 30 articles in peer-reviewed journals, including Rehabilitation Psychology, Rehabilitation Counseling Bulletin, Journal of Rehabilitation, Disability and Rehabilitation, Journal of Visual Impairments and Blindness, Journal of Applied Rehabilitation Counseling, and Journal of Intellectual Disability Research. She has written six book chapters and has presented 14 times at national conferences, including the National Council on Rehabilitation Education’s annual conference and the American Counseling Association’s annual conference. She is a three-time winner of the American Rehabilitation Counseling Association’s research award. Her research interests relate to psychosocial aspects of disability, with an emphasis on positive psychology. More specifically, she studies issues associated with quality of life and related constructs, including subjective well-being and life satisfaction, core self-evaluations, adjustment to disability, attitudes toward persons with disabilities, coping, self-efficacy, and sexuality. Contact her as follows:

Susan Miller Smedema, PhD, Assistant Professor
Department of Rehabilitation Psychology and Special Education (RPSE)
University of Wisconsin-Madison
419 Education Building, Room 419
1000 Bascom Mall, Madison, WI 53706 USA
608-265-0845. e-mail: ssmedema@wisc.edu
Chapter 12

SUPERVISION of CO-OCCURRING CAREER and MENTAL HEALTH CONCERNS: Application of an Integrated Approach
by Chad Luke and Fred Redekop

Abstract
Counseling professionals are becoming increasingly aware of the bidirectional, reciprocal relationship between career issues and mental health. Career issues impact the mental health of clients seen in clinical counseling settings, and mental health concerns substantially impact clients seeking career counseling. Supervision that is informed by current research can serve as a vital mediator between career and mental health, enabling supervisees to work productively with their clients. Using a case vignette, this article demonstrates how a supervisor could work with supervisees at varying levels of development to conceptualize and integrate career and mental health concerns by moving between two key supervision models, the Integrated Developmental Model and the Discrimination Model.

Introduction
Counselor educators and supervisors face the challenge of the perceived disconnect between mental health counseling and career counseling and development (Schultheiss, 2000). This disconnect has been linked to training and supervision, and the gaps in the literature regarding the nature of supervision applied to the practice of career counseling (Ladany, 2015). Counseling students and supervisees often fall prey to the fallacy that career and mental health issues are substantively different from mental health disorders (Prieto & Betsworth, 1999). The result can be the outsourcing of counseling for career issues or in haphazardly adopting an either/or instead of both/and position in counseling. In addition, and despite the best efforts of career counseling advocates, graduates often feel inadequate to address career issues in counseling (Busacca & Wester, 2006; Heppner, Multon, Gysbers, Ellis, & Zook, 1998; Morgan, Greenwaldt & Gosselin, 2014; O’Brien, Heppner, Flores, & Bikos, 1997; K. Perrone, P. Perrone, Chan, & Thomas, 2000).

The dearth of supervision research and models that integrate career and mental health counseling has been well documented (see Bronson, 2010; Minton, Watcher Morris, & Yaites, 2014; Parcover & Swanson, 2013; Prieto & Betsworth, 1999). Despite interest in developing models of supervision that accomplish this integration (Blustein, 2008; Fouad et al., 2009; Robitschek & DeBell, 2002; Swanson & Fouad, 2014), gaps remain in meaningfully integrating career and mental health counseling into the supervision of counselors-in-training (Heppner, O’Brien, Hinkelmen, & Flores, 1996; Hinkelman & Luzzo, 2011; Ladany & O’Shaughnessy, 2015; Lara, Kline, & Paulson, 2011; Parcover & Swanson, 2013; Prieto & Betsworth, 1999; Reid, 2010).
Counselor supervision provides a key opportunity for both improving career counseling competence and confidence (Heppner et al., 1998) as well as promoting the (re)integration of career issues with mental health. The purpose of this article is to explore how supervisors can be more intentional about increasing supervisees’ motivation and skills in integrating career and mental health issues. It does this by utilizing both the Integrated Developmental Model (IDM; Stoltenberg, McNeill, & Delworth, 1998; Stoltenberg & McNeill, 2009) and Discrimination Model (DM; Bernard, 1979; Bernard & Goodyear, 2014) of clinical supervision through a discussion of a career/mental health vignette.

**Supervision of Career and Mental Health Counseling**

Counseling professionals are becoming increasingly aware of the bidirectional, reciprocal effects career and mental health have on each other. Ladany and O’Shaughnessy (2015) suggest that counselors don’t necessarily need to be career counseling specialists, but that they should be able to competently assist clients with career-related issues. In order to meet this challenge of reintegration, supervisors must be well versed in supervision models and apply them to career-related issues.

Bernard and Goodyear (2014) conceptualize several categories of supervision approaches, including: counseling theory-based supervision (e.g. Nevo & Wiseman’s psychodynamic approach; 2002), developmental models (e.g. Stoltenberg’s IDM; 2009), and process or social role models (e.g. Bernard and Goodyear’s Discrimination model; DM, 2014). Theory-based supervision models apply the theories of counseling to supervision. For example, a supervisor who practices from a person-centered counseling model, will unlikely respond to supervisees’ request for specific direction and feedback, and instead adopt a more reflective stance; a Gestalt-oriented supervisor will likely invite the supervisee to act out in supervision what they are experiencing in session with a particular client.

Developmental supervision models posit that supervisees grow and develop over time, often through a series of successive stages; these stages can be linear but are more often recursive in nature (Stoltenberg & McNeill, 2009). These models tend to be more complex in nature since they focus less on the supervisor roles and more on the developmental tasks and stages of the supervisee. For example, in career-based counseling, novice counselors may struggle to sit with the ambiguity of a client’s decision-making process. The uncertainty in the session may make them more prone to give advice or even refer out to a “career specialist” in order to provide concrete “help”. Later in their development, this same counselor will be able to sit and be reflective with this type of client, acknowledging that career development unfolds over time. Supervisors, like expert clinicians, recognize these developmental patterns. This allows them to wait before responding for the time and opportunity when the supervisee is able to hear what the supervisor is saying (Stoltenberg & McNeill, 2009).

Supervision that utilizes a process model shifts roles as needed by the relationship (Bernard, 2014). For example, the supervisor may transition temporarily into the role of teacher in order to educate the counselor about web-based career resources, or provide information regarding the co-occurrence of work and addiction (SAMSHA, 2015) or work and relationship issues (Gibbons & Shurt, 2010) to name a few. The discrimination model also utilizes the role of consultant,
in order to address later stages of counselors’ development in conceptualizing complex client presentations. In addition, it describes the role of supervisor-as-counselor to address personal issues in the supervisee that are likely to impact the counseling process with clients. This presents a powerful opportunity to connect the supervisees’ own career development experiences with other life challenges in order to gain an increased understanding of the integration of career and mental health.

Effective supervision of career counseling issues recognizes that any previous separation between career and mental health is artificial, which has become increasingly recognized in the literature (Gibbons & Shurts, 2010; Maxwell, 2007; Subich, 1993). Career issues can be classified as a presenting problem, much the same as relational conflict, depressed mood, or hallucinations are presenting problems. In addition, career issues often result in impairment in other domains of functioning (Blustein, Gill, Kenna, & Murphy, 2005), and therefore present as the issue underlying the presenting problem. Treatment of these various issues requires different approaches. The following case illustrates the challenges, opportunities, and necessity of integrating career and mental health counseling into developmental and discrimination models of supervision.

**Mental Health Career Counseling Vignette**

This case vignette introduces a client, Harold. We examine how Harold might be counseled by three individuals who represent different developmental levels: Kara is a counseling intern, Jose is a new clinician, and Shawnda is a licensed professional counselor with five years of experience. Gail, the supervisor for all three, varies her approach and facilitate her supervisees’ development so that they can be effective with Harold. Harold’s case, and the poignant questions he articulates, raises many questions for the clinical mental health counselor, career counselor, supervisor, and educator. Indeed, while reflecting on Harold’s case, we might ask ourselves whether his is a career counseling problem or a mental health concern.

**Harold**

Harold is a middle-aged White male who has taught upper-level honors French courses in a suburban high school. Harold taught for many years and loved his position. His students were motivated, he had his classroom arranged just the way that he liked it, and he felt very competent in the language. However, he was abruptly informed in the summer prior to the start of classes that he would teach Spanish instead of French. While Harold held a certification in Spanish, he felt nowhere near well-qualified to teach the language. He worried that he wouldn’t be able to relate to unmotivated students and that he would become one of those teachers that children make fun of when the teacher’s back is turned.

He began the semester and it appeared that his worst fears were realized. In one of his classes, a girl who was bilingual in English and Spanish giggled at his pronunciation of certain words, which made him more nervous and more prone to make mistakes. She corrected his mistakes, much to the delight of the class. He began to lose sleep, lying awake at night with racing thoughts about classroom scenarios in which he was exposed as incompetent. Harold lost his appetite, and alternated between sleeping too much and too little. He felt like he was in a fog, and couldn’t find any enjoyment or pleasure in his daily life. He was sad and tearful, and found himself snapping at his wife and his teenaged son. Six weeks into the semester, he had a full-blown
panic attack, with sweating, trembling, shaking, nausea, and chest pains. Two days later, he went on short-term disability and his wife called to set up a counseling appointment for him.

Kara, a Counseling Intern
Kara is in the first semester of her internship, having completed a practicum at the university’s clinic, and is now under the supervision of Gail. Gail is the clinical director of the outpatient program in which Harold is a client. Gail regularly takes on clinical mental health counseling program interns from a local university. Kara has completed orientation at the site and has been there for 10 weeks when she conducts the intake with Harold.

During Harold’s initial session with Kara, attended by Harold’s concerned wife, his first words were, “They have taken everything from me. I have nothing left.” He asks Kara throughout the session, “Why has this happened to me?” and “Will I get better?”

During supervision with Gail, Kara asks a basic question that any student might ask, “Should I talk about his job or his personal life? I mean he really seems to want to talk about his job. But he keeps going over and over the same things, and we didn’t seem to be going anywhere. When I asked him to give me personal information, he was happy to do so. But he got confused about how this all relates to his job, and to be honest I got confused too. I know there is a link, but I have a hard time connecting it for him. What should I do with Harold? Do I address the career part or the mental health part?”

At this level, the key for Gail, as the supervisor, is to help Kara understand that a dichotomous view of things is not helpful. It’s not the case of career counseling or personal counseling, nor is it a case where one area is focused upon because the counselor feels inadequate to address the other (Lara, Kline, & Paulson, 2011). In terms of Bernard’s Discrimination (Bernard & Goodyear, 2014) model, Gail has an excellent opportunity, through the teaching role, to instruct Kara on the explicit and implicit connections between career and mental health. Kara is already sensing that the link is important. As such, Gail should focus her attention on helping Kara synthesize and integrate vocational history and personal history. In so doing, Gail is facilitating Kara’s synthesis of her client’s background.

For example, Kara might be instructed to inquire what meaning there is in a middle-aged professional finding himself intimidated by middle school-aged students, rather than laughing at himself in his pronunciation? Kara can be helped to see that simply helping Harold become aware that there is a link is a huge first step. The three overarching structures in the IDM are particularly relevant here: motivation is counselor’s willingness to commit time and effort toward learning and growth; autonomy reflects the movement of counselors between dependence and independence; and self- and others-awareness represents both cognitive and affective components of a counselor’s ability to shift focus away from self and onto client, and back to self in terms of “enlightened self-awareness” (Stoltenberg & McNeill, 2010, p. 24). Gail can be cued to reassure Kara through the IDM, by recognizing that Kara’s motivation is high, but her sense of autonomy is low; at the same time, her self-awareness is limited, meaning that here at the beginning of her career, Kara could have either a simplistic view of career, or Harold’s career anxiety could trigger her own anxiety (Ladany & O’Shaughnessy, 2015). Kara’s empathic responses will
create room for Harold to explore his own strategies related to his perceived deficits in Spanish, such as, “For my pronunciation, I will need to hire a native speaker to tutor me and watch more telenovelas (Spanish Soap Operas). But I also need to be smarter about my teaching strategies, and if there are bilingual students, enlist their support, maybe use them as pronunciation models. I don’t have to be perfect in my pronunciation, just improving. If I play it right, I can connect better with students and relate more to their struggles.” Gail will wisely attend to the parallel process with Kara in this, and how they relate to Kara’s own distorted thoughts as an intern—she may also thinking, “I have to be the perfect counselor, and I am not good at it!”

Harold has likely endured numerous negative events outside of the career domain in which he was able to successfully navigate. A patient, low-key, but persistent focus on this with Harold can help him see how much meaning he had invested in his career and the level of importance he has attributed to being a key financial contributor to the family. Perhaps this is an open door into challenging his deep-seated beliefs: together they can explore the links between his job disruption and the other events in his life. In addition, they can process the contrast in his reaction to them, which might help to bring these less-than-conscious beliefs into his awareness. Again, it becomes clear that Kara, despite her lack of experience, must link the career and personal issues as a means of effective treatment (Ladany & O’Shaughnessy, 2015).

**Jose, a New Counseling Professional**

As a new counseling professional, Jose is less than six months into the field. While he might not hurry to supervision in response to Harold’s direct questions an implicit pleas for help, following session five, Jose poses a question, “I know I should be thinking about using a theory to help him, but which one should I use? Should I use a career theory of a counseling theory? I’d like to use solution-focused therapy, but I’m running into roadblocks—to be honest, every time we discussed one solution, two more problems seemed to pop up. Or maybe I should implement a career theory-based approach, like Social Cognitive Career Theory. But as soon as I try to focus on his career self-efficacy or outcome expectations, he shifts back to his personal life. We keep bouncing between career issues and personal issues”.

At this level, as described in the IDM, Jose is attempting to integrate his “book learning” with “OJT” (on-job-training) (Stoltenberg, 2005). While his educational program likely encouraged him to think about how to use theory in work with clients, Jose is using up a lot of energy trying to keep a cool head, trying to track what the client is saying, fighting feelings of being a fraud, and trying not to say something spectacularly stupid to the client. In the view of the IDM (Stoltenberg, McNeil, & Delworth, 1998), Jose is experiencing a blow to both his autonomy and his motivation: his approach is not “working” as well or as quickly as he thought it would/should, and he is losing confidence. He doesn’t have a lot of leftover energy to attend to theory – counseling or career. In order for theory to be effective with clients, it must be deeply felt and integrated. It is a developing process that takes time to be able to use in an integrated fashion (Ronnestad &Skovholt, 2012).

In supervision, Gail takes on first the role of a counselor (DM; Bernard & Goodyear, 2014) in order to help raise his self-awareness (IDM; Stoltenberg & McNeill, 2010). Gail already knows that techniques like the “miracle question” (a technique commonly used in Solution-Focused
Counseling) occasionally produce miracles, but more often than not, this is not the case. She illuminates for Jose the challenge of how to infuse the counseling he does, not with superficial techniques, but with the fundamental orientation of the counselor. For example, assuming that Jose’s theoretical leanings were closely related to Solution-Focused Therapy (de Shazer, 1985), she educates Jose that a solution-focused approach doesn’t foist solutions on people; instead, it comes from a secure and relaxed position that solutions are readily available, and that counseling will facilitate Harold’s belief in his ability to effectively determine a reasonable solution (Sommers-Flanagan & Sommers-Flanagan, 2012). (With that said, it is completely understandable that Jose is struggling to stay calm as a counselor while Harold struggles to identify solutions and saying, “Somebody please help me! I’m falling all over here. Why won’t anyone help me?”).

Gail also recognizes, and shares with Jose that likewise, when incorporating career theory in practice, it is not simply a matter of compartmentalizing all personal issues while focusing exclusively on negative career thoughts (Owen & Lindley, 2010). Harold is not a career puzzle, wherein putting the career pieces together relieves his personal issues (Ladanay & O’Shaughnessy, 2015). Instead, career theory and counseling theory exist in a kind of dance, wherein Jose leads the movement back and forth. Expert supervisors like Gail facilitate this “dance” as new professional supervisees like Jose integrate the steps (Holloway & Wampold, 1986; Kottler & Carlson, 2014; Ronnestad, 2012). She explicates for Jose that as he accrues clinical experience he may be more open to the idea that while career and counseling theory can be immensely helpful, the use of the relationship between counselor and client appear primarily responsible for therapeutic change (Bohart & Tallman, 2010; Lamberts & Barley, 2001; Lamberts & Cattani-Thompson, 1996; Norcross, 2009), no matter the orientation.

**Shawnda, a Seasoned Counselor**

At the level of seasoned practitioner like Shawnda, she may well be aware that a dichotomous approach to career and mental health issues is unhelpful, that theory is a place to begin intervening with a client, not an end in itself, and that the relationship that the counselor has with Harold is going to be the key factor (Stoltenberg & McNeill, 2009). As Shawnda meets with Gail for clinical supervision, Gail, recognizing Shawnda’s skill and expertise, operates in the role of a consultant (DM, Bernard & Goodyear, 2014.). She remarks to Shawnda that, “at the level of seasoned practice, it may be your ability to not know how to proceed—and yet to still proceed in some meaningful way—that may be what the client needs” (Granello, 2010). Gail also recognizes through many conversations with Shawnda that career counseling was not emphasized in her training program, and that Gail is the first to attempt reintegration of career and mental health through supervision.

Gail reflects to Shawnda that as one grows to embrace the difficult perspective that we often must simply sit with our clients through hard times, essentially tolerating the ambiguity (Skovholt & Jennings, 2005) that comes with the complexity of client concerns. Her mere presence as a counselor – her ability to empathically and compassionately be with the client as the client seeks their own solutions, rather than her ability to fix some problem – is what the client really needs. Harold often asks Shawnda what he should do, whether things would get better, whether he should try to get back to work (an impossibility, in Harold’s view) or to apply for disability (which the counselor is wary of for Harold, given the fact that he has in the past derived so much
personal meaning from his career).

From a seasoned perspective, perhaps it doesn’t in the end matter as much how Shawnda answers, but the fact that she remains as a consistent source of empathic support with Harold as he suffers through this wrenching displacement from his preferred career role. Perhaps the hardest thing to do in Harold’s case is to avoid making career referrals and suggesting exercise and sleep apps on his phone, which may satisfy the Shawnda’s need to feel like she’s being useful (issue of autonomy in the IDM), but at a higher level, her ability to sit with Harold as he doesn’t move may be what he needs at this point in time. One could argue that this is what his behavior is telling her; perhaps his depression is telling her that no one bothered to sit with him as he felt awful and thought terrible things. Finally, by providing a space for Harold to process his experience, in a supportive relationship, he is able – perhaps for the first time – to begin to explore those issues he has used work to avoid, the one place he experienced himself as competent, and thereby begin to truly heal and then grow.

The connection between career and personal counseling in Harold’s case is illuminating. Why, indeed, did he suffer depression over job dislocation, but not as a result of personal tragedies disclosed later in therapy? It is clear he channeled much energy into his career and invested his self-esteem in it, as many people do. It is intriguing to question why and how he invested so much in this area in his life. Regardless, Harold’s case reiterates Parcover and Swanson (2013) assertion that career counselor training must include counseling skills training, if counseling is to be truly holistic.

Conclusions
In reviewing the literature on career and mental health integration in supervision, we are left with major questions going forward to guide future practice: What is career counseling? Is it as personal as the literature suggests (Maxwell, 2007; Subich, 1993) or is it a technical specialization? What is career counseling supervision? Is it more supervision of career counseling, or counseling supervision for career issues? What would be the difference? Implications? Are we talking about Career-Focused Counseling, or Counseling-Based Career Assistance (Niles & Harris-Bowlsbey, 2013)? The responses to questions such as these will inform and shape counselor education and supervision related to career counseling and concerns in the future. These answers will matter for clients like Harold. It is vital that practitioners, supervisors and educators engage these questions alongside their students and supervisees.

References


About the authors

Chad Luke, PhD, LPC-MHSP, NCC, ACS is a counselor educator at Tennessee Tech University in Cookeville, TN and a clinical supervisor. He earned the PhD in Counselor Education at the University of Tennessee. He teaches courses in neuroscience for counselors, theory, multicultural counseling, group counseling, practicum and internship. He has clinical experience with addictions, children & adolescents, the homeless, college students and other adults. He has been a Career Services Director and Associate Dean of Student Development, and has published several articles and book chapters on career, college success, and mental health. He is a Licensed Professional Counselor specializing in career, addictions, and college populations. His most recent book is entitled Neuroscience for Counselors and Therapists: Integrating the Sciences of Brain and Mind, published by SAGE. Contact him as follows:

Chad Luke, PO Box 5031, Cookeville, TN 38505 USA 931-372-3217. e-mail: cluke@tntech.edu

Fred Redekop, PhD, is an Associate Professor in the Department of Counseling and Student Affairs at Kutztown University of Pennsylvania. He earned the PhD at the University of Iowa. He is a Licensed Professional Counselor, a National Certified Counselor, and an Approved Clinical Supervisor. He has been an outpatient counselor, in-home family counselor, residential mental health program director, and outpatient clinic director. He has been a counselor educator since 2008, teaching career counseling across the lifespan, group counseling, internship, and other core and specialty courses. He serves as the editor of the counseling textbook series, Theories for Counselors, and has published 5 peer-reviewed articles, one book, Psychoanalytic Approaches for Counselors, and three book chapters, and has over 20 national, state, and regional presentations on a variety of career and counseling-related topics. Contact him as follows:

Fred Redekop, Ph.D., Associate Professor, Counseling & Student Affairs Kutztown University of Pennsylvania, Old Main, A Wing, Room 410 P.O. Box 730, Kutztown, PA 19530. USA e-mail: redekop@kutztown.edu
Chapter 13

CAREER COUNSELING GROUP SUPERVISION: A New Approach in Master’s Level Counseling Programs
by Tracy M. Lara Hilton, Jamie Brant, and Logan Vess

Counselor trainee supervision, an important gatekeeping process during the university training experience has two main goals. The most important goal is to protect clients’ welfare (American Counseling Association (ACA), 2014). Another goal is to foster supervisee agency in areas of counseling skills, counseling knowledge, and self-esteem (Crocket et al., 2009; Gray & Smith, 2009). Furthermore, through supervision trainees learn experientially to conceptualize the intertwined and overlapping nature of career and mental health concerns, a skill much needed for effective counseling (Niles, 2014; Patton & McMahon, 2014).

A variety of theories and models for conducting counselor trainee supervision exist (see Bernard, 1979; Falender & Shafranske, 2004; Holloway, 1995; Hoppin & Goodman, 2014; Lambers, 2000; Loganbill, Hardy, & Delworth;1987; and others). When counselor trainees encounter multiple supervisors drawing from different theoretical models or when supervisors eclectically select pieces from different supervision theories, supervisees may see different types of theories modeled for them. However, variety may come at the cost of supervisee confusion. The approach presented here combines narrative therapy, outsider-witnessing groups, and client-centered supervision (referred to from here forward as supervisee-centered outsider-witnessing career group supervision (SCOWCGS). In this article, authors provide the rationale for SCOWCGS’ theoretical base and illustrate the outsider-witnessing process in a case study. Furthermore, the case study will demonstrate the intertwined nature of career and mental health concerns.

SCOWCGS Overview
SCOWCGS combines narrative, group work, person-centered concepts already familiar to trainees. SCOWCGS focuses on the experience co-constructed between the supervisee and client from the supervisees’ perspective. The benefit of this approach is that counselor trainees use and practice their familiar micro skills and group work skills while layering on the conceptual framework of a supervision process, thereby preparing them to benefit from group supervision. This group supervision process can be implemented in triadic supervision, as well as in larger group formats.

Furthermore, this supervision approach capitalizes on occurrences of parallel process. Loganbill, Hardy, and Delworth (1987) described parallel process as instances in supervision when the relationship between the supervisor and supervisee resembles the relationship between the counselor and client. Koltz and Feit (2012) suggested that through parallel process students experience being in the role of counselor, observer (outsider-witness), and ‘client’ simultaneously. Paral-
lel process creates the opportunity for counseling trainees to learn more than one task at a time through the single supervision process. In summary, SCOWCGS scaffolds new concepts over trainees’ experiences and provides a deep learning experience enhancing students’ skills development, supervision experience, and overall training.

**Outsider-Witnessing**

Outsider-witnessing has roots in narrative therapy and Myerhoff’s definitional ceremony work (see Myerhoff, 1992). White (1995) began using outsider-witnessing groups for the purpose of enriching and assisting in the restructuring of clients’ stories toward their preferred stories. Individuals from varying backgrounds made up traditional outsider-witness groups, due to White’s belief that each person’s experience brings value and enrichment into the therapeutic process. As outsider-witnesses, the group observes the therapy session between counselor and client from a different room. The group becomes an “outsider” by being removed to another room; however, they are still “witnessing” what is taking place in the session (White). The focus of attention shifts to the group of outsider-witnesses once a natural break occurs in the therapy session. The four tasks for outsider-witnesses are to (1) identify the image, (2) identify the expression, (3) identify the resonance, and (4) identify the transport from the narrative that was just shared (Walther & Fox, 2012). Outsider-witnesses share their thoughts regarding the client’s narrative while the counselor and client view the interaction. Once the outsider-witness sharing is completed, the counselor and client work to restructure the narrative based on the new perspective gained. For more information on outsider-witnessing, see Fox, Tench, & Marie (2002) and Walthers and Fox (2012).

Similarly, in SCOWCGS, the outsider-witnessing group has a specific structure, use, and set of rules. Within this supervision process, the outsider-witness task of identifying resonance is removed in order to maintain the focus on the supervisee’s story. The essence of this departure from outsider-witnessing in therapy to outsider-witnessing in supervision, is that the outsider-witnesses retell the supervisee’s story in their own words and then the supervisee identifies which words and images from the retelling resonate with him/her to begin the co-construction of meaning from the supervision interaction.

Although outsider-witnessing is represented in the literature primarily as a counseling modality (McQueen & Hobbs, 2014; Whiting, 2007), Walther and Fox (2012) and Sax (2006) implemented outsider-witnessing for educator and practitioner skills training, and Fox, Tench, and Marie (2002) offered a use of outsider-witnessing in group supervision. These representations of outsider-witnessing in the literature suggest that incorporating outsider-witnessing into supervision offers an application of theory and technique enhancing students’ counseling skills and understanding of supervision. See chart: **Group Process of Supervision and Roles of an Outsider-Witness** (White, 2007).
### Figure 1: Group Process

**Group Process of Supervision and Roles of an Outsider Witness (White, 2007)**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Supervisor</th>
<th>Supervisee</th>
<th>Outsider Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase I</strong></td>
<td>- Structure the supervision/outsider-witness sessions.</td>
<td>- Openly share their experience utilizing career interventions with clients.</td>
<td>- Follow the rules of being an outsider witness (White, 2005) and shared by supervisor.</td>
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<td></td>
<td>- Explain the roles and rules to the process for each participant.</td>
<td>- Take on outsider-witness role in phase II shift.</td>
<td>- Provide feedback on supervisee’s story/experience in accordance with rules of outsider-witness.</td>
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<td></td>
<td>- To be the “interviewer” of the supervisee.</td>
<td>- Remain open to being “interviewed.”</td>
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<tr>
<td><strong>Phase II</strong></td>
<td>- Interview the supervisee about their experience utilizing career interventions with clients.</td>
<td>- To work with the interviewee/supervisee to build a rich and full narrative of their experience working with clients and career interventions.</td>
<td>- To listen to the narrative from a place of “not knowing.”</td>
</tr>
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<td></td>
<td>- To draw out a rich story from the supervisee.</td>
<td></td>
<td>- Pull out words from the narrative that resonates and create a transcript or pullout of the experience for them.</td>
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<tr>
<td><strong>Phase III</strong></td>
<td>- During this phase, the supervisor and supervisee listen to what the outsider-witnesses have experienced while hearing the supervisee’s narrative.</td>
<td>- During this phase, the supervisee is expected to listen to the outsider-witnesses’ share their experience hearing the narrative and which words/images came to mind as the narrative progressed.</td>
<td>Each participant shares their experience listening to the narrative of the supervisee, expressing the language and images that came to mind and were impactful.</td>
</tr>
<tr>
<td><strong>Phase IV</strong></td>
<td>- Supervisor interviews supervisee again.</td>
<td>- Allow the supervisor/interviewer inquire about the supervisee’s experience hearing their narrative re-told from the perspective of the outsider-witnesses.</td>
<td>- Listening to the supervisee express their experience of hearing their narrative re-told.</td>
</tr>
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<td></td>
<td>- Intention of this interview is to draw out supervisee’s experience hearing their narrative re-told by the outsider-witnesses.</td>
<td></td>
<td>- Gathering points of discussion they would like to bring in to the deconstruction phase of supervision.</td>
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<td></td>
<td>- Regroup all participants and explain the process of the deconstruction phase of supervision.</td>
<td>- Shares their experience with the group of what it was like to be the interviewee: what they liked most, disliked, and what they would like to have seen/heard more of from the outsider-witness group.</td>
<td>- Share openly what the experience was like as an outsider-witness: what they liked most, disliked, and would like to have seen more or heard more of from the supervisee/supervisor “interview.”</td>
</tr>
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<td></td>
<td>- Inquires first how the supervisee/interviewee experienced the process of supervision.</td>
<td>- Ask any additional questions of the group and/or supervisor at this time.</td>
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<td></td>
<td>- Second, inquires what the experience was like for those who were in the role of an outsider-witness.</td>
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SCOWCGS Supervision Setup
Supervision facility. Optimal facilities include two separate rooms outfitted with audio and visual equipment or two rooms separated by a two-way mirror. Alternatively, using a fishbowl set up in the supervision room with the supervisor and counselor in the middle of the room surrounded by the outsider-witnesses then reversing this format during the next phase is acceptable. As students discuss clients and client information, it is imperative that the setting for supervision follows the ACA code of ethics and supervision standards (i.e., F.1.a., F. 1.c., F. 4.c., and F.4.a) (ACA, 2014).

Supervision goals and restrictions. Counseling students will have received didactic instruction on outsider-witnessing prior to its use in supervision. At the start of the SCOWCGS process, the instructor will review concepts undergirding SCOWCGS, such as the tenets of outsider-witnessing in supervision, including the benefits, goals, expected outcomes, etc. For example, the instructor would cover examples of outsider-witness restrictions such as (a) do not offer congratulatory responses, (b) do not make moral judgments, (c) do not interpret the lives of others, and (d) do not give advice, etc. (see White, 1995).

According to White (1995), these restrictions remove outsider-witnesses from an “expert role” and move them into the “not knowing” role. Taking the “not knowing” stance provides trainees the opportunity to explore their personal reactions (i.e. their value and belief system) to the supervisee’s experience with the client (Visser, 2013). The instructor will remind the class of their roles as outsider-witnesses as being called upon to listen to the language the supervisee used to tell the story of their experience counseling the client. Outsider-witnesses are asked to listen for words that create images in their minds of the story being told. See chart for description of SCOWCGS roles.

Outsider-witnessing process in supervision. The outsider-witness group will include all of the students in the class except the supervisee. Also, the faculty member may serve as the outsider-witness group “facilitator” initially to model the process. However, as the group becomes self-sufficient, a student may serve as the outsider-witness group “facilitator.” The process involves the following steps. The outsider-witness group will choose a “facilitator” to begin the discussion. To open the discussion a simple question asked can be: ‘what are some images that came to mind for you as you listened to his/her experience?’ From here, the floor is open to all outsider-witness group members to speak one at a time. Outsider-witnesses remain in the space of “not-knowing,” to assist the supervisee in exploring his/her narrative. Outsider-witnesses’ retell the story in their own words. The supervisee then discusses with the supervisor which images and descriptions resonated with him/her and together the supervisor and supervisee co-construct an action plan the supervisee will use in the next client session and/or as stimulus for professional skills development.

Case Study: PART I – Interview
In this supervision case, Miles, the counselor, will discuss his difficulties counseling Max, the client. In the supervision dyad interview, Miles shares his experience addressing the client’s career concern using the Career Construction Interview (CCI) (see Savickas, 2011, 2015). During the interview, the outsider-witness group remains in a separate room from which they can observe the supervisee dyad.
Supervisor:
“Miles, what would you like to discuss today?”

Miles (supervisee):
“I am really struggled in my session with Max. So, I would like to talk about my work with him today.”

Supervisor:
What would you like to share with me about Max?”
The supervisor gathers relevant demographic and background information about the client.

Miles:
“I have had two sessions with Max during the last two weeks. He reported he needed to change majors. He appeared anxious and afraid. He was fidgeting a lot, biting his nails, and shifted his body around in his seat a lot. The more he told me about what he was experiencing; I began to see signs of mental health issues while he was focusing on his career decision.”
The supervisor elicits the rich content of the story regarding Miles’ experience.

Supervisor:
I am curious as to what that must have been like for you.”

Miles:
“It was a little scary for me because I was ready to sort of jump in to doing the first couple of questions in the CCI, or at least getting into the first two… But Max’s anxiety was palpable. There were also signs that could suggest he was dealing with depression. So, I guess I was confused about what to do.”

Supervisor:
“You have already described his symptoms of anxiety. But, I am wondering what the symptoms of depression looked like for you.”

Miles:
“You know, it was like he just seemed sad. I don’t really know how to explain it. He told me he was not sleeping, was not eating as much as he normally did, lost interest in a couple of classes and was hanging out with his friends less often. So, he described the classic symptoms of depression, but it was something more than that… It was almost like this energy that he brought with him into the room… If that makes sense.”

Supervisor:
Miles, you talked about Max giving you verbal symptoms of depression, but you also described your personal experience of being in the room with Max. There was this energy that he brought with him. How did you proceed?”

Miles:
I started the CCI with the role model question. He talked about having a lot of support. His family and friends were supportive. So, I did not think that this question would be very difficult for
him, but he struggled with it. Almost as if he had never considered having a role model before. It was like the whole idea was completely foreign for him. It probably took him a good twenty minutes before he responded with someone who he thought would be a role model. In fact, he even put a disclaimer with this person saying that he did not know if this would count as a role model.”

Although this supervision process is more lengthy and in-depth in order to achieve counselor skills development, for the purposes of this article the focus in the case is placed on how the outsider-witnessing process in SCOWCGS is conducted.

**Case Study: PART II – Outsider Witnessing**

Once Miles has sufficiently shared his experiences, supervision shifts from the dyadic “interview” to outsider-witnesses processing Miles’ story. Outsider-witnesses become active participants in the supervision process. During this phase both the supervisee and supervisor are able to hear and see the outsider-witness group but the outsider-witness group is not able to hear or see them through the two-way mirror. In a fishbowl set up, the supervision dyad may move about the room to an area outside the circle to watch and listen to the outsider-witnessing process. Prior to setting up the outsider-witness group, Samantha, was elected as the facilitator.

Samantha:
Okay everyone, we have our rules of what we are not to do as an outsider-witness, and being mindful that one of our main roles here is to present Miles story through the images or pictures that came to your mind through Miles’ story. Who would like to share?”

It is important for all outsider-witnesses to participate and to suspend taking any expert role. The facilitator invites each of the outsider-witnesses into the conversation using group work skills.

**Outsider-witness Discussion**

Amy:
“When Miles talked about the “energy” that his client brought into the room with him, I got this picture in my head of black smoke filling a clear cube…almost until it was pitch black….changing the cube completely.”

Dan:
“I have to say that Miles’ description of his client’s “energy” struck me as well Amy, but for me it brought to mind the image of a forest, with fog slowly rolling in, making it difficult to figure out where you are….”

Zack:
“It wasn’t so much the talk around the “energy” that struck me during Miles’ story. As Miles was telling his story, he said that he was ready to “jump in to the questions of the CCI” but then realized that there was something else going on with Max that made him hesitate….this is the part of Miles’ story that struck me the most and brought up an image in my mind of a person who is fully excited, dressed up in the proper gear for bungee jumping, and has been told that there is a safety net at the bottom of the ravine should anything go wrong….but just as he steps off the ledge to enjoy the ride…he is informed there is no safety net!”

This discussion takes 20 to 30 minutes depending on the number of outsider-witnesses.
Case Study: PART III – Re-storying

Once outsider-witness sharing has ceased, the focus will shift back to the supervisor-supervisee dyad to consider what has been shared by the outsider-witnesses. The supervisor assists the supervisee in processing the images, words, or parts of the retelling that resonated with the supervisee and to guide the supervisee in re-storying the original narrative. The aim is to assist the supervisee in gaining insights and constructing a plan of action to demonstrate and practice enhanced counseling skills.

Supervisor:
“Miles, I would like to invite you at this time to share with how it was hearing your own story re-told through images and words by the group process we just observed.”

Miles:
“Wow…umm…it was really strange! I had no idea that I used so many words that would pull these images in to people’s minds….umm but it’s really cool to hear my story re-told through how they experienced it….”

Supervisor:
“What are some specific comments or thoughts that moved you look at your experience with Max in a different way?”

Miles:
“Wow…there were so many but I have to say that Zack’s description of the bungee jumper definitely struck me the most and sort of gave me a different way to look at how I experienced that moment with Max…because even though I had only seen him two times….I guess I just assumed I had this safety net of these questions (the CCI) that I could fall back on if I felt lost….but when I realized that there was so much more going on with Max….it was as though someone had told….AFTER my feet left the ledge….that there was no safety net!

Supervisor:
“What was this experience like for you, hearing about this image and placing yourself in this image as the bungee jumper?”

Miles:
“I was afraid. I think for the first time I had to actually face the realization that there are no real safety nets in counseling…I mean we have been given a good foundation, guidelines and theories to follow, but nothing is a guarantee….and I need to become more comfortable with practicing without a safety net. I wanted to deal with Max as if he had a superficial career concern, now I see that the stress and anxiety he is experiencing needs to be addressed as well. And, I have the skills, I just have to use them as part of the CCI process.”

This portion of the supervision process may take 15 to 20 minutes, enough time to allow the supervisee to reflect upon the outsider-witness comments and thoughts and to co-construct an action plan related to the next client session and/or the supervisee’s skill development. A debriefing session is held with all the supervision class members to share their thoughts, feelings, and concerns surrounding anything that took place during supervision. The debrief also allows the
instructor to provide any necessary didactic instruction on concepts related to counseling theory, skills development, and the supervision process.

**Conclusion**

The purpose of this case analysis is to demonstrate the inner workings of the proposed SCOW-CGS supervision process. This new approach to supervision draws upon the narrative therapy technique of outsider-witnessing (White, 1995) to enhance the meaning making process of supervision. Additionally, outsider-witnessing provides participants the opportunity to recognize and learn from instances of parallel processing. One aspect of this type of live supervision is to provide students with an experience which will foster the ability to gain personal understanding of their value and belief systems, work toward an integrated picture of their personal counselor identity, and to learn counseling and supervision skills simultaneously. It is our hope that using SCOWCGS in counselor education will introduce layers of meaning and purpose in career counseling supervision. Ultimately, quality career counseling supervision will produce counselors who are better prepared to enter the workforce to meet the needs of clients.

**References**


About the authors

**Tracy M. Lara Hilton**, PhD, is an Associate Professor of Higher Education Administration and Student Personnel at Kent State University [KSU]. She earned the PhD in Counselor Education and Supervision at Idaho State University in 2004. She is also a licensed professional counselor and a trained distance career counselor. Since 2009, she has collaborated with KSU Undergraduate Studies and the Career Services Center to provide a course assisting undergraduates in their career exploration, decision making, and development. She has been a member of the Association for Counselor Education and Supervision/National Career Development Association Commission for the Preparation of Counselors for the 21st Century since 2003 and served in a leadership capacity from 2006 - 2012. She serves on the editorial boards of the *Career Development Quarterly*, the *Journal of Vocational Behavior*, and the *Journal of Employment Counseling*. She also serves on the NCDA Publications Committee. She has published and presented widely on student career development and training career development professionals.

Contact her as follows:

**Tracy M. Lara Hilton, PhD, Associate Professor**  
*Kent State University, White Hall 404, P.O. Box 5190, Kent, OH 44240 USA*  
330-672-0626. e-mail: tlara2@kent.edu

**Jamie L. Brant** is a National Certified Counselor and recent graduate of Slippery Rock University’s master’s counseling program. She is a doctoral student at Kent State University, pursuing her degree in Counselor Education and Supervision. She teaches Career Navigation and First Year Experience courses to undergraduate students. She provides career counseling services through the Exploratory Advising Center. She has made in 2015 three professional presentations with research partner and colleague Logan Vess--in Cleveland, Denver, and Italy. These were based on the supervision theory: Supervisee-Centered Outsider-Witness Career Group

**Logan R. Vess** is a National Certified Counselor and doctoral student of Counselor Education and Supervision at Kent State University. He teaches a graduate level Career Advising course, as well as Career Navigation and First Year Experience undergraduate courses. He meets with clients individually to assist in developing their identity in order to make informed decisions in their unfolding career trajectories. He is a member of Chi Sigma Iota Counseling honors society. He has published work with Dr. Tracy Lara in the American Counseling Association VISTAS online journal, Career Planning and Adult Development Journal, and The Family Journal. He has presented at various regional, national and international professional meetings.
Chapter 14

LINKING CAREER and MENTAL HEALTH CONCERNS THROUGH TECHNOLOGY
by Debra S. Osborn, Jacqueline Belle, Austin Gonzalez, and Shae C. McCain.

Introduction
Career decision-making is a complex process that often times is accompanied by mental health concerns (Betz & Corning, 1993; Krumboltz, 1993; Walker & Peterson, 2012; Zunker 2008). For example, long-term unemployment is often accompanied by depression (Rottinghaus, Jenkins, & Jantzer, 2009; Saunders et al. 2000; Walker III, & Peterson, 2012), and anxiety (Gati, Asulin-Peretz, & Fisher, 2012; Nauta, 2012; Saka & Gati, 2007). In addition, negative or dysfunctional career thinking has repeatedly been shown to predict career indecision (Bullock-Yowell, Peterson, Reardon, Leifer, & Reed, 2011; Saunders, Peterson, Sampson, & Reardon, 2000). Interventions to address these concerns often involves cognitive restructuring (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996), which often occurs within face-to-face sessions with a client. However, today’s technologies offer career practitioners unique tools to address these concerns both within and outside of the traditional office setting. In the sections that follow, we offer practical suggestions on how to transform traditional tools via technology, using online applications (apps) to strengthen the link between career and mental health, and how to take advantage of social media to address this connection.

Transforming Traditional Tools
The fields of mental health and career counseling are constantly changing with the additions and innovations regarding technological advancements (Osborn, Dikel, & Sampson, 2011). In 2000, the National Career Development Association (NCDA) and the Association for Counselor Educators and Supervision (ACES) emphasized the need for counseling students to know not only about existing technologies, but how to integrate them into career service delivery. As such, career practitioners are being required to attain competence with the new technologies available to them while also being able to display their competence in a counseling setting. Although much of the focus resides on new technological advancements, it is of the authors’ opinions that career counselors should strike a balance between being technologically savvy and preserving client welfare with regards to incorporating technology into their practice. While maintaining an open mind towards new technologies is recommended, it is also essential for practitioners to consider more traditional technologies and their practical capabilities for counseling purposes.

Utilizing traditional tools such as a video camera can be truly beneficial in a counseling setting. Video recording capabilities are now readily available in many formats such as phones, tablets,
and traditional video recorders, and as such are commonly accessible by a wide audience. Transforming the traditional tool of a video camera to be utilized in the creation of video diaries has been successful when attempting to discover more of a client’s life outside the counseling session and identifying a client’s thoughts, feelings, and personal experiences (livari, Kinnula, Kuure, & Molin-Juustila, 2014). Utilizing an even simpler tool, an ordinary camera, could also provide alternative methods to traditional counseling interventions. A counselor often provides homework or activities in session which involve creating art of some kind, such as a collage or a genogram. Encouraging a client to create the assignment and capturing that product with a camera’s photograph creates a visual that can be referred to in later sessions.

The simple tool of a camera or video camera can revolutionize, expand and enhance the clinical benefits of completing diaries in a career counseling setting. A traditional career counseling role-play could include performing a mock interview or elevator speech, with the counselor providing a situation in which the client and counselor will role-play together. Afterwards the counselor and client will review their thoughts and feelings on their memories of the role-play. By using a video camera to record the session, counselors and clients can instantly review the video recorded role-play in session, even stopping it at certain points, and identify positive aspects of the session as well as areas for improvement. A career counselor can now focus more attention on the role play itself and be “more in the moment” and spend less time making mental notes of points to discuss after the role play. Video cameras can also provide opportunities for clients to record video statements for themselves, such as positive statements about themselves (such as, "I can make effective decisions," or “Remember when you get tongue-tied to slow down and monitor your breathing. You are in control.”), remind themselves of previous commitments ("I can do this. I told myself to apply to three jobs today."). Another option would be for the counselor to record instructions on activities such as relaxation techniques and deep breathing exercises, how to access career information and monitor negative self-talk (e.g., “So here you can see the description of the occupation – remember you’re not going to eliminate the option until you read about the job tasks, salary, and education or training requirements.”) These in session experiences can then be shared with the client electronically for review and further practice. These are a few of the many ways to address and integrate career and mental health concerns utilize a technology tool that is more commonplace today.

Note-taking during sessions is a common practice of career practitioners. These notes may be of words that a counselor hears the client repeating, a resource that the counselor thinks of while the client is sharing, follow up questions the counselor may want to ask, or specific questions a client wants addressed. Applying note-taking technology, such as Livescribe Smartpens, can significantly impact a practitioner’s counseling. The use of a Smartpen allows a counselor to automatically and wirelessly transfer notes written in a session to a device such as a tablet or computer, thus collecting notes electronically. This allows session notes to be included in the modern process of maintaining electronic medical records. In addition to taking client notes, a practitioner could use this when co-creating an intervention plan with a client. Livescribe Smartpens can also record the audio of a counseling session and synchronize the notes with the audio of the session. Career and mental health practitioners no longer need to hurriedly write notes in a session, but instead write a single word during the session and replay the audio at a later time. Or, as a client is sharing career beliefs, the counselor can make note of accompanying emotions or non-verbal
expressions the client is indicating. Or, if a counselor makes use of diagrams or models to explain career and mental health connections (e.g., how negative career thoughts impact other areas of career decision making), the client could draw arrows demonstrating that connection while describing it for future reference. Another option would be for the career practitioner, especially those in training, to write down a symbol or a word for when they feel stuck in a session. During supervision, this would allow them to pinpoint the exact moment in the dialogue where this occurred. Clients can also utilize these tools in or out of session, as they can write their goals or ideas along with their own voice recordings. Smartpens allow both the client and the counselor to enhance their contributions to the session in order to maximize their time and efforts.

Hipachat is another tool which transforms the constant need for co-worker communication into a modern technological success. This tool utilizes basic messaging and video-communicating technology but provides safe, secure, and confidential protection. Hipachat is a mobile tool that allows practitioners to send typed or audio recorded messages, and also allows the practitioner to send attachments (such as photos and videos), thus providing a simpler and safer method of communicating confidential information. This software can assist with providing mobile consults, supervisions, and group communicating, all while maintaining compliance with the federal Health Insurance Portability and Accountability Act (HIPPA) compliance. VSee is a similar online chat tool that claims HIPPA compliance.

Career practitioners might also use automatic reminder systems to inform clients of upcoming sessions, relevant workshops, unexpected cancellations, and so forth. As email becomes less popular with the current generation, finding a non-intrusive way to share these reminders that works with the technology of today’s client is necessary. Secure text messaging is one such means. TigerText is an example of such a system, in which the sender’s phone number is obscured and a return option is not allowed (i.e., individuals cannot reply to the text that is send). In addition, it is possible to restrict the message from being copied and forwarded. The messages are encrypted and will disappear or “self-destruct after a period of time sent by the sender. Another example used by teachers to reach a group of students at one time is remind101. Any type of reminder is possible, including an encouragement to keep working on goals, or a client-developed mantra for the week such as “I can make effective career decisions” or “I am a worthwhile person.” The career practitioner should consult with the client on if and how often they would like to receive such messages.

Technology also provides organizational options for client information. Over the course of a few sessions, a career practitioner may have provided multiple resources such as decision-making guides, career information, resume critique, a plan for addressing multiple questions, stress-busters, links and contact information specific to a clients’ needs. If hard copies are given out at each session, there is the risk of that information being lost. Similarly, if information is sent via email, a client might need to search through several emails to access the desired information. Traditionally, client information would be stored in a folder that is accessed during each session. Technology provides options for shared electronic folders or files between the client and the practitioner that can be accessed by both during and between sessions. Evernote, Dropbox and Google Drive are examples of such sharing programs. Care should be taken to ensure that client privacy is
maintained. One way to accomplish this would be to password protect each folder. Whiteboards are a tool that career practitioners might use during session as a brainstorming activity that can be helpful when addressing career and mental health concerns. For example, a client in the job search process might want to identify possible places of employment and relevant job titles. On a whiteboard, they might create a mindmap by listing out various settings, and within those settings, expand out to list job titles and even potential contacts within those settings. Another example might be brainstorming stress management techniques a client might employ when preparing for an interview. A picture could be taken to capture the whiteboard image. Or, a counselor might use a virtual whiteboard or mindmapping tool such as spiderscribe.com, bubbl.us, or padlet.com, or even online stickies such as stickr.com or onlinestickies.com. While using these virtual tools can be at times cumbersome, especially when two (or more) people are working on it at the same time, there is an added benefit in that links can be included and easily accessed, which isn’t the case with a picture. The Mindmap pictured below [Figure 1] shows an example of how a career practitioner operating form Cognitive Information Processing theory (Sampson, Reardon, Peterson, & Lenz, 2004), might use with a client to brainstorm activities to address self and options knowledge, as well as managing the anxiety that this client is experiencing due to negative career thoughts.

![Figure 1: Mindmap](image)

Virtual Reality (VR) technology is also a topic of great interest to career and mental health counselors, clients, and the general public. Virtual realities expand roleplaying by immersing individuals into an environment, rather than just asking them to imagine that they are in a given environment. The new advancements with VR technology have allowed companies such as Oculus to develop programs that allow individuals to visually immerse themselves in a pre-determined and artificial environment. These environments could include stimulation such as roller coasters,
tall buildings, airplanes, or even worlds populated with dinosaurs! Counselors could utilize this technology to allow individuals to transform the traditional role-play and systematic desensitization techniques. By using VR technology, a counselor could create a virtual situation where a client could practice public speaking to a virtual audience, or become desensitized to their fear of spiders by watching a virtual spider crawl in front of them. One example of a company creating and providing virtual reality therapy can be found at virtuallybetter.com, who offer virtual reality experiences in a clinical setting to address issues such as anxiety and depression. Many people express stress over making a public presentation or giving a speech, and often times, individuals are asked to do this as part of a job search interview. Having a virtual environment in which avatars are the audience allows a client to experience the anxiety, and try different approaches, where the cost and practicality of creating a similar experience in real life would be prohibitive.

**The Power of Apps**

The wide range of computer and smartphone applications made readily available today offer ample opportunities for practitioners to connect with clients, and enhance service delivery beyond the office setting (Osborn, Kronholz, Finkel, & Cantoni, 2014). According to Bloomberg Business (2014), individuals in the United States with access to a smartphone or tablet spend an average of two hours and fifty-seven minutes on them daily, surpassing the average time spent watching television. Given the amount of time spent on mobile devices and tablets, and the popularity of these products, practitioners might examine how to ethically and responsibly incorporate the use of relevant applications as part of the counseling process. Researchers (Gati & Austin-Peretz, 2011; Osborn, Dikel, & Sampson, 2011) have shown that technology is a useful tool in assisting clients with the career-decision making process. As mentioned earlier, negative or dysfunctional career thinking has repeatedly been shown to predict career indecision (Bullock-Yowell, Peterson, Reardon, Leierer, & Reed, 2011; Saunders, Peterson, Sampson, & Reardon, 2000). In the field of career counseling, there are many apps that can be used to explore and address negative thinking and improve decision-making skills in regards to making a career choice. Negative metacognitions can influence a client’s outlook on his or her self-knowledge, career options, and career-decision making skills (Peterson, Sampson, Reardon, & Lenz, 2002). Additionally, the process of decision-making may be confusing or overwhelming for some clients. The following discussion will include examples of applications that can be used to assist clients in these two areas of concern.

Negative emotions and maladaptive thoughts, such as those that occur when a client feels depressed, anxious, or heavily stressed, can delay or block the career decision-making process (Osborn et al., 2014). Apps such as Headspace, FlipHead Thought-Stopping, and Moodkit – Mood Improvement Tools can be useful in helping clients to understand and combat negative thinking. Headspace is a mindfulness app that provides a series of guided meditations ranging in time from 10-20 minutes. The FlipHead Thought Stopping app offers users insight into the effects of negative thoughts, and thought-replacement functions based on cognitive reframing strategies that can help individuals incorporate more positive language into their thinking, such as using positive affirmations (Osborn et al., 2014). Additionally, Moodkit – Mood Improvement Tools takes this a step further by having clients check and record their moods and thoughts throughout the day, helping clients and practitioners to see and discuss negative thinking patterns that could be impacting the career-decision making process.
When clients are feeling puzzled or distraught by the decision-making component of a career issue, apps like Unstuck®, iThoughts, and Sheepadvisor Decision Maker may be useful (Osborn et al., 2014). Unstuck® is a decision-making app that guides users through questions created to help individuals identify factors that influence the problem, such as other people, feelings regarding the decision, and what kind of decision the user is making. iThoughts may be useful in helping clients and practitioners to illustrate and conceptualize the decision at hand by creating decision trees. The Sheepadvisor Decision Maker app expands on the decision tree technique by providing a series of questions related to the decision, and producing a percentile breakdown of the options (Osborn et al., 2014).

The apps discussed above are just a few of the many applications that may be helpful when incorporated into the career counseling process. Practitioners are encouraged to explore the “world of apps” to see which might best fit their practice as well as their individual client’s needs and preferences. As with all interventions involving the use of technology, practitioners should keep in mind the client’s level of competency, access to devices with apps, and the cost (if any) to purchase the apps. If a client is paying for sessions, the practitioner needs to consider the time it takes to orient the client to an app and whether that time should be billable.

Taking Advantage of Social Media
Twenty-first century career counseling offers clients technological resources that can be utilized during the career decision-making process (Osborn, Dikel, & Sampson, 2011). Specifically, social media sites afford clients a means of exploring and addressing negative career thought processes in addition to forms of depression and anxiety that often accompany it. With the surge of technology in the past decade, many clients have easy access to social media sites such as Pinterest, Facebook, Twitter, and Instagram. As a result, clients are able to peruse thousands of inspirational posts, quotes, photographs, and memes, reposting those they deem to be helpful in combating negative thoughts associated with career decision-making.

Online support groups also offer clients a way of gaining peer support from those who are experiencing similar issues during the career decision-making process (Shepherd, Sanders, Doyle, & Shaw, 2015). Some companies are combining the idea of social media with the concept of traditional support groups. For example, an individual battling depression attributed to negative thought patterns may benefit from sites such as Panopoly designed by Robert Morris.

The premise of Panopoly is multifaceted in that it provides clients an opportunity to develop a network of support that, in addition to regular counseling services, can aid the client in dealing with depression and other mental diagnoses. Emerging social media sites such as Panopoly are focused on providing individuals with tools to help in cognitive restructuring. Pinterest offers clients access to numerous cognitive restructuring tools including: journal templates to encourage clients to write positively about themselves and their experiences, index card projects that help clients create reminders of positive attributes they possess, and memes that are focused on helping clients develop positive patterns of thinking. However, social media sites dedicated to mental health are in their infancy, and thus, additional research is needed in determining how these resources may be used in an effective and ethical manner.
With the emergence of online support groups and mental health social media sites, researchers are beginning to examine how human communicational exchange via the Internet is able to involve human communicational characteristics such as empathy. Siriaraya et al., 2011 conducted a study on the expression of empathy through communication exchange in online discussion forums. The study found that empathy was expressed in great detail in online communication, among young people in particular, as compared to older generations. Therefore, it seems that a shift in communication styles with younger generations is setting the scene for social media sites such as Panopoly to become a mainstay in the field of mental health and career counseling.

Sites that offer mental health resources and networking should make it clear to their users that their services are not to take the place of professional mental health services, but rather to supplement traditional counseling and mental health treatments. As a cautionary procedure, users should always check the validity of the social media site and/or support group to ensure safety. Unfortunately, it should be noted that mainstream social media sites are sometimes used to promote unhealthy alternatives for mental issues. For example, sites that promote anorexia, bulimia, and other dangerous lifestyles or lifestyle choices should be avoided. Still, closed online group options can provide an option for individuals who cannot or do not wish to meet face-to-face. With any social media, career practitioners should ensure that their own privacy settings are appropriate, and encourage the same of all group members, and remind group members that all information and conversations that take place in the online setting are considered confidential. Other ethical standards such as group screening, personal disclosure, and boundaries also apply in these online environments.

Summary
Recently, practitioners and researchers have been highlighting the connection between career and mental health concerns (Zunker, 2008). Previously, technology provided tools to address career and mental health concerns individually. Websites, apps and social media provided options for making career decisions and job searching, or managing depression and anxiety. As career practitioners become more comfortable with addressing mental health issues, and mental health counselors increase their comfort in discussing career-related concerns, likely there will be a demand for technological tools that address both simultaneously. In this paper, we identified several tools that, while may not have been specifically designed to do both, have the capability to do so. Ultimately, a career practitioner considering integrating technology into practice must consider their own competence in using these tools balanced with the client’s comfort and appropriateness of the tool for the need at hand.

References


**About the authors**

**Debra Osborn,** PhD, is an Associate Professor in the Educational Psychology and Learning Systems Department at the Florida State University, and a Nationally Certified Counselor. She is Past President of the National and Florida Career Development Associations, and currently serves on the NCDAA and ACA boards as a governing council representative. She is a Fellow of the National Career Development Association and of the American Counseling Association. She earned the PhD in Combined Counseling Psychology and School Psychology at Florida State University in 1998. Her program of research covers three foci: (a) the design and use of technology in counseling, (b) innovation and effectiveness in counselor education; and (c) the design and use of assessments in career services. She has authored 25 peer-reviewed articles, 7 books, 8 book chapters, and over 55 national presentations on these topics. As a counselor educator, she is passionate about teaching career development, and is the author of Teaching Career Development: A Primer for Instructors and Presenters (2008). She was the guest editor of special issues of the Career Planning and Adult Development Journal entitled The Education of Career Development Practitioners (2009) and Career Assessments (with Seth Hayden, 2014). She has been honored with several awards, including the Robert M. Gagné Faculty Research Award (2015), the JoAnn Harris-Bowlsby Award for Excellence in the Field of Technology in Career Development (2010), Outstanding Practitioner Award (National Career Development Association, 2009), Counselor of the Year (Florida Counseling Association, 2006), and the American Counseling Association’s Emerging Leader Award (2005). Contact her as follows: **Debra Osborn, PhD, Associate Professor, Educational Psychology and Learning Systems Department, Florida State University, 3205-E Stone Building, Tallahassee, FL 32306 USA. 850-644-3742. e-mail: dosborn@fsu.edu**
**Jacqueline Gabbard Belle** is a second year graduate student in the combined M.S./Ed.S Career Counseling program at Florida State University (FSU). She currently works as a co-instructor and career advisor at the FSU Career Center, providing career services to college students, alumni, and Tallahassee community members. Her professional and research interests include: the connection between career and mental health, career development in student athletes, development and delivery of career-related services for high school students, and student resiliency factors.

**Austin Gonzalez** is a doctoral student in Florida State University's Combined Counseling and School Psychology program, where he works at the Career Center as a Career Advisor. He earned the MS/EdS in mental health counseling at Florida State University. He is interested in exploring the relationship between technology and counseling, specifically the effect of Virtual Reality and distance technology on traditional counseling. He hopes to expand his research towards working with a military population in order to ease the transition from deployment to civilian life.

**Shae McCain** is doctoral student in the Combined Doctoral Program in Counseling Psychology and School Psychology at Florida State University. He earned the Master of Science in Marriage and Family Therapy and the Bachelor of Science in Psychology, both at Valdosta State University. He works at the Florida State University Career Center as a career advisor and is also one of the instructors for Introduction to Career Development. His research and clinical interests include utilizing technology in clinical work, the use of assessment in clinical work, and the intersection of mental health and career development.
Chapter 15

CAREER DEVELOPMENT of TRANSGENDER COLLEGE STUDENTS PURSUING GENDER TRANSITION
by Varunee Faii Sangganjanavanich and Jessica A. Headley.

Abstract
Across U.S. colleges and universities, increased efforts have focused on embracing gender diversity and promoting trans-friendly campus climates. Career practitioners working in these settings play an important role in maintaining and advancing this progressive movement for all students, to include transgender college students who pursue gender transition. To better equip career practitioners, the authors will provide a brief overview of transgender concepts and the gender transition process, as well as the experiences of transgender college students’ pursuing gender transition. Recommendations for career practitioners that attend to the linkage between career development and mental health will be provided to benefit the career development of transgender college students, their campus and workplace climates, and the broader community.

Embracing diversity on U.S. college and university campuses has been widely identified as essential to the personal and professional development of students. Contributing to conversations on this important topic, Thompson and Cuseo (2014) discussed the ways in which embracing diversity can promote students’ self-awareness and social development, as well as their critical thinking, creativity, and career preparation and success. Yet, as the authors point out, there are a number of barriers (e.g., biases, stereotypes) that may prevent students from accepting others who are different in terms of race, ethnicity, gender, sexuality, and so on. When these barriers go unaddressed, and more so, when they are supported and reinforced by the broader campus culture, the career growth and development of all students can be compromised.

The role of sexuality, a major diversity dimension, has received increased attention from scholars interested in the campus experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) college students (for a 20 year review, see Leider, 2012; for personal student accounts, see Howard & Stevens, 2000). Transgender college students, in particular, have been distinguished as a unique group because it is their gender identity and expression (rather than their sexual preference) that challenges the culture of heteronormativity that exists on U.S. campuses. This challenge, more often than not, has been met with disempowering responses (e.g., discrimination) at the hands of others (e.g., students, faculty, and administrators) that serve to maintain the status quo. A clarion call has been sounded for professionals to take action to ensure that affirmative campus policies and practices are in place to meet the diverse personal and career needs of this increasingly visible population that has historically been relegated as invisible (Beemyn, Curtis, Davis, & Tubbs, 2005a).
Demonstrating a positive response to this call, Beemyn and Windmeyer (2012) released a list of the top 10 trans-friendly colleges and universities based on results from the Campus Pride Index (www.CampusPrideIndex.org) which measures policy inclusion, institutional support and commitment, academic and student life, housing and campus safety, counseling and health, and recruitment and retention efforts. Notably, the authors observed that large, public 4-year institutions in geographic regions that are more trans-friendly (e.g., providing necessary accommodations) were more likely to top the list. This finding, coupled with a growing body of research on the need to address transgender issues across U.S. colleges and universities (e.g., Beemyn, 2003; Beemyn et al., 2005a; Beemyn, Domingue, Pettitt, & Smith, 2005b; Kattner, 2011; Lennon & Mistler, 2010), suggests that progress has been made—but there is still a ways to go until there is no longer a need for such a list to be published.

Working alongside university officials, as well as students and faculty, career practitioners play an integral role in maintaining, promoting, and creating a trans-affirmative culture. A trans-affirmative culture, in the context of higher education, can be described as campus practices and policies that demonstrate an acceptance of, and appreciation for, students who identify as transgender. In an effort to contribute to the positive efforts that have been made to embrace diversity across all colleges and universities, the purpose of this article is to discuss ways that career practitioners can facilitate career development of transgender college students, particularly those who pursue gender transition. First, the authors will provide a brief overview of transgender concepts and the gender transition process. Second, the authors will describe transgender college students’ experiences in pursuing gender transition. Finally, recommendations for addressing career concerns of transgender college students pursuing gender transition, with special attention paid the connection between career development and mental health, will be provided.

Transgender Individuals and Gender Transition

In a typical gender development, individuals experience congruence between their assigned gender (i.e., biological sex) and gender identity (e.g., sense of femaleness and maleness). Given the complexity of gender development, it is also the case that others experience incongruence, or a mismatch, between their assigned gender and gender identity. In the broadest of terms, these individuals are referred to as gender non-conforming or transgender individuals. Among the many diverse groups that fall under the transgender umbrella are transsexuals: those who wish to live full-time as their desired gender and pursue gender transition.

Gender transition is a complex process that entails various physical, social, and psychological changes that support the transformation from one’s assigned gender to another desired gender; for example, from male-to-female (MtF) or female-to-male (FtM) transsexuals (Coleman et al., 2011). Often, these changes take place over the course of several years in a nonlinear fashion. Physical changes may entail the alteration of primary and secondary sexual characteristics through surgical procedures and hormone replacement therapy. Social changes may entail dressing, grooming, and displaying mannerisms consistent with one’s desired gender. Coming out, or disclosing one’s gender identity to others, may also be among these social changes. Psychological changes may entail attending counseling to address issues related to the positive (e.g., empowerment) and negative aspects (e.g., social rejection, isolation) related to one’s gender identity and expression.
Understanding the process of gender transition as well as the public’s perception of the transgender community, both of which are shaped by ever-changing sociopolitical and historical contexts, is essential for all human service providers who work with transsexual individuals. Within the context of higher education, transsexual students are entitled to services that help them exercise their highest potential for their career and life planning. To promote their success, career practitioners must actively work to provide trans-affirmative career development services. In addition to seeking out the often unheard voices of transgender students on campus, literature focused on their experiences can provide direction on how career practitioners can respond to tensions, challenges, and successes that accompany the gender transition process.

**Transgender College Students Pursuing Gender Transition**

Similar to all college students, transgender students who pursue gender transition encounter traditional experiences that are associated with their career development and success such as identifying a major, completing coursework, and engaging in experiences within the world of work. However, these experiences are uniquely impacted by their gender identity and expression. Put another way, the mental health of transgender college students, particularly as it relates to their gender transition, impacts their career development—and vice versa.

Draughn, Elkins, and Roy (2002) noted that despite the emergence of Allies and Safe Zone programs over three decades ago across U.S. colleges and universities, challenges for LGT students continue to exist. As a result of their sexual orientation and/or gender identity, many sexual minority students—particularly those who are visible—face hostility, discrimination, and prejudice in academic climates rooted in heterosexism and homophobia. These experiences contribute to disadvantages in various areas of development (e.g., social, emotional, and cognitive), and have the potential to increase risk for suicide (Clements-Nolle, Marx, & Katz, 2006). Importantly, in their study on the experiences of transgender college students, Effric, Bieschke, and Locke (2011) found that participants – treatment seekers and non-treatment seekers – were “universally distressed, regardless of whether they were treatment seekers…at rates that were overwhelmingly higher than those for students with a traditional gender identity (women and men)” (p. 154). Although the focus of Effric et al.’s study was on psychological distress, because of the interconnection between mental health and career development, it is possible that transgender students who experience mental health concerns may also encounter career development challenges. For example, a transgender student pursuing gender transition may face isolation and segregation within the campus community. Feelings of isolations may result in the student experiencing depressive symptoms which may inevitably interfere with her academic performance and career trajectory.

Discussions about the career development concerns of gender transitioning persons that acknowledge the linkage of with mental health and provide recommendations for career development practitioners have only more recently begun to surface in the career development literature (for example, see Sangganjanavanich & Headley, 2013). Given the dearth of literature in this area it is unsurprising that findings from various studies (e.g., Goodrich, 2012; McKinney, 2005; Ottenritter, 2012) have indicated that transgender college students believe that campus professionals are not educated about transgender issues and relatedly that professional services are inadequate to address transgender issues. The lack of resources and support for transgender students directly
and indirectly impacts their mental health and career well-being (Sangganjanavanich & Headley, 2013).

Based on the aforementioned information, it is clear that campus climate and supportive services influence college experiences of transgender students. Bilodeau (2005) examined the experiences of transgender college students and how they developed their gender identity in the college/university level. Transgender students reported their participation in campus activities and organizations along with their friendship and romantic connections had resulted in being significant to their identity development and decision to come out to others. Given that campus environment including professionals on campus influence the well-being of transgender college students, scholars and practitioners have focused on how professional assistance can improve aspects of transgender college students such as health care services, athletics, recruitment, and advising. However, little attention has been paid to improve their career development, particularly the connection between their mental health and career development.

**Addressing Career Concerns of Transgender College Students**

Career practitioners play an important role in promoting career development of college students, including those who pursue gender transition. In this section, the authors outline ways that career practitioners can mitigate current and/or ongoing career concerns of transgender college students during gender transition. These are not guidelines. Rather, they are recommendations to promote best practices within the contexts of individualized career services, the campus climate, and the broader community.

First, when facilitating career exploration of transgender college students, practitioners should examine their own biases and prejudices related to their perceptions of the transgender population through reflective practice (e.g., self-monitoring, journaling) and supervision. This action can help practitioners to become aware of their own attitudes and beliefs toward transgender college students facing career development challenges and ultimately informs their services to these individuals. For example, if a career counselor strongly believes that transgender people are more suitable for particular business industries (e.g., entertainment, cosmetology) and less so for others (e.g., education, mental health services), it is important that these stereotypical beliefs, and their impact on client services, be examined.

Second, segregation in higher education appears to be one of the obstacles that transgender college students experience. To promote diversity in gender expression, it is important that career practitioners refrain from displaying behaviors related to gender binary (e.g., referring to one’s assigned instead of preferred gender, offering gender marking for only male and female) and provide a trans-affirmative environment (e.g., using gender neutral pronouns, administering career assessments not normed by gender). For example, career professionals may offer the Unisex Edition of the ACT Interest Inventory (UNI-ACT) to transgender college students as it provides gender-balanced items for career exploration. Such actions convey welcoming messages to transgender college students to feel less hesitant to seek services due to their fear of rejection or mistreatment from professionals.
Third, career practitioners may also want to briefly discuss general concerns (e.g., family relations, mental health issues, academic achievement) that are linked to career development of transgender college students in order to get a comprehensive picture of how these issues play a role in their career development concerns. Some individuals may gain insight and are able to work through those challenges, whereas others may need more resources (e.g., needing referrals, changing identification cards and legal names) in order to manage such issues. In the latter case, career professionals should be knowledgeable of resources that transgender college students may need including health providers related to gender transition (e.g., speech and language pathologists, endocrinologists), advocacy organizations for transgender students (e.g., transtudent.org), and financial support (e.g., scholarship for sexual minority students).

Fourth, when preparing transgender college students for entering today’s job market, career professionals can provide various interventions including ways to handle unmatched records/documents with potential employers, strategies to discuss gender expression and transition in the workplace, and skills in which they can deal with workplace discrimination based on gender identity and expression. Career professionals may also introduce online resources that can be helpful for transgender college students specific to campus climate (e.g., Campus Pride: www.campuspride.org), equal employment opportunity laws (e.g., Transgender Law Center: www.transgenderlawcenter.org), and advocacy on the local, state, national, and international levels (e.g., National Center for Transgender Equality: www.transequality.org; Trans Advocacy Network: www.transadvocacynetwork.org).

Next, in some professions, there are requirements related to personal characteristics believed to contribute to job performance. For example, educators in school settings (e.g., teachers) working with children and youth are likely to be scrutinized in terms of their personal matters (e.g., romantic orientation, gender identity) as they work closely with vulnerable populations. This scrutiny and misconception may make it more difficult for transgender college students to enter such professions, although they possess the needed qualifications. Similar issues are likely to also be faced in professions that are strongly rooted in heteronormative cultures (e.g., military). It is important for career practitioners to help transgender college students wanting to pursue these occupations to be aware of professional requirements (e.g., certifications) and prejudice regarding their gender expression that can impact their career development. In this case, career practitioners can begin to examine the client’s knowledge and perception of such occupations and discuss the issues surrounding transgender and gender identity in relation to these myths, controversies, or concerns.

Lastly, advocacy actions are one of the most critical steps to improve well-being of transgender college students. Career practitioners can engage in concerted efforts in order to advocate for, and on behalf of, transgender college students including becoming an ally of transgender people, advocating for campus wide trans-inclusive practices and policies, and educating other professionals and potential employers regarding the unique needs of transgender college students. For example, career practitioners could advocate for campus wide practice and policy changes for college personnel to become sensitive to transgender issues (e.g., gender transition, mental health concerns) and to offer a trans-friendly environment (e.g., using appropriate pronouns, providing gender neutral restrooms. Increasingly, the success of these efforts has been documented in
articles focused on topics such as ally programming (e.g., Henquinet, Phibbs, & Skoglund, 2000; Worthen, 2011), faculty activism surrounding affirmative policies (Messinger, 2011), and the formation of gay-straight alliances at religiously affiliated institutions (e.g., McEntarfer, 2011). These advocacy actions, and many others, can create a cultural shift and help transgender college students to achieve optimal career growth and mental well-being.

**Conclusion**

More and more transgender students decide to pursue gender transition during their college career. In addition to changes in other life domains (e.g., academic, relations, mental health), transgender college students present unique needs in terms of their development. There are many ways that practitioners can make career services more inclusive for transgender college students. Career practitioners can develop trans-affirmative services within their campus and the broader community through simple, yet thoughtful advocacy actions in order to promote social justice for transgender college students.

**References**


About the authors

Varunee Faii Sangganjanavanich is an Associate Professor in the School of Counseling at The University of Akron where she currently serves as Coordinator of the Counselor Education and Supervision PhD program. She is also a Licensed Professional Clinical Counselor with supervisor endorsement in the state of Ohio. As a clinical counselor and a career counselor, she has worked with transgender and transsexual individuals pursuing gender transition for the past ten years. The preponderance of her work has focused on helping these individuals to navigate their career development during gender transition. As a scholar, she has authored and coauthored numerous peer-reviewed journal articles, book chapters, and encyclopedia entries on gender identity, gender transition, and transgender issues in career development and counseling. Contact her as follows:

Varunee Faii Sangganjanavanich, PhD, Associate Professor, School of Counseling
College of Health Professions, The University of Akron
302 Buchtel Common, Akron OH 44325-5007 USA
(330) 972-6851. e-mail: vfs@uakron.edu

Jessica A. Headley is a doctoral candidate in the Counselor Education and Supervision Program at The University of Akron. She is a Licensed Professional Counselor in the State of Ohio. She has practiced career counseling in various clinical settings and has taught on the topic of career development at the graduate level. She authored numerous publications and presentations on transgender issues related to career development.

Contact her as follows:
Jessica A. Headley, MA, School of Counseling, College of Health Professions, The University of Akron, 302 Buchtel Common, Akron OH 44325-5007 USA
(216) 225-8954. e-mail: jah66@zips.uakron.edu
Chapter 16

CAREER SUPPORT WORKSHOP SERIES:
Promoting the Resilience of Community Ex-Offenders
by Mark B. Scholl, Jason Perry, Brian Calhoun, and Heidi Robinson.

Community ex-offenders seeking employment commonly present a host of unique challenges including a low self-efficacy, and a history of failing at school, work, and in relationships (SAMHSA, 2000; Varghese, Fitzgerald, Chronister, Cummings & Forrest, 2013). Postmodern approaches (e.g., constructivist, solution-focused) have demonstrated effectiveness for addressing the career needs of the general population (Burwell & Chen, 2006) and specifically for ex-offenders (Veysey, Christian, & Martinez, 2013). This article details a career support workshop series designed to address the career development needs of community ex-offenders. General topics covered by the workshop series include assessment, resume writing, interviewing skills, job search strategies, and a final graduation meeting where participants share their stories. The workshop series evolved from an earlier career support group, originally offered in the fall of 2012 that included the same session topics and consisted of approximately 6 to 8 sessions.

Rationale
A criminal record can pose a serious obstacle for a member of the ex-offender population who is seeking employment. Ex-offenders as a group tend to be less well-educated, less skilled, and less mature than the general population (SAMHSA, 2000). Whereas individuals on the outside are usually rewarded for demonstrating initiative, incarcerated individuals are commonly rewarded for compliance. Ex-offenders may not be prepared to demonstrate initiative and need a supportive career professional to assist them in becoming more autonomous and proactive.

A number of authors have affirmed the need and benefits of applying career counseling principles to promote development among members of the ex-offender population (Brown, Lent, & Knoll, 2013; McWhirter, 2013). A key argument for the provision of career support services is the finding that career development is positively associated with desistance defined as a cease in the performance of criminal behaviors (Devers, 2011). Further, having stable employment has been called “one of the strongest predictors of offenders’ post-release success, including recidivism, whereas finding employment is one of the greatest barriers to successful reintegration for ex-offenders” (Varghese & Cummings, 2012, p. 991).

Carey (2012) published a set of guidebooks for corrections personnel designed to assist them in helping ex-offenders to become re-integrated into society. Although these guidebooks provide valuable information on how to assist ex-offenders with critical tasks such as managing money or finding affordable housing, the Carey Guides do not include information related to the career development of ex-offenders navigating the challenging transition from prison to workplace.
Ex-offender Career Development, Mental Illness, and Resilience Theory

Ex-offender status is significantly associated with forms of mental illness including substance abuse, depression, and feelings of hopelessness (Varghese et al. 2013). They commonly have experienced abuse or neglect from primary caregivers (SAMSA, 2000) and as a result, may have been traumatized. The incarceration experience, which frequently includes exposure to violence, can re-traumatize individuals with a history of trauma (DeVeaux, 2013). Symptoms of trauma due to incarceration include emotional numbing, hyper arousal, panic attacks, and inability to trust others (Liem & Kunst, 2013). These symptoms can negatively affect ex-offender career entry skill development and employability.

Promoting the career development of community ex-offenders arguably promotes the overall mental health of workshop series completers. Employment has been reported to be one of the most reliable predictors of factors including desistance from criminal behavior (e.g., illegal drug use), development of more positive and supportive relationships, and lower rates of recidivism (Varghese et al., 2013). As a result, completion of the career development workshop series can potentially increase participants’ resilience defined by Lewis (2012) as “the human capacity to spring back from risk posed by adversity and ability to take actions to navigate satisfying life trajectories” (p. 191).

A central tenet of resilience theory is that all humans have a natural tendency toward growth and development or what has been termed a natural self-righting capacity (Lewis, 2012; Werner & Smith, 2001). Individuals exposed to risk factors such as poverty or social injustice are not destined to commit criminal acts. Resilience theorists assert that what is critical is that the existing risk factors are sufficiently counterbalanced by protective factors that are sometimes referred to as resilience factors (Lewis, 2012). Some of the critical protective factors are the same factors that are identified as key factors predicting positive career outcomes in Social Cognitive Career Theory (SCCT; Lent, Brown, & Hackett, 1994). In SCCT, factors including self-efficacy, outcome expectations and personal goals exert a powerful influence on career outcomes. Protective factors supporting the individual’s self-righting tendency include social competence, being goal oriented, self-efficacy, hopefulness, and problem-solving abilities (Benard, 1996). One final protective factor supporting individual resilience and self-righting tendency is having opportunities for meaningful participation in one’s environment (Lewis, 2012). The implication is clear. Ex-offenders who have an opportunity to participate in the work force are potentially empowered to turn their lives around.

In terms of a mental health ideal, the concept of resilience emphasizes both the absence of dysfunction, as well as the presence of wellness (Luthar, Cicchetti, & Becker, 2000). Further, practices which promote resilience support individuals in articulating potential life trajectories which are positive (Lewis, 2012). In the case of ex-offenders, articulation of a positive life trajectory can be transformative. In our work at the East Winston Library, we encourage clients to tap into their innate strengths and to embrace alternative, and more hopeful, narratives (Benard, 1996). Evidence of the efficacy of a brief career support intervention with the criminal justice population comes from an investigation (Fitzgerald, Chronister, Forrest, & Brown, 2012) into the effectiveness of an employment-focused group counseling intervention called OPTIONS (Chronister & Fitzgerald, 2008). OPTIONS is grounded in SCCT (Lent, Brown, & Hackett, 1994). Apply-
ing the OPTIONS model to career counseling with pre-release male offenders, Fitzgerald et al. (2012) reported increases in career search self-efficacy, perceived problem-solving ability, and levels of hopefulness for participants. Our career workshop series includes a number of the same topics (e.g., interviewing skills, job search strategies), and employs similar instructional methods as the OPTIONS program.

In addition, to SCCT, our career support intervention incorporates elements of Savickas’ Career Construction Theory (2005). Career construction theory is appropriate for the ex-offender population because it allows individuals who are at risk of becoming defined by a criminal act, to construct alternative, more positive narratives. Further, career construction theory emphasizes the importance of career adaptability during career transitions, including post-release re-integration into society.

Description of the Career Support Workshop series

Purposes
The goals of the career support workshop series were guided by the tenets of SCCT (Lent, Brown, & Hackett, 1994) and CCT (Savickas, 2005). These goals are to increase ex-offenders’ (a) awareness and understanding of their self-identity (e.g., skills, values), (b) awareness of their ability to actively promote the direction and growth of their self-identity, (c) understanding of the interdependent role of their self in the context of a larger social support system, (d) adoption of a forward-looking goal oriented stance, (e) problem solving ability, (f) sense of their capacity for meaning making including identifying meaningful career options, (g) sense of self-efficacy regarding desired career outcomes, (h) job search and career entry skills (e.g., networking, problem-solving, interviewing), and (i) hopefulness and positive outcome expectations.

The original career support group, formed in the fall of 2012, was organic in the sense that the group would naturally move from one topic (e.g., from assessment to resume writing) at a rate that accommodated the developmental levels of the group members. Similarly, curriculum flexibility is built into the workshop series to accommodate the developmental needs of participants in accordance with recommendations by researchers (Fitzgerald, et al., 2012). For some groups, additional workshop time is spent on a given topic.

Description of the Program and Topics
The participants in the workshops were all ex-offenders. Workshops typically included 4 to 6 members. Participation in the workshop series, or the earlier career support group, has always been entirely voluntary. Ex-offenders who qualify for participation are required to be clean and sober, take prescribed psychotropic medications, speak and write fluent English, and to be either unemployed or underemployed. Some methods of instruction, compatible with a social cognitive and strengths-based approaches, include role modeling, role play, written exercises, transferable skills assessment, peer feedback, and goal identification and planning.

Assessment.
The first group meeting includes a brief introduction to the postmodern approach and the facilitators ask participants to construct their own metaphor for the future. In addition we ask them to recall and identify past experience and future work-related skills that provide value to employers, and construct several versions of future career opportunities of interest. Combined, these activi-
ties are designed to engender hope and provide each group member the opportunity to connect their interpretation of the future and their assessment.

The first task was to introduce the structure and rules of the group and the constructivist philosophy of the postmodern approach. Facilitators explained that the activities and discussions would focus on individual’s strengths, not limitations. The group discussed the confidential nature of the group material and the responsibility of each member to offer mutual support and respect to fellow participants. This portion of the workshop concluded with discussion noting that each participant would be invited to consider their present career needs and develop ideas related to meaningful work in the future. This helped underscore the constructivist nature of the proposed activities for the workshops.

The first workshop activity is called Metaphors of the Future (Gelatt, 1991). The purpose of this activity is to give participants an opportunity to select a metaphor that describes how they view their relationship to, and ability to affect, the future. Participants received a handout with four metaphor options (i.e., mighty river, great ocean, colossal dice game, and roller coaster) and an option to create their own metaphor if desired. The reflective exercise helped participants identify their own attitudes toward the future and their anticipation. Facilitators noted that the selected metaphor is a flexible construct that may change over time.

For the second activity, the facilitators asked participants to envision three different versions of their own future life or preferred future selves (Markus & Nurius, 1986). Facilitators shared the concept that each person’s life could hold any number of possibilities in the future. Using a worksheet, group members listed three preferred future selves, and then rank ordered them according to preference. The activity facilitated rich consideration of interests that built on past experiences and aspirational selves.

The final activity in this workshop was the completion of a transferable skills inventory. Participants received two worksheets: one listing the ten skills/qualities employers identified as most valuable and a second identifying five different categories of skills (e.g. Human Relations, Communication) with subgroups of specific related skills (e.g. coaching, speaking) and charts for recording individual information. Facilitators asked participants to identify their top four skills and to write a specific example of a time they used the four skills inside or outside of prison: a specific concrete story that tied the skill to the individual’s experience. This step provided the critical information that built confidence and reminded participants of the skills they have already demonstrated; it also provided a ready-made story that strengthened their interviewing skills and enhanced their resumes. For one or more of the skills chosen, participants named a future situation in which they could imagine themselves using the preferred skill. Again, group members shared one example each from their lists. These discussions provided a platform for affirmations among group members.

Resume Writing.
In the second session we offered a postmodern approach to resume writing, in which participants described their preferred future self, followed by the identification of characteristics that are consistent with the future self. This activity represents a process of construction and decon-
struction of their occupational identity. Participants then reviewed past accomplishments, present activities, and began to construct the occupational identity they would like to possess in two to five years.

The first handout that was provided to assist in obtaining the first objective of the session asked them to describe their preferred occupational selves. In asking the participants to think about their preferred future self and possible working environments (e.g., managing a restaurant, becoming a registered nurse). The participants then shared with the group the top three future selves and what skills and values they ascribed to those preferred future selves.

Participants were given two model resumes, with special attention given to the action verbs in the resume. An appendix to each model resume listed positions for the future, and brief action plans. The participants were then asked to share one to two action steps they were committed to completing during the next 30 days to make their preferred future self a reality.

The last step in the workshop involved creating a resume using laptops provided for the resume workshop. The work on the resume began with crafting a career objective that included a brief statement of their skills, strengths, and a statement of the position they were seeking. When necessary, participants were guided to make their objective statements employer-oriented as they began the resume writing process (e.g., opportunity to assume increased responsibility). These discussions were relevant to perspective-taking and the importance of prosocial behaviors and attitudes that are important for successful reintegration into society (Fitzgerald et al., 2012).

**Interviewing Skills.**
Employers are impressed by strengths that are supported by compelling narratives. In this workshop, the facilitators employed the acronym STAR (Situation/Task/Action/Result) as a form of scaffolding to assist participants in crafting compelling narratives to effectively communicate their strengths to employers. The facilitators asked participants to pair and share in the mock interview portion of the workshop, and to share strengths, one weakness, and where they see themselves in two to five years. Participants were advised to spend only sixty to ninety seconds of the interview on their criminal conviction record using a five-part approach articulated by Kranich and Krannich (2005) and were provided with a model disclosure statement. The participants practiced interviews on strengths and their transferable skills using STAR statements.

**Job Search Strategies.**
This workshop includes a list of twenty-two principles for job search success as well as a list of tips for completing application forms (Kranich & Krannich, 2005). Consistent with a strengths-based perspective the facilitators were careful to present the principles and tips in a manner that was positively worded emphasizing prosocial, competent, and appropriate behaviors and strategies. Key points included the value of networking, and the advantages of contacting potential employers. The facilitators emphasized the importance of consistently exhibiting prosocial and courteous behaviors. Attendees spent time discussing the characteristics of strong objective statements as models for developing their own. Information presented included instructions on how to conduct an informational interview. From a postmodern perspective, participants were encouraged to use feedback from informational interviews to co-construct the wording they
might use to disclose their conviction. Participants wrote their disclosure statements and shared with the group. They were provided with a list of local employment agencies which were categorized according to their willingness to offer assistance.

**Graduation Ceremony: Sharing Their Stories.**
Clients completing all of the workshops participate in a fifth graduation session. Clients write narratives detailing how they were affected by their participation in the workshops, and are encouraged to use I-statement in their responses. The prompts ask how the workshop series affected them on an intrapersonal level including their career/self-identity. Finally, consistent with resilience theorists’ (Lewis, 2012) emphasis on promoting a positive life trajectory, graduates are asked to describe the next chapter in their lives.

Graduates are asked to invite one or more significant others (e.g., former teacher, parent). They read their stories aloud and their significant other(s) share how they are affected by hearing the graduate’s story. The process of sharing and hearing the responses of significant others is intended to assist the participants in gaining a sense of closure, as well as facilitating incorporation of what they have gained from the workshops into their identities.

**Recommendations**
We advise counselors who endeavor to replicate this program in their own community to develop a close partnership with a community organization. One example of a viable community partner is the Department of Public Safety, and more specifically a probation officer within that Department. A second example is someone in the community who oversees the provision of services to the homeless population in an urban area. In our case, that individual, holding the title “peer support specialist” is an employee of the city’s public library system. Forming partnerships with these individuals and their organizations provides us with a meeting place that is already familiar to the ex-offender. In addition, both the probation officer and the peer support specialist are excellent resources for planning the optimal meeting time for workshops. Peer support specialists are sometimes able to provide attendees with transportation to the meeting, and are aware of times to avoid because they conflict with important community events (e.g., open calls for job applications, peak soup kitchen hours).

Since the 1970’s the prevalence of mental illness among inmates, and by extension individuals who are released, has increased (Lamb, Weinberger, & Gross, 2004). Symptoms of mental illness (e.g., hopelessness, aggression) can negatively impact employability because they oppose many of the traits (e.g., initiative, team-orientation) that employers prize most. For this reason, we also recommend developing a strong relationship with a local community mental health agency. Practitioners can refer their ex-offender clients to the career support workshop series. This provides a measure of assurance that the individuals referred are appropriate (e.g., using a prescribed psychotropic medication) for the group. In addition, facilitators of the career workshops can refer attendees to the community mental health center as needed.

As previously mentioned, counselors commonly observe post-release trauma symptoms among ex-offender clients (Liem & Kunst, 2013). A primary concern for these individuals is difficulty with interpersonal relationships including hyper arousal and inability to trust. We emphasize
the importance of establishing an environment of safety. When an individual in a state of hyper
arousal becomes aggressive (e.g., boasting about their fighting prowess), we recommend re-
spiring with empathy, validating the individual, and redirecting them to participate in the group
activity. We usually present our workshops as a team of two or three counselors which allows
us to respond flexibly to the individual needs of one or more clients. If a client has difficulty
participating in the group, one facilitator can take the client aside and work with them one-on-
one. In some cases, we may decide that an individual is not able to function in the group, but we
make every attempt to provide them with individual career development assistance (e.g., resume
writing, mock interviews). We have found that group members respond positively to the message
that the group is a resource for support, information, networking, and assistance, and they readily
provide one another with support and encouragement.

We recommend establishing a good collaborative relationship with a community mental health
agency and to consult with clinical counselors as needed. Our relationship with a local mental
health agency has evolved to the point where leaders of counseling groups will encourage a
subset of a group (i.e., those who are ex-offenders) to attend our career development workshops.
Having already developed rapport, these attendees feel less anxiety when attending a career de-
velopment workshop for the first time.

A second common mental health concern we observe in clients is hopelessness or pessimism.
Receiving two stigmatizing labels (i.e., ex-offender, mentally ill) can cause an individual’s
optimism to plummet. For this reason, our workshops combine a climate of empathy and social
support with a postmodern perspective. Because the ex-offender client commonly comes from a
background of multiple setbacks, our approach is positive and forward looking. We help clients
formulate solutions rather than dwelling on past problems or mistakes. We believe focusing on
strengths, transferable skills, one’s potential, and one’s goals and aspirations promotes hopefulness.
Group members sometimes will deviate from the structure provided and talk about their
weaknesses instead of their strengths. When this occurs, we recommend redirecting them to dis-
cuss their strengths. We also elicit words of encouragement from other members of the group. In
our experience, group members are naturally inclined to provide affirmations and encouragement
to a peer member experiencing a sense of hopelessness.

At the end of each session, we conclude by asking participants to provide a word or phrase to
sum up their experience. Participants have typically shared that the sessions were informative
or useful. The most common sentiment is that a session sparked a renewed sense of hope or
optimism. Recently, seven clients completed the workshop series, and by the day of the gradu-
ation ceremony five of the clients were employed in full-time positions. One of the clients stated
that the workshop series had given him the strength to withstand setbacks, and the confidence to
actively seek employment.

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**About the authors**

**Mark B. Scholl**, PhD, LMHC (New York), is an Associate Professor in the Department of Counseling at Wake Forest University. He is an active member in the National Career Development Association, Association for Humanistic Counseling (AHC), and the American College Counseling Association. He is a recent Past President (2012-2013) of AHC, a two-term past editor (2003-2009) of the Journal of Humanistic Counseling, and a former chair of the American Counseling Association Council of Journal Editors. His research interests include culturally responsive approaches to counseling and supervision, career counseling with ex-offenders, and constructivist career and personal counseling. Contact him as follows:

**Mark Scholl, PhD, Associate Professor of Counseling, Wake Forest University**  
1834 Wake Forest Road, Winston-Salem, NC 27106 USA
**Jason Perry**, MS is a PhD student in the Counselor Education Program at North Carolina State University. He has worked as a probation and parole officer with the North Carolina Department of Public Safety. He earned the MS in Counselor Education at East Carolina University. He has worked with Mark Scholl to develop career counseling interventions and programs for the ex-offender population, has been involved with the American Counseling Association and was honored as an Emerging Leader by the Association for Humanistic Counseling in 2013.

**Brian Calhoun**, MA, NCC, LPCA is an Assistant Professor of the Practice in the Department of Counseling at Wake Forest University. He earned the MA in Counseling, and the MBA at Wake Forest University, undergraduate degree in Business at the Wayne Calloway School of Business and Accountancy. He teaches the College-to-Career series for undergraduate students at Wake Forest University. He is an active member and presenter in the American Counseling Association and the North Carolina Counseling Association.

**Heidi Robinson**, MA, NCC, LPCA is an Assistant Professor of the Practice in the Department of Counseling at Wake Forest University. She began teaching career development courses at Wake Forest University in 2011. She earned the Master’s degree in Counseling at Wake Forest University and the Bachelor’s degree in Communications at Washington State University. She has presented at programs at the national, regional, and state levels on topics related to career development practices. Her most recent article appeared in a publication of the North Carolina Association of Colleges and Employers on teaching fiscal literacy.
Chapter 17

A HOLISTIC VIEW of HOMELESSNESS: Recommendations for Career Counseling Practitioners
by Stephanie I. Pergantis, Liz Gilchrist Tolliver, and Jennifer Murdock Bishop.

Abstract
Homelessness is a personal and societal struggle, composed of a complex set of factors that impact and marginalize clients. However, an opportunity to support individuals experiencing homelessness exists, if the career counseling environment is developed with a deeper understanding, sensitive to the needs of these individuals. Proposed is a holistic and integrative approach to support clients experiencing homelessness through the process of establishing or reestablishing career stabilization and self-concept.

Current Status of Homelessness
Homelessness has been of significant concern in the United States for well over 25 years (Holms, 2011). The United States’ government has been actively working to reduce chronic homelessness through policy development, increasing free and affordable housing, and the coordination of funding sources. There was a thirty-six percent reduction in individuals experiencing chronic homelessness in the years from 2005 to 2009 in the United States (Holms, 2011, p. 17). The National Alliance to End Homelessness (2014) reports the national level of homelessness is impacting 19 of every 10,000 people. In 2009, 1.56 million people, one-third of whom were families, utilized transitional housing care (Holms, 2011, p. 17). While these efforts have been helpful, governmental policies are currently expanding for the reduction of transitional and episodic homelessness.

Families experiencing homelessness are one of the special populations that have been identified in recent research (Gültekin, Brush, Baiardi, Kirk, and VanMaldeghem, 2014). Due to this increase in policy development and funding, there has also been an increase in homeless reduction efforts. Programs have been and are currently being developed for Homeless Veterans, Young Adults, Homeless Children, Domestic Violence Survivors, and the Rural Homeless (Holms, 2011). Community members with specific needs impacting homelessness can especially benefit from targeted programs.

General United States public opinion views homelessness as a consequence of drug and alcohol use, laziness, and mental illness (Snodgrass, 2014a), when in reality these possible factors are compounded with a systemic struggle/bias and individual experience. It is likely that many
practitioners struggle to understand the complex layers of homelessness clients experience and this misunderstanding may impact the quality of services clients receive from career counselors and practitioners.

**Understanding Homelessness**

Homelessness is more than not having a home or a place to sleep at night (Somerville, 2013); although this is the definition social service agencies use to determine who is eligible for government programs (Hombs, 2001 & Hombs, 2011). The National Alliance to End Homelessness, estimates that 578, 242 people in America are considered homeless (2015). Further, statistics indicate that 20-25 per cent of all homeless individuals suffer from severe mental illness (National Institute of Mental Health, 2009), the third largest cause of homelessness among adults (National Coalition for the Homeless, 2009). According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The term, homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law. 42 U.S.C. § 11302 (Arford, 2012; National, 2014). Additionally, under the HEARTH Act (2009) any individual, family, or unaccompanied youth who have experienced and can be expected to continue experiencing persistent instability in housing or will imminently lose their housing within 14 days is considered eligible for prevention resources (Holms, 2011, p. 182). While career counselors and practitioners should be aware of the specific definitions and nuances of the law for research, advocacy, and agency referral, in the context of career counseling, practitioners would benefit from an understanding of the multi-dimensional nature of homelessness (Somerville, 2013).

An individual experiencing homelessness is generally classified into three broad categories of unstable housing: Transitional or First-time, Episodic, and Chronic (Hombs, 2001, Hombs, 2011, Nooe & Patterson, 2010). Kuhlman (1994) also suggests three stages toward the acceptance of homelessness, which accompany the stated categories: Alarm, Resistance, and Exhaustion. During the alarm stage, individuals distance themselves from the label and are willing and eager to accept support. This is seen in individuals experiencing Transitional homelessness, when those newly displaced, may not identify with the label of homeless (Snodgrass, 2014a). In Episodic homelessness, individuals can be classified into Kuhlman’s (1994) second stage, Resistance, where one is dependent on service providers, and self-esteem is decreasing, while simultaneously going between periods of stable, semi-stable, and un-stable housing. In the category of Chronic homelessness, individuals are often in Kuhlman’s (1994) final stage of Exhaustion, where an individual has become anesthetized to the daily experience of having to survive and ‘homeless’ is a significant part of the client’s identity and existence.

Although varied in point of view, multiple research studies have indicated the usefulness of a categorical model of homelessness, accounting for those who have recently entered the homeless
culture, those who are episodically homeless, and those who are part of the long-term home-
less population (Chamberlain and Johnson, 2013; Nooe & Patterson, 2010; Somersville, 2013).
This differentiation is necessary in order to gauge appropriate referrals, identify resources,
select appropriate diagnosis, and choose approaches when working with clients. In a 2014 study,
Snodgrass looked at the importance of spirituality and hope in the lives of African American
women experiencing homelessness. Snodgrass (2014b) used a phenomenological approach to
attempt to synthesize the lived experience of these women. Three themes significant to career
counselors’ work were identified: living with the stigma of being homeless, presence of hope and
motivation, and feeling un-human. Overall the women in Snodgrass’s (2014b) study
sought counseling… in which they felt accepted and respected for their humanity (p. 315).
Inferring from the work of Snodgrass (2014b), it is imperative for career counselors to remind
clients of their worth as human beings and not necessarily as human doers. Career counselors
must honor a client’s story, reinforce innate human value, and create a space of vulnerability for
real lived experience and expression of emotion; Competent intercultural counseling… requires
(counselors) to be convinced that homelessness is not a personality problem or a character de-
fect (Snodgrass, 2014a, p. 9).

Ecological Model of Homelessness

One way to understand homelessness and take the blame and stigma away from the person
experiencing it is to utilize an Ecological Model of Homelessness (Nooe & Patterson, 2010).
An Ecological Model of Homelessness not only looks at the type of homelessness (Transitional,
Episodic, or Chronic), but this model also takes into account individual and structural biopsys-
chosocial risk factors as well as the individual and social outcomes that tether to varied hous-
ing statuses. Biopsychosocial risk factors are either individual (i.e. mental illness, foster care,
military service, incarceration) or structural (i.e. loss of employment, housing cost/availability,
discrimination, and deinstitutionalization). The outcomes of homelessness can also be individual
(i.e. substance abuse, social isolation, sexual abuse, or criminal victim) or social (i.e. prostitution,
panhandling, street violence or property crime). Many of the factors overlap in category and can help practitioners to see the entire picture of an individual’s experience.

Nooe and Patterson (2010) argue that homelessness cannot be understood uni-dimensionally; we
must “systematically look at the whole picture in a social and individual context” (p. 106). This
includes how outcomes of homelessness impact an individual’s perception and self-concept.
While complex on the surface, this inclusive approach can support a career counseling practitio-
ners’ efforts and is in alignment with Zunker’s (2015) emphasis on holistic career counseling and
Savickas’s (2005) constructivist notion of self-concept development in narrative career counsel-
ing.

Implications for Career Development Professionals

The diversity of individuals experiencing homelessness presents a challenge inhibiting an effect-
ive standardized career counseling approach, particularly in regards to oppressed, marginalized,
and underrepresented clients including those of a culturally minority, sexual orientation or iden-
tity, or those suffering from substance abuse issues or severe mental illness. Additionally, there
is a clear gap in the literature in regards to the impact of career counseling as an independent
entity, apart from community resources, when working with a client experiencing homelessness.
As a result of the limited research specific to career and the homeless, for the purpose of this conceptual approach, the inclusion of literature regarding career and marginalized populations will be used as a foundation for working with clients experiencing homelessness.

Tate, Fallon, Casquarelli, and Marks (2014), used the Delphi-method, drawing from the opinions of those considered to be experts in the field of career counseling, to rank qualitative categories and action steps to assist when working with individuals belonging to typically marginalized populations. The implications and considerations for career counselors are based on these action-steps. These steps include addressing practitioner knowledge surrounding the culture and history of homelessness, available resources, reframing, investigation in alternative career approaches, and social advocacy.

Further, specified interventions or action steps are applied to the identified stage (transitional, episodic, and chronic) of homeless within the classification developed by Kuhlman (1994) including the stages of alarm, resistance, and exhaustion. As Chamberlain and Johnson (2013) explain, just because and individual fits into a pathway or category of homelessness does not mean that their experience will be the same as another in that category. It is essential for career counselors and practitioners to attempt to understand the client holistically to avoid further marginalizing and perpetuating the stigma that accompanies homelessness.

While intervention strategies for career counseling professionals will vary dependent on the length of time an individual has been without a home, there are overarching considerations applicable to all clients. Drawing from Carkhuff’s (1969) foundational counseling skills of empathy, respect, concreteness, genuineness and unconditional positive regard are initial ways for counselors to connect and initiate a relationship and rapport to foster understanding of the client’s experience.

Homelessness, as a traumatic event, places clients in a heightened emotional state and is detrimental to an individual’s wellbeing (Nooe and Patterson, 2010, p.105). The experience of instability associated with homelessness is accompanied by shame often reinforced by social stigma. In order to break the barriers that shame imposes, career counselors can have the most impact when they are willing to be present with the shame and openly acknowledge these feelings to meet the needs of the client. Shame, as explained by Brene Brown, is an overwhelming fear of disconnection (Brown, 2010). Brown continues by saying that being vulnerable means that we truly allow ourselves to be seen, (2010) reducing the impact of shame. Through the integration of vulnerability modeling, practitioners have an opportunity to use not only their core counseling skills but also incorporate a set of interventions (e.g. practitioner self-disclosure, bibliotherapy, or role playing), to promote self-efficacy, resilience and foster connection between practitioner and client to build on client strengths.

**Interventions for Career Counselors: Transitional/Alarm Stage of Homelessness.**

During the transitional or alarm stage of homelessness, homelessness itself is experienced as an acute event. Interventions for career counselors and practitioners to consider during this stage involve mentoring and experiential learning. Additionally, clients can be trained to impact their situation via networking and building on existing contacts. A benefit for career counselors with the
opportunity to work with individuals experiencing homelessness at this stage is that clients are more likely to approach others for help, as they do not feel they are part of the homeless culture (Kuhlman, 1994, p.12). Career counselors providing intervening services at this time have higher potential for success, not only because individuals are eager to avoid continued homelessness, but also because coordination of resources in conjunction with mental health counseling then support systems may be retained (Kuhlman, 1994, p.13). Use of personal narrative (e.g. narrative career counseling), as well as the affirmation of a client’s spiritual beliefs serves as a holistic approach taking into account an individual’s dynamic social factors in the context of their cultural experience (Reid, Frederick, Leong, Altmaier, Johnson, 2008). For example, the practitioner could avoid shying away from this possibly important component of a client’s support system and incorporating a client’s spiritual beliefs into their overall career development. Embracing our vulnerability (Brown, 2010) will help model this for clients; and our willingness to discuss their situation will avoid further stigma.

**Resistance Stage of Homelessness.**
Practitioners may be provided the experience of working with individuals unable to remedy homelessness in the first stage, and clients may drift into the next stage, Resistance. This is where client ambivalence towards the culture of homelessness and the deterioration of self-esteem occurs leaving individuals more dependent on community services (Kuhlman, 1994, p.13). Career counselors and practitioners working with clients in this stage should consider supporting skills to overcome systemic barriers while investigating alternative career paths with clients. This is a difficult but necessary path to engage in as Arthur and McMahon (2005) highlight career counselors working with marginalized populations should not just help their client ‘settle’ for the career they can get, but help clients to examine themselves within the system while simultaneously advocating for broader social change. However, interventions during this stage may be more difficult, because with the deterioration of an individual’s self-esteem, also comes a flight or fight response. Flight, often experienced as alcohol and substance abuse for example, and fight as hostility and aggression (Kuhlman, 1994, 14). Henwood, Padgett, Smith, & Tingerton (2012) highlight that clients experiencing homelessness are more successful managing their substance abuse if they conceptualize it as an obstacle to be tackled and not something that defines them. Additionally important to client success is the external support system and the depth of those relationships (Henwood et al., 2012). Practitioners are challenged with meeting the needs of clients in the Resistance Stage with increased patience and an awareness of language chosen in session that could be considered shaming (i.e. homeless pathway, homeless career, chronic homelessness) Practitioners working with clients in the Resistance Stage are encourage to let the client lead in how they define themselves (Fopp, 2009).

**Exhaustion Stage of Homelessness.**
Further assimilation into the homeless culture can ultimately lead to the Exhaustion Stage. Clients have adapted to the homeless culture and while they may no longer convey fight or flight, they are more likely to be apathetic, dependent on community resources, and neglectful of personal hygiene (Kuhlman, 1994). Additional extreme or chronic homelessness can produce feelings of helplessness in career counselors as these clients often present with multiple needs and elicit a need for a high level of care (Conolly and Ashton, 2011). The challenge for career counselors serving individuals in the Exhaustion Stage may be to serve to as an advocate for the
homeless in the community by addressing biased legislation, providing employer education, and working as part of a community team. Culturally aware career counselors will likely function as a coach or advocate at this stage (Arthur and McMahon, 2005). Often clients can benefit still from interventions and approaches used in other stages during the Exhaustion Stage, however, change may still be difficult for the client to implement. If career counselors can use these stages and the technical classification of homelessness (first-time, episodic, and chronic) as one of many ways to look at an individual’s experience, it may help in meeting clients where they are in their integration of the traumatic experience of being without shelter.

Conclusion
The lack of career counseling literature to assist career counselors working with those who are homeless indicates a need to support this marginalized and stigmatized population. The approach presented has been developed as a foundation to assist career counselors and practitioners to be most effective, while respecting the client’s personal experience with homelessness. By determining the clear boundaries of the counseling relationship (as opposed to case management), career counselors and practitioners develop scaffolding using core counseling skills and an Ecological framework taking into account the individual homeless experience. Given the magnitude of risk factors accompanying homelessness, a limitation to this approach is the inability to accurately account for the presence or diversity of mental illness when entering counseling as well as the impact of both latent and overt racism, prejudice, and discrimination. Access to past medical or mental health records in addition to a comprehensive bio-psycho-social history may inform best practices for each unique individual experiencing homelessness. Further research is needed in this area and on the effectiveness of the integration of this holistic model on the development self-concept of individuals experiencing homelessness.

References


**About the authors**

**Stephanie I. Pergantis** is a doctoral student in Counselor Education and Supervision at the University of Northern Colorado. She earned the Master of Science in Counseling Psychology, School Counseling Track, at Chatham University, and the Bachelor of Science in Psychology, Theatre Arts and Certificate in Women’s Studies at the University of Pittsburgh. She was a practicing school counselor with Pittsburgh Public Schools for over six years. There, while providing direct services to students, she served as a student services liaison for three years helping to co-create district manuals, review district procedures, and facilitate professional development for mental health professionals in the district. Since being accepted to The University of Northern Colorado, she received the Schroeder Applied Psychology and Counselor Education Scholarship and the Graduate Dean’s Scholarship. Her research interests include urban school counseling, data use and integration in school counseling, the impact of trauma on the learning environment, and supporting students with disabilities in both K-12 and collegiate settings.

Contact her as follows:

**Stephanie I. Pergantis, MSCP**

**Doctoral Student & Graduate Research Assistant**

**Department of Applied Psychology and Counselor Education**

**McKee Hall Room 248, Campus Box 131**

**University of Northern Colorado, Greeley, CO 80639 USA**

**412-848-7708**
Liz Gilchrist Tolliver is a third year doctoral student in the Counselor Education and Supervision program at the University of Northern Colorado [UNC]. She earned the MA in Counseling in 2009 at West Virginia University, and the BA in Human Services at Virginia Tech in 2004. Her research interests include parental incarceration, intimate partner violence in same sex relationships, and the impact of resiliency on retention of undergraduate students. Her published work includes a theory-based model for health performance consultation in *Becoming a Sport, Exercise, and Performance Psychology Professional: A Global Perspective*. She is a current Rocky Mountain Association for Counselor Education and Supervision student representative, the past president of Chi Sigma Iota at UNC, and was a recipient of the College of Education and Behavioral Sciences Graduate Scholar award earlier in 2015. She is a nationally certified counselor through the NBCC, and is working toward her professional counseling licensure in the state of Colorado.

Contact her as follows:

**Liz Gilchrist Tolliver, MA, NCC, Doctoral Student & Graduate Research Assistant**  
Department of Applied Psychology and Counselor Education  
McKee Hall Room 248, Campus Box 131  
University of Northern Colorado, Greeley, CO 80639 USA  
304-216-3440

Jennifer Murdock Bishop, PhD, is an associate professor and doctoral program coordinator at the University of Northern Colorado in Applied Psychology and Counselor Education. She earned in 2007 the PhD in Counselor Education at the University of Wyoming. She earned the MA in Counseling and BA in Housing, Fashion and Interior Design at Chadron State College. Her research interests include community engaged scholarship with graduate students, career transitions and college students, online learning, and the use of creative instructional strategies in counselor training. Recent publications include: Understanding the impact of career values on career satisfaction; Utilizing card sorts in career counseling, in the *Career Planning and Adult Development Journal*; and Collegiate athletes and career identity. in *Sport, Education & Society*. She has earned 11 internal grants and two external grants to support her research. She is a member of the UNC Committee on Community and Civic Engagement. She is Faculty in Residence at Career Services, and co-chair of the University College Faculty Advisory Committee on University 101. In the state of Colorado, she is a Licensed Professional Counselor, a Special Services Provider-School Counselor. She is a National Certified Counselor, a Master Career Counselor, and a Master Career Development Professional. She has been nominated as a presidential candidate in the upcoming election of the Association for Counselor Education and Supervision. Contact her as follows:

**Jennifer L. Murdock Bishop, Ph.D., LPC, CO-SC, NCC, ACS, Associate Professor**  
Department of Applied Psychology and Counselor Education  
McKee Hall Room 295, Campus Box 131,  
University of Northern Colorado, Greeley, CO 80639 USA. 970-351-2544
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