

Suggested APA style reference: Lenz, J. G., Peterson, G. W., Reardon, R. C., & Saunders, D. E. (2010). *Connecting career and mental health counseling: Integrating theory and practice*. Retrieved from http://counselingoutfitters.com/vistas/vistas10/Article_01.pdf

Article 1

Connecting Career and Mental Health Counseling: Integrating Theory and Practice

Paper based on a program presented at the 2009 National Career Development Association conference, July 2, 2009, St. Louis, MO.

Janet G. Lenz, Gary W. Peterson, Robert C. Reardon, and Denise E. Saunders

Lenz, Janet G., Assistant-In, Educational Psychology and Learning Systems Department; Program Director for Instruction, Research, & Evaluation, FSU Career Center, Florida State University. Dr. Lenz has 30+ years of experience in the career services field, is an NCDA Past-President and Fellow; she coordinates the FSU Master's/EdS. program in career counseling, and has research interests related to career interventions in higher education and the application of cognitive information processing in career services.

Peterson, Gary W., is Professor Emeritus and former Clinical Training Director and Program Coordinator for the academic program Psychological Services in Education, College of Education, Florida State University. He continues to serve as a volunteer Senior Research Associate in the Center for the Study of Technology in Counseling and Career Development. His research interests include career problem solving and decision-making, career assessment, test construction, and program evaluation in educational and human service settings.

Reardon, Robert C., Professor Emeritus, Educational Psychology & Learning Systems Department, Florida State University; Senior Research Associate, Center for the Study of Technology in Counseling & Career Development. His most recent co-authored books include *Career Counseling and Services: A Cognitive Information Processing Approach* (2004) and *Career Development and Planning: A Comprehensive Approach* (2009). He is the author of the computer-and Internet-based Interpretive and Professional Reports for the Self-Directed Search (www.self-directed-search.com).

Saunders, Denise E., is a licensed psychologist in private practice in Chapel Hill, NC. She has over 17 years experience in the career development and counseling field providing mental health and career counseling and consultation to a diverse clientele. Dr. Saunders' interests in practice and research have focused on the connections between career and mental health counseling and understanding the complexities of the career decision-making process.

Introduction

In recent years, various authors and researchers have stressed the need for a more holistic approach to counseling that combines career and mental health issues (Blustein, 2006, 2008; Chopra, 2009; Krumboltz, 1993; Zunker, 2008). This paper focuses on strategies for combining career and mental health counseling assistance, and provides examples from a university-based career services setting and private practice. Prior to sharing the case examples, additional background information is provided on issues related to a service delivery approach that combines career and mental health assistance clients. The authors describe how using theory and selected assessments can enable career counselors to take a more holistic perspective when integrating career and mental health issues.

Organizational Considerations

For organizations considering combining career and mental health counseling, there are several strategic issues to consider. Career and mental health counseling services may share common ground in terms of philosophy, theory, and research, but the most difficult barriers to a holistic approach may occur with program implementation. This section describes some of the issues in combining these services and of making a combined service a reality in a postsecondary setting. Some of the issues raised may also apply to other organizational settings, e.g., hospitals, workforce centers, and community organizations.

Institutional Culture and Policies

On many campuses, mental health counseling and career counseling services are delivered by separate offices with unique histories and missions. These distinct histories may mitigate against a holistic service. Staff members who know the organizational history between counseling and career services may have strong opinions about this matter. Connecting mental health and career counseling within a particular setting, such as a career center, would likely require administrative approval at the highest levels of the organization.

Administrative Structure

This structure and naming of an organization with seamless mental health and career counseling has important implications for program marketing and public relations. If the name and identity of the unit is too “clinical,” persons with career problems might be less likely to seek assistance. Conversely, if the image is too “vocational,” it might reduce the credibility of the unit for those in psychological distress.

Space, Records, Tools, Resources

In considering a combined office, one can imagine a single reception room that would have individuals seeking help with choosing a major or finding a job in the same waiting area as those with mental health issues. There is also the matter of the kinds of records that would be needed to support a combined office, and where these records might be kept. Ethical practice for these types of counseling services requires attention to

all of the typical forms used in a more “traditional” counseling setting (e.g., informed consent, intake forms, etc.). Finally, there are considerations related to resource allocation. What kinds of information materials (e.g., career books, self-help books on anxiety management and conflict resolution) would be needed in an agency providing both career and mental health counseling? Career and mental health services typically use a broad range of assessments of interests, personality, anxiety, mental functions, or stress. Would fees be charged for both career assessments and mental health assessments, or only for the former? These issues about space, materials, and resources get to the heart of organizational issues related to combining mental health and career services.

Professional Identities

Mental health counselors typically have identities in psychology, mental health counseling, professional counseling, or related fields, while career services staff often have identities in business or education. A question arises about the extent to which these identities are compatible or reconcilable? How will accrediting agencies view the staffing patterns and credentials in organizations that combine career and mental health counseling?

Supervision, Training, Liability

Another issue in a combined service involves how professional development and training are provided. How much emphasis should there be on cross-training? Moreover, do staff members need to have all of the credentials (e.g., licensure, certification) to supervise the full range of staff or is this constrained in some way? Finally, the matter of supervision and training is tied to professional liability of staff in terms of the laws affecting the provision of mental health and counseling services. Are career and mental health staff properly insured, credentialed, and prepared to provide services in both areas and where they overlap?

In the section that follows, some of the general issues discussed above are further elaborated by highlighting how services are provided in one university-based career services office.

Applying Theory in Career and Mental Health Counseling: A University-Based Example

This section describes how one university career center integrated career and mental health counseling using a theory that captures both aspects of a client’s situation. It is important to note that this career services setting has long served as a training site for master’s and doctoral level students in counseling and counseling psychology. The center views training career practitioners as part of its mission. In addition, a key factor in providing integrated counseling services is the center’s partnership with faculty from the Psychological Services in Education program. They have office space in the center, provide training and supervision to counseling students, and conduct research in the center.

A Theory Based Approach to Service Delivery

Faculty involvement with the career center is closely tied to the development and application of career theory in the center. The paper's authors have all contributed to the development of the cognitive information processing approach (CIP) to career problem solving and decision making (Peterson, Sampson, Reardon, & Lenz, 2006; Sampson, Peterson, Reardon, & Lenz, 2004), and the related instrument, the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996). Using what is called a Pyramid of Information Processing, CIP theory captures traditional elements of career counseling, self-knowledge, options knowledge, and decision making, while also emphasizing the importance of meta-cognitive thinking in the career problem-solving process. CIP theory is concerned with clients learning how to solve career problems and make career decisions. In the service delivery process, clients collaborate with their career advisor in developing an Individual Learning Plan (ILP).

CIP theory also emphasizes how negative thinking can impede a person's ability to solve career problems and progress through the decision-making process, and uses a five-step problem-solving model called the CASVE cycle that includes Communication, Analysis, Synthesis, Valuing, and Execution. According to Sampson et al. (2004), negative thinking can impact all aspects of the pyramid and the CASVE cycle. Negative thinking is measured using the Career Thoughts Inventory (Sampson et al., 1996). In a later section, the authors discuss how CTI results can be applied in integrating career and mental health counseling. CTI research studies support the idea of a link between a person's ability to be an effective career decision maker and a wide variety of mental health issues, including depression, neuroticism, and anxiety. For additional examples of research related to CIP and the CTI, visit www.career.fsu.edu/techcenter.

Staff Training and Expertise

As noted earlier, one critical aspect in the integration of career and mental health counseling is staff training and expertise within the setting. The career center described in this article includes a number of staff with PhDs in counseling. The center also funds a faculty position that oversees instruction, research, and evaluation. The center's director, who is a licensed psychologist, has a courtesy appointment within the Educational Psychology and Learning Systems department. Further, two staff members who work in the center's advising and counseling unit have master's degrees in career counseling and are National Certified Counselors.

This staffing pattern matches well with the center's mission of providing counseling students training and supervision that includes attention to clients' mental health and career issues. For schools or other settings considering a service mission that includes addressing career and mental health concerns, it is important to insure that selected staff have the proper credentials to oversee those providing these services. Obviously, in settings where counselors-in-training are part of the direct services staff, this would be a mandatory part of supervision.

Another important consideration is onsite training for students and staff who are providing counseling services. Both the current and former supervisor of the center's direct services designed the in-house training program to include an emphasis on the theoretical basis for services, and to incorporate other basic counseling concepts (e.g., including screening for suicide, ability to refer to community-based services). In addition,

the center has developed policies and procedures that accommodate an approach that blends mental health and career issues. This includes having the appropriate forms that reflect current ethical standards (e.g., client intake data, confidentiality, informed consent, and related documents). While these may seem obvious to any place that is focused on client counseling services, some career services centers may not view themselves as a site where these types of materials and policies are needed.

This university-based career services setting is able to effectively integrate career and mental health counseling by applying CIP theory and concepts from John Holland's RIASEC theory (Holland, 1997). The career advising and counseling services incorporate the notion of a clients' readiness for career services based on their capability and the complexity of their situation (Sampson, Peterson, Reardon, & Lenz, 2000). A clients' readiness for career problem solving and decision making determines whether they are assigned to self-help, brief-staff assisted, or individual counseling services (Sampson, 2008). Persons assigned to individual counseling have low readiness, along with low capability and a very complex situation that indicates that the client's concerns are likely impacted by both career and mental health issues. In the section below, we illustrate how assessments are used to gather data to inform a more integrated approach to service delivery in the context of a case study drawn from the career center's doctoral practicum.

Assessment Issues

Integrating career and mental health counseling raises important considerations regarding the use of assessments to diagnose mental health conditions, as these influence the career decision-making process. These considerations include:

- (1) How are career assessments influenced by a client's mental health status?
- (2) What are examples of assessments that bridge career and mental health domains?
- (3) How are these assessments used in developing and individualized learning plan (ILP)?

Three assessments are presented that capture a range of mental health influences that potentially impact clients' career situations. The relationship of high to low scores is shown in parenthesis for each instrument below:

Career Thoughts Inventory (CTI; high career, low mental health)
Decision Space Worksheet (DSW; medium career, medium mental health)
Minnesota Multiphasic Personality Inventory (MMPI; low career, high mental health).

A case study is presented to illustrate how these assessments can be used to integrate mental health considerations in the career counseling process.

The Career Thoughts Inventory (CTI)

The CTI identifies dysfunctional thoughts that may impede the career problem-solving and decision-making process. To assess specific client needs, the CTI includes three construct scales: Decision-Making Confusion (DMC); External Conflict (EC); and

Commitment Anxiety (CA). The use of these constructs in career and mental health assessment is described below.

Decision-Making Confusion. The DMC scale taps into dysfunctional thoughts and emotions involved in formulating and evaluating appropriate career alternatives (Sampson et al., 1996). Items in this scale indicate feelings of depression and anxiety, or confusing thoughts that interfere with the acquisition of self knowledge and occupational knowledge and in identifying and considering plausible career options (Saunders, Peterson, Sampson, & Reardon, 2000). High DMC scores suggest the presence of disabling emotions and the possible need for additional mental health assessments that determine the intensity and chronicity of these emotions, especially in the case of depression.

External Conflict. The EC scale assesses the extent to which individuals can balance the views of significant others with their own values in the career decision-making process. High scores on this scale may indicate the presence of locus of control issues as clients prioritize viable career options and arrive at a first choice for a course of action (Saunders et al., 2000). EC items may highlight clients' needs for addressing relationship issues, especially with regard to how they may impact career decision making, as part of the counseling process.

Commitment Anxiety (CA). The CA scale measures the extent to which individuals experience fear and trepidation in implementing a first choice of a course of action (Sampson et al., 1996). The anxieties associated with committing to a career option may be specifically related to the career choice in the present (i.e., state anxiety), or they could be exacerbated by more fundamental personality proclivity (i.e., trait anxiety; Saunders et al., 2000). High CA scale scores could indicate the need for further assessments to determine the respective contribution of state and trait anxieties.

The CTI is a useful tool to help clients and practitioners screen for readiness to engage in the career counseling process and aid in identifying potential areas that can keep clients stuck in the process. Examination of the CTI total score and scale scores (DCM, CA, and EC) can assist counselors in recognizing areas to explore further with clients. Issues of self-doubt, tension surrounding uncertainties about the future and choices, and influences of family, culture, and societal norms can all be revealed when CTI results are explored with clients. Working closely with clients to review and discuss the CTI scores and related items, often raises client awareness of underlying personal and mental health issues.

The Decision Space Worksheet (DSW)

The DSW is a cognitive mapping task that enables clients to reveal thoughts, feelings, persons, and circumstances associated with a career decision. The DSW also helps clients prioritize the importance of contextual influences on their career decision. First, clients record, in their own words, the career decision they wish to make. Second, they list all elements on a lined sheet that impact the decision. Third, on a second page, clients are instructed to draw circles within a given large circle in proportion to the relative importance of each element listed on the first page as it bears on the career decision. Typical issues revealed in the DSW activity include financial, family, education, interests, self-doubt, anxieties, employment prospects, and quality of life

(Peterson & Leasure, 2004). This technique enables both the client and counselor to understand the social and emotional context out of which the career problem arises.

Once the list and the map are completed, a counselor helps the client explore the complexity (Sampson et al., 2000) of the career problem by asking how the map represents the client's perceptions of the career decision space. Clients are prompted to share how they felt about the task itself, and secondly, to talk about how the list and the map relate to the presenting career decision. In this way, counselors gain a perspective from the client's point of view, and avoid the possibility of projecting their own perspective on the map. The counselor next asks the client more detailed questions related to how each element influences or bears directly or indirectly on the career decision at hand. As the client draws connections between each element and the career decision, the counselor may ask about relationships between and among elements and how they interact with each other. Often, related elements form inter-related clusters of elements that comprise a theme. Finally, the amount of open or unused space may also be subject to interpretation. Unused space may represent unarticulated sources of anxiety and tension in an individual's life, or it could represent the proportion of non-career and related concerns in a client's life. Since the mapping task is also a projective assessment, the allusion to mental health and personal adjustment factors in the list and the circles, such as family and relationship issues, financial concerns, as well as personality and emotional elements, is quite common. If any mental health issue is seen as constraining the identification of career options or causing the inappropriate elimination of options, addressing these issues can be included in the ILP.

The Minnesota Multiphasic Personality Inventory (MMPI-2)

One of the unique aspects of service delivery in the authors' setting is the use of the MMPI-2 (Hathaway & McKinley, 1942) as part of the assessment process for selected counseling clients seen in the context of an advanced doctoral practicum. The MMPI-2 is used judiciously following the indication of mental health issues related to a client's CTI results and DSW. The MMPI-2 can provide important information regarding how mental health issues might impact clients who present for career counseling. In addition, certain MMPI-2 scale scores have implications for client career decision making, and for the career counselor's choice of interventions (Peterson & Githens, 1990). Some of these scales are described below.

The *Correction* (K) scale is considered a measure of ego strength and measures the extent to which individuals possess the cognitive resources to manage stress. Scores in the 50 – 60 range are most adaptive. Low scores may indicate vulnerability to stress whereas high scores suggest rigidity. Individuals with moderate K elevations may adapt well to jobs with above average stress; they tend to be well organized, efficient, and steady employees. In career counseling, they tend to task oriented and problem focused.

The *Depression* (D) scale is a mood scale that measures the clinical syndrome of depression. Individuals earning high scores may be slow in movement and thought and they may experience suicidal thoughts. Low scores typically indicate cheerfulness and optimism. In career counseling, individuals earning elevated scores may not fully engage the career problem-solving process and may reject plausible or appropriate career options without full consideration.

The *Psychopathic Deviate* (Pd) scale is an indicator of rebelliousness, immaturity, exhibitionism, acting out sexual and aggressive impulses, and non-conformity. Low scores suggest passivity and conventionality. Individuals who earn moderate scores may be described as assertive and controlling, an adaptive characteristic in some occupations (e.g., lawyers, administrators, and politicians). In career counseling, individuals with higher scores may want to be in control of the pace and content of counseling while those earning lower scores may be dutiful and obedient clients.

The *Psychasthenia* (Pt) scale is considered a measure of trait anxiety. Individuals earning high scores may be described as high strung, obsessive, compulsive, and having high personal standards and expectations. Low scorers may be carefree, cheerful, spontaneous, and lacking in follow through. Scores on this scale complement the CTI's CA scale. In career counseling, individuals earning high scores may tend to exhibit story telling, excessive talking, lack of focus, whereas individuals earning lower scores may not appear as highly motivated or serious clients.

The *Schizophrenia* (Sc) scale may be considered as a measure of thought confusion. Individuals earning high scores on this scale may demonstrate an inability to maintain coherent thought, and may tend to be hostile and difficult to manage. Individuals earning low scores may exhibit clear, well-ordered, grounded thought. In career counseling, the ILP can be used to provide structure for the counseling process, so long as it is not rigidly imposed on clients who want unconstrained freedom to explore.

The *Hypomania* (Ma) scale may be interpreted as an energy scale in which higher scores are associated with activity level, enthusiasm, and high aspirations, whereas low scores may indicate low energy and lack of stamina. If energy expenditure is controlled, individuals with moderately elevated scores may be highly productive. If energy is uncontrolled, persons may undertake tasks indiscriminately without completing them. Counselors can explore the client's energy for pursuing a career goal, and the extent to which the client's energy is allocated towards the goal's attainment.

Scores earned on the remaining clinical scales, namely Hypochondriasis (Hs), Hysteria (Hy), Masculinity-Femininity (Mf), Paranoia (Pa), and Social Introversion-Extroversion (Si), also have implications for mental health diagnosis and career counseling. Space in this paper does not permit a detailed description of how these scales might be interpreted in the context of an integrated approach to career and mental health counseling.

As a final cautionary note, counselors and counselors-in-training must be mindful, when using the MMPI-2 in career counseling, that extreme high scores (i.e., > 65), likely indicate the presence of psychopathology. Further psychological assessment by professionals skilled in abnormal psychology should be considered and referral procedures undertaken. In particular, individuals with high scores on both the D and Pt scales should be immediately queried for possible suicide ideation and contemplation. In the section that follows, a case example that combines assessment data from the instruments described above, is provided to show how an integrative approach might proceed based on the model outlined earlier.

The Case of Joe

Joe recently quit his job as a construction worker and came to the career center wanting to find a different occupation. In the initial screening interview, he reported that

he was extremely frustrated with his current life situation and was visibly upset. Joe said he wanted to find a job that he liked and that would help others. He desired a “meaningful occupation.” He had thought about careers working with troubled teenagers or something in the journalism field. With respect to background information, Joe is a 37 year-old Caucasian male with a high school degree. He has worked in the construction industry in various capacities for the past 20 years. Joe has two older siblings, a sister and a brother. He describes both as “very successful.” His brother works in the computer field and his sister is a nurse. Joe’s parents died in his twenties. He describes his family system as dysfunctional, especially during childhood and adolescence. Joe stated that he suffered emotional and physical abuse during his childhood. According to Joe, his parents told him he was “stupid” and that he should “drop out of high school.” He also reported he experienced physical abuse from his father anytime his father “lost his temper.”

When asked about his current living situation, Joe stated that he lives in an apartment with a roommate and that he has had to borrow money from family and friends over the years because his employment has been sporadic. Joe reported that he has been in counseling before because of depression, but he did not like it, so he stopped going. Joe also is upset that he is 37 with “no job, no wife, no family, and no money.” He has concerns about his physical appearance and the fact that he is overweight. He does not believe the opposite sex will find “a man like me” attractive. The CTI and DSW were administered initially, followed later by the MMPI-2.

Joe’s Career Thoughts Inventory (CTI)

Joe earned a T-score of 78 on the CTI Total score indicated pervasive difficulty in career problem solving and decision making. More specifically, Joe earned a T- Score of >80 on the DMC scale, indicating that he experiences severe confusion regarding the ability to relate self- knowledge to occupational knowledge in order to formulate viable career options. He endorsed items such as “I get so depressed about choosing a field of study or occupation that I can’t get started;” “I don’t know why I can’t find a field of study or occupation that seems interesting;” and “Choosing an occupation is so complicated, I just can’t get started.”

His EC scale T-Score of 74 suggests he experiences conflict with significant others in the choice of an occupation. He endorsed, “I’m embarrassed to let others know I haven’t chosen a field of study or occupation,” and “Whenever I’ve become interested in something, important people in my life disapprove.”

Finally, Joe’s CA T-Score of 77 suggests that he experiences considerable anxiety about implementing a choice. Some of the items endorsed included, “I am afraid I’m overlooking an occupation,” “Deciding on an occupation is hard, but taking action after making a choice will be harder,” and “I’m afraid if I try out my chosen occupation, I won’t be successful.”

Joe’s DSW

On the first page of the DSW, Joe listed 11 elements (See Figure 1) associated with the career decision he was considering, i.e., “Computers or something that allows me to be creative.” On the second page (See Figure 2), the largest circle was #10, Overcoming bad decisions and failures from the past, followed by Age (#1), and four others approximately the same size, Comparing to family/friends successes (# 11), Not

motivated enough (# 2), Thinking about my past failures makes me feel like a failure (#5), and Want a job that makes me glad to go to work (#9). A strong theme of disappointment and discouragement pervades the list and map. The large amount of open space suggests that Joe may have many life concerns that are not specifically related to the career decision itself.

Joe's MMPI-2 Results

Joe's high CTI scores and elements listed on the DSW suggest underlying mental health issues. As a result, he was asked if he would take the MMPI-2 to assess the extent to which the life adjustment and stress factors he was experiencing were interfering with his career pursuits. He consented.

Joe's MMPI suggested that he was experiencing severe emotional distress related to personal and social adjustment. Notable results included, K = 42 (weak ego strength), D = 72 (strong feelings of depression, worthlessness, and hopelessness), Pd = 67 (feelings of anger, possibly associated with self and relationships with others, possibly substance abuse), Pt = 65 (evidence of chronic anxiety, worry, and obsessional thought), Sc = 69 (some degree of thought confusion), and Ma = 45 (low energy, lethargic).

In conjunction with the administration and interpretation of the CTI, DSW, and MMPI-2, Joe and the counselor collaborated in developing an ILP to help Joe consider the next steps in the process (See Figure 3). A direct inquiry into scores earned on the MMPI-2 Depression and Psychasthenia scales indicated that while Joe experiences strong negative moods and rare instances of suicidal ideation, he did not demonstrate evidence of contemplation, a plan, or details associated with a plan. The conclusion was that immediate referral to protect Joe's life was not necessary. The phone number of a community crisis center was given to Joe should he need it.

Combining Career and Mental Health Issues in Private Practice

As previously noted, regardless of the setting, clients often come for service requesting assistance for a career development concern when other personal and mental health issues may be evident. Gysbers, Heppner and Johnston (2009) noted: "Career issues frequently become personal-emotional issues and family issues, and then career issues again" (p. 5). Sometimes presenting what clients can easily identify, i.e., "I'm unhappy in my job," in a concrete way, "I need career counseling," is the first step to developing awareness and further understanding feelings of dissatisfaction, anxiety, sadness, and uncertainty. Being fully aware of the complexity of client concerns allows career counselors an opportunity to address the full range of issues presented by clients. The case presented in this section illustrates how CIP theory and the CTI are integrated in a private practice setting to address the full range of client concerns. Prior to presenting the case, the authors briefly discuss an application of CIP theory and the CTI in a private practice setting.

Using CIP to Integrate Career and Mental Health Counseling

Counseling and career development professionals working in private practice can use CIP theory to integrate career and mental health counseling. The CIP approach provides a framework or model for both the counselor and the client. It encourages client

involvement through recognition of areas for exploration and ownership of the process. CIP builds on clients' existing knowledge or awareness of their own personal characteristics and life histories, while helping to recognize areas for further clarification of self and exploration of options under consideration. CIP easily lends itself to the development of a strong working alliance in the counseling process. This enhances the counseling relationship and helps motivate clients to engage in the work of the counseling experience. Simply having clients identify areas within the Pyramid of Information Processing where they feel their time and energy would be best spent can be a powerful first step. The case below illustrates how CIP theory can be used in a private practice setting to integrate mental health and career issues.

The Case of Shin

Shin is a 32 year old, single, Korean, female, who has lived in the United States for over 10 years. She came for career counseling, reporting current panic attacks, worries, and concerns about her future, relationships and work. Shin indicated during the initial interview that her current position was not challenging, saying that she was overeducated for the position and dissatisfied with many areas of her life. Since her career situation had been a concern for many years, it was logical that Shin chose to begin there. As the counselor reviewed Shin's CTI, she readily acknowledged that negative thinking had always been a concern. Shin's CTI revealed an elevated overall score and elevations in the scale scores in the 95-98th percentile range. Shin's CTI scores reflected career thinking that was having a significant impact on her ability to effectively engage in the career decision-making process.

Shin worked with the career counselor to recognize relationships between her career uncertainties and anxieties, and tensions in other areas of her life. Just as she sought to "fix things" around the house, she hoped to be able to quickly fix her career problem and implement a choice. Several times in the past she engaged in this strategy only to find herself doubting the choice she was implementing. Shin and the counselor worked to reduce anxiety, negative thinking, and worry so that she could begin exploring options consistent with her personal characteristics. By fully acknowledging her level of anxiety, and the impact it was having on her ability to explore career options effectively, Shin soon accepted that using her older strategies had not been helpful, and was willing to approach the career choice process differently. As a result, she experienced less anxiety, eliminated her panic attacks entirely, developed greater self-confidence and comfort sharing her feelings with others, took on responsibilities at work that challenged her and began approaching career exploration at a pace that allowed her to fully consider the information and her desires for the future.

Summary

The literature and research related to this topic provides clear support for the importance of integrating career and mental health issues in practice. Zunker (2008) noted that individuals seeking career assistance often present a complex array of issues, making it difficult for counselors to separate career satisfaction and development from other personal issues. Counselors in a variety of settings can cite examples where career and mental health issues are inextricably interconnected.

Prior to creating a service delivery model that emphasizes both aspects, it is important to consider organizational and programmatic issues. The implementation process for these types of services requires attention to staff resources, as well as a variety of internal and external factors. This article has described how an established theory, cognitive information processing theory, can guide decisions about integrating career and mental health counseling. Along with the application of theory, practitioners must consider how assessment tools will be used in assessing both career and mental health factors that affect clients' readiness to receive various types of assistance. Finally, counselors working in private practice settings will want to consider the unique issues that impact their ability to assist clients who present themselves with both career and mental health issues.

References

- Blustein, D. L. (2008). The role of work in psychological health and well-being: A conceptual, historical, and public policy perspective. *American Psychologist*, 63, 228-240.
- Blustein, D. L. (2006). *The psychology of working*. Mahwah, NJ: Lawrence Erlbaum.
- Chopra, K. J. (2009, May). Integrative career counseling: Helping clients who are depressed, stressed, and sometimes a mess. *Career Convergence*, web magazine available at www.ncda.org.
- Gysbers, N. C., Heppner, M. J., & Johnston, J. A. (2009). *Career counseling: Contexts, processes, and techniques* (3rd ed.). Alexandria, VA: American Counseling Association.
- Hathaway, S. R., & McKinley, J. C. (1942). *The Minnesota Multiphasic Personality Schedule*. Minneapolis: University of Minnesota Press.
- Holland, J. (1997). *Making vocational choices: A theory of vocational personalities and work environments*, (3rd ed.). Odessa, FL: Psychological Assessment Resources, Inc.
- Krumboltz, J. D. (1993). Integrating career and personal counseling. *Career Development Quarterly*, 42, 143-149.
- Peterson, G. W., & Githens, D. (1990). The use of the MMPI as a measure of personal adjustment in career counseling. *Journal of Career Development*, 16, 297-308.
- Peterson, G. W., & Leasure, K. K. (2004, July). Problem mapping in career counseling: The nexus of career and mental health counseling. Paper presented at the annual convention of the National Career Development Association, San Francisco, CA.
- Peterson, G. W., Sampson, J. P., Jr., Reardon, R. C., & Lenz, J. G. (2006). Cognitive information processing in career development and counseling. In J. Greenhaus & G. Callanan (Eds.), *Encyclopedia of career development* (pp. 174-179). Thousand Oaks, CA: Sage.
- Sampson, J. P., Jr. (2008). *Designing and implementing career programs: A handbook for effective practice*. Broken Arrow: NCDA.
- Sampson, J. P., Jr., Peterson, G. W., Lenz, J. G., Reardon, R. C., & Saunders, D. E. (1996). *Career Thoughts Inventory: Professional manual*. Odessa, FL: Psychological Assessment Resources, Inc.

- Sampson, J. P., Jr., Peterson, G. W., Reardon, R. C., & Lenz, J. G. (2000). Using readiness assessment to improve career services: A cognitive information-processing approach. *Career Development Quarterly*, 49, 146-174.
- Sampson, J. P., Jr., Reardon, R. C., Peterson, G. W., & Lenz, J. G. (2004). *Career counseling and services: A cognitive information processing approach*. Pacific Grove, CA: Brooks/Cole.
- Saunders, D. E., Peterson, G. W., Sampson, J. P., Jr., & Reardon, R. C. (2000). Relation of depression and dysfunctional career thinking to career indecision. *Journal of Vocational Behavior*, 56, 228-298.
- Zunker, V. (2008). *Career, work, and mental health*. Thousand Oaks, CA: Sage.

Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm

Figure 1 Joe's Decision Space Worksheet—Part I

Decision Space Worksheet

Name: Joe

Date: 8/30/09

The career decision you are considering: computers or something that allows me to be creative

The Decision Space can be thought of as the mental and emotional environment in which an individual approaches a problem or task. Below, please list all thoughts, feelings circumstances, people, or events that bear on the career decision you are considering.

1. age
2. not motivated enough
3. some of my friends don't think I'm smart enough
4. tired of helping other people make money
5. thinking about my past failures makes me feel like a failure
6. afraid to sacrifice to achieve a long term goal
7. can't think of what short term goals to set
8. worried about other people's opinions
9. want a job that makes me glad to go to work
10. overcoming bad decisions and failures from the past
11. comparing myself to success of friends and family

Figure 2 Joe's Decision Space Worksheet—Part II

The larger circle below represents the Decision Space of your career decision. Draw circles within this large circle to represent each item on your list and label them with the corresponding number from page one. Use the size of the circles you draw to represent the relative importance of each item.

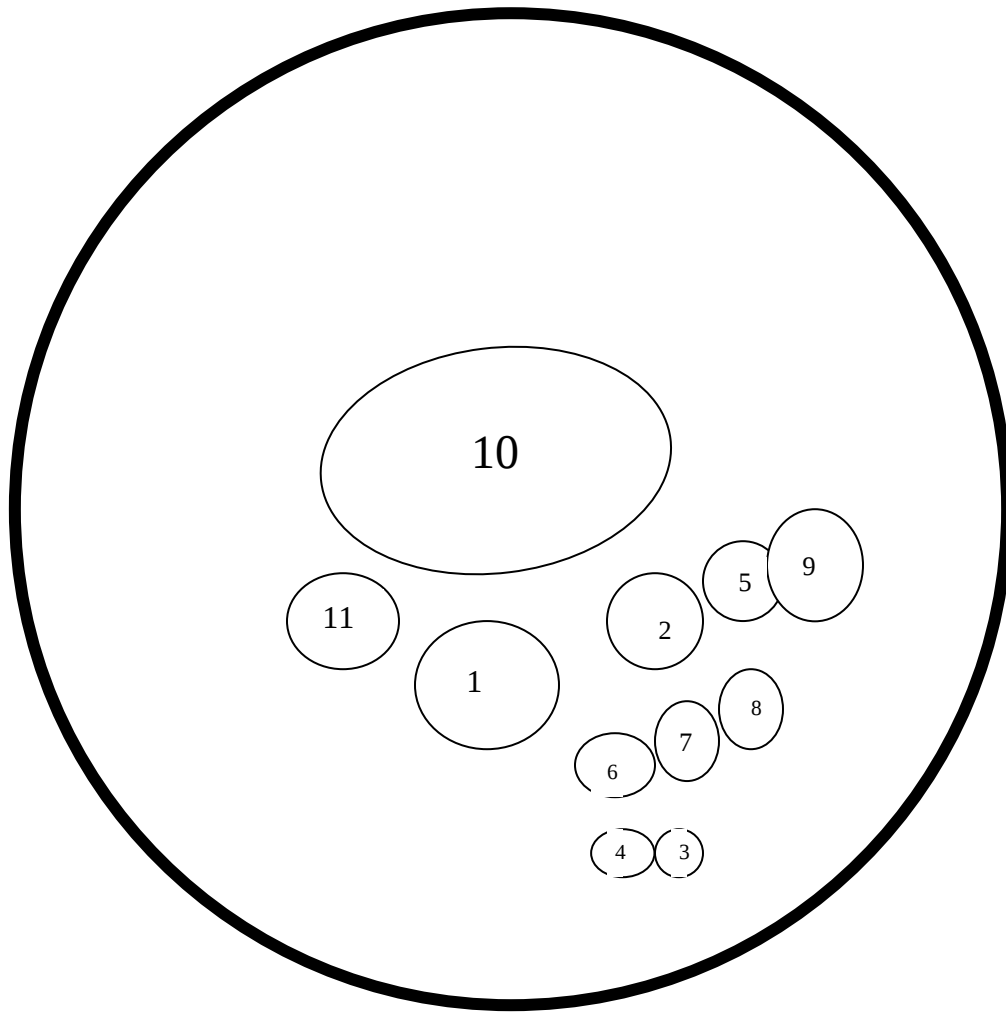


Figure 3: Joe's Individual Learning Plan

Goal(s): #1 _____ To find an occupation that is meaningful
 #2 _____ To improve my thinking when facing career decisions
 #3 _____

Activity	Purpose/Outcome	Estimated Time Commitment	Goal #	Priority
Complete CTI	Learn how my thinking influences my decision	5-7 mins	2	1
Complete Decision Space Worksheet (DSW)	Look at factors impacting my career decision	15-20 mins	1	2
Process DSW with career advisor	Discuss feelings of anger & depression pertaining to family background	1-2 hours	1	3
Complete values card sort	Learn more about how my preferences impact my options	30 mins	1	4
Complete Self-Directed Search on the computer	Look at self knowledge in relation to options	30-40 mins.	1	6
Complete selected CTI workbook activities	Learn more about how my thinking impacts my career decisions	ongoing	2	5
Follow up with medical/psychiatric referral	Check for chronic depression & anxiety; options for medication	1-2 hours	1	7
Follow up with career advisor	To review above activities and determine next steps	15-30 mins	1 & 2	8
Complete Guide to Good Decision-Making Exercise	Prioritize my options and take steps to implement my choice	ongoing	1	9

This plan can be modified by either party based upon new information learned in the activities of the action plan. The purpose of the plan is to work toward a mutually agreed upon career goal. Activities may be added or subtracted as needed.

 Joe
 Client

 10/1/09
 Date

 Sarah
 Staff Member

 10/1/09
 Date