

## Exploring Connections Between Career and Psychological Factors: Using Assessment Results to Inform Service Delivery

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**Description:** Clients often present as needing primarily career services, when in reality, their situations are more complex (Lenz, Peterson, Reardon & Saunders, 2010; Zunker, 2008). This session highlights findings from research that explored connections between clients' thinking about their career choice and the extent to which their career concerns may be coupled with feelings of depression and hopelessness.

Studies have found relationships among depression, other emotional distress issues, and career concerns. Depression predicts career indecision (Saunders, Peterson, Sampson, & Reardon, 2000), and undecided individuals are more depressed than decided individuals (Rottinghaus et al., 2009). Also, those who are having difficulty finding a job may also be hopeless (Bowman, 1984) or even suicidal (Dixon et al., 1992). Several studies have shown that psychological distress is associated with career decision-making difficulties, and depression and general emotional distress are associated with career concerns and hopelessness (Constantine & Flores, 2006; Fouad et al., 2006; Gati et al., 2011; Heppner et al., 1998; Lease, 2004). Several studies found that for college students, depression has a significant relationship with dysfunctional career thinking (Saunders, 1997; Saunders et al., 2000; Dagenhart, 2004; Walker & Peterson, in press). Walker and Peterson (in press) found that a T-score of 68 to 75 on the Career Thoughts Inventory (CTI) DMC scale can predict an elevated BDI-II score.

**Theoretical Base:** Cognitive Information Processing (CIP; Peterson et al., 1991; Sampson et al., 2004).

**Instrumentation:** *Beck Depression Inventory-II* (BDI-II; Beck et al., 1996), *Beck Hopelessness Scale* (BHS; Beck, 1993), and *Career Thoughts Inventory* (CTI; Sampson et al., 1996a). The CTI includes three subscales that were used in this study to measure dysfunctional career thinking: Decision-Making Confusion (DMC), Commitment Anxiety (CA), and External Conflict (EC).

**Participants:** 147 undergraduate and graduate students seeking career services.

**Findings:** Significant positive correlations were found between each CTI subscale and the BDI-II total score: DMC ( $r = 0.434, p < 0.01$ ), CA ( $r = 0.428, p < 0.01$ ), and EC ( $r = 0.387, p < 0.01$ ). Significant positive correlations were found between each CTI subscale and the BHS total score: DMC ( $r = 0.491, p < 0.01$ ), CA ( $r = 0.373, p < 0.01$ ), and EC ( $r = 0.270, p < 0.01$ ). DMC and CA together were found to be significant predictors of BDI-II scores ( $R^2 = 0.221, p < 0.05$ ), and DMC was found to be a significant predictor of BHS scores ( $R^2 = 0.241, p < 0.01$ ), when using stepwise regression models.

**Implications:** When conducting an initial screening, practitioners can look at high scores on any of the CTI subscales and know that the DMC, CA, and EC all have significant correlations with BDI-II and BHS scores. When applying CIP theory, career counselors can look at the predicted level of depression and hopelessness based on CTI scores and how these scores relate to the CASVE Cycle. The relationships between each of the CTI subscales and Beck scales suggest that depression and hopelessness occur during all phases of the CASVE Cycle. Practitioners can evaluate CTI scores and explore mental health issues that could be interfering with the career decision-making process. Also, practitioners can use the cut scores derived from the regression equations to identify clients seeking career services in a university setting who may be depressed or hopeless. A T-score of 78 on DMC and 72 on CA predict a 16 on the BDI-II, suggesting a mild level of depression and the existence of emotional discomfort attributed to or associated with a career problem. A DMC T-score greater than 74 would suggest that the individual has at least a mild level of hopelessness and the existence of emotional discomfort attributed to or associated with a career problem. Another benefit of using cut scores to predict depression and hopelessness is for risk-management.

**Conclusion:** The CTI DMC, CA, and EC scores all had significant, positive correlations with the BDI-II total scores and with the BHS total scores. CTI scores can be used to predict mild levels of depression and hopelessness. The models in the current study can be used by practitioners to identify when a client has an increased level of emotional distressed intertwined with his or her career-related concern, and how depression and hopelessness may impact phases in the CASVE Cycle.

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