Providing career and mental health assistance to a diverse population:
Using theory to inform practice

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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; Lenz, Peterson, Reardon, & Saunders, 2010; Zunker, 2008). Zunker (2011) noted that "counselors need to build counseling interventions that address the multiple concerns that clients bring to counseling (p. 17). Clients present for services in a holistic manner, with their career concerns often impacted by a range of other life issues, e.g., relationships (loss of a partner, expanded care giving roles); discrimination (lack of access to opportunities); changes in their community (closing of businesses, organizational downsizing). When clients present for career counseling assistance, they may be simultaneously experiencing a range of emotions such as anxiety, depression, and or hopelessness, in relation to the diverse array of life concerns they are experiencing. Gysbers, Heppner, and Johnston (2009) noted: "Career issues frequently become personal-emotional issues and family issues, and then career issues again" (p. 5).

Zunker (2012) pointed out that mental health issues can have a significant effect on a clients' ability to engage effectively with the career choice process. Blustein (2008) emphasized that one of the "first tasks for therapists and counselors is to create space for clients to express their work-related concerns in treatment" (p. 276). The history of counseling and career guidance includes counseling theories and career guidance/development theories, but rarely are these connected to a specific service delivery model that is regularly used in practice across diverse settings.

This paper provides a "case study" of how one university-based career center has sought to effectively combine career and mental health counseling assistance.Key elements of this approach involve the use of theory to guide practice and the integration of research which highlights the impact of mental health factors on readiness to solve career problems and make career decisions. The authors describe how the application of cognitive information processing (CIP) theory and related assessments can enable career practitioners, with the proper training, to take a more holistic perspective when integrating career and mental health issues. Prior to sharing the specific application in practice and related case studies, the paper describes some broad organizational issues to consider, reviews the theoretical perspectives that guide research and practice, and then discusses a specific case example that highlights the integration of theory, research, and practice.

Organizational Considerations

For settings that may be considering a more holistic approach to 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" (Lenz et al., 2010, p. 2). 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., community agencies, healthcare facilities, and

workforce/employment centers (Lenz et al., 2010). A brief review of these issues including institutional polices, administrative structure, and staff training and supervision follows.

Institutional Culture and Policies

At many educational institutions, career services and mental health counseling services are provided by separate departments with unique histories and missions. These distinct histories may present a barrier to integrating services. Staff members who are connected to 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 or hospital, would likely require administrative approval at the highest levels of the organization (Lenz et al., 2010).

Administrative Structure & Resources

Creating integrated services to produce a seamless approach has implications for program marketing and public relations. If the unit's name and identity is too "clinical," persons with career concerns might be less likely to seek assistance. Conversely, if the career services image is too narrowly defined (e.g., more focused on advising or job assistance), clients might not view the setting as a place where they can share issues that reflect broader life concerns or psychological distress (Lenz et al., 2010).

In the case of a combined office, there may be a single reception room where those individuals seeking help with choosing a major or finding a job are in the same waiting area as individuals presenting with mental health issues and/or crisis situations. There is also the matter of the kinds of records that would be needed to support a combined office, and where these records should 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.) (Lenz et al., 2010).

Finally, there are considerations related to how resources are allocated. 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 selected assessments? These issues about space, materials, and resources get to the heart of organizational issues related to combining mental health and career services (Lenz et al., 2010).

Staffing, Training, & Supervision

Mental health counselors usually have identities in psychology, health services, mental health counseling, professional counseling, or related fields, while career services personnel often have identities not only in counseling, but also in business, human resources, education, or related fields. Questions may arise about the extent to which these identities are compatible or reconcilable, even when a setting is committed to creating a holistic approach? These

considerations impact decisions about what level of assistance various staff will be able to provide to the diverse clientele being served. How will accrediting agencies view the staffing patterns and credentials in organizations that combine career and mental health services? (Lenz et al., 2010). In the authors' setting, a significant portion of the counseling services is provided by students who are counselors-in-training. In the U.S., the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), requires that onsite supervisors for these students have the equivalent of a master's degree in counseling (CACREP, 2009).

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? Sampson (2008) described the issue of "core" vs. "specialized" services and suggested an approach where some staff are trained to utilize selected assessments (e.g., Beck Depression Inventory, MMPI) which require interventions that blend mental health and career interventions Sampson, Reardon, Peterson, and Lenz (2004), emphasized the need to consider three career services dimensions in designing a program: (1) level of client needs; (2) level of career intervention complexity; and (3) level of competencies of and skills of counselors and staff.

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 (http://career.fsu.edu/about/mission.cfm). In addition, a key factor in providing integrated counseling services is the center's partnership with faculty from the College of Education's Psychological and Counseling Services program. Faculty have office space in the center, provide training and supervision to counseling students, conduct research in the center, and collaborate with center staff in producing, bibliographies, publications, professional presentations, and related information.

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 service delivery. The paper's authors have all contributed to the development and application of the cognitive information processing approach (CIP) to career problem solving and decision making (Peterson, Sampson, Reardon, & Lenz, 2006; Sampson et al., 2004), the related instrument, the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996a), and the application of both in practice. Using what is called a Pyramid of Information Processing (Sampson, Peterson, Lenz, & Reardon, 1992), 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, including self talk, self awareness, and control and monitoring (Sampson et al., 2004). CIP theory is concerned with clients learning how to solve career problems and make career decisions, as well as their readiness to make a career decision (Sampson, Peterson, Reardon, & Lenz, 2000). "Readiness is defined as the capability of an individual to make appropriate career choices while taking into account the complexity of family, social, economic, and organizational factors that influence an individual's career development" (Sampson et al., 2000, p. 68). In CIP theory, consideration of readiness is key in determining the level of assistance provided: self help, brief staff assisted, or individual case managed (Sampson, 2008; Sampson et al. 2004). In the service delivery process, clients collaborate with their career advisor in developing an Individual Learning Plan (ILP), which helps clients define their goals, determine activities to reach those goals, and understand the purpose of those activities in resolving their career concern.

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 it a five-step problem-solving model called the CASVE cycle, e.g., Communication (becoming aware of the need to engage the career problem solving process through internal and external cues), Analysis (establishing a mental model of the career problem and the various relationships among the components), Synthesis (expanding and narrowing options), Valuing (evaluating the costs and benefits of options in relation to self, significant others, cultural group, community, and society), and Execution (establishing and committing to a plan to implement a choice). 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., 1996a). 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 link between a person's inability to be an effective career decision maker and a variety of mental health issues, including depression, hopelessness, neuroticism, and anxiety (Bullock-Yowell, Peterson, Reardon, Leierer, & Reed, 2011; Dieringer, 2012; Saunders, Peterson, Sampson, & Reardon, 2000; Walker & Peterson, in press). For additional examples of research related to CIP and the CTI, review the CIP bibliography found atwww.career.fsu.edu/techcenter.

Staff Training and Expertise

As noted earlier, one critical aspect in the integration of career and mental health counseling is related to staff training and the array of 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 program director for career advising, counseling, and programming is a National Certified Counselor, who has a courtesy appointment within the Educational Psychology and Learning Systems department. Further, an assistant director in the center's advising and counseling unit has a master's/ educational specialist degree in career counseling and is a National Certified Counselor.This staffing pattern matches well with the center's mission of providing counseling students with training and supervision that includes attention to clients' mental health and career issues. Advanced doctoral students in counseling psychology and master's level interns see individuals in counseling, from the campus and the community, that present with multiple issues. For schools or other settings considering a service mission that includes addressing career and

mental health concerns, it is important to ensure that selected staff members 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 component of supervision (Lenz et al., 2010).

Another important consideration is ongoing training and professional development for students and staff who are providing counseling services. The in-house training program for persons providing career advising and counseling services includes an emphasis on CIP and Holland (1997) theory-based approach to services, and incorporates other core counseling concepts and theory (e.g., Beck, 1976). Counseling staff use a component associated with CIP theory that takes into account clients' readiness for services. Two key factors in readiness assessment include the client's capability and the complexity of the situation (Sampson et al., 2004; Sampson, 2008). 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 addition, the center has developed policies and procedures that accommodate an approach that blends career and mental health 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 counseling services, some career services centers may not view themselves as a site where these types of materials and policies are needed (Lenz et al., 2010).

This university-based career services center is able to effectively integrate career and mental health counseling by applying CIP theory and concepts from John Holland's RIASEC theory (Holland, 1997), including the secondary constructs from Holland's theory, e.g., congruence, differentiation, consistency.

In the section below, we illustrate how assessments are used to gather data to inform a more holistic approach to service delivery in the context of a case study drawn from the career center's individual case-managed services.

Career and Mental Health Counseling: A Case Example

Assessment Issues

Integrating career and mental health counseling raises important considerations regarding the use of assessments that may indicate the presence of mental health factors. A key consideration is how these factors may influence client readiness to engage in the career decision-making process. Some issues to explore 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)?

Some examples of assessments that can point to mental health factors include, the Career Thoughts Inventory (CTI; Sampson et al., 1996a), the Decision Space Worksheet (DSW; Peterson, Leasure, Carr, & Lenz, 2010), and the Minnesota Multiphasic Personality Inventory (MMPI; Butcher & Williams, 2000). 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 (Sampson et al., 1996a) 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., 1996a). 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 et al., 2000). An example of an item on the DMC scale is: "I get so depressed about choosing a field of study or occupation that I can't get started." Walker and Peterson (in press) found that Decision-Making Confusion was significantly related to depression symptoms as measured by the Beck Depression Inventory II (BDI-II). 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. An example EC item is: I'm always getting mixed messages about my career choice from important people in my life." 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., 1996b). An example CA item is: "I worry a great deal about choosing the right field of study or occupation." 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 practitioners assess clients' readiness to engage in the career counseling process and aid in identifying potential areas that can keep clients from moving forward in the process (Sampson, McClain, Musch, & Reardon, in press). 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 influences of family, culture, and societal norms can all be revealed when CTI results are explored with clients. The process of working with clients to review and discuss their 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 (Peterson, Leasure, Carr, & Lenz, 2010). The DSW also helps clients prioritize the importance of contextual influences on their career decision. First, clients record at the top of the page, in their own words, the career decision they wish to make. Second, below the decision description, clients list all of the elements that impact the decision (i.e., Please list all thoughts, feelings, circumstances, people, or events that bear on the decision you are making). 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; Peterson, et al., 2010). This projective technique enables both the client and counselor to understand the social and emotional context out of which the career problem arises, and provides a visual representation of the individual's concerns and their relative weights.

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, e.g., use reframing techniques to address anxiety.

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 counseling practicum. The MMPI-2 is used selectively following the indication of mental health issues related to a client's CTI and DSW results. 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). In career counseling, individuals earning elevated MMPI-2 scores may not fully engage the career problem-solving process and may reject plausible or appropriate career options without full consideration. 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. See Lenz et al. (2010) for more information.

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 the section that follows, a composite case example is provided that combines assessment data from the instruments described above to illustrate how an integrative approach might proceed based on theoretical and practice model outlined earlier.

The Case of George*

George recently quit his job as a construction specialist 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. George 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 communications field. With respect to background information, George is a 37 year-old Cuban-American male with a high school degree. He has worked in the building industry in various capacities for the past 20 years. George has two older siblings, a sister and a brother. He describes both as "very successful." His brother works in the information technology field and his sister is a health educator. George's parents are no longer living. He described his family as dysfunctional, especially during childhood and adolescence. George stated that he suffered emotional and physical abuse during his childhood. According to George, his parents told him he was "stupid" and that he should "drop out of high school."

When asked about his current living situation, George stated that he lived alone in an apartment. His employment has been sporadic over last few years. Over the years, he has had to borrow money from family and friends "just to stay afloat" due to the economic recession and the downturn in the construction industry. George reported that he has been in counseling before because of depression, but he didn't think it was helping, so he stopped going. George also is upset that he is 35 with "no job, no wife, no family, and no money." He has concerns about his

physical appearance and the fact that he is overweight. The CTI and DSW were administered initially, followed later by the MMPI-2.

George's Career Thoughts Inventory (CTI)

George earned a T-score of 78 on the CTI Total score indicating pervasive difficulty in career problem solving and decision making. More specifically, George 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 suggested 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, George'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."

George's DSW

The DSW was used to explore the factors associated with the career decision he was considering, i.e., "something that allows me to be creative and help people." The items he listed that impact his decision included: age, not motivated enough, thinking about my past failures makes me feel like a failure, want a job that makes me glad to go to work, overcoming bad decisions and failures from the past, and comparing to family/friends successes. A strong theme of disappointment and discouragement pervaded the DSW list and map. The large amount of open space suggests that George may have many life concerns that are not specifically related to the career decision itself.

George's MMPI-2 Results

George's high CTI scores and DSW elements suggested 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 agreed to complete the instrument. George'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); and Ma = 45 (low energy, lethargic).

In conjunction with the administration and interpretation of the CTI, DSW, and MMPI-2, George and the counselor collaborated in developing an ILP to help George consider the next steps in the process. A direct inquiry into scores earned on the MMPI-2 indicated that while George experiences strong negative moods and rare instances of suicidal ideation, he currently

did not demonstrate evidence of contemplation, a plan, or details associated with a plan. The conclusion was that immediate referral to protect George's life was not necessary. Throughout the counseling process, George and his counselor addressed issues across that incorporated mental health and career factors. As George's anxiety and depression decreased, his social interactions improved, and he was able to focus more effectively on executing a plan for his career transition.

Sometimes presenting what clients can easily identify, e.g., "I'm unhappy in my job," way, "I need help finding a new career path," is the first step to developing awareness and further understanding clients' feelings of dissatisfaction, anxiety, sadness, and uncertainty. Being fully aware of the complexity of client concerns allows appropriately trained career counselors an opportunity to address the full range of issues presented by clients. The case presented in this section briefly illustrates how CIP theory and related assessments are utilized to more holistically explore the full range of client concerns.

*this case represents a composite example drawn from several client case examples.

Using CIP to Integrate Career and Mental Health Counseling

CIP theory provides a framework for both counselors and clients to explore issues holistically. 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 above illustrates how CIP theory can be used in a private practice setting to integrate mental health and career issues.

Summary

The literature and research related to this topic provides clear support for the importance of integrating career and mental health issues in practice when proper and complete program design and implementation is present. 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. Research based on CIP theory has highlighted the connection career and mental health issues. Practitioners must

consider how assessment tools, along with relevant theory, will be used in assessing both career and mental health factors that affect clients' readiness to engage in a holistic counseling process.

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