



"Manny"

Client signs in with no eye contact and when greeted responds with a half smirk, a shrug of his shoulder, and keeps signing in. When you sit down, he says he is concerned about his future because he is "not good at anything." He is a biology major with aspirations to attend medical school due to pressure from his family since his dad is a physician. His GPA is a 2.6 and he fears he will not be able to get into medical school. He is a junior with no volunteer activities and he is fearful about what to do next.

"Ryan"

Client is in a wheelchair and says he wants to get more involved on-campus. You learn he has suffered numerous traumas including being shot, which resulted in him being paralyzed from the waist down. He was no longer able to be pre-med due to the rigor of the courses and the fact that he could barely write/type after his injury. He says nothing has really been the same after his injury, and he states "not that my life was all that great before." He is not really sure what the point of anything is anymore.

Bryan, C. J. (2019). Cognitive behavioral therapy for suicide prevention (CBT-SP): Implications for meeting standard of care expectations with suicidal patients. Behavioral Sciences & the Law, 37(3), 247–258.

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Career development and mental health

Output

Mental health constructs directly correlated to dysfunctional career thinking
Depression
Anxiety
Angry hostility
Impulsivity
Vulnerability
Self-Consciousness
Indecision
Neuroticism

(Sampson et al., 1996)







