

## **Blinded Abstract Body**

*Limit 5 pages not including the Appendices (single-spaced, Times New Roman, 12 pt. font, 1 inch margins)*

### **Career and Mental Health Counseling: Integrating Theory, Research and Practice**

#### **Purpose**

In the best situation, students seeking career counseling should be seen as soon as they reach out for help (DiMino & Blau, 2012). Comparisons of national career center surveys (NACE; 2012-2013 and 2013-2014) show that the student-to-professional ratio has increased from 1,889 to 2,370 per staff person. At the same time, the non-personnel median annual operating budget has decreased almost 50% from \$69,887 to \$34,000. Unfortunately, increasing numbers of students desiring services coupled with stagnant or reduced resources often leads to longer wait times for receiving services (Benton, Robertson, Tseng, Newton, & Benton, 2003; Gabriel, 2010, Gallagher, 2010). In turn, longer wait times often leads to cancellations (Hicks & Hickman, 1994). Watson (2013) noted the continued disparity between available resources and student demand.

In response to the demand, one university career center has implemented a differentiated service delivery model for nearly 20 years (Reardon, 1996; <http://www.career.fsu.edu>). While individual career counseling appointments have been a standard way of providing career services, this career center has also offered services on a self-help and walk-in brief staff-assisted basis in addition to the former. The purpose of this study is to examine the experience of brief-staff assisted career counseling, based on Cognitive Information Processing Theory (Sampson, Reardon, Peterson, & Lenz, 2004) with respect to selected process and outcome dimensions.

#### **Background and Context**

Elements of a successful career counseling experience can be found through outcome studies of career interventions, mode of career service delivery, and by exploring the career counseling relationship. Career interventions have a history of effectiveness across the lifespan, as has been demonstrated by various researchers (Brown and Ryan Krane, 2000; Oliver & Spokane, 1988; Whiston, 2002; Whiston, Sexton, & Lasoff, 1998). Certain types of interventions have been shown to increase the effectiveness of career counseling, as indicated through a meta-analysis by Brown and Ryan-Krane (2000). They identified five major components that significantly increased the effectiveness of career interventions, including workbooks or written exercises, individualized interpretations and feedback, world of work information, modeling, and interventions by the counselor to create and build support within the client's social network.

Career counseling has been shown to be effective in various formats, including individual counseling, group counseling, career courses, or through computer-assisted career guidance (Oliver & Spokane, 1988; Whiston, Sexton, & Lasoff, 1998). While limited research was located that examined the brief-assisted career service delivery model of a career center, empirical evidence has been found that supports the effectiveness of specific categories of brief-assisted career service delivery, such as individual short-term career decision making career courses with large group interactions (Folsom & Reardon, 2000; Oliver & Spokane, 1988; Osborn, Howard, & Leierer, 2007; Whiston, Sexton, & Lasoff, 1998), short-term group counseling (Whiston, Brecheisen & Stephens, 2003), and workshops (Dik & Steger, 2008; Tillotson & Osborn, 2011).

The "in-session relationship" with a career counselor has also been identified as a positive contributor to the successful career counseling experience (Anderson & Niles, 2000; Elad-Strenger & Littman-Ovadia, 2012; Heppner & Hendricks, 1995; Kirschner, Hoffman, &

Hill 1994; Nagel, Hoffman, & Hill, 1995). Two factors that have been repeatedly identified as contributing to a positive career counseling experience include the combination of career counseling interventions and a strong relationship with a career counselor (Anderson & Niles, 2000; Kirschner, Hoffman, & Hill, 1995; Nagel, Hoffman, & Hill, 1995).

## **Method**

### **Participants**

The sample consisted of 128 volunteer clients who came to the university career center with a variety of concerns described above. The majority of clients were female (60%). The age of the sample ranged from 17 to 39 years old with the largest proportion of the sample falling in the 18 – 22 year-old range (85%) with 20 year-old being the most frequently indicated (22.9%) age of the participants. In regards to ethnic/racial identity, 60.7% were white, 17.1% Latino, 12.1% African American, 6.4% Asian American, and 6.4% Other. . In terms of year in school, 25.7% were seniors, 22.9% sophomores, 22.1% juniors, 17.1% freshmen, 4.3% graduate, and 3.6% 5<sup>th</sup> year or more undergraduate. One community member (non-student) also participated.

### **Procedures**

This study was approved by the university's institutional review board, which allowed us to invite walk-in clients to complete pre and post surveys regarding their walk-in experience. Potential participants were asked if they were willing to volunteer to participate in a research study related to their visit. Those who volunteered were provided a mobile tablet device linked to an electronic survey containing the informed consent and pre-test assessment. They were asked to create a unique password on the pre-survey so that their initial responses could be matched to the post-survey. Upon the completion of the brief-staff assisted intervention, participants were asked to complete the post-test survey. The data set contained only those participants who completed both the pretest and the posttest.

### **Instruments**

In order to obtain needed information related to the perceptions of those who received the brief-staff assisted services, a pre and post survey was constructed. These electronic surveys collected client background data in addition to their views of the brief-staff assisted interaction as well as responses to brief staff-assisted outcome questions. The first two questions employed a 5-point Likert-type scale with 5 = Strongly Agree, and 1 = Strongly Disagree. The two questions were, (a) "I feel I know the appropriate next steps to attain my career goals;" and (b) "I feel confident that I can make the next steps needed to attain my career goals." The third question was "How anxious do you feel about your career concern?" with 1 = Not at all anxious, 2 = A little anxious, 3 = Moderately anxious, and 4 = Very anxious. Additional information included the desired focus of the session, such as getting a resume critiqued or exploring a career/major choice. Both the pre and post survey inquired about level of knowledge and confidence related to next steps as well as the level of anxiety before and after the brief interaction.

The SSR (Duncan, Miller, Sparks, Calud, Reynolds, Brown, & Johnson, 2003) is a brief assessment designed to examine clients' perceptions of the quality of the interaction with a helper, which in this study is a career practitioner. The survey consists of four items employing a 10-point rating scale with 10 being the highest possible response. The four questions were as follows: "I felt heard, understood, and respected," "We worked on and talked about what I wanted to work on and talk about," "The career advisor's approach is good for me," and

“Overall, today’s session was right for me”. The SSR was administered in the post-survey. The Cronbach’s alpha for the items was reported to be .88 indicating a high level internal consistency of the items and reliability of the results in a global assessment the clients’ perceptions of the quality of the interaction (Duncan, 2003). The participant Cronbach’s alpha for the present study was found to be .94 indicating a high level internal consistency of the items and reliability of the results in assessing the clients’ perceptions of the quality of the interaction.

The post test survey also contained four additional items pertaining to the quality of interaction between the career practitioner and the client. The first three questions, using a 5-point Likert-type scale with 5 = Strongly agree and 1 = Strongly disagree, included: “I made progress on my primary career concern today due to my brief interaction with a career advisor;” “I felt positive about what I accomplished today” and “I believe the interaction with a career advisor assisted me with strategies to work towards my career concern.” The fourth question was, “What are your views about the need for additional services to meet your career concern,” with 1 = “None needed. I can do this on my own,” 2 = “I need additional brief walk-in meetings with a career advisor over a longer period of time,” and 3 = “I need additional individual career counseling meetings with a career advisor over a longer period of time.”

### **Data Analysis**

For research question 1 concerning outcomes of brief staff-assisted interventions, repeated measures ANOVAs were conducted to measure differences in pretest and posttest mean scores of knowledge of next steps, confidence in making the next steps, and anxiety about my career concern. For question 2, mean scores were derived to determine the extent to which clients rated their experience of a brief-assisted career intervention. For question 3, Pearson Product Moment Correlations were used to determine the relationship between individuals’ perceptions of the effectiveness of the brief-assisted career intervention and its measured effects, i.e., change scores in knowledge, confidence, and anxiety. Change scores were derived by subtracting pretest scores from posttest scores.

### **Findings or Results**

The first purpose of the study concerned the effect of brief staff-assisted career counseling in terms of its general outcomes. The results of the analysis of the outcomes of brief staff-assisted interventions (See Table 1) indicated that there were significant differences between pretest means and posttests means for all three dimensions, knowledge of next steps ( $F = 36.22, df = 1, p < .001$ ), confidence in carrying out next steps ( $F = 13.29, df = 1, p < .001$ ), and anxiety about career concern ( $F = 9.20, df = 1, p < .01$ ). As predicted, walk-in clients increased their knowledge and confidence, while decreasing their levels of anxiety. The effect sizes in terms of Cohen’s  $d$  were medium for knowledge and confidence, but small for anxiety. With respect to individual client change scores, in the outcome regarding knowledge of next steps, 38.4% indicated positive gains (posttest > pretest), 55.8% neutral (posttest = pretest), and 5.8% negative (posttest < pretest). In confidence about next steps, 26.5% indicated positive gains, 64.0% neutral, and 9.6% negative, whereas regarding anxiety about career concerns, 31.9% reduced their level of anxiety, 57.2% were neutral, and 10.8% increased their level of anxiety. Therefore, while there were significant differences between mean pretest and posttest scores in all three outcome dimensions, between 31.9% and 38.4% indicated positive gains, while between 5.8% and 10.8% indicated negative gains.

The second purpose of the study examined attitudes regarding the effectiveness of brief staff-assisted career counseling. The findings of the post intervention survey indicated that these kinds of interventions by career counselors and advisors were well received by the walk-ins participating in the study. Mean ratings on the first four process dimensions were exceedingly high (See Table 2). With respect to percentage distributions, 84.8% indicated ratings of at least 9 on all four items of the Session Rating Scale, 84.0% endorsed agree or strongly agree with progress made on career concern, 92.8% felt positive about accomplishment, and 93.4% agreed or strongly agreed the career advisor assisted them with strategies to work toward their career concern. Responses to the fifth question regarding their need for additional services, 26.3% felt no further assistance as necessary, 67.2% indicated additional brief walk-in services would be sought, and 6.6% endorsed a need for further individual counseling.

The third element of the study related process characteristics to changes in outcome variables, i.e., differences between pretest and posttest scores. The results of the correlational analyses are presented in Table 3. The alpha level was set at .01 to minimize effects of family-wise error. The findings indicate that gains in knowledge of next steps were associated with making progress on career concern, the quality of advisor interaction, and ratings of the session itself. Gains in confidence were related to feeling positive about accomplishments and quality of advisor interaction. Changes in anxiety about career concerns were not significantly associated with any of the process characteristics. The quality of advisor-client interaction appeared to be common to both knowledge of and confidence in next steps.

### **Conclusions and Implications**

The combination of theory, research, training, supervision, and resources undergirding brief staff-assisted interventions in this career center resulted in both high levels of client-counselor interaction as evidenced by session ratings (Table 2) and positive outcomes revealed in pretest-posttest comparisons (Table 1). The bottom line is that brief-assisted career services, in which clients can drop in at any time and talk with a trained career advisor, works. This type of program has also worked with other populations, and was well-utilized and appreciated by minority students (Boone et al., 2011), students seeking academic advising (Groth, 1990), and students undergoing screening and brief treatment for substance abuse (Deregin & Spear, 2012).

Further, correlational evidence suggests that the quality of interactions between client and counselor contributes to the attainment of positive brief staff-assisted outcomes (Table 3), a finding that has been found repeatedly within career counseling and general counseling studies (Anderson & Niles, 2000; Elad-Strenger & Littman-Ovadia, 2012; Hanson, Curry, & Bandalos, 2002; Heppner & Hendricks, 1995; Kirschner, Hoffman, & Hill 1994; Maramosh & Kivlighan, 2012; and Nagel, Hoffman, & Hill, 1995). Finally, the finding that approximately two thirds of the clients seek additional walk-in services speaks to the importance and utility of these kinds interventions in this university career center. Nevertheless, these positive findings must be tempered with the reality that between 26.5 and 38.4% experienced positive outcome gains (Table 1) and that 16.0% did not agree they made progress, 7.2% did not agree that they felt positive about the session, and 6.2% did not agree the advisor assisted them with strategies to address their career concern.

### **Implications for practice**

With increasing demand for career services, the brief-assisted model presented in this study offers a viable approach to increasing the diversity of service offerings. A first implication

is that counselors using this approach may have to adjust from a traditional one hour session to a briefer session. This includes attending to both emotional and cognitive aspects of a client's career decision. In addition, a career advisor should be sensitive and attend to clients' initial feelings of anxiety, as this anxiety may influence career counseling outcomes and perceptions about the session. Further, the service organization itself must support interventions offered under this mode through training, supervision, and physical resources as well as a culture that values the potential benefits of immediate, short-term career counseling to walk-in clients. Finally, the research method and measures could be adopted as a procedure to be routinely administered for evaluation of the effectiveness of this mode of delivery and ways to improve it.

### **Implications for research**

While a control would be useful to help reduce threats to internal validity as state above, conducting a true experimental design would be very difficult by the very nature of this mode of service delivery itself. Having actual walk-in clients placed on a waiting list or be given a "control" experience would raise serious ethical questions. These clients often have immediate concerns such as preparing for a job interview occurring within the next several days. The question is raised, how can we deny a client the best service available at the time? Nevertheless, some elements could be improved, such as developing higher quality measures of the intended outcomes. In addressing this shortcoming, we combined the three outcome items into a single general outcome scale and found that the items were sufficiently independent such that the coefficient alpha was only  $r = .39$ . Another area of investigation could pursue an understanding the possible causes for why clients experience different outcomes. Our data show that approximately 30% indicate they experienced gains from their session, 60% remain the same, and 10% or less experience negative gains. The question is raised, what client or counselor characteristics may account for the differences in outcomes? Could they be a function of types of career concerns? Client expectations? Aspects of the relationship with counselor? Kinds of interventions? Physical environment of the session? Or client and counselor time demands? The answers to such questions could provide valuable information regarding ways of enhancing the effectiveness brief staff-assisted counseling. A final issue alludes to the finding that changes in anxiety about the career concern were unrelated to process variables measured in the study. The question is raised, what client, counselor, or relationship variables could have accounted for such changes?

This study sought to advance our knowledge of theory and practice in a somewhat under-explored area of career counseling, the effects of short-term career counseling. In our model, that we refer to as brief-staff assisted career counseling, we demonstrated that walk-in clients could attain positive career decision-making outcomes of knowledge of next steps to address their career concern, confidence in carrying out next steps, and a reduction of anxiety about their concern. A vast majority of clients rated the quality of sessions highly and that the quality of counselor –client interaction was associated with the attainment of intended outcomes. These effects were achieved in a career center in which there was ample support in terms of training, supervision, and physical resources for these kinds of career services. We believe the theory base as well as the data-gathering method and measures described in this study can be readily adopted or adapted by other college and university career centers. Moreover, these can contribute to the demonstration of evidence-based practice of a very much needed and worthwhile career service.

## Appendix A - References

*Not included in page count.*

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## Appendix B - Tables and Figures

*Not included in page count.*

Table 1.

Comparisons between Pretest and Posttest Scores on Brief Staff-Assisted Outcomes (n = 138)

Dimension	Pretest		Posttest		F	d	Percent of Change Scores <sup>c</sup>		
	M	SD	M	SD			Positive	Neutral	Negative
1. Knowledge of next steps	8.40 <sup>a</sup>	1.04	3.90	.81	36.22**	.51	38.4	55.8	5.8
2. Confidence in next steps	3.77 <sup>a</sup>	.89	4.01	.71	13.29**	.31	26.5	64.0	9.6
3. Anxiety about concern	3.46 <sup>b</sup>	1.10	3.20	1.03	9.20*	-.26	10.8	57.2	31.9

\*p < .01

\*\*p < .001

a. 5-point scale, 5 = Strongly agree, 1 = Strongly disagree

b. 4-point scale, 1 = not at all anxious, 2 = A little anxious, 3 = Moderately anxious, 4 = Very anxious

c. Change score = (posttest-pretest)

Table 2.

Process Indicators for Brief Staff-Assisted Interventions

Variable	M	SD	Range	Notes
1. Session Rating Scale Total <sup>a</sup>	37.74	5.10	40 - 6	84.8% 36 or above
2. Made progress on career concern <sup>b</sup>	4.12	.77	5 - 1	84.0% agree or strongly agree
3. Felt positive about accomplishment <sup>b</sup>	4.39	.69	5 - 2	92.8% agree or strongly agree
4. Career advisor assisted me with strategies <sup>b</sup>	4.42	.64	5 - 2	93.4% agree or strongly agree
5. Need for additional service <sup>c</sup>	1.80	.54	1 - 3	26.3% none 67.2% brief walk-in 6.6% individual counseling

a. 4 items, 10-point scale, 10 = high, 1 = low

b. 5-point scale, 5 = strongly agree, 1 = strongly disagree

c. 3-point scale, 1 = none, 2 = brief walk-in, 3 = individual counseling

Table 3.  
 Bivariate Correlations among Process and Change Score Variables for Brief Staff-Assisted Interventions

Variables	1	2	3	4	5	6	7
Process variables							
1. Made progress	-						
2. Felt positive	.73*						
3. Advisor interaction	.74*	.80*					
4. Session Rating Scale Total	.48*	.52*	.42*				
5. Needs additional service	-.19	-.08	-.19	-.06			
Change in Outcome							
6. Knowledge of next steps	.23*	.20	.30*	.30*	-.02		
7. Confidence in next steps	.18	.26*	.29*	.13	-.06	.39*	
8. Anxiety about career concern	-.15	-.06	-.04	-.03	-.06	-.08	.10

\*p < .01