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ABSTRACT

This report provides an overview of career counseling in vocational rehabilitation programming for individuals with severe psychiatric disabilities. It begins by reviewing the five basic premises for vocational counseling and programming and then discusses how adaptations to the traditional practice of career and vocational counseling might be implemented. Specific topics that are addressed include: (1) the concept of vocational maturity and the developmental stages wherein the self-concept of the worker emerges; (2) the nature of and necessity for a collaborative relationship between the practitioner and the primary consumer; (3) states in the career counseling process; (4) the role of formal vocational measurement; (5) aspects of the interviewing process in light of particular symptoms and communication barriers (including symptomatology, verbal expression, regulation of emotions, flat or inappropriate affect, symbolic use of language, and diminished empathy); (6) the implementation of a career plan and the impact of motivation and unrealistic career goals on the plan; and (7) special concerns which arise with women and ethnic and racial minority groups in the career counseling process. Summary sheets of the information are provided for a slide presentation. (Contains 30 references.) (CR)

VOCATIONAL COUNSELING AND PROGRAMMING

CAREER COUNSELING WITH PERSONS WHO HAVE A SEVERE PSYCHIATRIC DISABILITY: IMPLEMENTATION FOR PRACTICE

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INTRODUCTION

Vocational assessment, career counseling and job retention strategies form the structural backbone of vocational rehabilitation programming for persons with severe psychiatric disabilities. Underlying this conceptual framework are five basic premises: Slide 1

(1) Traditionally, persons with severe psychiatric disabilities have failed to access or benefit from vocational rehabilitation services without a bridge between mental health and vocational rehabilitation resources.

(2) The process of career decision making and work readiness is dependent upon a developmental process which involves the clients' sense of his/her own personal identity, his/her self-concept as a worker, and knowledge of the world of work. Persons with severe psychiatric disabilities by virtue of their illness have experienced major set-backs in the vocational maturation process.

(3) The existence of a helping relationship which draws upon the individual's strengths and engages him/her as a collaborator is essential to the process.

(4) The vocational rehabilitation effort can start at any point in the individual's "career as a patient"

depending upon the individual's desires, needs, and level of adjustment.

(5) Any effective treatment or rehabilitation program or model must be based on an individualized, comprehensive assessment.

In order to effectuate the vocational process a range of options is required. Among these options are the provision of career counseling services which include the use of vocational interest and aptitude measurements, job seeking skills training, work adjustment counseling, and rehabilitation counseling. Slide

Job seeking skills training, conducted on an individual or group basis, prepares individuals to be able to thoroughly complete applications, generate job leads, prepare resumes, organize employment searches, and present themselves well in employment interviews. Attention is specifically paid to handling interview questions regarding disrupted work histories, frequent job changes, or medical status.

Inability to maintain employment, in many cases, is related to impaired interpersonal skills or inability to cope with pressures of employment. Work adjustment counseling includes training in social and/or coping skills with an emphasis upon adapting to stressors in the work environment. Work adjustment counseling also

involves analysis of job performance problems and strategies for remediation. Supportive counseling and long term supportive services are most often necessary for individuals who are apprehensive regarding the transition to employed status after previously having had minimal or unsuccessful employment experiences.

Not all persons with severe psychiatric disabilities, however, will have the ability to pursue vocational or educational goals. Nonetheless, they often present a need to involve themselves in gradual, structured activities in order to improve functional abilities. Sometimes, rehabilitation counseling is a prelude for vocational planning. In other cases, vocational planning functions solely to improve the quality of daily life. Very frequently, this service is appropriate for those persons with chronic, recurrent illness histories or those recently discharged after a psychiatric hospitalization.

In any case, prior to the provision of job seeking skills training or work adjustment counseling, for the vast majority of individuals with debilitating psychiatric disorders the need exists for vocational and career counseling services. Most such persons have had significant difficulty in identifying and implementing realistic vocational/educational plans, and counseling

services must be geared toward formulating feasible goals which are compatible with their particular interests, abilities, and tolerance for stress. Vocational/career counseling in this context will differ from traditional career counseling models because greater attention must be paid to the individual's concerns and anxieties about the future and the prospect of increasingly independent functioning. However, in order to modify a process of career counseling to meet the unique needs of this particular group of persons with major psychiatric disabilities, it is necessary to understand the theory behind career and vocational counseling in general.

CAREER COUNSELING THEORY

Career counseling has been defined by Super (1984) among others as a process of helping individuals to develop an integrated and accurate understanding of themselves and the role(s) they may assume in the world of work, to test these understandings against reality, and to convert them into reality in a manner which is satisfying to the individual and to the society in which he/she functions. Inherent in this definition are the notions of self-concept (identity), the realities of the work world, and the implementation of a career plan. The process goes beyond merely deciding upon a career

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choice and is dependent upon, among other things, the inherent talents and special abilities which an individual possesses, the instrumental and associative learning experiences from which a sense of self derives, and the environmental opportunities which exist for any given individual.

A number of theories have been articulated to explain the process of career choice and career development, and among the most widely known are the theories of Holland (1959), Mitchell and Krumboltz (1984), Roe (1957), Super (1953). Across all theories but to a varying degree, the issues of critical periods and agents, interests, needs, aptitudes, and the role of the family are dealt with as either determinants of or contributory factors to the career development process. Problems which emerge in this process have been linked to four main factors: (1) the likelihood of a retarded rate of development in general which causes an individual to fail to have the skills necessary to cope with the educational development tasks relevant to his/her age and position level; (2) inadeqaute emotional adjustment; (3) inaccurate self-evaluation; and (4) frozen behavior between two attractive behavior sequences (Osipow, 1973).

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Krumboltz (1983) has further defined a series of specific problems which may arise in the process of career choice and vocational development because of dysfunctional or inaccurate world views and self-observation generalizations. These include the fact that persons may fail to recognize that a remediable problem exists and have adopted the attitude, instead, of "that's the way things are". Second, persons may fail to exert the effort needed to make a decision or solve a problem, preferring the path of least resistance or avoidance altogether. Third, individuals may eliminate a potentially satisfying alternative for inappropriate reasons based on misinformation, overgeneralizations, or false assumptions. Fourth, individuals may choose poor alternatives for inappropriate reasons (parental pressure, issues of prestige, fear of failure). And fifth, persons may suffer anguish and anxiety over their perceived inability to achieve their goals (if I can't be the best, why bother). Finally, Krumboltz identified several processes which may underlie the development of these problematic self-observations and world-view generalizations, including the drawing of faulty generalizations, making comparisons with a single standard, exaggerating the estimate of the emotional

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impact of the outcome, drawing false causal relationships, being ignorant of relevant facts, and giving undue weight to low probability events.

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These potential problem areas and distorted self-observations and world view generalizations are extremely potent issues when we address the career development and eventual vocational adjustment of individuals who are disabled by virtue of severe and chronic mental disorders. The reasons for this are several and include such factors as learned helplessness, low self esteem resulting from repeated failures, the unpredictable nature of the illness and the resultant sense of lack of control, environmentally-based disincentives, the nature of the individual's anxiety, and his/her tolerance for stress. Anthony, Howell, and Danley (1984) addressed these concerns when they wrote regarding the vocational counseling process with persons who have psychiatric disabilities:

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> More time is needed to go through the process because of the client's vocational immaturity. More energy is needed to form a collaborative relationship with clients who are used to having things done to and for them rather than with them. More strategies are needed to allow clients

> opportunity for reality testing and exploration. More strategies are needed for dealing with stigma against the psychiatrically disabled client. More effort must be devoted to the deliberate refocusing of the helping process on the client's needed skills and environmental supports rather than focusing on client pathology (p. 233).

It is the unique nature of the career counseling process with individuals who are severely psychiatrically disabled which will now be addressed.

VOCATIONAL IMMATURITY

The work of Super (1964, 1969, 1972, 1981) as well as Ginzberg, Ginsberg, Axelrad, and Herma (1951) speaks to the issue of vocational choice from the perspective of developmental periods. These periods can span some fifteen years, beginning typically when the child is between the ages of ten and twelve (Fantasy period) to a Tentative or Exploratory period between the ages of 12 and 17 or 18, and to the Realistic period or Establishment phase between the ages of 18 and 24. During these periods specific developmental tasks with respect to a vocational self-concept need to be accomplished. For example, during the Tentative period (Super's Exploratory phase) the adolescent moves away from the arbitrary selection of occupational preferences

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and comes to recognize what particular skills he/she may possess, what he/she likes and dislikes, and what values, both intrinsic and extrinsic, may be held. During the Establishment phase, or Realistic period, which Super equates with young adulthood, the individual is engaged in a series of vocational developmental tasks which include formulating ideas about types of work which are deemed to be appropriate, specifying a vocational preference, and implementing a vocational plan. Between the ages of 25 and 35 the individual is settling down within a field of work and using individual talents to demonstrate the appropriateness of career decisions previously made. Finally, between the late 30's and mid 40's the individual seeks to establish him or herself in a given career in terms of well defined skills and seniority. Osipow (1973) comments "(t)he degree to which the individual accomplishes these vocational tasks is a function of the adequacy with which he/she has performed the behaviors appropriate to each phase of his/her development" (p.140). The rate and level of an individual's development with respect to career issues is known as vocational maturity.

Persons who have severe and persistent mental illness are generally beset with the disease process in late adolescence and early adulthood. Those years spent

by their non-disabled peers in the Tentative and Realistic periods are spent by these individuals in and out of psychiatric hospitals with concomitant disruptions in their educational, social and vocational endeavors. So that when we speak of vocational readiness in the context of career counseling with persons with psychiatric disabilities, we must ascertain the level of development which any given individual may have attained. The person who aspires to become an opera star, a concert pianist, or a physician, may still be in the Fantasy period. On the other hand, he/she may have experienced an interruption in the process of beginning to pursue a career in one of these areas. To make assumptions initially regarding the unrealistic quality of a particular individual's career aspirations without understanding his or her level of vocational maturity is an error to be avoided. Understanding the individual's vocational self-concept and judging the level of vocational maturity can only be accomplished through an ongoing assessment process which then enables the practitioner to facilitate appropriate opportunities for growth, exploration, risk-taking, and reality testing.

THE COLLABORATIVE RELATIONSHIP

It is vital to the process of career counseling with persons who have severe and disabling mental disorders to establish an ongoing collaborative relationship with them. This diminishes the likelihood that the individual will slide back automatically into the "sick patient role," while at the same time reinforces the individual's capabilities through healthy expectations. It is important for the client to understand that the ultimate responsibility for career choice cannot rest with the practitioner. This does not mean that the professional helper takes an inactive role and merely reflects the client's feelings, but rather that the counseling relationship should be one in which both individuals collaborate to resolve the problem of career choice.

A holistic view of the person with a severe psychiatric disability is a sine qua non of this approach. This holistic view is predicated on the following principles. Slide 1

- The practitioner and the primary consumer are educated about the nature of the particular mental illness which is causing the disability. Slide 1

- The practitioner and the primary consumer are educated with respect to the psychopharmacologic management of the particular illness involved.

- Time is needed in order to achieve a level of vocational maturity that persons without serious mental illness have had the opportunity to develop over a period of 15 years on the average.

- Individuals with severe and persistent mental illness must come to recognize their strengths and believe in their capabilities so that fears of failure and success can be overcome.

- Both the practitioner and the primary consumer must be knowledgeable about and able to "use" the system.

- The process of psychiatric rehabilitation and successful vocational outcome is highly dependent upon collaboration between consumer and service provider and among service providers themselves.

Integral to the process of establishing this collaborative relationship between the practitioner and the primary consumer are issues of content and process. The counselor/practitioner working with an individual with a psychiatric disability cannot rely solely on a superficial exploration of his/her problems regarding the choosing of a career or vocational objective. At

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the same time, the professional helper must refrain from straying so far from career issues that the efforts of the individual's primary therapist are duplicated. For example, if a client has a very poor self-image and disregards his or her assets, these problems can appropriately be addressed under the framework of career counseling. The counselor would not want to focus on these issues exclusively, rather he or she would want to clarify how these problems may have interfered with the client's career aspirations or plans in the past and how the situation might be altered in terms of future planning. Often, the counselor will work on more than one agenda with a client simultaneously. While there may be didactic teaching concerning the career choice process or how a systematic career decision is made, at the same time efforts are directed at addressing related and significant personal and interpersonal issues. For it has now been well established that for persons with psychiatric disabilities, problems on the job and job retention most often relate to personal and dysfunctional interpersonal behavior rather than lack of skills or competency.

INTERVIEWING

A significant part of the work of the practitioner who is engaged in career counseling will take the form

of interviewing, particularly at the outset of the process. Interviewing clients with psychiatric disabilities on issues related to vocational rehabilitation can be difficult for a number of reasons. Work identity and self-esteem are often so interwoven that vocational issues become personally threatening or sensitive topics. In addition, the client's symptomatology can make communication on these sensitive issues even more difficult. There are some aspects of the interviewing process which seem to pose particular problems for both experienced and less experienced counselors. The focus of the following discussion will be on the initial series of client interviews because of the role they play in the future course of counseling. Many of these guidelines, however, are applicable to the management of subsequent counseling sessions as well.

The initial interviews are of particular importance for a number of reasons. Quite often they comprise a setting in which clients will be most candid and less prone to conceal information which is painful, but important to discuss. These early interviews are also of special significance because they represent the point in time in which roles are assumed within the therapeutic relationship and assumptions are made which affect the future course of counseling.

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Accuracy of perception is critical during these initial meetings because both counselor and client tend to make a series of important judgments during this period. The counselor/practitioner often views the manner in which the client presents him or herself as a sample of that individual's behavior and attitudes. Judgments are made which often include inferences about the client's suitability for rehabilitation and services which might be appropriate. The client makes judgments which often include deciding whether or not further involvement with the counselor and rehabilitation will be beneficial. Thus, it is very important that both the counselor and the client perceive each other as accurately as possible during these initial encounters.

Behavior, in general, tends to be situation specific. The manner in which individuals present themselves during these early meetings, therefore, will be influenced by their understanding of the context in which they find themselves. The following guidelines may serve to maximize the likelihood that individuals with psychiatric disabilities will present themselves in a relatively straightforward manner during these initial sessions. These include (1) clarifying the basic purpose of the interview (2) eliciting the individual's feelings about his/her participation in the interviewing

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process (3) discussing and alleviating concerns that the practitioner has a role (unless there is one) in determining eligibility for financial assistance and other types of benefit programs, and (4) encouraging questions throughout the interview. If the client understands the purpose of the interview and if conern about "hidden agendas" is alleviated, he or she will be less likely to skew the manner in which information is presented, and the practitioner will get a much more accurate picture of the situation. Furthermore, as anxiety about the interview is diminished, the client may present him or herself in a more organized fashion.

Errors in Perception. It is also important to accept the fact that the initial impression formulated by the professional about the individual seeking services may be distorted. For example, upon initially meeting a client whose dress and grooming is very poor, it is easy for the counselor/practitioner to begin to build a model of what he or she thinks this individual might be like. This quite often includes the automatic and global assumption that he or she has poor rehabilitation potential. What could be more accurately assumed is that deficits in dress and grooming need to be addressed in order to maximize rehabilitation potential. Conversely, such prototypic thinking can

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lead to overestimating the abilities of well-dressed, attractive clients.

When errors are made in perception, they often involve a lack of attention to the context of events. Client and counselor expectations are part of this context. The manner in which a client presents him or herself to the counselor may be related to negative expectations. For example, if the individual with a severe mental disorder fears that the practitioner will pressure him or her into employment, then he or she may be careful to maximize his or her deficits.

Similarly, judgments about clients are affected also by the practitioner's own expectations, as well as his/her previous experience in psychiatric rehabilitation. It is fair to say that, despite the rewards of working in this field, practitioners repeatedly encounter many disheartening situations. The experienced practitioner has seen that in psychiatric rehabilitation the treatment outcome is often less than ideal. Most have become familiar with the revolving door syndrome of repeated psychiatric episodes and have been exposed to highly frustrating experiences in working with clients who have chronic and severe psychiatric disabilities. The counselor works very hard with a client, sees improvement, only to find out that

the individual has decided to terminate his or her medication which results in relapse and the onset of acute psychiatric symptomatology. Moreover, the seasoned rehabilitation practitioner has experienced the very somber reality that a client can make substantial progress and still be unable either to find or to tolerate employment. As practitioners who enter the field with some idealism, we naturally suffer disappointments throughout the years. These negative experiences can affect how we perceive clients, how we handle sessions, and, ultimately, how we judge our clients.

Communication Barriers: Symptoms and Language. In addition to the counselor's and the client's natural tendencies to misperceive matters to some extent, effective communication during the interviewing process is often hindered by client symptomatology and problems of verbal expression. A discussion of some problems related to verbal expression which may occur when interviewing persons with schizophrenia and other psychiatric disorders may prove helpful at this point.

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Often times, symptoms seen in clients having schizophrenia involve disturbances in the expression and regulation of emotion. Customary emotional responses that a counselor has learned to except in working with

less disabled clients are often absent. In most social exchanges, facial expression and fluctuating voice tone can be used as signposts to help understand what the other person is feeling. When interviewing a client with a schizophrenic disorder, these markers may be absent, greatly diminished, or outright confusing. Therefore, emotional rapport may be difficult to establish.

In addition to either the lack of affect or the disconcertingly incongruent affect, the person having schizophrenia, upon interview, may present with an apparent lack of interest in discussing rehabilitation issues. If the individual does engage in conversation, his or her thoughts and verbalizations may be poorly organized and, at times, irrelevant. This disorganization is sometimes most prominent in the earlier segments of an interview when anxiety is highest. It also becomes more problematic if the client becomes fatigued towards the end of a lengthy session.

There may be problems with the symbolic aspect of language as well. This is seen with clients who have a tendency to employ obtuse verbalizations or overly concrete responses. Misinterpretations and difficulty in understanding caused by vagueness of presentation can be experienced by both the counselor and the client.

Difficulties in establishing effective communication result in some very natural feelings which do affect counseling. The practitioner may feel diminshed empathy as a consequence of the client's lack of affect and reluctance to express his or her concerns. If the client presents as detached or unmotivated, the counselor may feel subtly rejected or unappreciated, further inhibiting emphathetic responses. Continued introduction by the client of material which is unrelated to the situation can result in a range of counselor reactions, from frustration to boredom. Feelings of discouragement with respect to the feasibility of rehabilitation with the client may develop. The client's confused speech may lead the counselor to assume the client does not know what he or she wants. This may pose yet another threat to the pursuit of accurate understanding and the development of rapport. Furthermore, strange or bizarre verbalizations can be disturbing to the clinician, and this may result in distancing which is often readily sensed by the client.

Interviewing Techniques. Guidelines which may be helpful when interviewing clients having schizophrenia include (1) helping the client organize his or her thoughts; (2) when the client is tangential, helping

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him or her return to the central point; (3) providing sufficient time for the client to respond to questions without prolonging the silence; (4) adjusting the length of sessions; (5) remembering that confused verbalizations do not always mean that the client does not have a meaningful opinion; and (6) not getting caught up in debating delusional material.

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Helping the client organize his or her thoughts may take the form of paraphrasing the client's statements and then asking if the counselor has understood the point correctly. This is done while conveying that the counselor does not want to put words into the client's mouth. Helping the client return to the central point can be accomplished by making statements such as, "A moment ago we were talking about . . , and you were telling me that . . . Let's go back to . . ."

While it important to provide adequate response time, the client may have a delayed response pattern because of his/her cognitive or articulatory impairment. Therefore, it is best not to prolong silence to the extent that the client becomes embarassed over difficulties in responding. Moreover, there may be a need to adjust the length of the session. Some clients need some time to "get warmed up"; others fatigue as

time progresses and then have more difficulty organizing their thoughts.

Confused verbalizations do not in and of themselves indicate a lack of meaningful opinions. Practitioner skill in handling this problem probably differentiates those who work well with persons having schizophrenia from those who do not. And finally, delusional material can not be debated. Debates over delusional material can result in delusional beliefs that become even more entranched. As trust develops over time, the counselor might suggest alternative perspectives on how the client could interpret events. A frontal attack on delusions, however, is not productive. One can "agree to disagree" on some issues where appropriate. This enables attention to be turned toward issues which are germaine to the vocational goal at hand. It is also important to bear in mind, however, that some delusional clients can work or attend school. While it is certainly desirable for these symptoms to abate in order for the process of career planning and career implementation to progress, it is not always necessary.

Interviewing individuals with manic symptoms can pose a different set of problems. Instead of a paucity of speech, which one often encounters with the person who has a thought disorder, there is often verbosity. Slide 1

The individual speaks very rapidly in a pressured manner with a great deal of detail, wandering from topic to topic. Counselor reactions may include the feeling of "losing control over a session". This may result in anger, especially if the practitioner feels pressured to complete a specific agenda. When interviewing clients with manic symptoms, the professional helper should provide increased structure. Do not hesitate to interrupt, but do it in a spirit of interest in what the client is saying. Guidelines are actually similar to those used to compensate for the disorganization which can occur when interviewing clients who have a schizophrenic disorder. If necessary, the practitioner may want to slow down his or her own speech. This may result in a reciprocal slowing of the client's speech which can help the counselor not to feel bombarded. Asking the client to speak more slowly is quite straightforward, but it is sometimes neglected.

Many illnesses, like schizophrenia, are thought to derive from a biochemical imbalance. And, often the resultant symptoms cannot be entirely controlled. It is important to bear in mind that these symptoms can function to influence and/or control what occurs in the counseling relationship. This takes place either through the counselor's reactions to the symptoms or the

client's use of these symptoms to avoid discussion of issues which are relevant but potentially painful. The client may use symptoms to distance the practitioner if he or she feels the threat of too much intimacy. This does not necessarily mean that these symptoms have a psychodynamic base, but rather that clients learn the impact their symptoms can have on others. Quite reasonably, then, they will sometimes use symptoms to control relationships when they feel threatened.

Finally, it is within these early meetings that the interpersonal relationship between client and practitioner begins to be defined. Quite often the individual seeking services wants to place the helper into a role(s) which replicates that of family members or significant others. Typically the assumption of these roles by the counselor is not in the client's best interest. Awareness of this issue can often emerge early in the counselor-counselee relationship, and the counselor must be cautious about sliding into such roles inadvertantly.

In a similar vein, some practitioners assume that a client will "fall apart" if provided with direct feedback regarding his or her interactions with others. Typically, these fears are unfounded; nonetheless, clinicians may censor their reactions. The result of

this is usually unsuccessful as feelings can often color both verbal and nonverbal behavior, whether they are expressed or not. Most importantly, the client is deprived of accurate feedback which is essential if he or she is to learn how to develop reciprocal, positive relationships with others. The very aspects of a client's behavior which the practitioner finds obnoxious, but which he or she refrains from addressing, are those behaviors that most likely will harm the client's relationships with others. In particular, relationships on the job, in school, or in work settings with co-workers and supervisors, may suffer. These relationship issues will become a focus of the career counseling process as the vocational rehabilitation process unfolds and the ultimate goal is achieved.

STRATEGIES IN THE CAREER COUNSELING PROCESS

One way to better understand the process of career counseling is to view it as a series of stages Crites (1981). While stages have been delineated for ease of understanding, it is recognized that career counseling is a more fluid and dynamic process. Moreover, although the first stage describes a focus for the helping person, this does not mean that he/she dominates the process. Rather, the practitioner structures the sessions in order to obtain an

understanding of the client and his or her perceptions, attitudes, and concerns. It is important to recognize the connection between the practitioner's role and that of the client in order to understand the therapeutic aspects of career counseling. The following discussion adapts the work of Crites to the process of working with individuals with major psychiatric disorders.

CLARIFICATION AND INFORMAL ASSESSMENT

The first stage in the career counseling process involves a series of steps or strategies aimed at (1) clarifying the individual's concerns and perceptives on his/her problem (2) determining the individual's expectations of the career counseling and vocational readiness process (3) understanding the individual's perceptions with respect to his/her previous educational and/or occupational experiences and (4) helping the individual to reformulate his or her conerns through an awareness of those factors which have contributed to the present dilemma, which problems can be resolved, and how to begin to utilize a decision-making (problem-solving) approach in those areas where remediation is possible.

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Clarification of the problem. An understanding of the individuals perception of problems related to the career/counseling process is essential. How does

he/she describe current needs, conflicts, and difficulties? Can the individual articulate problems regarding the choice of what he/she might like to do in the occupational arena? Does the individual verbalize the ideas and values of others--the therapist, a parent, a spouse? Often the well meaning counselor assumes to know what the client may need and proceeds to act accordingly. In this case career counseling will be ineffective or the client will terminate the process before the counselor's goals are achieved.

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Eliciting the client's perspective on the problem of career choice is important for several reasons. First, clients often have good insight and may be aware of what processes will facilitate problem resolution, e.g. what has worked for them in the past in other circumstances. Second, it is important to understand the client's frame of reference and his or her manner of viewing the specific situation and life in general, even if the counselor objectively feels the client lacks insight. For example, a client may project his or her career failures onto others, an unsupportive parent, a teacher who actively disliked him or her, a counselor who gave bad advice, etc. Even though there may be background information available which suggests that these perceptions are not accurate, the counselor will

need to understand how and why the client views the situation as he or she does, or the counselor will never connect with the client. Asking the client about his or her assessment of the problem serves an additional positive function within the counseling relationship. It indicates an interest in understanding the client, demonstrates that his or her opinions on the issues are valuable, and helps in establishing the collaborative relationship early on.

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Expectation of treatment or rehabilitation. Here the concern is with the outcome(s) the client desires. What are the specific educational or vocational goals that the client wishes to achieve in order to resolve his or her current dilemmas? Often the client comes to the counseling session and states, "They told me you'd get me a job." We are thus reminded of Anthony et al. (1984) earlier comments regarding "clients who are used to having things done to and for them rather than with them". Expectations here are based on what the client has come to believe is a way of life, following directions, passively accepting advice and counsel, having had little or no opportunity to develop personal career aspirations. Personal ownership of goals is a foreign and unfamiliar concept.

At other times the individual with a major psychiatric disorder has only a vague notion of what he or she would like to achieve. In the words of one client, "to go to school and get a good job." Expectations are of the norm and what is socially appropriate, but with no real specificity. For these individuals coming to recognize that the career counseling process can assist with this noble but overwhelming goal is a legitimate end in and of itself.

Perceptions of previous work or educational experiences. A review of the individual's educational and vocational history as well as his or her current activities constitutes a semi-structured but informal assessment strategy. Such a process helps the client and the counselor to gain a common perspective on the problem through an exploration of the client's educational and vocational experiences, undertaken in a chronological sequence. This process helps the practitioner/counselor begin to get an understanding of the client's assets, limitations, interests, and experience.

If the client has a work history, it is important to review each job to find out what aspects he or she liked or handled well, as well as what aspects were not as positive. The reasons why the client left each

educational or employment endeavor should be explored. The nature and quality of relationships with peers, coworkers, and supervisory staff is also important to understand.

This longitudinal view of the individual's educational and/or work experiences often provides the practitioner with a more objective basis for understanding a particular individual's vocational problem and for identifying his or her strengths. It also may help the client become more aware of patterns in his or her vocational history. For example, the client may feel he or she has failed in most endeavors, but may alter that perspective when reviewing the actual history in greater depth. Or, a client may learn that he or she has never really taken responsibility for career choices, but instead has relied only on the guidance of friends and family and has found him or herself in occupations for which he or she was not well suited.

Reformulating concerns and identifying resolvable issues. Only after a climate of trust and rapport have been established can the practitioner begin to help the individual client recognize and deal with issues and concerns that have come to the surface during the early part of the Clarification and Informal Assessment stage.

Harry Stack Sullivan (Perry & Gawel, 1970) underscored the importance of a client getting something back for what is given in the interview. This should occur even in the initial sessions when information is gathered. Initial impressions of the factors involved in the client's specific career problems should be shared, yet qualified as initial impressions. Along with this tentative formulation, the counselor will want to speak of strategies that can be used in future sessions. This procedure provides a much needed sense of "hope" while at the same time helping the client to begin to learn about systematic career decision-making. Frequently, as counseling progresses, issues related to self-concept or personal skills become more prominent, and it becomes apparent that these have an important bearing on the career choice problem. The career problem may than be reformulated to reflect these dimensions.

In assisting clients to alter dysfunctional or inaccurate beliefs, self observations and world view generalizations (Mitchell & Krumboltz, 1984), practitioners need to be sensitive to why individuals may be resistant to altering, changing or even revealing them, even if alternative beliefs may be more adaptive. Mitchell & Krumboltz go on to explain that society

reinforces individuals who give socially acceptable reasons for their behavior and punishes those who engage in the same behavior for unacceptable reasons. Also, many individuals have extreme fears about the consequence of examining important beliefs. With these cautions in mind, the counselor, but only after trust and rapport exist, (1) can examine the assumptions and presuppositions underlying expressed beliefs ("I'm too stupid to go to school . . . I've only ever been fired from my previous jobs . . . My parents will never understand . . . I'll be happier if I sit in my apartment alone all day . . ."") (2) can look for inconsistencies between words and actions, and (3) then can identify specific barriers to the vocational or educational goal with which the individual can relate.

Finally, Mitchell and Krumboltz (1984) recommend the use of specific cognitive restructuring techniques to facilitate the reformulation of concerns and the identification of resolvable issues utilizing problem solving strategies. Specifically:

(1) direct instruction about the role of cognitions in subjective stress and behavioral deficits; Slide 2

(2) monitoring one's personal thought patterns;

(3) modeling of a rationalistic evaluation process and modification of personal thought patterns;

(4) feedback on reported changes in thinking patterns and behaviors; and,

(5) performance assignments and rehearsal tasks to improve discrimination and evaluation of performance-relevant cognitions.

FORMAL VOCATIONAL ASSESSMENT

Stage two in the process of career counseling with individuals who have major psychiatric disabilities involves the use of vocational interest, values, and aptitude measurement tools. Vocational assessment enables both the primary consultant and the practitioner to better understand the consumer's interests, abilities, and work environment preferences as related to various career options (Katz, Beers, Geckle, & Goldstein, 1989). Very often a client holds either a very self-depreciating or aggrandized view of his/her abilities. Vocational assessment provides a more objective method of identifying strengths and deficit areas.

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To a great extent, an individual's ability to integrate into the world of work is contingent upon the ability to formulate a realistic occupational goal. Vocational assessment procedures are instrumental in the formulation of realistic goals and can provide a profile

of characteristics relevant to career decision-making. A core battery of tests is often useful in providing the kinds of information needed to help a particular individual make realistic choices about career or vocational endeavors. Such a battery frequently includes the use of interest inventories, ability measures, and inventories of the clients' values that surround the work role or work environment. Information derived from testing enables a systematic exploration of careers that might be particularly advantageous and provides information concerning fields to avoid and/or types of academic remediation that might be beneficial. Assessment provides a relatively objective base of information. This is important because individuals with long standing psychiatric illness may not have very accurate assumptions about their abilities. That is, they may overestimate or underestimate them.

The vocational assessment serves an important and natural role in career counseling, but judicious timing is necessary if the assessment is to be beneficial. If undertaken prematurely, results can be misleading. There may be an increase in the client's defensiveness and the results might undermine his or her self-esteem. There is a need to determine whether the client's symptomatology will significantly affect the information

that is derived from the assessment. This is important because a vocational assessment serves as a sample of opinions and abilities. The sample must be representative because generalizations are derived from it. When individuals are in an acute phase of their psychiatric illness, testing may need to be delayed. Other individuals experience the presence of symptomatology on a fairly consistent basis. Under these circumstances, formal assessment procedures may be timely, but the impact of the symptoms must be recognized and the results interpreted accordingly. The results may provide a picture of how the individual is performing at a particular point in time but may underestimate future levels of performance. Consideration also must be paid to the client's feelings regarding formal testing procedures. The optimal time for a formal vocational assessment is when the individual presents a desire to resolve questions about future plans by learning more about his or her interests and abilities.

It is important to bear in mind that although the results of the vocational assessment can provide an important base of knowledge, the results can also be misleading. Just as clients often believe the answers to career planning lie solely in test results,

practitioners may hold similar misconceptions. Test results are best understood in the context of a more general appraisal of an individual's overall functioning. Therefore, it is necessary to examine results carefully, always keeping in view the client's life circumstances and general adjustments. For example, it is misleading to identify high mental ability and not to determine whether it is available for the client's use.

Finally, the results of a formal vocational assessment must take into account other important factors related to academic or career success. An individual's social skill repertoire, tolerance for specific stressors, and capacity to sustain goal directed behavior are highly significant. As formal vocational testing may tell us little about these factors, testing results must be interpreted cautiously unless during the earlier stages of career counseling these issues had been clarified. Thus, formal vocational testing and measurement has an important role in career counseling, but it is not the crux of it.

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CAREER EXPLORATION AND SYSTEMATIC DECISION MAKING

The major task to be undertaken during this third stage is to gather information about the world of work. The objectives of the systematic career decision process

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are not only to resolve the client's career indecision, but also to teach and model how these kinds of decisions are made. This is important because, hopefully, the client will incorporate these skills into his or her repertoire for future use. Systematic career decision-making focuses upon identifying a career which is congruent with the client's interests, abilities, values, and tolerance for stress. As part of this process, career exploration strategies are essential.

Career exploration can involve the use of resource material to learn about specific careers. The Occupational Outlook Handbook, the Dictionary of Occupational Titles, and other references which may include computerized and videotaped sources of information can prove helpful (Zunker, 1986). In addition, volunteer work might be done in a setting related to client interests; site visits, informational interviews, and shadowing are often helpful techniques as well. The desire to work in a hospital laboratory service, for example, without a direct knowledge of what kinds of job duties and responsibilities are expected of laboratory staff can be based on faulty assumptions or preconceived notions. One can read about using microscopes and other highly specialized instruments, but the actual process of experiencing the laboratory

setting itself--testing body fluids, the importance of universal precautions, adherence to rigid testing procedures--can be the most valuable ingredient in the decision making process. Similarly, the process of trying to decide upon a career option that involves years of education or specialized technical training can be facilitated by encouraging the individual to pursue a single course of study in a high interest area.

This active career exploration promotes independent functioning as well as providing the client with detailed information regarding the nature and demands of specific occupations of interest. In their article describing "The Choose-Get-Keep Model" of supported employment for persons with psychiatric disabilities, Danley and Anthony (1987) make several comments which are highly pertinent to the career exploration and decision making process:

> The assumption of psychiatric vocational rehabilitation is that with increasing time and different vocational experiences, the clients' interests and values often change. Unfortunately, clients' occupational choices following the onset of the disability are oftentimes based on former values and skills rather than on a comprehensive picture of their current values and skills. It may

in fact be desirable to create new occupational experiences, short of a supported vocational placement, to clarify interests and values. The truth is that they can when they are stimulated by new knowledge gained first hand from relevant vocational experiences (pp. 7; 28).

IMPLEMENTING THE CAREER PLAN

The counselor's task during the fourth and final stage of the career counseling process is to assist the client in developing a specific plan whose focus is the implementation of his or her career choice. This includes indentifying subgoals of manageable proportions. Subgoals are important because many clients with long term mental illness have difficulty getting started as they are so overwhelmed with the magnitude of the task in terms of time, energy, and resource commitments. Their dismay is often manifest as problems in organizing their efforts, in remaining goal focused, or in handling anxiety. Some may want to tackle much at once to make up for "lost time".

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The technique of reviewing provides an opportunity to determine whether obstacles have occurred or may occur and to plan effective interventions and means to assist the client in the transition to increased and

sustained activity and social contact. Reviewing can be used also as a time for "trouble shooting". Reviewing is important throughout the process of career decision making as well as during the process of implementing a career plan. It enables the client to experience feedback, both positive and negative, and to learn to self-monitor his or her own reactions to this feedback. Self-monitoring can then be exercised "in vivo" because there has been a previous opportunity to learn how to utilize this inner resource. It is important to recognize, however, that the success of self-monitoring depends not only on the client's ability, but also upon the counselor's willingness to provide support and consensual validation when appropriate.

Motivation. When assisting a client with the implementation of his or her career plan or vocational objectives, one of the most common traps practitioners fall into involves labeling a client as unmotivated and then terminating him or her until the individual "shows more motivation." This is not to say that discontinuing the process of career planning and implementation is never indicated, but rather, that problems which involve motivational issues are part and parcel of the vocational rehabilitation process and need to understood

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accordingly. That is, motivational issues are to be expected and are most probably the norm. It is unfortunate that "resistance" and motivational problems are not acceptable in the rehabilitation setting; in more classic psychotherapy, resistance to the treatment process is acknowledged as an expected part of working toward change. Such acceptance, however, is often not seen in rehabilitation settings. Clients are rather automatically labeled as unmotivated when they fail to implement established rehabilitation plans. By labeling a client as unmotivated we act as if motivation (or lack of it) were a personality characteristic, and then this label is used to justify the withdrawal of services. We act as if we knew what the term "unmotivated" means.

Lack of motivation needs to be understood within the context of the client's frame of reference. With some exceptions, motivation is situational. If one examines the thoughts of the classic "unmotivated" client, one will find negativistic thinking, anxiety, and/or the desire to avoid further losses. This might be thought of as a fear of getting better. The bottom line is that few people are motivated to enter situations which they feel they will be poorly equipped to handle. Most people are afraid of change even when they want it. So, rather than label a client as

unmotivated, counselors must identify the factors that contribute to the indivudal's avoidance of rehabilitation activities and work with him or her to resolve these concerns. BILL

Unrealistic Career Goals. In addition to motivation, the other commonly seen problem in the process of implementing a career plan is that of unrealistic career goals. Unrealistic career aspirations may be related to symptoms; for example, a patient having a bipolar disorder may be grandiose. Second, unrealistic career aspirations might be related to the given environment in which the client has had a long-standing "career", i.e., wanting to be a psychiatrist or a social worker. The client expresses a desire to model these persons because he or she has spent the majority of his or her adult years involved with them on a variety of levels. Slide 2

Third, unrealistic career aspirations may be related to sustaining fantasies. When a client is very dissatisfied with him or herself, perhaps due to an awareness of his or her limitations, fantasy life is likely to increase. There may be an escape into daydreams about being an accomplished, highly regarded person. While these fantasies bring comfort, they also prevent the client from being able to implement a viable

career plan. A realistic career plan could result in positive benefits such as improved self-esteem, financial independence, or less need to withdraw and fantasize. Although it is important not to encourage a client to pursue an overly demanding career endeavor, it is equally important not to destroy precipitously a client's sustaining fantasy because the fantasy serves a protective function. The counselor needs to refrain from striving for realism at "any cost" and simultaneously, to avoid colluding with the patient's hiding from reality.

A gradual approach toward facilitating realism of career choice is best. Often, entry level positions or limited training programs related to the highly valued career can be recommended without removing the possibility of further career advancement in the future. It is essential never to discourage abruptly a highly valued career plan. It is far easier for a client to relinquish a valued but unrealistic goal if viable alternatives are presented.

Finally, it is frequently the case that discussion of the values and influences which have led an individual to have very strong feelings about a particular career can help free the client from the consuming pursuit of an unrealistic goal. Sometimes

such exploration reveals that a client is aspiring to an untenable career plan because of factors in his or her relationship with family members, i.e., excessive competition with a sibling or expectations of a parent who cannot accept the client's disability. These problems often lend themselves to group treatment providing the group is structured to promote candidness.

CAREER COUNSELING WITH WOMEN AND OTHER MINORITY GROUPS

As a final concern we would be remiss in our discussion of vocational and career counseling issues with persons who have major psychiatric disorders if we did not give special recognition to the career development problems which are unique to women and ethnic minorities among this larger population. While these concerns demand equal time, we can only refer the reader to a number of excellent reviews on the topic of women and ethnic minorities and the career development process Gottfredson (1978); Fox and Hesse-Biber (1984); Leony (1985); Orum (1986); Matthews and Rodin (1989); Ogbu (1989);Scarr, Phillips, and McCartney (1989), briefly summarize the major concerns which have an impact on persons with psychiatric disabilities, who are also members of these traditional minority groups.

Women. First, while there have been long held assumptions that the primary roles of women were those of housewife and mother and that the theories and concepts of career development used to describe and explain males would generalize to women, this is no longer the case. Women whose adult lives will not include work outside of the home have become the minority. Sex differences have been demonstrated to account for the restricted range of occupational alternatives available to women and the fact that women are socialized to pursue stereotypically female traditional occupational roles regardless of their capacities and talents. Moreover, women's career development has always involved one more step than that of men. Before a woman can decide on a career choice, she must sequentially decide whether or not to make outside employment a focus of her life Fitzgerald and Betz (1983).

Women with major psychiatric disorders face these same issues as they aspire to achieve a career or vocational objective just as all women with disabilities appear to do Slappo and Katz (1989) There must be a particular sensitivity on the part of the practitioner to these women who in many instances have failed to achieve an internalization of a self-concept which

acknowledges the right to choose between equally or not so equally attractive alternatives. They also may face the process of career decision making or vocational goal achievement as single parents or caretakers of elderly parents. These additional responsibilities are affecting more and more women in society at the present time and will continue to do so in the future. Women with major psychiatric disorders are not immune to the same stressors which face their non disabled peers.

Ethnic and Racial Minorities. Second, there has developed an increased interest in the career aspirations and adjustment of racial and ethnic minority citizens in this country. This recent interest is due in large part to the uneven distribution of races and sexes in the labor market, the high unemployment rate of minority adults and minority youth, and since 1975 the creation of an "underclass" among Afro-american, Hispanic, and American Indian communities on account of a continued state of economic crisis Smith (1983). Of concern also is the increasing growth of ethnic minorities with disabilities who enter into the vocational rehabilitation system Wright and Emener (1989).

These authors and others have addressed issues surrounding career decision making and vocational

opportunities which are specific to an identified ethnic or racial minority group. Therefore, we will only make several salient comments, which again relate to the career counseling process with persons who also have major psychiatric disorders. It is important, first of all, to appreciate the cultural relativity of the notion of the centrality of work in the lives of all people (MOW International Research Team, 1981). This is a tradition of Western-European culture in particular (Katz & Feroz, In Press) for American Indians work is necessary only to provide enough money to get through the day or the week, to meet the necessities of life. It's value is greatly diminished in the presence of the concern with oneness with nature. For Polynesian-Americans work can come and go, but it is the stability of the family which takes preeminence in the value system of the culture and, therefore, dictates the meaning which work as a career shall ultimately have.

Second, the concept of the dignity of all work is highly questionable since we can no longer pretend that a free and open labor market exists. We must appreciate the need for certain individuals of ethnic and/or racial minority status to separate their personal self-concept from that of their work self-concept. The practitioner is faced, then, with the problematic nature of

determining what is meant by career or vocational maturity in the context of these several and diverse cultural populations and what role career counseling will or will not have. Decision making will, of necessity, need to be based on individual client values rather than on the pre-determined values of the practitioner who, more often than not, is a product of the mainstream culture. The dilemmas created by these disparate value systems are real and must be addressed as ethnic and minority groups are the fastest growing population within the United States today.

CONCLUSION

An attempt was made to address those salient aspects of the career counseling process with persons who have a severe psychiatric disability and how adaptations to the traditional practice of career and vocational counseling might be implemented. Specific concerns discussed were those of (1) the concept of vocational maturity and the developmental stages wherein the self-concept of worker emerges; (2) the nature of and necessity for a collaborative relationship between the practitioner and the primary consumer; (3) stages in the career counseling process; (4) the role of formal vocational measurement; (5) aspects of the interviewing process in light of particular symptoms and

communication barriers; (6) the implementation of a career plan and the impact of motivation and unrealistic career goals on the plan; and finally (7) special concerns which arise with women and ethnic and racial minority groups in the career counseling process.

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FIVE BASIC PREMISES

1. NEED FOR A BRIDGE BETWEEN MH AND VR RESOURCES
2. VOCATIONAL READINESS IS DEPENDENT UPON A DEVELOPMENTAL PROCESS
3. NEED FOR A HELPING RELATIONSHIP
4. VR TIMING IS AN INDIVIDUALIZED PROCESS
5. NEED FOR INDIVIDUALIZED, COMPREHENSIVE ASSESSMENT

UNREALISTIC CAREER GOALS

- SYMPTOM-RELATED
- MODELING
- SUSTAINING FANTASIES
- VALUES AND INFLUENCES

MOTIVATIONAL ISSUES

MOTIVATIONAL ISSUES ARE THE NORM.

MOTIVATION IS A SITUATIONAL PHENOMENON.

IMPLEMENTING THE CAREER PLAN

- IDENTIFYING MANAGEABLE SUBGOALS
- REVIEWING
- SELF-MONITORING

CAREER EXPLORATION AND SYSTEMATIC DECISION MAKING

RESULTS OF A FORMAL VOCATIONAL ASSESSMENT MUST TAKE INTO ACCOUNT AN INDIVIDUAL'S SOCIAL SKILL REPERTOIRE, TOLERANCE FOR SPECIFIC STRESSORS, AND CAPACITY TO SUSTAIN GOAL DIRECTED BEHAVIOR.

FORMAL VOCATIONAL ASSESSMENT

- ENABLES BOTH THE PRIMARY CONSUMER AND THE PRACTITIONER TO BETTER UNDERSTAND THE CONSUMER'S INTERESTS, ABILITIES, AND WORK ENVIRONMENT PREFERENCES
- PROVIDES A MORE OBJECTIVE METHOD OF IDENTIFYING STRENGTHS AND DEFICIT AREAS
- INSTRUMENTAL IN THE FORMULATION OF REALISTIC GOALS AND CAN PROVIDE A PROFILE OF CHARACTERISTICS RELEVANT TO CAREER DECISION-MAKING.
- ENABLES A SYSTEMATIC EXPLORATION OF CAREERS THAT MIGHT BE PARTICULARLY ADVANTAGEOUS AND PROVIDES INFORMATION CONCERNING FIELDS TO AVOID AND/OR TYPES OF ACADEMIC REMEDIATION THAT MIGHT BE BENEFICIAL.
- JUDICIOUS TIMING IS NECESSARY IF THE ASSESSMENT IS TO BE BENEFICIAL.

SPECIFIC COGNITIVE RESTRUCTURING TECHNIQUES

1. DIRECT INSTRUCTION ABOUT THE ROLE OF COGNITIONS IN SUBJECTIVE STRESS AND BEHAVIORAL DEFICITS.

2. MONITORING ONE'S PERSONAL THOUGHT PATTERNS

3. MODELING OF A RATIONALISTIC EVALUATION PROCESS AND MODIFICATION OF PERSONAL THOUGHT PATTERNS

4. FEEDBACK ON REPORTED CHANGES IN THINKING PATTERNS AND BEHAVIORS

5. PERFORMANCE ASSIGNMENTS AND REHEARSAL TASKS TO IMPROVE DISCRIMINATION AND EVALUATION OF PERFORMANCE-RELEVANT COGNITIONS.

CLARIFICATION AND INFORMAL ASSESSMENT

1. CLARIFYING THE INDIVIDUAL'S CONCERNS AND PERSPECTIVES

2. DETERMINING THE INDIVIDUAL'S EXPECTATIONS OF THE PROCESS

3. UNDERSTANDING THE INDIVIDUAL'S PERCEPTIONS WITH RESPECT TO HIS/HER PREVIOUS EDUCATIONAL AND/OR OCCUPATIONAL EXPERIENCES

4. HELPING THE INDIVIDUAL TO REFORMULATE HIS OR HER CONCERNS

1. PROVIDE INCREASED STRUCTURE.

2. DON'T HESITATE TO INTERRUPT; DO IT IN A SPIRIT OF INTEREST IN WHAT THE CLIENT IS SAYING.

3. IF NECESSARY, SLOW DOWN YOUR OWN SPEECH.

4. ASK IF THE PERSON WILL SPEAK MORE SLOWLY.

4. ADJUST THE LENGTH OF SESSIONS.

5. REMEMBER THAT CONFUSED VERBALIZATIONS DON'T ALWAYS MEAN THE CLIENT DOESN'T HAVE A MEANINGFUL OPINION.

6. DON'T GET CAUGHT UP IN DEBATING DELUSIONAL MATERIAL.

1. HELP THE CLIENT ORGANIZE HIS THOUGHTS.

2. WHEN THE CLIENT IS TANGENTIAL, HELP HIM RETURN TO THE CENTRAL POINT.

3. PROVIDE SUFFICIENT TIME FOR THE CLIENT TO RESPOND TO QUESTIONS WITHOUT PROLONGING THE SILENCE.

COMMUNICATION BARRIERS

- SYMPTOMATOLOGY
- VERBAL EXPRESSION
- REGULATION OF EMOTIONS
- FLAT OR INAPPROPRIATE AFFECT
- SYMBOLIC USE OF LANGUAGE
- DIMINISHED EMPATHY

ERRORS IN PERCEPTION

- AUTOMATIC AND/OR GLOBAL ASSUMPTIONS
- RELEVANCE OF EXPECTATIONS

1. CAREFULLY CLARIFY THE BASIC PURPOSE OF THE INTERVIEW.

2. ELICIT CLIENT'S FEELINGS ABOUT THE REFERRAL.

3. DISCUSS AND ALLEVIATE CONCERN THAT YOU HAVE A ROLE (UNLESS YOU DO) IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.

4. ENCOURAGE QUESTIONS THROUGHOUT THE INTERVIEW.

CHARACTERISTICS OF THE INITIAL INTERVIEW

1. LEVEL OF CANDIDNESS
2. ASSUMPTION OF ROLES
3. JUDGMENTS ABOUT BEHAVIOR

PROCESS/CONTENT ISSUES

- SUPERFICIAL EXPLORATION OFTEN UNSATISFACTORY
- NEED TO WORK ON MORE THAN ONE AGENDA SIMULTANEOUSLY

RANGE OF OPTIONS

- CAREER COUNSELING INCLUDING VOCATIONAL INTEREST AND APTITUDE MEASUREMENT
- JOB SEEKING SKILLS
- WORK ADJUSTMENT COUNSELING
- REHABILITATION COUNSELING

CAREER COUNSELING

CAREER COUNSELING IS:

A PROCESS OF HELPING INDIVIDUALS TO DEVELOP AN INTEGRATED AND ADEQUATE UNDERSTANDING OF THEMSELVES AND THE ROLES THEY MAY ASSUME IN THE WORLD OF WORK, TO TEST THESE UNDERSTANDINGS AGAINST REALITY, AND TO CONVERT THEM INTO REALITY IN A MANNER WHICH IS SATISFYING TO THE INDIVIDUAL AND SOCIETY IN WHICH HE/SHE FUNCTIONS.

- KNOWLEDGE ABOUT ONESELF
- KNOWLEDGE ABOUT CAREERS
- KNOWLEDGE ABOUT HOW TO MAKE A SYSTEMATIC CAREER DECISION

- RETARDED RATE OF DEVELOPMENT IN GENERAL
- INADEQUATE EMOTIONAL ADJUSTMENT
- INACCURATE SELF-EVALUATION
- FROZEN BEHAVIOR BETWEEN TWO ATTRACTIVE BEHAVIOR SEQUENCES

- FAILURE TO RECOGNIZE A REMEDIABLE PROBLEM EXISTS
- ELIMINATING A POTENTIALLY SATISFYING ALTERNATIVE FOR INAPPROPRIATE REASONS
- CHOOSING POOR ALTERNATIVES FOR INAPPROPRIATE REASONS
- SUFFERING ANGUISH AND ANXIETY OVER PERCEIVED INABILITY TO ACHIEVE GOALS

DISTORTED SELF-OBSERVATIONS AND WORLD VIEW GENERALIZATIONS

- LEARNED HELPLESSNESS
- LOW SELF ESTEEM
- UNPREDICTABLE NATURE OF THE ILLNESS
- ENVIRONMENTALLY-BASED DISINCENTIIVES
- NATURE OF THE ANXIETY
- TOLERANCE FOR STRESS

More time is needed to go through the process, because of the clients' vocational immaturity. More energy is needed for a collaborative relationship with clients who are used to having things done to and for them rather than with them. More alternative vocational environments are needed to allow clients opportunity for reality testing and exploration. More strategies are needed for dealing with stigma against the psychiatrically disabled clients. More effort must be devoted to a deliberate refocusing of the helping process on the client's needed skills and environmental supports rather than focusing on client pathology.

Anthony, Howell & Danley (1983)

DEVELOPMENTAL PERIODS

FANTASY

EXPLORATORY/TENTATIVE

REALISTIC/ESTABLISHMENT

COLLABORATIVE RELATIONSHIP BASED ON HOLISTIC VIEW OF THE PERSON

- EDUCATED ABOUT THE NATURE OF THE PARTICULAR MENTAL ILLNESS
- EDUCATED WITH RESPECT TO THE PSYCHOPHARMACOLOGIC MANAGEMENT OF THE PARTICULAR ILLNESS
- TIME TO ACHIEVE A LEVEL OF VOCATIONAL MATURITY
- RECOGNIZE STRENGTHS AND BELIEVE IN CAPABILITIES
- KNOWLEDGEABLE ABOUT AND ABLE TO "USE" THE SYSTEM.

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