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# Student Psychological Distress in a Career Exploration Course

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STUDENT PSYCHOLOGICAL DISTRESS LEVELS DURING A  
CAREER EXPLORATION COURSE

by

Roger H. Belisle

A dissertation submitted to the faculty of

Brigham Young University

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Department of Counseling Psychology and Special Education

Brigham Young University

July 2005

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a dissertation submitted by

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This dissertation has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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As chair of the candidate's graduate committee, I have read the dissertation of Roger H. Belisle in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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## ABSTRACT

### STUDENT PSYCHOLOGICAL DISTRESS LEVELS DURING A CAREER EXPLORATION COURSE

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Doctor of Philosophy

A gap in the literature exists on the connection between an individual's career and non-career domains. Even less research exists on the topic of career development and how it relates to an individual's mental health. Accordingly, this study sought to investigate the connection between career issues and mental health by exploring the psychological distress levels of students enrolled in a career exploration course. During the course, students completed a bi-weekly online survey, the Outcome Questionnaire (OQ-45). Results support the possible connection between career issues and mental health and also show that for certain populations, career guidance interventions may decrease an individual's psychological distress.

## ACKNOWLEDGMENTS

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## Chapter 1: Introduction

As evidenced by history, the career guidance movement emerged from a spirit of humanitarian concern aimed at improving the lives of human beings (Pope, 2000; Zunker, 1986). The need for the enterprise was made manifest by increasingly deleterious societal conditions that worsened exponentially during the industrial revolution. The movement, in its beginning, operated under the premise that a clear connection existed between the career and non-career domains of the individual (Parsons, 1909). More specifically, these endeavors were guided by the notion that assistance with career-related issues would have positive benefits in many other areas of their personal life (Gladding, 1996).

Since that time, interest in the connection between the career and non-career domains of the individual has waxed and waned (Crites, 1981). In the 1970s and 1980s, many college career centers were moved or eliminated altogether (Heppner & Johnston, 1993; Stone & Archer, 1990). Fitzgerald and Osipow (1986) showed that the relative number of counseling psychologists who are involved with career-allied activities is decreasing, and that increasing numbers of counseling psychologists are working in the mental health setting. The same authors went on to suggest that this trend is evidence that career-counseling appears to be diminishing as a foundation of the discipline of Counseling Psychology. Along similar lines, Gallagher (1997) reported that only about half of the counseling centers on university and college campuses have a specific location for career counseling. Another study showed that in 899 university and college counseling centers across the nation, only 81% provided individual career counseling, only 61% provided group career counseling, and only 34% indicated providing career counseling through placement advisement (Whiteley, Mahaffey, & Geer, 1987)

Although in some realms, career guidance interventions appear to have lost momentum, in other realms, they appear to be gaining attention and even growing (Kjos, 1995; Pace & Quinn, 2000; Robitschek & DeBell, 2002; Stone & Archer, 1990; Walsh & Osipow, 1995). More recently, interest seems to have been re-kindled, and a spectrum of opinions has emerged about the degree to which career and non-career domains may influence each another (Fitzgerald & Osipow, 1986, 1988). As the majority of recent opinions have stated, there appears to be an overlap between the career and non-career domains of the individual and some studies have even shown that career guidance interventions can have a positive effect upon a person's level of mental health.

One conceptualization of the connection between the career and non-career domains of the individual involves defining a client's psychological distress as being content and context neutral (Bingham, 2002). In other words, psychological distress transcends context and content and originates from various facets of an individual's life. If this is so, then it would make sense that clients improve when they get help or guidance, regardless of the setting in which they receive that help (e.g. a career or a personal counseling center), and regardless of the content of their distress (e.g. a career or personal issue). More so, if psychological distress is context/content neutral, then a reduction in levels of psychological distress could be reflective of changes related to one's career issues.

Although the emerging evidence seems consistent and in favor of overlap between the career and non-career domains, a large deficit exists in the literature and more studies are needed to clarify and expand upon the small amount of findings arrived at thus far. One means that presents itself as especially amenable for the examination of this connection is a career exploration course. These courses seem to be an optimal setting in which to longitudinally and

repeatedly evaluate behavior change over time, and are one of the main interventions used by universities and colleges to facilitate a student's career development. To date, no studies have specifically examined levels of psychological distress of students enrolled in these career exploration courses.

### *Purpose of the Study*

The overall purpose of this study was to explore levels of psychological distress in the students who were enrolled in the Student Development 117 career exploration courses using the Outcome Questionnaire (OQ 45.2) – a general measure of psychological distress. The specific questions I investigated were a) what were the average initial levels of psychological distress in the following three groups: the entire sample; those that were initially clinical (i.e. initial OQ  $\geq$  63); and those that were initially non-clinical (i.e. initial OQ  $\leq$  63); b) how did average levels of psychological distress change throughout the semester in all of these three groups; c) how did average levels of psychological distress in these three groups look based upon whether they had or did not have concurrent counseling services; d) how did average levels of psychological distress in these three groups look based upon whether they were in an improver or deteriorater group (i.e. defined by comparing the first and last administration of the OQ); and e) how did average levels of psychological distress in these three groups look when concurrent counseling services and being in an improver or deteriorater group were taken into account.

## Chapter 2: Review of Literature

The literature on the relationship between career and non-career domains shows that little is understood about the specific nature or type of the mechanisms and processes that are involved. Only a few empirical studies have been undertaken, but the consensus of opinions seems to favor the position that career and non-career domains do overlap and interact.

### *Considering a Holistic Understanding of the Individual*

Underlying the ongoing debate on whether career and non-career domains are separate or related is the idea of “holism.” Here, it simply refers to utilizing a broader perspective in one’s understanding of people. In *Counseling Psychology* (2000) by Gelso and Fretz, the authors suggest that having a holistic understanding of individuals is one of the foundational tenets of Counseling Psychology. These same authors add that career counseling is another defining feature of Counseling Psychology.

Other authors have echoed and built upon these same ideas (Betz & Corning, 1993; Bradley & Ladany, 2001). Super (1955) seems to be among the first who recommended a holistic approach by suggesting that the vocational role of an individual’s life should be included in one’s attempts to understand that individual. He added that such a position would offer a more complete understanding and that it would facilitate the development of an integrated self-concept (Super, 1988). Schultheiss (2000) wrote that a holistic view of people has “particular relevance for students who are simultaneously striving towards self-definition, purpose, and connectedness” (p. 43). Bradley and Ladany (2001) stated that in counseling, a holistic paradigm empowers clients to make self-congruent choices by increasing self-awareness in the client. Similarly, Krumboltz and Coon (1995) posited that counseling is most effective when



counselors operate holistically to facilitate the development of an identity that infuses a vocational identity with the rest of one's identity.

Others have argued for a holistic approach by pushing for a multidimensional understanding of individuals. Betz and Corning (1993), for example, have written that people are characterized by a cluster of facets and relationships, and argue that counseling would be most effective if it could treat the person as a whole entity. Skurky (1990) parallels Betz and Corning's (1993) view with a different approach by stating that people are inherently complex and multifaceted entities. Skurky's view as well as others (Belisle & Gleave, 2003; Gleave & Belisle, 2003), underscore the multidimensionality of people and speak to the need for a different and more holistic understanding. Dorn (1992) wrote that adopting a compartmentalized approach to their issues only renders clients less able to address their concerns, and eventually leads to emotional harm. His views fit well with those of Bradley and Ladany (2001) who stated that a more holistic paradigm empowers clients to make self-congruent choices by increasing their self-awareness. Bingham (2002) points out that in the minds of most clients, career and non-career domains exist together and are not seen as being separate. Blustein and Spengler (1995) also write that in their opinion, most professionals acknowledge that career and other domains of the individual affect one another. If as a profession, we chose to understand people holistically, then the compartmentalization of "career" versus "personal" issues seems an artificial and unnecessary dichotomy.

#### *The Connection between Career and Non-Career Domains of the Individual*

In line with a holistic approach to understanding people, many theorists have argued for the connection between the various domains of the individual. The first author of note is Sigmund Freud who was among the first to suggest a connection between the domains of love

and work (Freud, 1930). He believed that love and work were essential to happiness, and defined mental health more or less as the ability to love and work. Another author of note is Frank Parsons (1909) who published the groundbreaking book, *Choosing a Vocation*. In that book, Parsons suggested that there are three factors involved in choosing a vocation: “First, a clear understanding of yourself...Second, a knowledge of the requirements and conditions for success...in different lines of work, [and] Third, true reasoning on the relations of these two groups of facts” (Parsons, 1909, p. 5). Parsons’ work opened the door even further for many to consider the interplay between career and non-career domains, and his principles are still widely held in the realm of career counseling.

Since the work of Parsons, many have followed suit. Holland (1985) asserted that career choice and career adjustment are reflections/extensions of a person’s personality, proposing that people express themselves, their interests, and their values through their work choices. Super (1955, 1957) focused on self-concept and life-roles as being integrally related to the development of an individual’s career. Super also emphasized that a person’s social, economic, environmental, and genetic influences play an important role in their career development. Mitchell and Krumboltz’s (1996) learning theory of career choice highlighted how a person’s learning history, world-view, and culture/environment serve to determine or influence an individual’s career decisions.

Brown’s (1995, 1996) values-based theory of career development emphasized the importance of values in the process of an individual’s career development and of making values-congruent career decisions. In this theory, the personal values that an individual holds has a critical role in the career they choose. Richard Bolles (2003) emphasized the importance of an individual finding their “mission” and purpose in life in their career development, and suggested

that both psychological and spiritual needs should be attended to in career development in counseling. Others have shared Bolles' view by valuing the role that meaning plays in career development (Bloch & Richmond, 1997; Henderson, 2000).

Heavily influenced by the Adlerian approach, Savickas (1989) put forth a unique perspective on career counseling by suggesting that people pursue careers that will make them feel more complete and secure. McIntosh (2000) wrote about how career development is integrally bound with one's identity and that as such, career development has an influence upon the person's life as a whole (e.g. life-satisfaction, personal meaning, and self-esteem), especially when what that individual does is perceived as having a positive impact or making a difference in society as a whole. Similarly, Davidson and Gilbert (1993) believed that career counseling is a deeply personal issue that involves one's identity, personal meaning, survival, and family life.

Chickering and Reisser's (1993) psychosocial theory of student development, is yet another theory that emphasized the multidimensionality of people. Their model proposed seven vectors along which college students seem to develop. Among other things, their model emphasized that in young adulthood, students seek to develop some area of competency, establish their identities, develop autonomy, and develop some sense of purpose in their life--all four dimensions of which relate to one's work. Similarly, Lucas (1993) suggested that career and non-career issues both involve individuation and independence.

In terms of empirical studies, Stone and Archer (1990) observed, in their interview of students at various university and college counseling centers, that career issues seemed clearly connected to other developmental issues in the lives of students. In an examination of forty in-depth case studies, Tolsma (1993) suggested that "optimal counseling occurs when counselors explore with clients the interconnections between career and personal areas" (p. 171).

With suggestions of interplay between the career and non-career domains of the individual in mind, we turn to what implications this connection has for the relationship between personal and career counseling. Although an abundance of theorists have written on the matter, research in this area is quite sparse. A number of studies are outlined in detail below.

*The Connection between “Personal” and “Career” Counseling*

Similar to the debate about the connection between the career- and non-career domains of the individual is the issue of whether personal and career counseling are entirely different, exactly the same, or just overlap. Some have described them as being separate or having marked distinctions (Bechtel, 1993; Crites, 1981; Spokane, 1989, 1991; Subich, 1993; Swanson, 1995). Spokane (1989) suggested that although an interaction between domains exists, the two domains seem to intersect only in times of significant distress. In other words, only when career issues become significantly distressing, do they then enter into other non-career domains. The majority of other writers, however, have asserted that career and non-career domains overlap, are actually quite similar, and/or should be integrated (Betz & Corning, 1993; Bradley & Ladany, 2001; Blustein & Spengler, 1995; Brown, 1985; Davidson & Gilbert, 1993; Dorn, 1986; Herr, 1989; Imbimbo, 1994; Krumboltz, 1993; Krumboltz & Coon, 1995; Lucas, 1993; Manuele-Adkins, 1992; Miller, 1999; Niles & Pate, 1989; Rak & O’Dell, 1994; Rounds & Tinsley, 1984; Schultheiss, 2000; Spokane, 1989, 1991; Weikel & Palmo, 1996).

To elaborate on some of these opinions supporting an overlap, Rounds and Tinsley (1984) stated that they believe that career and personal counseling are quite similar, if not identical. Similarly, Richardson (1996) posited that career counseling falls under the broader umbrella of psychotherapy, suggesting that career counseling is subsumed under personal counseling. Spokane and Fretz (1993) wrote that career counseling is a therapeutic intervention

with “a broad range of effects” (p, 127). One study found that students with career concerns were just as psychologically distressed as students who were dealing with personal issues (Gold & Scanlon, 1993). A different study revealed that students who received personal counseling frequently had career concerns as well (Osipow & Gold, 1968).

Despite the majority that favors an overlap, other forces seem to be adding to the division. One such force involves the divisions inherent in the language and definitions used to describe “career” and “personal” counseling. Historically speaking, before the term career counseling became prominent, the terms “vocational guidance” and “career development” were used. In the present, career development is still a common and popular term when talking about career education or career theories. The term, vocational guidance, was the original term employed. The other two terms, career development and career counseling, were popularized later in the 1950s, with the term “career counseling” being the most prevalently used expression remaining today (Zunker, 1986).

In the present, the fact that the term career counseling is distinguished from personal counseling creates the illusion that the two domains are seen as being separate (Haverkamp & Moore, 1993; Richardson, 1996). Some have suggested that the labels of personal and career are actually concepts that are not equivalent but rather, exist on different levels of inclusiveness or generality; they refer to different conceptual levels of a person, and that personal may actually subsume career (Haverkamp & Moore, 1993). Others have agreed that the language creates a false dichotomy (Blustein & Spengler, 1995; Dorn, 1992; Hackett, 1993; Haverkamp & Moore, 1993; Krumboltz, 1993; Manuele-Adkins, 1992; Niles & Pate, 1989; Robitschek & DeBell, 2002; Savickas, 1995; Swanson, 2002). Richardson (1996) and Krumboltz (1993) wrote that by even continuing to refer to the issue as a matter involving personal and career counseling is to

continue to dichotomize the two and perpetuate the divide. Certainly, new language is needed to describe emerging ways of re-conceptualizing these issues and to counter the devaluing trends that exist.

Due in part to the language used, some have written that a tendency has existed to view career counseling as being less important or less significant than personal counseling (Birk & Brooks, 1986; Blustein & Spengler, 1995; Dorn, 1992; Fitzgerald & Osipow, 1986, 1988; Gelso et al., 1985; Hackett, 1993; Manuele-Adkins, 1992; Pace & Quinn, 2000; Pinkey & Jacobs, 1985; Rak & O'Dell; Robitschek & DeBell, 2002; Savickas, 1995; Warnke et al., 1993; Welfel, 1982). Counseling that is described as not being career counseling focuses on non-career issues, but counseling that is described as not being personal counseling is often seen as being non-counseling altogether.

The false dichotomy between career and personal counseling is also perpetuated when career and personal counseling centers are physically separated into different locations or through different courses within a training program (Richardson, 1996). In one study done by Pace and Quinn (2000) that examined the overlap of career- and mental health counseling in a public university, it was demonstrated that 11% of those individuals who sought career counseling also received interventions for mental health concerns. In this same study, of those who sought mental health counseling, 20% (104/506) also received career counseling interventions as a part of that same counseling experience.

Many possible conceptualizations seem to exist about how to view and/or integrate personal and career domains (Betz & Corning, 1993; Dorn, 1992; Hackett, 1993; Robitschek & DeBell, 2002; Rounds & Tinsley, 1984; Spokane, 1989; Swanson, 1995, 2002). One author reported that in examining career and non-career interventions, there appears to be more shared

process than there are unique distinctions (Blustein & Spengler, 1995). While relationship factors were shown to be important in the change process in group counseling whether the participants sought career or non-career assistance (Leiberman, Yalom, & Miles, 1973), it has also been shown that empathy seems less important in career counseling (Watkins et al., 1990).

It is the view of Weikel and Palmo (1996) that personal and career counseling are more similar than different in that both endeavors seek to promote personal adjustment. Despite the plethora of opinions that exist on the matter, relatively few studies have been undertaken to examine the relationship between the various modalities of counseling (Swanson, 1995; Walsh & Osipow, 1995).

#### *The Connection between Career Issues and Mental Health*

In general, few theoretical writings and empirical research exist on the topic of career issues and mental health (Herr, 1989; Spokane & Fretz, 1993). Cytrynbaum and Crites (1989), and Vondracek, Lerner, and Schulenberg (1986) conducted personal interviews that revealed that development in the career domain is interconnected with development in other domains in the individual's life. Bradley and Ladany (2001) also suggested that an individual's career development is actually quite influenced by personal factors. Corbishley and Yost (1989) posited that career development is not a simple process, but rather, involves many psychological processes that affect all areas of an individual's life. From an alternate angle, Spokane (1989) put forth the idea that career issues and personal adjustment have overlap, but only when an individual is confronted with a challenging career choice. Savickas (1994) stated that personal problems are addressed when an individual undertakes career counseling. Rak and O'Dell (1994) wrote about how work serves a very deep and self-actualizing function within the individual, and may actually bring about healing for mental health issues.

In one empirical study, De Geode, Spruijt, Jurjen, and Meeus (1999) did find that higher levels of vocational and relationship identity had a positive correlation with adolescent mental health. A different investigation on college students found connections between such factors as self-esteem, anxiety, and depression, and the issue of career satisfaction (Lofquist & Dawis, 1984). Elsewhere, the bulk of research on the connection between career and non-career domains exists on the topic of occupational-related stress, or on the topic of work and mental health (Hackett, 1993; Haverkamp & Moore, 1993; Herr, 1989). Other than these studies, empirical research examining the connection between career development issues and mental health is quite lacking (Herr, 1989).

#### *Career Guidance Interventions Affecting Mental Health*

Very little has been done to examine the utilization of career interventions as a treatment for significant psychological distress (Blustein & Spengler, 1995; Brown, 1985; Herr, 1989; Manuel-Adkins, 1992; Multon, Heppner, Gysbers, Zook, & Ellis-Kalton, 2001; Spokane, 1989). Brown (1985) opened the door by suggesting that career counseling “is a viable intervention with clients that have rather severe emotional problems” (p. 197). Brown and Brooks (1985) contended that in terms of managing one’s career-related stress, career counseling may be effective as a legitimate alternative to personal counseling. Brown and Krane (2000) argued that life satisfaction may result in clients from assisting them in their career development process. Brown and Brooks (1985) emphasized that understanding the etiology of an individual’s mental health issues should be primary in determining whether career guidance interventions are advised or not. Both Brown (1985), Brown and Brooks (1985), and Brooks and Brown (1996) stated that career guidance interventions are underused and should be used more often as mental health



interventions. Others have echoed the belief in the mental health benefits of career counseling (Multon et al., 2001; Spokane & Fretz, 1993).

Spokane and Fretz (1993), reiterated how little, empirically speaking, has been done to investigate the effects of career counseling on mental health. One study done by Conklin (1985), found that career counseling had a treatment effect upon women with agoraphobia. Massimo and Shore (1963) saw a decrease in antisocial behaviors after utilizing a career-oriented psychotherapeutic program with antisocial male adolescents. Multon et al. (2001) found that 60% of the clients who came to career counseling were considered distressed. These same authors also looked at whether individual career counseling could serve as a treatment for psychological distress and found a significant decrease in the level of anxiety, depression, and interpersonal sensitivity after a mean number of 4.63 sessions. This same study found that a working alliance in career counseling was inversely related to psychological distress. While Multon et al. (2001) looked at the therapeutic alliance as a factor in client outcome, very little else is known about what factors might be involved in the lowered distress levels as a result of career guidance interventions.

Despite the bulk of writings suggesting a connection between career and personal domains of the individual, base rates for psychological distress levels have not been obtained from students receiving a career guidance intervention such as a career exploration course. Carver and Smart (1985), for example, did study career-exploration courses and found that they helped undecided students towards a greater resolve in their career decision, but they did not specifically examine how the course affected levels of psychological distress. DeLucia, Black, Loughhead, & Hulstman (1989) suggested using groups as mean to integrate career counseling and mental health issues, but a career exploration course itself been looked at as a treatment for

significant psychological distress. Most of the aforementioned studies have utilized individual career counseling as their focus, and only a limited range of facets have been examined relative to the understanding of a career exploration course. If the various domains of an individual affect one another and distress is content neutral in the minds of clients, then career exploration courses might be effectively utilized as interventions that would reduce psychological distress.

## Chapter 3: Method

### *Participants*

Participants for the study were male and female students at Brigham Young University, ages 18-27, enrolled in 18 sections of a career development course (i.e. Student Development 117), during Fall semester of 2004 and Winter semester of 2005. Each section had about 20-25 students enrolled, and a total of 333 students initially signed up to participate in the study. All willing students who met the aforementioned criteria were assessed through the duration of the semester in which they were enrolled. Of the initial 333 students who consented to participate in the study, 127 of them took the minimum first and last OQ measurement required for the questions asked in this study. Specific breakdown of gender, age, and ethnicity are listed in Table 1.

### *Instruments*

This study used an online version of the Outcome Questionnaire (OQ 45.2), as well as a basic demographic worksheet.

*The Outcome Questionnaire (OQ 45.2).* Participants for the study were administered the Outcome Questionnaire which is a 45-item, self-report measure designed for the repeated measure of changes in clients' global level of functioning and psychological distress. The OQ measure relies upon the subjective report of symptoms, and is interpreted to be an indication of progress and outcome in counseling. The 45 items are scored on a 5-point Likert scale (i.e. 0 = never; 1 = rarely; 2 = sometimes; 3 = frequently; 4 = almost always). This scale yields a single total score ranging from 0 to 180. Higher values are indicative of a more severe level of pathology. Clients characterized by scores of 63 and above are described as being in the "clinical" range, while those below 63 are described as "non-clinical" (Lambert, Okiishi, Finch,

Table 1

*Demographic Information*

Factor	N	%	Factor	N	%
Gender			Ethnicity		
Male	56	44.09	African American	0	0.00
Female	71	55.91	Alaskan Native	0	0.00
Age			Asian	2	1.60
18	58	45.67	Caucasian	104	81.89
19	23	18.11	Hispanic	5	3.94
20	9	7.09	Multi-ethnic	10	7.87
21	18	14.17	Native American	1	0.79
22	9	7.09	Not self-identified	2	1.57
23	5	3.94	Other	1	0.79
24	3	2.36	Pacific Islander	2	1.57
25	1	0.79			
26	0	0.00			
27	1	0.79			

& Johnson, 2003). The pencil-and- paper test takes between 5-10 minutes to complete, but data for the online version is not yet available.

Conceptualization for the measure is based on Lambert's (1983) theory that suggests that there are three facets of an individual's life that should be monitored: a) subjective discomfort; b) interpersonal relationships; and c) social role performance. In Lambert et al. (2003), the three categories are described as a) symptomatic distress, b) interpersonal problems, and c) social role discomfort. The way the measure is designed accounts for the commonly reported symptoms across an array of disorders (Lambert, 1983; Lambert et al., 2003), and use of the measure using the global score of the three subscales is supported in the literature (Mueller, Lambert, & Burlingame, 1998).

Lambert, Burlingame, et al. (1996) reported a three-week test-retest value of .84 for the measure. Other figures for test-retest values range between the .70s and low .90s (Lambert et al., 2003). Internal consistency for this instrument is .93 (Lambert, Hansen, et al., 1996). Normative information for the OQ has been collected and is also available (Lambert, Hansen, et al., 1996; Lambert, Burlingame, et al., 1996; Umphress, et al., 1997). High correlations have been shown between the OQ and the SCLR-90, Beck Depression Inventory ( $r = .80$ ), Social Adjustment Rating Scale ( $r = .62$ ), and the Inventory of Personal Problems ( $r = .60$ ) (Lambert et al., 2003). The OQ has also been shown to have an impressive sensitivity to change within the client (Vermeersch, Lambert, & Burlingame, 2000), and to classify clients as either clinical or non-clinical (Hatch, 2002; Beckstead, 2002).

The criterion for "clinically significant change" is based upon research done by Jacobson and Truax (1991). Clinically significant change is said to have occurred when a client crosses from the clinical into the non-clinical range and when a "reliable" amount of change takes place,

meaning when at least a 14 point swing has occurred (Lambert et al., 2004). Accordingly, clients who enter above the clinical range (i.e. initial OQ  $\geq$  63) and drop a minimum of 14 or more points to a score below 63 are considered to have made clinically significant change and are labeled “recovered” (Lambert et al., 2003). Clients who enter above the clinical range (i.e. initial OQ  $\geq$  63) and drop a minimum of 14 points to a score that remains above 63 are not considered to have made a clinically significant change but are labeled “improved” (Lambert et al., 2003). Clients who begin with a score below 63 and drop 14 points have not made clinically significant change but are labeled as “improved” (Lambert et al., 2003).

#### *The Career Exploration Course*

The Career Exploration course, listed as Student Development 117 in the Brigham Young University student catalog, is a 2-credit semester-long course offered year-round. Course sizes range between 20-25 students on average. The class is taught by faculty in the Counseling and Career Center at Brigham Young University. Student Development 117 focuses upon self-awareness and career development with an emphasis upon “Applying theories of individual, academic, and career development to the university student,” and “Exploring university opportunities and college majors; graduation planning” (Brigham Young University, 2005).

#### *Procedure*

Participants were informed of the study through the professors and researchers in the classrooms during the second class-period of each semester assessed. Professors for the Student Development 117 courses were spoken to beforehand about the nature and merits of the study. The incentives for participation in the study were candy-bars and/or extra-credit and were mutually agreed upon between the professors and the researchers. The extra-credit was determined by the professors for the courses, and the candy-bars were provided by the

researchers. A fair and equal alternative for extra-credit was offered to the students by the class professors.

In the career exploration courses, the students were briefly informed about the essential aspects of the study and any questions they had were answered at this time. Then students were given a brochure that provided information about the services and phone numbers of the Counseling and Career Center at Brigham Young University should they feel excessively distressed and/or feel that they need additional assistance. Consent forms, along with a brief demographic sheet were then handed out to those interested individuals. Participants were also given a copy of the consent form for their own records. Once consent forms were signed, they were collected by the researcher and then filed away and locked in a storage cabinet in the Counseling and Career Center at Brigham Young University. Only those directly involved with the research had direct access to these data. After the data was collected, the data were coded to provide anonymity and only the anonymous data were archived.

Students were asked to complete the Outcome Questionnaire (OQ 45.2) online per a defined two-week time interval set up by the researcher (i.e. 8 times total each semester for Fall and Winter). A direct link to the OQ was sent to their email account. They then had a two-week window within which to take the measure. Students were then sent bi-weekly reminders in between testing weeks reminding them to take the recently sent OQ, and so as to remind them about the next OQ. Data from these completed OQ measures were collected on a regular basis. Data was collected on a bi-weekly basis for use in complex analyses of the questions asked in this study, and for use in subsequent studies.

In accordance with the duty to protect, completed OQ's were screened for anyone who endorsed the "sometimes" (or higher) category on question number 8 which states "I have

thoughts of ending my life.” These students were contacted via e-mail and provided with the BYU counseling center’s link as well as links to other helpful community resources, should they want to seek further assistance.

At the end of the semester, the researcher visited all of the classes, debriefed the students about the basic nature of the study, and then thanked them for their willingness to participate in the study. During this same visit, participants were asked to fill out a brief end of study survey assessing whether or not they received any personal or career counseling services while they were concurrently enrolled in the course.

### *Analysis*

The first question of this study sought to investigate the average initial levels of psychological distress in the following three groups: the entire sample; those that were initially clinical (i.e. initial OQ  $\geq$  63); and those that were initially non-clinical (i.e. initial OQ  $\leq$  63). The groups were first divided into these three groups based on their initial OQ score, and then their initial OQ scores were averaged.

The second question of this study involved exploring average levels of psychological distress throughout the semester in all of these three groups. The answer to this question was obtained by averaging the amount of change shown by each of the three groups. Particular attention was paid to the first and last OQ administration as well as the difference between the two scores. A graph showing the average OQ scores of all 8 administrations of the OQ for each of the three groups throughout the semester was also done.

The third question of this study looked at average levels of psychological distress in these three groups based upon whether they did or did not have concurrent counseling services. The answer to this question was obtained by further subdividing each of these three main groups into



those that received and did not receive concurrent counseling services. Special attention was given again to the average amount of change shown by each group. The average OQ scores of all 8 administrations of the OQ were also graphed for each of the three groups.

The fourth question for this study investigated average levels of psychological distress in the three groups based upon whether they were in an improver or deteriorater group. The answer to this question was obtained by further subdividing each of the three main groups into those that improved or deteriorated, as defined by comparing their first and last administration of the OQ. In other words, if a student's last OQ was higher than their first OQ, then they fell into the deteriorater category, vice versa. Special attention was given to the amount of change shown per group. The average OQ scores of all 8 administrations of the OQ were again graphed for each of the three groups.

Further analysis for this question involved analyzing the data according to those who made clinically significant levels of change (i.e. at least 14 points of improvement and changed clinical status) for both the improver and deteriorater categories, as defined by standards of the OQ. If students moved at least 14 points and moved from clinical to non-clinical then they were considered to have recovered. If students dropped 14 points without changing their clinical status, then they were considered to have merely improved. The data in this question was also analyzed according to these standards.

The last question of this study explored average levels of psychological distress in these three groups based upon whether they did or did not have concurrent counseling services and whether they were in an improver or deteriorater group. The answer was obtained by first subdividing each of the three main groups into those that improved or deteriorated, and then secondly into those that received or did not receive concurrent counseling services. Special

attention was given to the average amount of change shown per group. The average OQ scores of all 8 administrations of the OQ were again graphed for each of the three groups.

## Chapter 4: Results

Data from the study was analyzed using SPSS, and the following type of data was removed from any analysis using a case-wise deletion strategy: data without an identifying name; students who did not take an initial or final OQ; data taken outside the specified time intervals; and students whose first and last OQ score did not change ( $n = 3$ ). (These students were removed because they did not fit into the improver or deteriorater categories, and because they would have been included in only some parts of the analysis, making findings and comparisons less clear). A total of 206 students were omitted for all of these aforementioned reasons, leaving a total of 127 for answering the questions in this study.

In graphing the average OQ scores of all 8 administrations of the OQ for each of the questions in this study, a pair-wise deletion method was employed for those with missing data. In other words, all 127 students were used to calculate the averages of each administration of the OQ for all of the main and sub-group analysis. Although there were inherent risks in employing this strategy such as variable numbers for each average, employing a list-wise approach would have reduced the total N substantially limiting the richness of potential findings.

### *Question One: Initial Levels of Psychological Distress*

The first question explored what the average initial levels of psychological distress were for the entire sample, the initially clinical, and the initially non-clinical group. Results indicate that for the entire sample ( $n = 127$ ), the initial psychological distress level, as indicated by the scores on the first administration of the OQ, was 45.55 ( $SD = 17.98$ ). In comparison, the initial levels of psychological distress were 76.35 ( $SD = 11.12$ ) and 39.79 ( $SD = 12.24$ ) for the initially clinical ( $n = 20$ ) and initially non-clinical ( $n = 107$ ) groups, respectively. A summary of this data may be found in Table 2.

Of particular interest is the 36 point difference between the initial levels of psychological distress in the initially clinical (i.e. OQ 1 = 76.35) and the initially non-clinical group (i.e. OQ 1 = 39.79). The initially clinical group is markedly more distressed as a group and represented 15.75% (n = 20) of the entire sample. Unfortunately, the small n of the initially clinical group (n = 20) prevents more complex analysis of the data.

Table 2

*Levels of Psychological Distress for All Three Groups*

	Entire sample		Initially clinical		Initially non-clinical	
	M	SD	M	SD	M	SD
OQ 1	45.55	17.98	76.35	11.12	39.79	12.24
OQ 8	42.83	23.00	68.85	26.71	37.97	18.70
OQ 8 – OQ 1	-2.72	16.56	-7.50	25.71	-1.82	14.22

*Note.* The entire sample had 127 students; the initially clinical had 20 students; and the initially non-clinical group had 107 students. OQ = Outcome Questionnaire score.

*Question Two: Average Amounts of Change in Levels of Psychological Distress*

The second question looked at how average levels of psychological distress changed throughout the semester in all of these three groups. Accordingly, the entire sample dropped an average of -2.72 points (SD = 16.56), the initially clinical group dropped an average of -7.50 points (SD = 27.71), and the initially non-clinical group dropped an average of -1.82 point (SD = 14.22) through the course of the semester. A summary of this information may be found in Table 2, and a graph showing how average levels of psychological distress changed throughout the semester for all three groups is shown in Figure 1. While all three groups dropped overall in

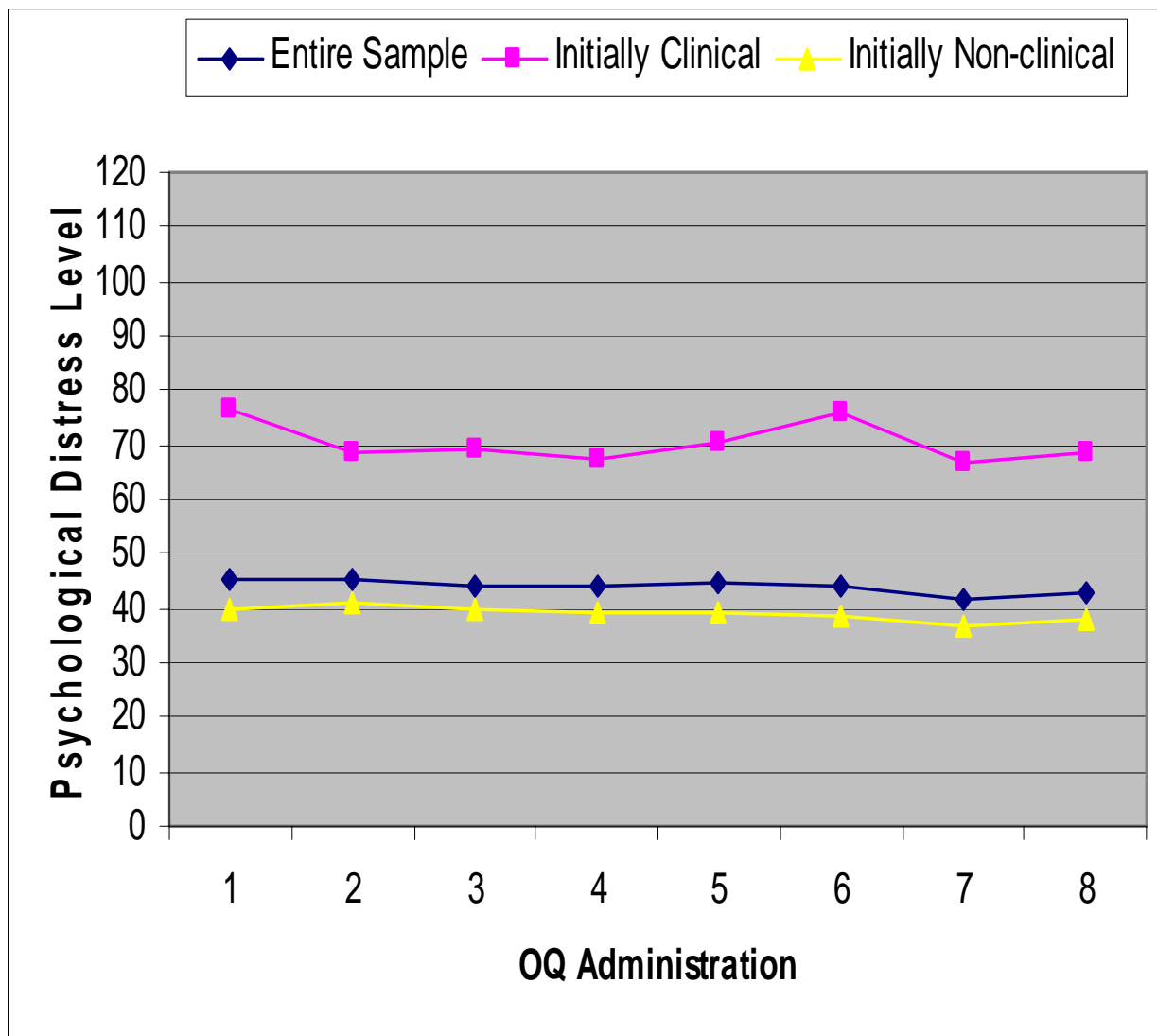


Figure 1. Average levels of psychological distress for all eight administrations of the OQ.

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their levels of psychological distress, none of the three groups as a whole showed reliable levels of change at this level of analysis level (i.e. at least a 14 point drop in scores).

*Question Three: Concurrent Counseling Services and Average Levels of Psychological Distress*

The third question looked at average levels of psychological distress in these three groups based upon whether they did or did not receive concurrent counseling services. Of the initial 127 students, 94 students had usable data concerning concurrent counseling services. A summary of these findings may be found in Table 3, and a graph showing how levels of psychological distress changed throughout the semester for all three groups, while accounting for concurrent counseling services, is shown in Figure 2. A graph showing how levels of psychological distress changed throughout the semester for all three groups, while accounting for the absence of concurrent counseling services, is shown in Figure 3.

*Question Four: The Improver/Deteriorater Category and Average Levels of Psychological Distress*

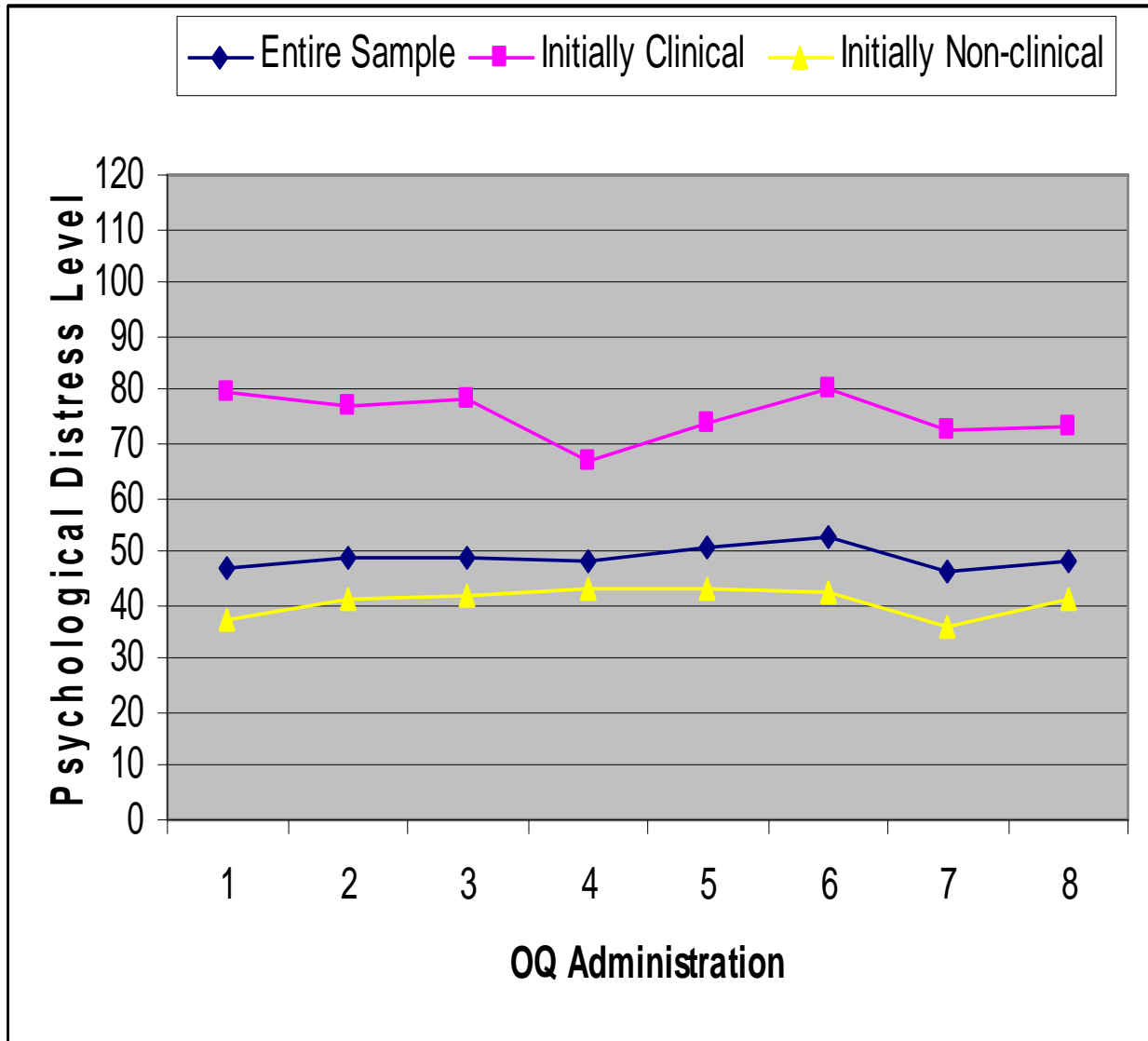
The fourth question examined average levels of psychological distress in the three groups based upon whether they were in an improver or deteriorater group. These two categories were determined according to whether an individual's initial OQ score was higher or lower than their last OQ score. According to those results, those that began initially clinical and were in the improver category made a -23.00 point change (SD = 13.05). Those that were initially clinical and were in the deteriorater category made a 21.29 point change (SD = 16.29). A summary of these and other findings are represented in Table 4. A graph showing how levels of psychological distress changed throughout the semester for all three groups, while accounting for being in an improver and deteriorater group are shown in Figures 4 and 5.

Table 3

*Levels of Psychological Distress with and without Concurrent Counseling Services*

	Entire sample		Initially clinical		Initially non-clinical	
Total N	94		17		77	
Counseling	40		9		31	
No counseling	54		8		46	
	M	SD	M	SD	M	SD
Counseling						
OQ 1	47.00	22.09	79.78	13.14	37.48	13.12
OQ 8	48.13	27.57	73.22	23.87	40.84	24.33
OQ 8 – OQ 1	1.13	16.90	-6.56	20.89	3.35	15.24
No counseling						
OQ 1	49.78	13.30	74.00	8.32	45.57	8.68
OQ 8	43.93	20.01	64.5	30.26	40.35	15.52
OQ 8 – OQ 1	-5.85	15.91	-9.50	28.24	-5.22	13.08

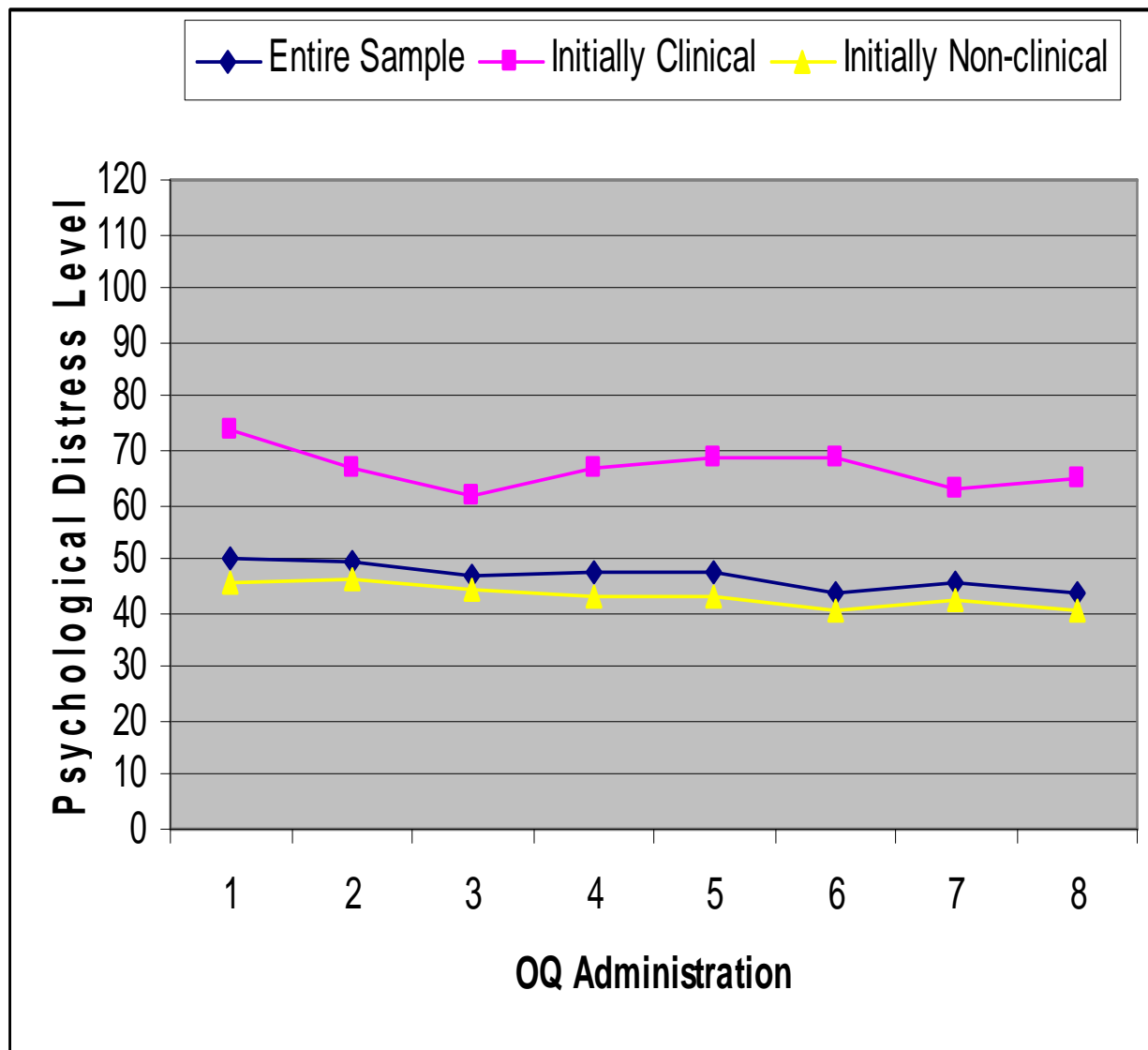
*Note.* OQ = Outcome Questionnaire score.



*Figure 2.* Average levels of psychological distress for all eight administrations of the OQ while accounting for concurrent counseling services.

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*Figure 3.* Average levels of psychological distress for all eight administrations of the OQ while accounting for the absence of concurrent counseling services.

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Table 4

*Levels of Psychological Distress for Improvers and Deteriorators*

	Entire sample		Initially clinical		Initially non-clinical	
Total N	127		20		107	
Improvers	77		13		64	
Deteriorators	50		7		43	
	M	SD	M	SD	M	SD
Improvers						
OQ1	44.91	17.49	75.23	11.25	38.75	10.80
OQ8	31.99	15.10	52.23	12.87	27.87	11.90
OQ 8 – OQ 1	-12.92	10.21	-23.00	13.05	-10.88	8.26
Deteriorators						
OQ1	46.54	18.85	78.43	11.43	41.35	14.10
OQ8	59.54	23.18	99.71	14.74	53.00	16.83
OQ 8 – OQ 1	13.00	11.28	21.29	16.29	11.65	9.87

*Note.* The entire sample had 127 students; the initially clinical had 20 students; and the initially non-clinical group had 107 students. OQ = Outcome Questionnaire score.

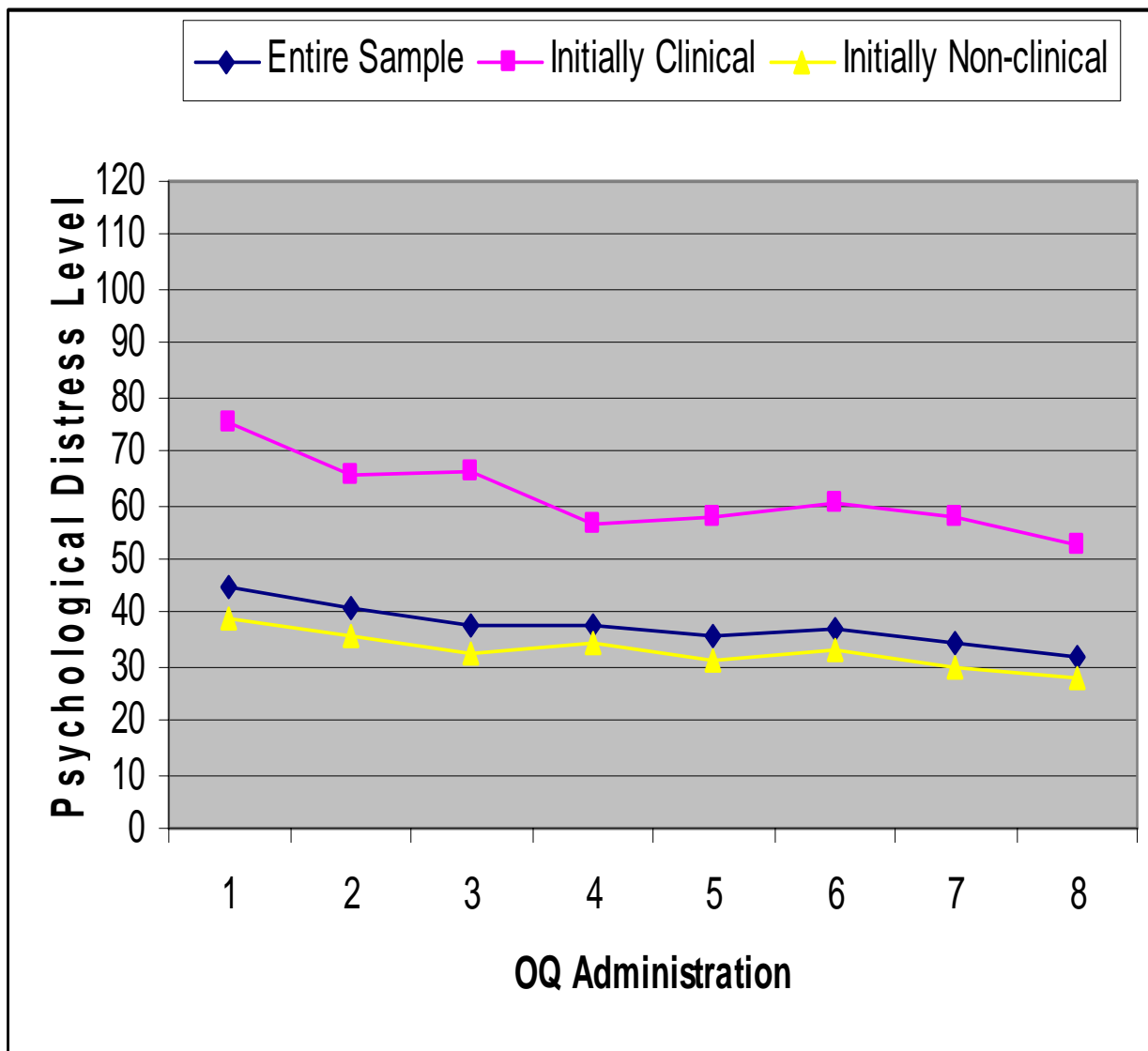
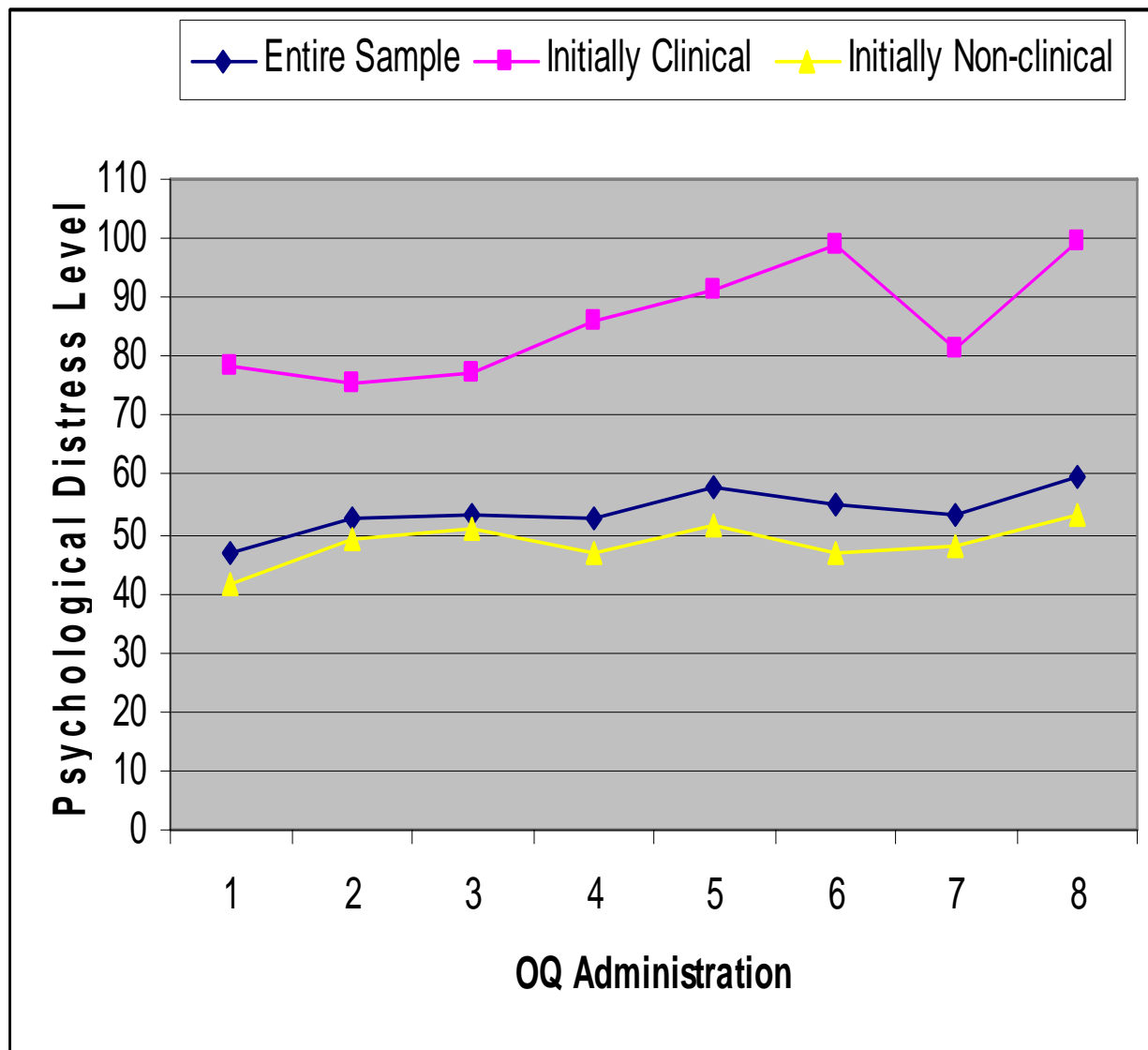


Figure 4. Average levels of psychological distress for all eight administrations of the OQ for the improver group.

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*Figure 5.* Average levels of psychological distress for all eight administrations of the OQ for the deteriorater group.

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The data here was re-analyzed according to those who made clinically significant levels of improvement as defined by the standards of the OQ (i.e. at least 14 points of change and a change in clinical status), and whether they could be considered recovered or merely improved according to predetermined standards set by the OQ. Looking at individual scores, in the entire sample, 30 of 127 or 23.62% of the students decreased in their levels of psychological distress by at least 14 points. This means that about  $\frac{1}{4}$  of the students made reliable levels of change in an improvement direction. In contrast only 19 of 127 or 14.96% of the students in the entire sample increased in their levels of psychological distress by at least 14 points. Of the 30 students who improved at least 14 points, 10 were in the initially clinical category. Of these 10 students, 9 of them changed their clinical status (i.e. went from clinical to non-clinical) so as to be considered recovered. Conversely, this also means that 21 of the 30 students could be classified as improved by standards of the OQ.

If we take this group of 30 students who made at least 14 points of improvement, we find that in the entire sample, the average level of improvement was  $-22.53$  points ( $SD = 9.662$ ). Average levels of improvement for the initially clinical and initially non-clinical groups were  $-27.10$  ( $SD = 12.06$ ) and  $-20.25$  ( $SD = 7.56$ ) points, respectively. If we take the group of 19 students who deteriorated by at least 14 points, we find that in the entire sample, the average level of deterioration was  $24.74$  ( $SD = 9.17$ ) points. Average levels of deterioration for the initially clinical and initially non-clinical groups were  $36.00$  ( $SD = 14.93$ ) and  $22.63$  ( $SD = 6.41$ ) points, respectively. A summary of these findings is shown in Table 5. A graph illustrating the average OQ scores of these groups who improved by at least 14 points throughout the semester can be found in Figure 6. A graph illustrating the average OQ scores of these groups who deteriorated by at least 14 points throughout the semester can be found in Figure 7.

*Question Five: Concurrent Counseling Services, the Improver/Deteriorater Category, and Average Levels of Psychological Distress*

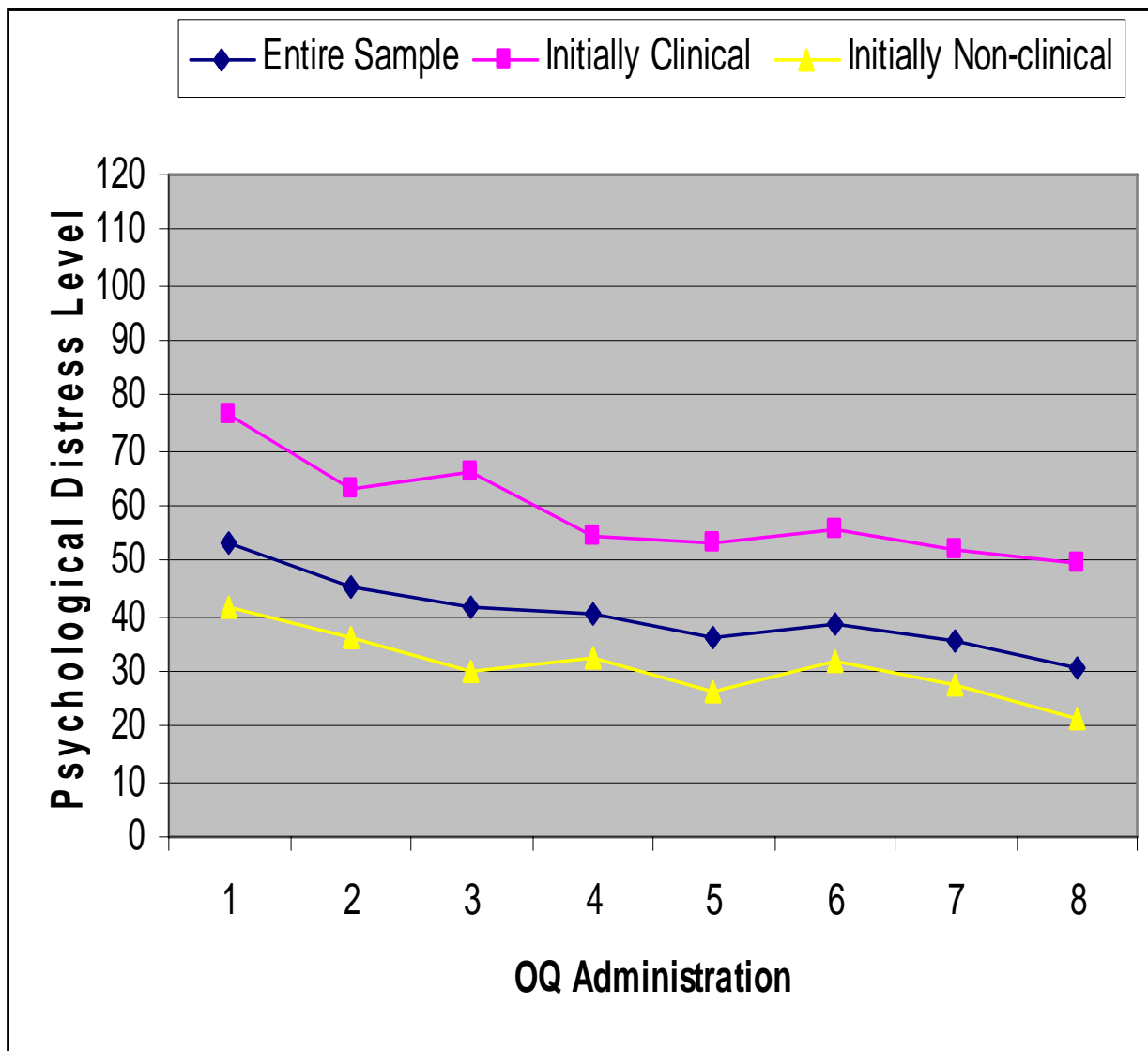
The last question of this study explored average levels of psychological distress in the three groups, and accounted for whether they did or did not have concurrent counseling services and whether they were in an improver or deteriorater group. Highlights of those results show that deterioraters in the entire sample, with concurrent counseling increased 15.25 points (SD = 8.43); that deterioraters in the initially clinical group, without concurrent counseling increased 29.00 points; and that deterioraters in the initially non-clinical group with concurrent counseling increased 16.00 points (SD = 9.08) in their levels of psychological distress. In contrast, improvers in the initially clinical group without concurrent counseling services decreased -22.33 points (SD = 14.01). A summary of these and other results may be found in Tables 6 and 7. Graphs illustrating how levels of psychological distress changed throughout the semester in these groups are shown in Figures 8, 9, 10, and 11.

Table 5

*Levels of Psychological Distress for Clinically Significant Improvers and Deteriorators*

	Entire sample		Initially clinical		Initially non-clinical	
Total N	49		13		36	
Improvers	30		10		20	
Deteriorators	19		3		16	
	M	SD	M	SD	M	SD
Improvers						
OQ1	53.20	20.27	76.50	12.17	41.55	11.34
OQ8	30.67	17.70	49.40	13.15	21.30	10.92
OQ 8 – OQ 1	-22.53	9.66	-27.10	12.06	-20.25	7.56
Deteriorators						
OQ1	48.95	17.20	72.67	7.51	44.50	14.62
OQ8	73.68	20.20	108.67	14.19	67.13	13.12
OQ 8 – OQ 1	24.74	9.17	36.00	14.93	22.63	6.41

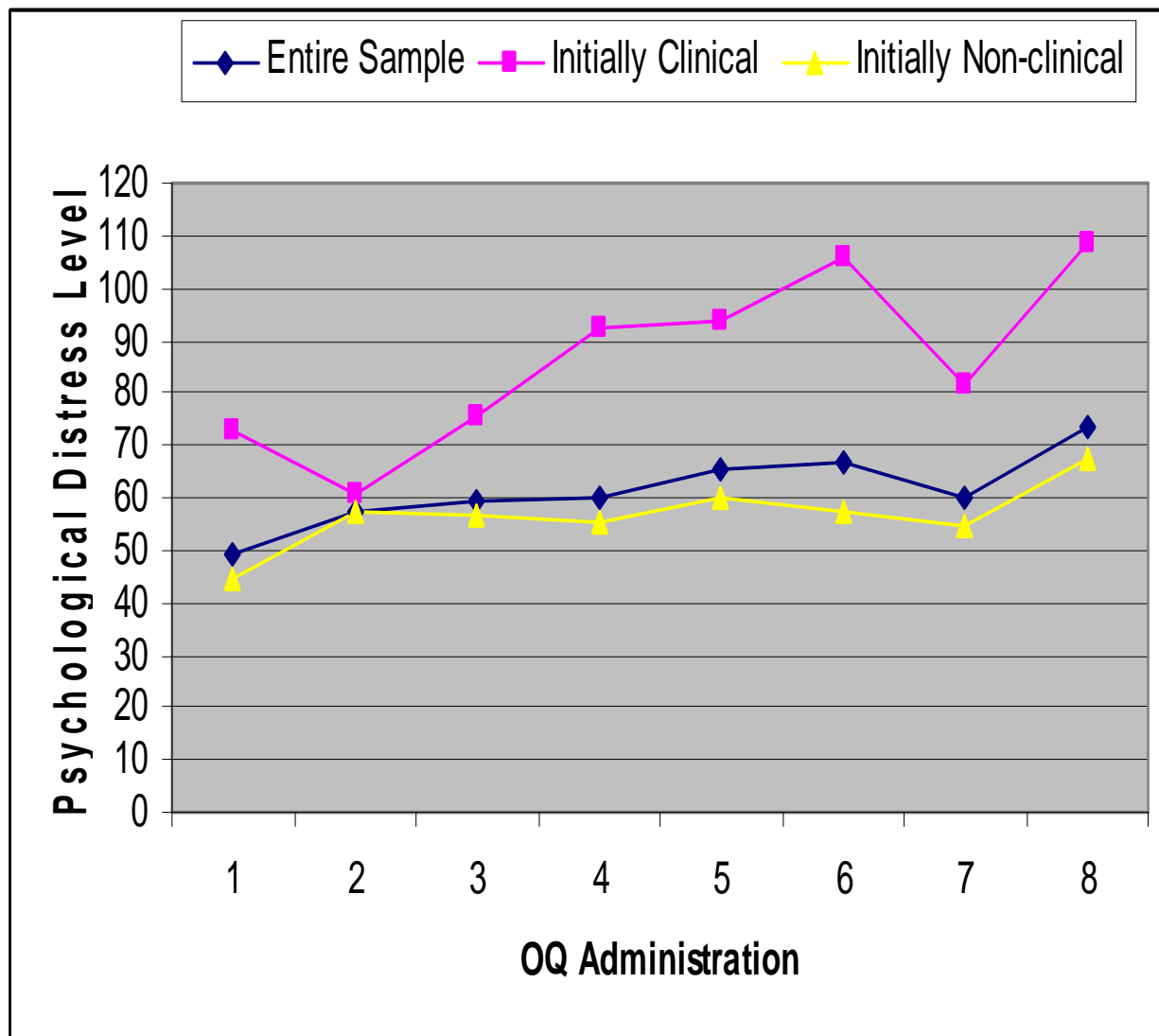
*Note.* OQ = Outcome Questionnaire score.



*Figure 6.* Average levels of psychological distress for all eight administrations of the OQ for those that improved by at least 14 points through the semester.

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*Figure 7.* Average levels of psychological distress for all eight administrations of the OQ for those that deteriorated by at least 14 points through the semester.

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Table 6

*Counseling Services, Improvers/Deteriorators, and Psychological Distress Group Size*

	Entire sample	Initially clinical	Initially non-clinical
Total N	106	17	89
Improvers	65	11	54
Counseling	20	5	15
No counseling	45	6	39
Deteriorators	41	6	35
Counseling	20	4	16
No counseling	21	2	19

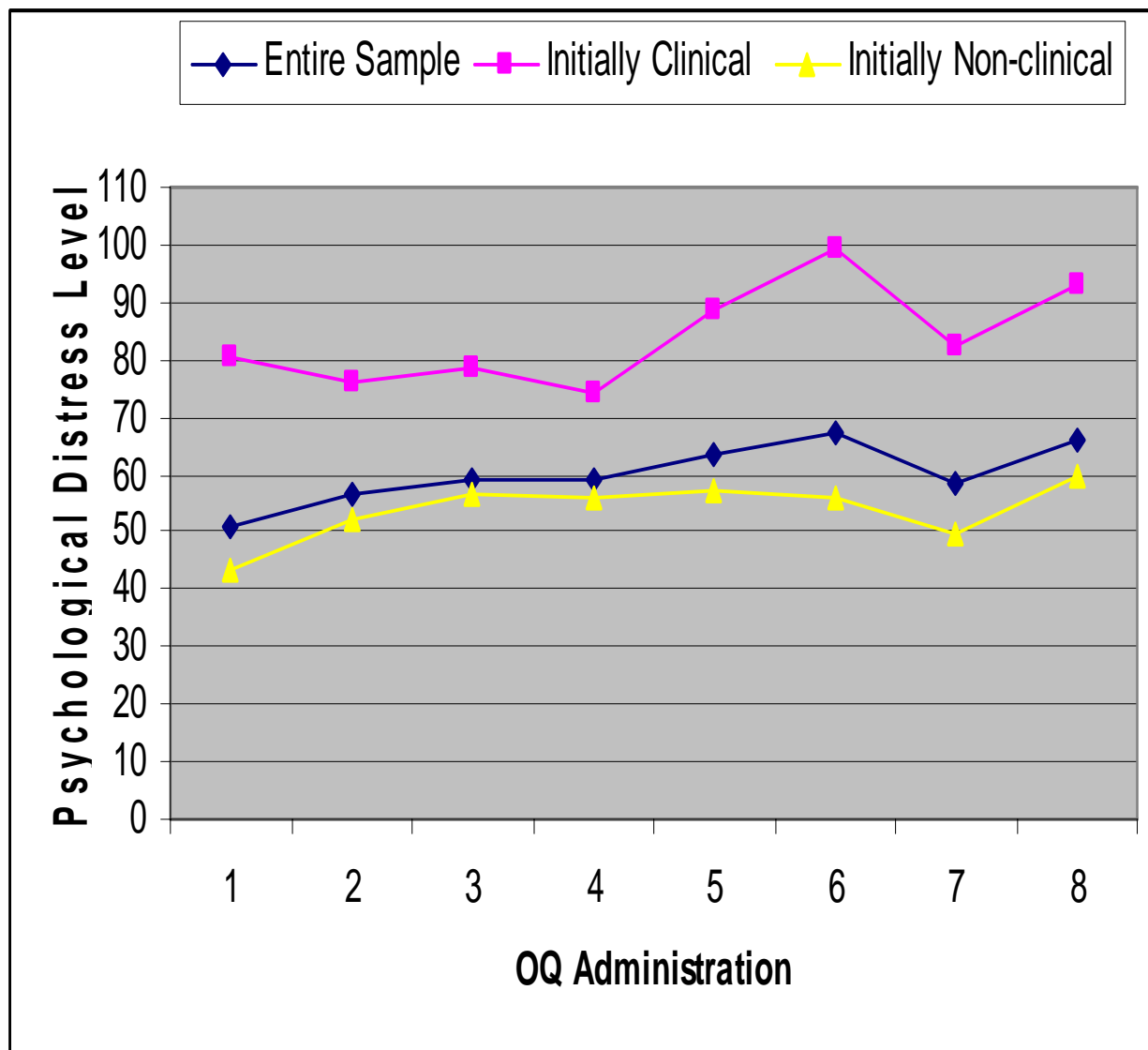
*Note.* This table represents the quantities in each category. Note. OQ = Outcome Questionnaire score.

Table 7

*Counseling Services, Improvers/Deterioraters, and Levels of Psychological Distress*

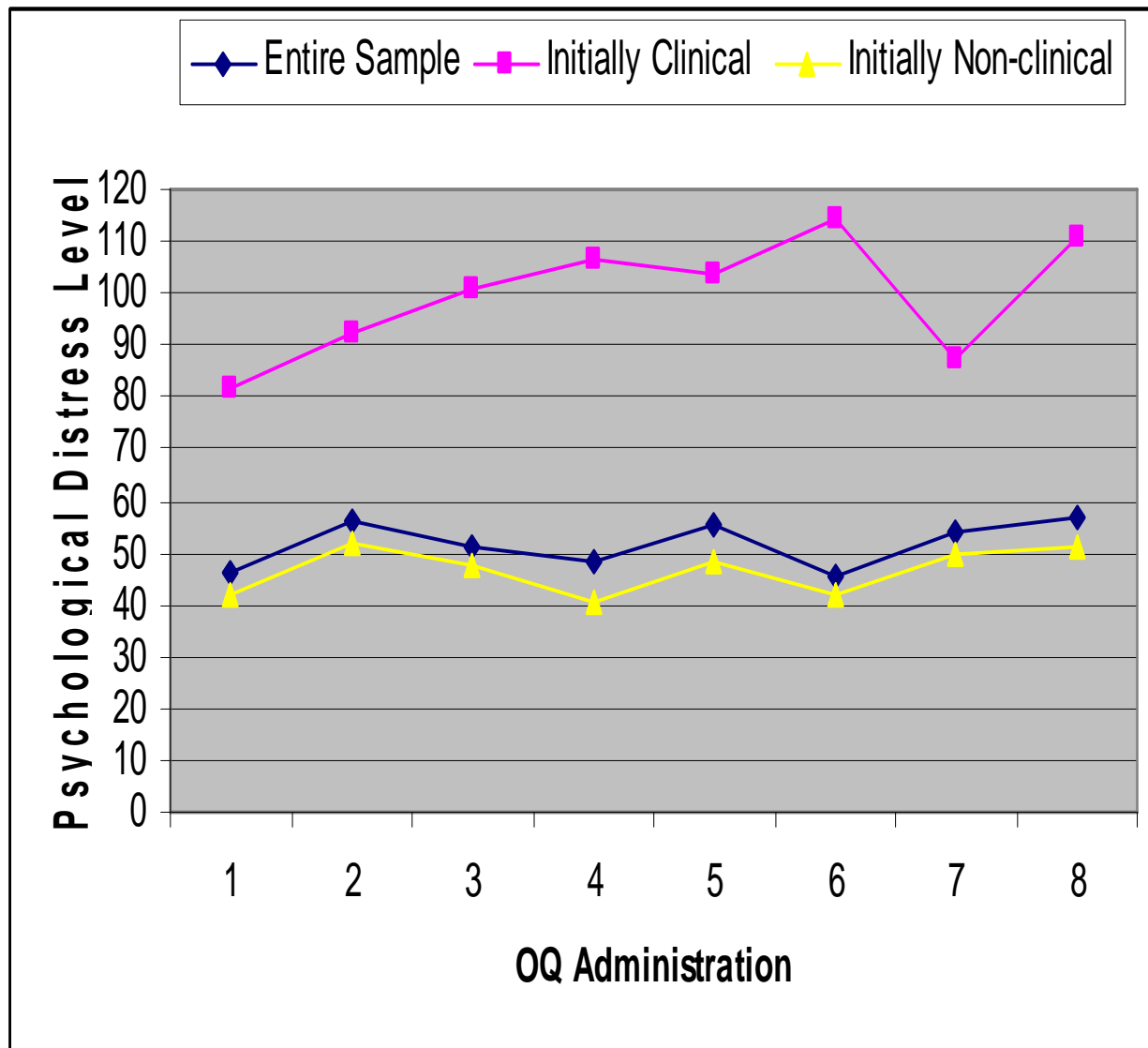
	Entire sample		Initially clinical		Initially non-clinical	
	M	SD	M	SD	M	SD
<b>Improvers</b>						
Counseling						
OQ 1	43.00	23.18	79.20	14.82	30.93	6.50
OQ 8	30.00	19.96	57.60	18.31	20.80	9.07
OQ 8 – OQ 1	-13.00	9.76	-12.60	14.79	-10.13	5.60
No counseling						
OQ 1	44.87	14.77	71.50	7.66	40.77	10.75
OQ 8	31.98	13.30	49.17	8.97	29.33	11.84
OQ 8 – OQ 1	-12.98	10.14	-22.33	14.01	-11.44	8.77
<b>Deterioraters</b>						
Counseling						
OQ 1	51.00	20.74	80.50	12.89	43.63	14.89
OQ 8	66.25	21.67	92.75	12.55	59.63	18.15
OQ 8 – OQ 1	15.25	8.43	12.25	4.78	16.00	9.08
No counseling						
OQ 1	45.86	17.67	81.50	6.36	42.11	13.74
OQ 8	57.00	23.48	110.50	19.09	51.37	15.52
OQ 8- OQ 1	11.14	11.59	29.00	25.45	9.26	8.62

*Note.* OQ = Outcome Questionnaire score.



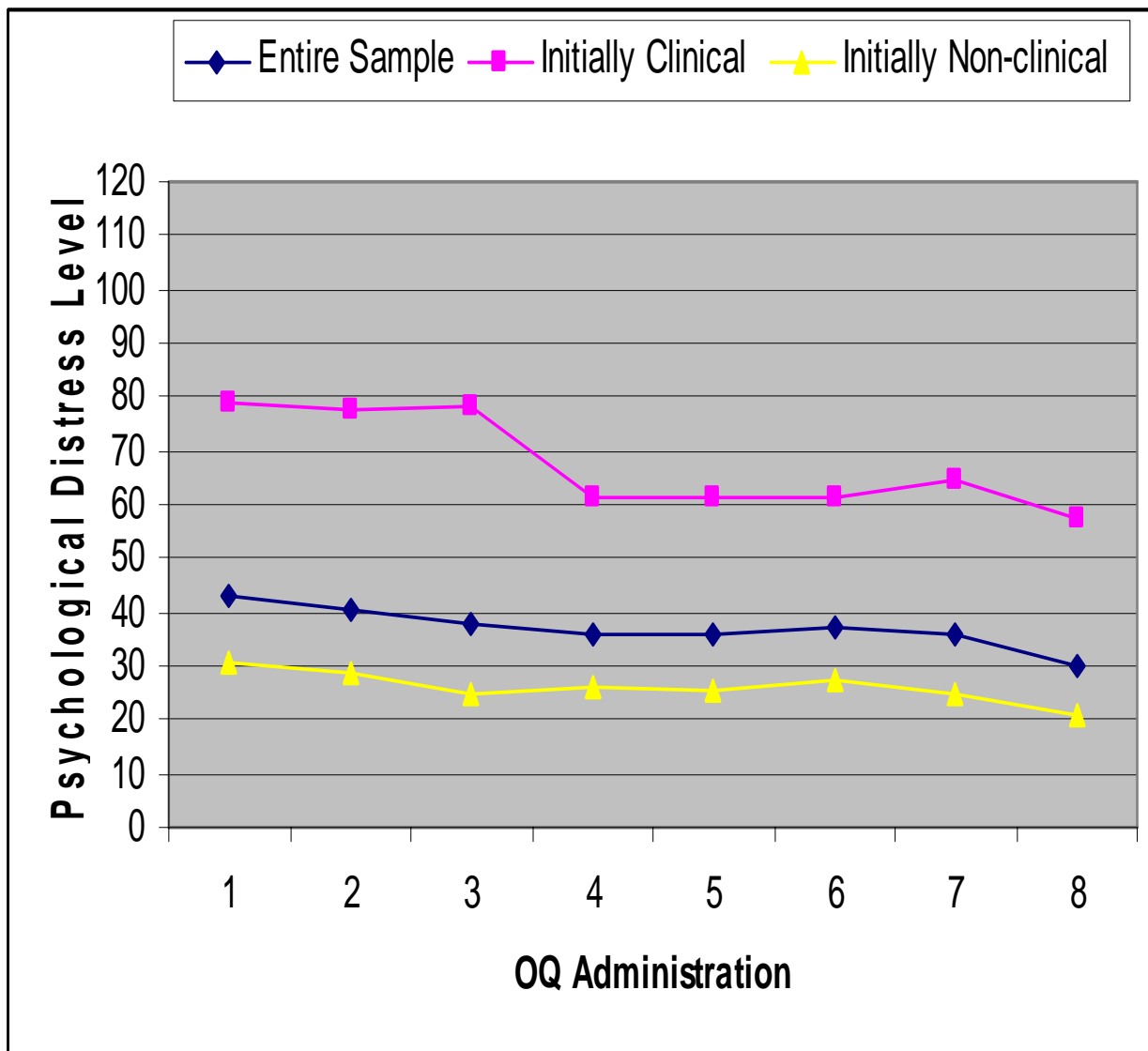
*Figure 8.* Average levels of psychological distress for all eight administrations of the OQ for deterioraters with concurrent counseling services.

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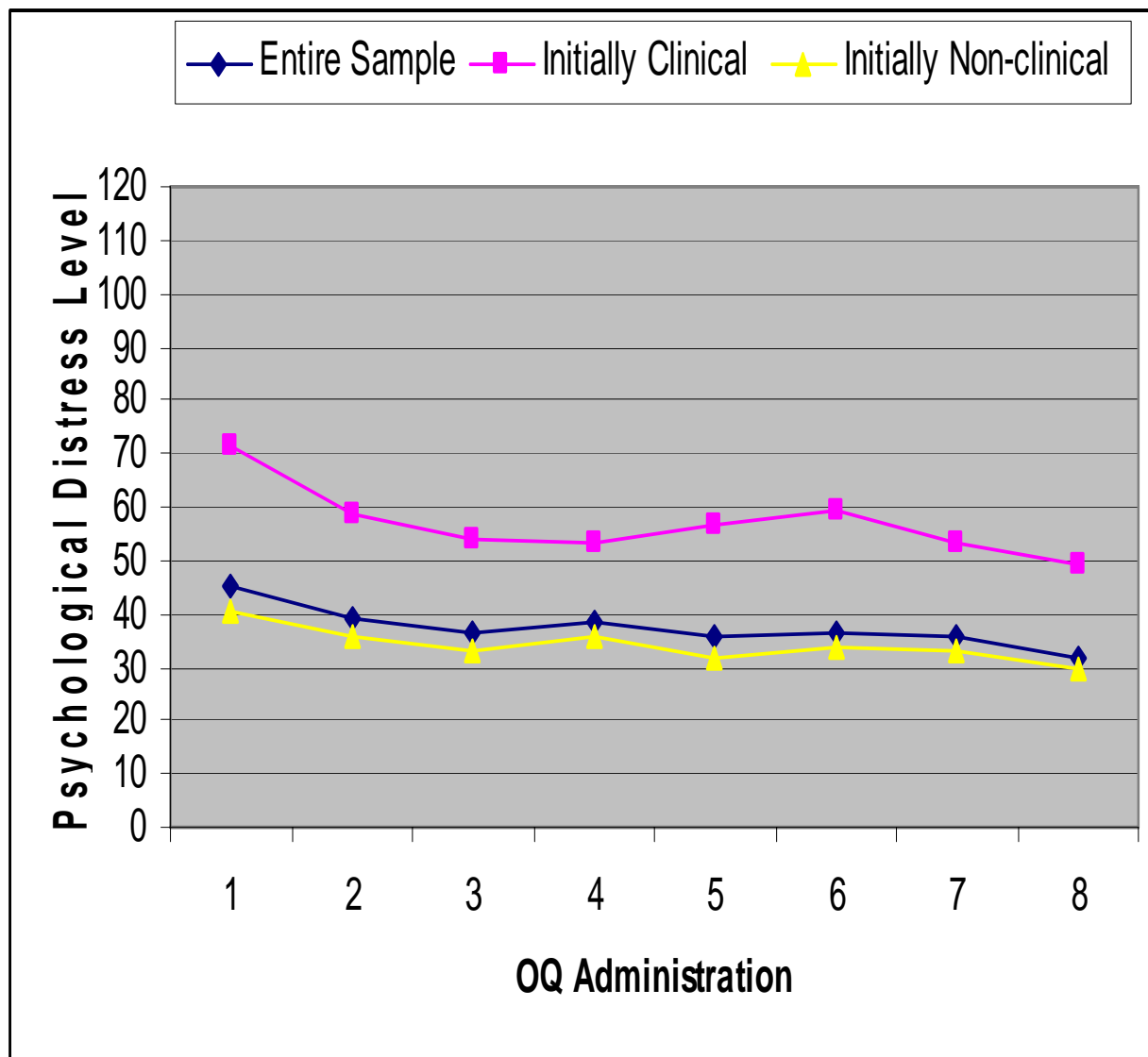
*Figure 9.* Average levels of psychological distress for all eight administrations of the OQ for deterioraters without concurrent counseling services.

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*Figure 10.* Average levels of psychological distress for all eight administrations of the OQ for improvers with concurrent counseling services.

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*Figure 11.* Average levels of psychological distress for all eight administrations of the OQ for improvers without concurrent counseling services.

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## Chapter 5: Discussion

### *Question One: Initial Levels of Psychological Distress*

The first question explored what the average initial levels of psychological distress were for the entire sample, the initially clinical, and the initially non-clinical groups. Regardless of these specific values, these numbers are useful in that base-line levels of initial psychological distress in student populations have not been recorded in the literature apart from approximate and indirect figures obtained in a study done by Durham (1999). The fact that 20 of 127 or 15.75% of the students began the career exploration course with clinical levels of initial psychological distress is also worth in itself pointing out. This would equate to about 4 or so students per each class of about 25 students.

### *Question Two: Average Amounts of Change in Levels of Psychological Distress*

The second question looked at how average levels of psychological distress changed throughout the semester in all of the three groups. Again, regardless of specific values, the data here has value in that base-line levels of change in levels of psychological distress have not been recorded for students who are enrolled in a Student Development 117 course. The data for this question seems to begin to reveal characteristics of two distinct groups. These distinctions become clearer in subsequent analysis, especially as the canceling-out effect of opposite scores are accounted for.

### *Question Three: Concurrent Counseling Services and Average Levels of Psychological Distress*

The third question looked at average levels of psychological distress in these three groups based upon whether they did or did not receive concurrent counseling services. What seems to stand out from the data for this question is that compared to the previous analysis in question two, the average drop in levels of psychological distress are larger when concurrent counseling



services are accounted for. Those changes, however, do not meet the criterion for “reliable” levels of change. What is even more interesting is that all three of the main groups seemed to drop more in their levels of psychological distress without concurrent counseling services. The nature of this phenomenon does not seem to have a clear answer at this point.

*Question Four: The Improver/Deteriorater Category and Average Levels of Psychological Distress*

The fourth question examined average levels of psychological distress in the three groups based upon whether they were in an improver or deteriorater group. The first point worth noting concerning this data is that when the data was organized in this manner, significant changes in levels of psychological distress begin to manifest themselves. Of particular note is the degree of change apparent in the initially clinical group. The changes made in this group far surpassed the 14 point criterion necessary to qualify as being reliable levels of change, and all but one individual in this group could be considered recovered. Even the two other groups showed large levels of change than in the previous analysis, albeit not enough to qualify as being in the reliable range.

When the analysis focused specifically upon those who made reliable levels of change, drastic amounts of change reveal themselves. In this light, improvers and deterioraters made about the same amount of change opposite directions, although the numbers for each category varied. Again, the initially clinical group made the greatest amount of change in both directions.

*Question Five: Concurrent Counseling Services, the Improver/Deteriorater Category, and Average Levels of Psychological Distress*

The last question of this study investigated average levels of psychological distress in the three groups, and accounted for whether they did or did not have concurrent counseling services

and whether they were in an improver or deteriorater group. In general, most of the change that met the criterion for being at a reliable level was to be found in the deteriorater group. Again, the greatest amount of change was seen in the initially clinical group, but the numbers for these categories was low. What is also interesting is that the greatest level of improvement and deterioration was to be found in the groups who did not receive concurrent counseling services. Also worth noting is the 40 point difference initial OQ scores between the initially clinical and initially non-clinical groups, when an improver/deteriorater category and concurrent counseling services are factored in. It is unfortunate, however, that a small number in the initially clinical group prevents a more complex analysis of the data. The data was not analyzed here according to those who made clinically significant levels of change (i.e. at least 14 points of improvement) for both the improver/deteriorater and counseling/no counseling categories due to the very small number of clients in each group.

### *Implications*

A main purpose of this study was to further explore and understand the connection between the career and personal domains of the individual about which many have written (Betz & Corning, 1993; Bradley & Ladany, 2001; Blustein & Spengler, 1995; Brown, 1985; Davidson & Gilbert, 1993; Dorn, 1986; Herr, 1989; Imbimbo, 1994; Krumboltz, 1993; Krumboltz & Coon, 1995; Lucas, 1993; Manuele-Adkins, 1992; Miller, 1999; Niles & Pate, 1989; Rak & O'Dell, 1994; Rounds & Tinsley, 1984; Schultheiss, 2000; Spokane, 1989, 1991; Weikel & Palmo, 1996). At the same time, little has been done in terms of empirical research on the topic of career issues and mental health (Herr, 1989; Spokane & Fretz, 1993) as well as the topic of career interventions and their effect upon significant psychological distress (Blustein & Spengler, 1995; Brown, 1985; Herr, 1989; Manuel-Adkins, 1992; Multon et al., 2001; Spokane, 1989).

Fortunately, this study does set the stage for many subsequent research studies by providing baseline data for initial levels of psychological distress, for students enrolled in a career exploration course, for improvers and deteriorators, and for those who concurrently received or did not receive counseling services. While the initial findings in this study are interesting, they do raise more questions.

Given the marked gap in the literature on the topic of career development and its connection to an individual's degree of mental health (Herr, 1989; Spokane & Fretz, 1993), an initial figure to the question of the prevalence rate of initially clinical levels of psychological distress opens the door for further research. No empirical research has published such data and the information was much needed.

Looking at the results as a whole, however, one can see that more students got better than not. Initial findings in this study begin to add credence to the idea that career guidance interventions could have a positive benefit in students, as many have written about (Cytrynbaum & Crites, 1989; Vondracek et al., 1986; Corbishley & Yost, 1989; Rak & O'Dell, 1994; Savickas, 1994; Spokane, 1989; Spokane & Fretz, 1993), especially to those who are experiencing initially clinical levels of psychological distress. One possible reason for this could be that students who are most distressed about their career decision benefit most from the class; it is a bigger decision for them and for them, there is more at stake. This could also explain why those who were initially less distressed benefited less from the course – the decision was not as important for them.

This study furthers the possibility of using career guidance interventions more frequently as a mental health intervention (Brown, 1985; Brown & Brooks, 1985; Brooks & Brown, 1996). Much more research is needed given that the exact mechanism through which career issues and

mental health affect one another is not really understood, nor was it the intended purpose of this study to answer this question.

Remembering that as Multon et al. (2001) have shown that 60% of clients in career counseling are considered distressed, then the need to further our understanding of career development and mental health issues cannot be overstated. Career guidance interventions may be an important factor in improving an individual's level of psychological distress, and benefits are also to be gained from advancing the realms of our understanding on these topics for struggling students and for the psychological profession as a whole. If psychological distress can be categorized as being content neutral, then it makes sense that clients improve regardless of the setting in which they receive help and regardless of the content of their distress.

#### *Limitations*

The population used for this study does have some limitations in that students used for this study were primarily European American, 18 year-old students at a single university. Given this fact, caution should be used when generalizing findings to the larger population. A second limitation includes the smaller sample sizes in some of the analyses. Given that a smaller portion of the students were in the initially clinical group, this reality unfortunately prohibits further analysis with inferential statistics. A third limitation involves the variability in environmental factors that might influence the participant's responses in terms of the effects from the instructors, the time of day the OQ was taken, and the day upon which the OQ was taken. One last limitation involves being unable to examine any effects from utilizing the OQ online as opposed to a paper- and-pencil format.

### *Future Research*

These initial findings open the door for subsequent research, and the questions to be answered are numerous. First of all, it would be useful to obtain additional data on initial, final, and change scores in OQ levels with various populations that might serve as comparison groups. It would also be interesting to see how initial OQ levels vary according to various contexts (e.g. class, year in school, educational institution, and ethnicity) and content (e.g. interpersonal issues versus career decision). Such information would help to answer the question of whether psychological distress may be aptly understood as being bound by or independent of context and content.

Further research would be warranted so as to explore whether initially clinical and initially non-clinical groups as well as improvers versus deteriorators do indeed respond differently to career exploration courses and whether they do represent independent and identifiable sub-groups with their own independent, stable mean and predictable levels of improvement and deterioration. A more experimental-type of design would be necessary for such an analysis. Additional research could also involve furthering our understanding on how concurrently seeking counseling services affect changes in psychological distress levels in these sub-groups given the interesting findings of this study. A lengthier data collection period could ensure that larger sample sizes could cross a threshold of 30 students so as to be able to run more complex analysis on initially clinical populations and obtain further data on their prevalence in the general population.

Research involving the subscales of the Outcome Questionnaire and career development issues is another completely unexplored area with these populations and issues. The three facets of the OQ mentioned in Lambert's (1983) study involve a) subjective discomfort; b)

interpersonal relationships; and c) social role performance. Lambert et al. (2003) also describe these three categories as involving a) symptomatic distress, b) interpersonal problems, and c) social role discomfort.

Studies probing deeper into the mechanics through which career exploration courses benefit students and how students develop in their career decision seem especially replete with opportunity. A replicated study also employing a career decidedness measure could yield meaningful results. In summary, more research is necessary to help verify whether career counseling “is a viable intervention with clients that have rather severe emotional problems” (Brown, 1985, p. 197).

## References

- Arthur, M. B., Hall, D. T., & Lawrence, B. S. (Eds.). (1989). *Handbook of career theory*. New York: Cambridge University Press.
- Bechtel, D. S. (1993). The organization and impact of career programs and services within higher education. In J. R. Rayman (Vol. Ed.), *New directions for student services: Vol. 62, The changing role of career services* (pp. 23-36). San Francisco: Jossey-Bass.
- Beckstead, D. J. (2002). Clinical significance of the Outcome Questionnaire (OQ 45.2) as compared to the social adjustment rating scale and the inventory of interpersonal problems-short form. *Dissertation Abstracts International*, 62 (12-B), 5952.
- Belisle, R., & Gleave, R. L. (2003). *Rethinking fragmentation and unification in psychology*. Manuscript submitted for publication.
- Betz, N. E. (1992). Career Assessment: A review of critical issues. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (2<sup>nd</sup> ed.) (pp. 453-484). New York: Wiley.
- Betz, N. E., & Corning, A. F. (1993). The inseparability of “career” and “personal” counseling. *The Career Development Quarterly*, 42(2), 136-154.
- Bingham, R. P. (2002). The issue may be the integration of personal and career issues. *The Counseling Psychologist*, 30(6), 885-890.
- Birk, J. M., & Brooks, L. (1986). Required skills and training needs of recent counseling psychology graduates. *Journal of Counseling Psychology*, 33, 320-325.
- Bloch, D. P., & Richmond, L. J. (Eds.). (1997). *Connections between spirit and work in career development: New approaches and practical development*. Palo Alto, CA: Davies-Black.
- Blustein, D. L. (1987). Integrating career counseling and psychotherapy: A comprehensive

- treatment strategy. *Psychotherapy*, 249(4), 794-799.
- Blustein, D. L., & Spengler, P. M. (1995). Personal adjustment: Career counseling and psychotherapy. In W. B. Osipow (1995), *Handbook of vocational psychology: Theory research, and practice*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Bolles, R. N. (2003). *What color is your parachute? A practical manual for job-hunters and career changers*. Berkeley, CA: Ten Speed.
- Bordin, E. S. (1980). A psychodynamic view of counseling. *Counseling Psychologist*, 9, 62-70.
- Bradley, L. J., & Ladany, N. (Eds.). (2001). *Counselor supervision: Principles, process, and practice* (3<sup>rd</sup> ed.). New York: Brunner-Routledge.
- Brigham Young University. (2005). *Student development: Undergraduate catalog*. Web site: <http://saas.byu.edu/catalog/2004-2005ucat/cd/?dept=STDEV>.
- Brooks, L., & Brown, D. (1996). Career counseling for adults: Implications for mental health counselors. In W. J. Weikel and A. J. Palmo (Eds.), *Foundations of mental health counseling* (pp. 108-127). Springfield, IL: Charles C. Thomas Publisher, Ltd.
- Brown, D. (1995). A values-based model for facilitating career transitions. *Career Development Quarterly*, 44, 4-11.
- Brown, D. (1996). Brown's values-based holistic model of career and life-role choices and satisfaction. In D. Brown, L. Brooks, & Assoc. (Eds.), *Career choice and development* (3<sup>rd</sup> ed.) (pp. 337-372). San Francisco: Jossey-Bass.
- Brown, S. D. (1985). Career counseling: Before, after, or instead of personal counseling. *Vocational Guidance Quarterly*, 33, 197-200.
- Brown, S. D., & Brooks, L. (1985). Career counseling as a mental health intervention. *Professional Psychology*, 16(6), 860-867.



- Brown, S. D., & Krane, N. E. R. (2000). Four (or five) sessions and a cloud of dust: Old assumptions and new observations about career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 740-766). New York: John Wiley & Sons, Inc.
- Carver, D. S., & Smart, D. W. (1985). The effects of a career and self-exploration course for undecided freshmen. *Journal of College Student Personnel*, 27, 37-43.
- Chickering, A. W., & Reisser, L. (1993). *Education and identity* (2<sup>nd</sup> ed.). San Francisco: Jossey-Bass.
- Conklin, R. C. (1985). Career counseling with agoraphobic clients. *Canadian Counsellor*, 19, 190-198.
- Corbishley, M. A., & Yost, E. B. (1989). Psychological aspects of career counseling. *Journal of Career Development*, 16(1), 43-51.
- Crites, J.O. (1981). *Career counseling: Models, methods, and materials*. New York: McGraw-Hill.
- Cytrynbaum, S., & Crites, J. O. (1989). The utility of adult development theory in understanding career adjustment process. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (Eds.), *Handbook of career theory* (pp. 66-88). New York: Cambridge University Press.
- Davidson, S. L., & Gilbert, L. A. (1993). Career counseling is a personal matter. *The Career Development Quarterly*, 42, 149-153.
- De Goede, M., Spruijt, E., Jurjen, I., & Meeus, W. (1999). How do vocational and relationship stressors and identity formation affect adolescent mental health? *Journal of Adolescent Health*, 25(1), 14-20.
- DeLucia, J. L., Black, D. R., Loughhead, T. A., & Hulstman, J. T. (1989). Purdue Stepped

- Approach Model: Groups as a symbiosis of career development and mental health counseling. *Journal of Career Development*, 16(1), 25-41.
- Devlin, T. C. (1974). Career development courses. *Journal of College Placement*, 34, 62-68.
- Dorn, F. J. (1986). Needed: Competent, confident and committed career counselors. *Journal of Counseling Psychology*, 65(4), 216-217.
- Dorn, F. J. (1992). Occupational wellness: The integration of career identity and personal identity. *Journal of Counseling and Development*, 71, 176-178.
- Durham, Chris J. (1999). Outcome Questionnaire: Repeated administrations, mechanical responding, and social desirability. *Dissertation Abstracts International*, 59 (11-B), 6112.
- Ellison, C. W. & Smith, J. (1991). Toward an integrative measure on health and well-being. *Journal of Psychology and Theology*, 19(1), 35-48.
- Fitzgerald, L. F., & Osipow, S. H. (1986). An occupational analysis of counseling psychology: How special is the specialty? *American Psychologist*, 41, 535-544.
- Fitzgerald, L. F., & Osipow, S. H. (1988). We have seen the future, but is it us? The vocational aspirations of graduate students in counseling psychology. *Professional Psychology: Research and Practice*, 19, 575-583.
- Freud, S. (1930). *Civilization and its discontents*. London: Hogarth.
- Gallagher, R. P. (1997). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services, Inc.
- Gardener, J. N., & Van der Veer, G., & Assoc. (Eds.). (1998). *The senior year experience*. San Francisco: Jossey-Bass.
- Gelso, C. J., & Fretz, B. R. (2000). *Counseling Psychology*. Fort Worth, TX: Harcourt College

Publishers.

- Gelso, C., Prince, J., Cornfeld, J., Payne, A., Royalty, G., & Wiley, M. (1985). Quality of counselors' intake evaluations for clients with problems that are primarily vocational versus personal. *Journal of Counseling Psychology, 32*, 339-347.
- Gladding, S. T. (1996). *Counseling: A comprehensive profession* (3<sup>rd</sup> ed.). Englewood Cliffs, NJ: Merrill.
- Gleave, R. L., Belisle, R., & Jensen, D. (2003). *Attending to uncertainty in psychology*. Manuscript submitted for publication.
- Gold, J. M., & Scanlon, C. R. (1993). Psychological distress and counseling duration of career and non-career clients. *Career Development Quarterly, 42*, 186-191.
- Hackett, G. (1993). Career counseling and psychotherapy: False dichotomies and recommended remedies. *Journal of Career Assessment, 1*, 105-117.
- Haney, T., & Howland, P. (1978). Career courses for credit: Necessity or luxury? *Journal of College Placement, 38*, 75-79.
- Harris-Bowlsbey, J. (1992). Systematic career guidance and computer-based systems. In H. D. Lea and Z. B. Leibowitz, *Adult career development: Concepts, issues, and practices* (2<sup>nd</sup> ed.) (pp. 102-114). Alexandria, VA: The National Career Development Association.
- Hatch, A. L. (2002). Clinical significance of the Outcome Questionnaire (OQ45.2) as compared to the symptoms checklist 90-revised (SCL-90-R) and the quality of life inventory (QOLI). *Dissertation Abstracts International, 62* (12-B), 5964.
- Haverkamp, B. E., & Moore, D. (1993). The career-personal dichotomy: perceptual reality, practical illusion, and workplace integration. *The Career Development Quarterly, 42*(2), 154-160.

- Henderson, S. J. (2000). Follow your bliss: A process for career happiness. *Journal of Counseling and Development, 78*(3), 305-315.
- Heppner, M. J., & Johnston, J. A. (1993). Career counseling: A call to action. *New Directions for Student Services, 62*, 57-78.
- Herr, E. L. (1989). Career development and mental health. *Journal of Career Development, 16*, 5-18.
- Holland, J. L. (1985). *Making vocational choices: A theory of vocational personalities and work environments* (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Prentice Hall.
- Imbimbo, P. (1994). Integrating personal and career counseling: A challenge for counselors. *Journal of Employment Counseling, 31*, 50-59.
- Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*(1), 12-19.
- Kjos, D. (1995). Linking career counseling to personality disorders. *Journal of Counseling and Development, 73*, 592-597.
- Krumboltz, J. D. (1993). Integrating career and personal counseling. *The Career Development Quarterly, 42*, 143-147.
- Krumboltz, J. D., & Coon, D. W. (1995). Current professional issues in vocational psychology. In W. B. Walsh & S. H. Osipow (Eds.), *Handbook of vocational psychology: Theory, research, and practice* (2<sup>nd</sup> ed.) (pp. 1-34). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Lambert, M. J. (1983). Introduction to assessment of psychotherapy outcome: Historical perspective and current issues. In M. J. Lambert, E. R. Christensen, & S. S. DeJulio

- (Eds.), *The assessment of psychotherapy outcome* (pp. 3-32). New York: Wiley.
- Lambert, M. J., Burlingame, G. M., Umphress, V. J., Hansen, N. B., Vermeersch, D., Clouse, G. C., et al. (1996). The reliability and validity of the Outcome Questionnaire. *Clinical Psychology and Psychotherapy*, 3, 249-258.
- Lambert, M. J., Hansen, N. B., Umphress, V., Lunnen, K., Okiishi, J., Burlingame, G. M., et al. (1996). *Administration and scoring manual for the Outcome Questionnaire (OQ-45.2)*. Stevenson, MD: American Professional Credentialing Services.
- Lambert, M. J., Morton, J. J., Hatfield, D., Harmon, C., Hamilton, S., Reid, R. C., et al. (2004). *Administration and scoring manual for the OQ – 45.2*. American Professional Credentialing Services L.L.C. Provo, UT: Brigham Young University.
- Lambert, M. J., Okiishi, J. C., Finch, A. E., & Johnson, L. D. (2003). Outcome assessment: From conceptualization to implementation. In A. E. Kazdin, *Methodological issues and strategies in clinical research* (3<sup>rd</sup> ed.). Washington, DC: American Psychological Association.
- Leiberman, M. A., Yalom I. D., & Miles, M. B. (1973). *Encounter groups: First facts*. New York: Basic Books.
- Lofquist, L. H., & Dawis, R. V. (1984). Research on work adjustment and satisfaction: Implications for career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 216-237). New York: Wiley.
- Lucas, M. S. (1993). Personal aspects of career counseling: Three examples. *The Career Development Quarterly*, 42(2), 161-166.
- Lucas, M. S., & Epperson, D. L. (1988). Personality types in vocationally undecided students. *Journal of College Student Development*, 29, 460-466.

- Manuele-Adkins, C. (1992). Career counseling is personal counseling. *The Career Development Quarterly*, 40, 313-323.
- Massimo, J. L., & Shore, M. F. (1963). The effectiveness of a comprehensive vocationally oriented psychotherapeutic program for adolescent delinquent boys. *American Journal of Orthopsychiatry*, 33, 634-642.
- McIntosh, P. I. (2000). Life career development: Implications for school counselors. *Education*, 120(4), 621-625.
- Meier, S. T. (1991). Vocational behavior, 1988-1990: Vocational choice, decision-making, career development interventions, and assessment. *Journal of Vocational Behavior*, 39, 131-181.
- Meyer, B. W., & Winer, J. L. (1993). The career decision scale and neuroticism. *Journal of Career Assessment*, 1(2), 171-180.
- Miller, V. M. (1999). The opportunity structure: Implications for career counseling. *Journal of Employment Counseling*, 36, 2-12.
- Mitchell, L. K., & Krumboltz, J. D. (1996). Krumboltz's learning theory of career choice counseling. In D. Brown, L. Brooks, & Assoc. (Eds.), *Career choice and development* (3<sup>rd</sup> ed.) (pp. 233-276). San Francisco: Jossey-Bass.
- Mueller, R. M., Lambert, M. J., & Burlingame, G. M. (1998). Construct validity of the Outcome Questionnaire: A confirmatory factor analysis. *Journal of Personality Assessment*, 70(2), 248-262.
- Multon, K. D., Heppner, M. J., Gysbers, N. C., Zook, C., & Ellis-Kalton, C. A. (2001). Client psychological distress: An important factor in career counseling. *The Career Development Quarterly*, 49, 324-335.

- Niles, S. G., & Pate, R. H. (1989). Competency and training issues related to the integration of career counseling and mental health counseling. *Journal of Career Development, 16*, 63-71.
- Osipow, S. H., & Gold, J. A. (1968). Personal adjustment and career development. *Journal of Counseling Psychology, 15*, 439-443.
- Osipow, S. H., & Walsh, W. B. (Eds.). (1983). *Handbook of vocational psychology*. Hillsdale, NJ: Erlbaum.
- Pace, D., & Quinn, L. (2000). Empirical support of the overlap between career and mental health counseling of university students. *Journal of College Student Psychotherapy, 14*(3), 41-50.
- Parsons, F. (1909). *Choosing a vocation*. Boston: Houghton-Mifflin.
- Pinkney, J. W., & Jacobs, D. (1985). New counselors and personal interest in the task of career counseling. *Journal of Counseling Psychology, 32*, 454-457.
- Pope, M. (2000). A brief history of career counseling in the United States. *The Career Development Quarterly, 48*, 195-211.
- Rak, C. F., & O'Dell, F. L. (1994). Career treatment strategy model: A blend of career and traditional counseling approaches. *Journal of Career Development, 20*(3), 227- 238.
- Richardson, M. S. (1996). From career counseling to counseling/psychotherapy and work, jobs, and career. In M. L. Savickas & W. B. Walsh (Eds.), *Handbook of career counseling theory and practice* (pp. 346-360). Pal Alto, CA: Davies-Black Publishing.
- Robitschek, C., & DeBell, C. (2002). The reintegration of vocational psychology: Training issues for a paradigm shift. *The Counseling Psychologist, 30*(6), 801-814.
- Rounds, J. B. Jr., & Tinsley, H. E. A. (1984). Diagnosis and treatment of vocational problems.

- In Brown, S. D. & Lent, R. W. (Eds.), *Handbook of Counseling Psychology* (pp. 137-177). New York: Wiley.
- Rounds, J. B. Jr., & Tracey, T. J. (1990). From trait and factor to person-environment fit counseling: Theory and process. In W. B. Walsh & S. H. Osipow (Eds.), *Career counseling* (pp. 1-44). Hillsdale, NJ: Erlbaum.
- Savickas, M. L. (1989). Career-style assessment and counseling. In T. Sweeney (Ed.), *Adlerian counseling: A practical approach for a new decade* (3<sup>rd</sup> ed.) (pp. 289-320). Muncie, IN: Accelerated Development.
- Savickas, M. L. (1991). The meaning of work and love: Career issues and interventions. *Career Development Quarterly*, 39, 315-324.
- Savickas, M. L. (1994). A framework for linking career theory and practice. In M. L. Savickas and W. B. Walsh (Eds.), *Handbook of career counseling theory and practice* (pp. 191-208). Palo Alto, CA: Davies-Black Publishing.
- Savickas, M. L. (1995). Constructivist counseling for career indecision. *Career Development Quarterly*, 43(4), 363-373.
- Savickas, M. L. (1995). Current theoretical issues in vocational psychology: Convergence, divergence, and schism. In W. B. Walsh & S. H. Osipow (Eds.), *Handbook of vocational psychology* (pp. 1-34). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Schultheiss, D. P. (2000). Emotional-social issues in the provision of counseling. In D. A. Luzzo (Ed.), *Career counseling of college students: An empirical guide to strategies that work* (pp. 43-62). Washington, DC: American Psychological Association.
- Skurky, T. A. (1990). *The levels of analysis paradigm*. New York: Praeger Publishers.
- Spokane, A. R. (1989). Are there psychological and mental health consequences of a difficult



- career decision? A reaction to Herr. *Journal of Career Development*, 16, 19-24.
- Spokane, A. R. (1991). *Career intervention*. Englewood Cliffs, NJ: Prentice Hall.
- Spokane, A. R., & Fretz, B. R. (1993). Forty cases: A framework for studying the effects of career counseling on career and personal adjustment. *Journal of Career Assessment*, 1(2), 118-129.
- Stone, G. L., & Archer J. Jr. (1990). College and university counseling centers in the 1990s: Challenges and limits. *The Counseling Psychologist*, 18(4), 539-607.
- Subich, L. M. (1993). How personal is career counseling? *Career development Quarterly*, 42, 129-131.
- Super, D. E. (1955). Transitions: From vocational guidance to counseling psychology. *Journal of Counseling Psychology*, 2, 3-9.
- Super, D. E. (1957). *The psychology of careers*. New York: Harper & Row.
- Super, D. E. (1988). Vocational adjustment: Implementing a self-concept. *Career Development Quarterly*, 36, 151-357.
- Swanson, J. L. (1995). The process and outcome of career counseling. In W. B. Walsh & S. H. Osipow (Eds.), *Handbook of vocational psychology: Theory, research, and practice* (2<sup>nd</sup> ed.) (pp. 216-259). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Swanson, J. L. (2002). Understanding the complexity of clients' lives: Infusing a truly integrative career-personal perspective into graduate training. *The Counseling Psychologist*, 30(6), 815-832.
- Tolsma, R. (1993). "Career or noncareer?" That is the issue: Case examples. *Career Development Quarterly*, 42(2), 167-173.

- Umpress, V. J., Lambert, M. J., Smart, D. W., Barlow, S. H., & Clouse, G. C. (1997). Concurrent and construct validity of the Outcome Questionnaire. *Journal of Psychoeducational Assessment, 15*, 40-45.
- Vermeersch, D. A., Lambert, M. J., & Burlingame, G. M. (2000). Outcome Questionnaire: Item sensitivity to change. *Journal of Personality Assessment, 74*(2), 242-261.
- Vondracek, F. W., Lerner, R. M., & Schulenberg, J. E. (1986). *Career development: A life-span development model*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Walsh, W. B., & Osipow, S. H. (Eds.). (1995). *Handbook of vocational psychology: Theory, research, and practice* (2<sup>nd</sup> ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Warnke, M. A., Kim, J., Koeltzow-Milster, D., Terrell, S., Dauser, P. J., Dial, S., et al. (1993). Career Counseling Practicum: Transformations in conceptualizing career issues. *The Career Development Quarterly, 42*, 180-185.
- Watkins, C. E., Savickas, M. L., Brizzi, J., & Manus, M. (1990). Effects of counselor response behavior on clients' impressions during vocational counseling. *Journal of Counseling Psychology, 37*, 138-142.
- Watkins, C. E. Jr., & Campbell, V. L. (Eds.). (1990). *Testing in counseling practice*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Weikel, W. J., & Palmo, A. J. (Eds.). (1996). *Foundations of mental health counseling*. Springfield, IL: Charles C Thomas Publisher Ltd.
- Welfel, E. R. (1982). The development of reflective judgment: Implications for career counseling of college students. *Personnel and Guidance Journal, 23*, 490-497.
- Whiteley, S. M., Mahaffey, P. J., & Geer, C. A. (1987). The campus counseling center: A profile of staffing patterns and services. *Journal of College Student Personnel, 28*(1), 71-81.

Zunker, V. G. (1986). *Career Counseling: Applied concepts of life planning* (2<sup>nd</sup> ed).  
Monterey, CA: Brooks/Cole Publishing Company.

## Appendix

Running Head: STUDENT PSYCHOLOGICAL DISTRESS

Student Psychological Distress Levels during a Career Exploration Course

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### Abstract

A gap in the literature exists on the connection between an individual's career and non-career domains. Even less research exists on the topic of career development and how it relates to an individual's mental health. Accordingly, this study sought to investigate the connection between career issues and mental health by exploring the psychological distress levels of students enrolled in a career exploration course. During the course, students completed a bi-weekly online survey. Results support the possible connection between career issues and mental health and also show that for certain populations, career guidance interventions may decrease an individual's psychological distress.

## Student Psychological Distress Levels during a Career Exploration Course

As evidenced by history, the career guidance movement emerged from a spirit of humanitarian concern aimed at improving the lives of human beings (Pope, 2000; Zunker, 1986). The need for the enterprise was made manifest by increasingly deleterious societal conditions that worsened exponentially during the industrial revolution. The movement, in its beginning, operated under the premise that a clear connection existed between the career and non-career domains of the individual (Parsons, 1909). More specifically, these endeavors were guided by the notion that assistance with career-related issues would have positive benefits in many other areas of their personal life (Gladding, 1996).

Since that time, interest and belief in the connection between the career and non-career domains of the individual has waxed and waned (Crites, 1981). In the 1970's and 1980's, many college career centers were moved or eliminated altogether (Heppner & Johnston, 1993; Stone & Archer, 1990). Gallagher (1997) reported that only about half of the counseling centers on university and college campuses have a specific location for career counseling. Another study showed that in 899 university and college counseling centers across the nation, only 81% provided individual career counseling, only 61% provided group career counseling, and only 34% indicated providing career counseling through placement advisement (Whiteley, Mahaffey, & Geer, 1987).

Although in some realms, career guidance interventions appear to have lost momentum, in other realms, they appear to be gaining attention and even growing (Kjos, 1995; Pace & Quinn, 2000; Robitschek & DeBell, 2002; Stone & Archer, 1990; Walsh & Osipow, 1995). More recently, interest seems to have been re-kindled, and a spectrum of opinions has emerged about the degree to which career and non-career domains may influence each other (Fitzgerald

& Osipow, 1986, 1988). As the majority of recent opinions have stated, there appears to be an overlap between the career and non-career domains of the individual and some studies have even shown that career guidance interventions can have a positive effect upon a person's level of mental health.

One conceptualization of the connection between the career and non-career domains of the individual involves defining a client's psychological distress as being content and context neutral (Bingham, 2002). In other words, psychological distress transcends context and content and originates from various facets of an individual's life. If this is so, then it would make sense that clients improve when they get help or guidance, regardless of the setting in which they receive that help (e.g. a career or a personal counseling center), and regardless of the content of their distress (e.g. a career or personal issue). More so, if psychological distress is context/content neutral, then a reduction in levels of psychological distress could be reflective of changes related to one's career issues.

Although the emerging evidence seems consistent and in favor of overlap between the career and non-career domains, a large deficit exists in the literature and more studies are needed to clarify and expand upon the small amount of findings arrived at thus far. One means that presents itself as especially amenable for the examination of this connection is a career exploration course. These courses seem to be an optimal setting in which to longitudinally and repeatedly evaluate behavior change over time, and are one of the main interventions used by universities and colleges to facilitate a student's career development. To date, no studies have specifically examined levels of psychological distress of students enrolled in these career exploration courses.



### *Purpose of the Study*

The overall purpose of this study was to explore levels of psychological distress in the students who were enrolled in the Student Development 117 career exploration courses using the Outcome Questionnaire (OQ 45.2) – a general measure of psychological distress. The specific questions I investigated were a) what were the average initial levels of psychological distress in the following three groups: the entire sample; those that were initially clinical (i.e. initial OQ  $\geq$  63); and those that were initially non-clinical (i.e. initial OQ  $\leq$  63); b) how did average levels of psychological distress change throughout the semester in all of these three groups; c) how did average levels of psychological distress in these three groups look based upon whether they had or did not have concurrent counseling services; d) how did average levels of psychological distress in these three groups look based upon whether they were in an improver or deteriorater group (i.e. defined by comparing the first and last administration of the OQ); and e) how did average levels of psychological distress in these three groups look when concurrent counseling services and being in an improver or deteriorater group were taken into account.

### Review of Literature

The literature on the relationship between career and non-career domains shows that little is understood about the specific nature or type of the mechanisms and processes that are involved. Only a few empirical studies have been undertaken, but the consensus of opinions seems to favor the position that career and non-career domains do overlap and interact.

#### *The Connection between Career and Non-Career Domains of the Individual*

Many theorists have argued for the connection between the various domains of the individual. The first author of note is Sigmund Freud who was among the first to suggest a connection between the domains of love and work (Freud, 1930). He believed that love and

work were essential to happiness, and defined mental health more or less as the ability to love and work. Another author of note is Frank Parsons (1909) who published the groundbreaking book, *Choosing a Vocation*. In that book, Parsons suggested that there are three factors involved in choosing a vocation: “First, a clear understanding of yourself...Second, a knowledge of the requirements and conditions for success...in different lines of work, [and] Third, true reasoning on the relations of these two groups of facts” (Parsons, 1909, p. 5). Parsons’ work opened the door even further for many to consider the interplay between career and non-career domains, and his principles are still widely held in the realm of career counseling.

Since the work of Parsons, many have followed suit. Holland (1985) asserted that career choice and career adjustment are reflections/extensions of a person’s personality, proposing that people express themselves, their interests, and their values through their work choices. Super (1955, 1957) focused on self-concept and life-roles as being integrally related to the development of an individual’s career. Super also emphasized that a person’s social, economic, environmental, and genetic influences play an important role in their career development. Mitchell and Krumboltz’s (1996) learning theory of career choice highlighted how a person’s learning history, world-view, and culture/environment serve to determine or influence an individual’s career decisions.

Brown’s (1995, 1996) values-based theory of career development emphasized the importance of values in the process of an individual’s career development and of making values-congruent career decisions. In this theory, the personal values that an individual holds has a critical role in the career they choose. Richard Bolles (2003) emphasized the importance of an individual finding their “mission” and purpose in life in their career development, and suggested that both psychological and spiritual needs should be attended to in career development in

counseling. Others have shared Bolles' view by valuing the role that meaning plays in career development (Bloch & Richmond, 1997; Henderson, 2000).

Heavily influenced by the Adlerian approach, Savickas (1989) put forth a unique perspective on career counseling by suggesting that people pursue careers that will make them feel more complete and secure. McIntosh (2000) wrote about how career development is integrally bound with one's identity and that as such, career development has an influence upon the person's life as a whole (e.g. life-satisfaction, personal meaning, and self-esteem), especially when what that individual does is perceived as having a positive impact or making a difference in society as a whole. Similarly, Davidson and Gilbert (1993) believed that career counseling is a deeply personal issue that involves one's identity, personal meaning, survival, and family life.

Chickering and Reisser's (1993) psychosocial theory of student development, is yet another theory that emphasized the multidimensionality of people. Their model proposed seven vectors along which college students seem to develop. Among other things, their model emphasized that in young adulthood, students seek to develop some area of competency, establish their identities, develop autonomy, and develop some sense of purpose in their life--all four dimensions of which relate to one's work. Similarly, Lucas (1993) suggested that career and non-career issues both involve individuation and independence. If career and non-career domains of the individual affect one another, one question that is raised is how this plays out in counseling.

### *The Connection between "Personal" and "Career" Counseling*

Historically speaking, before the term career counseling became prominent, the terms "vocational guidance" and "career development" were used. In the present, career development is still a common and popular term when talking about career education or career theories. The

term, vocational guidance, was the original term employed. The other two terms, career development and career counseling, were popularized later in the 1950's, with the term "career counseling" being the most prevalently used expression remaining today (Zunker, 1986).

In the present, the fact that the term career counseling is distinguished from personal counseling creates the illusion that the two domains are seen as being separate (Haverkamp & Moore, 1993; Richardson, 1996). Some have suggested that the labels of "personal" and "career" are actually concepts that are not equivalent but rather, exist on different levels of inclusiveness or generality; they refer to different conceptual levels of a person, and that personal may actually subsume career (Haverkamp & Moore, 1993). Others have agreed that the language creates a false dichotomy (Blustein & Spengler, 1995; Dorn, 1992; Hackett, 1993; Haverkamp & Moore, 1993; Krumboltz, 1993; Manuele-Adkins, 1992; Niles & Pate, 1989; Robitschek & DeBell, 2002; Savickas, 1995; Swanson, 2002). Richardson (1996) and Krumboltz (1993) wrote that by even continuing to refer to the issue as a matter involving personal and career counseling is to continue to dichotomize the two and perpetuate the divide.

Due in part to the language used, some have written that a tendency has existed to view career counseling as being less important or less significant than personal counseling (Birk & Brooks, 1986; Blustein & Spengler, 1995; Dorn, 1992; Fitzgerald & Osipow, 1986, 1988; Gelso et al., 1985; Hackett, 1993; Manuele-Adkins, 1992; Pace & Quinn, 2000; Pinkey & Jacobs, 1985; Rak & O'Dell; Robitschek & DeBell, 2002; Savickas, 1995; Warnke et al., 1993; Welfel, 1982). The false dichotomy between career and personal counseling is also perpetuated when career and personal counseling centers are physically separated into different locations or through different courses within a training program (Richardson, 1996).

In terms of empirical data, one study by Pace and Quinn (2000) examined the overlap of career- and mental health counseling in a public university and found that 11% of those individuals who sought career counseling also received interventions for mental health concerns. In this same study, of those who sought mental health counseling, 20% (104/506) also received career counseling interventions as a part of that same counseling experience. In an examination of forty in-depth case studies, Tolsma (1993) suggested that “optimal counseling occurs when counselors explore with clients the interconnections between career and personal areas” (p. 171). Certainly, new language is needed to describe emerging ways of re-conceptualizing these issues and more research would serve to highlight and build upon these initial findings.

#### *The Connection between Career Issues and Mental Health*

In general, few theoretical writings and empirical research exist on the topic of career issues and mental health (Herr, 1989; Spokane & Fretz, 1993). Cytrynbaum and Crites (1989), and Vondracek, Lerner, and Schulenberg (1986) conducted personal interviews that revealed that development in the career domain is interconnected with development in other domains in the individual’s life. Bradley and Ladany (2001) also suggested that an individual’s career development is actually quite influenced by personal factors. Corbishley and Yost (1989) posited that career development is not a simple process, but rather, involves many psychological processes that affect all areas of an individual’s life. From an alternate angle, Spokane (1989) put forth the idea that career issues and personal adjustment have overlap, but only when an individual is confronted with a challenging career choice. Savickas (1994) stated that personal problems are addressed when an individual undertakes career counseling. Rak and O’Dell (1994) wrote about how work serves a very deep and self-actualizing function within the individual, and may actually bring about healing for mental health issues.

In one empirical study, De Geode et al., (1999) did find that higher levels of vocational and relationship identity had a positive correlation with adolescent mental health. A different investigation on college students found connections between such factors as self-esteem, anxiety, and depression, and the issue of career satisfaction (Lofquist & Dawis, 1984). Other than these studies, empirical research examining the connection between career development issues and mental health is quite lacking (Herr, 1989).

#### *Career Guidance Interventions Affecting Psychological Well-being/Mental Health*

Very little has been done to examine the utilization of career interventions as a treatment for significant psychological distress (Blustein & Spengler, 1995; Brown, 1985; Herr, 1989; Manuel-Adkins, 1992; Multon, Heppner, Gysbers, Zook, & Ellis-Kalton, 2001; Spokane, 1989). Brown (1985) opened the door by suggesting that career counseling “is a viable intervention with clients that have rather severe emotional problems” (p. 197). Brown and Brooks (1985) contended that in terms of managing one’s career-related stress, career counseling may be effective as a legitimate alternative to personal counseling. Brown and Krane (2000) argued that life satisfaction may result in clients from assisting them in their career development process. Brown and Brooks (1985) emphasized that understanding the etiology of an individual’s mental health issues should be primary in determining whether career guidance interventions are advised or not. Both Brown (1985), Brown and Brooks (1985), and Brooks and Brown (1996) stated that career guidance interventions are underused and should be used more often as mental health interventions. Others have echoed the belief in the mental health benefits of career counseling (Multon et al., 2001; Spokane & Fretz, 1993).

Spokane and Fretz (1993), reiterated how little, empirically speaking, has been done to investigate the effects of career counseling on mental health. One study done by Conklin (1985),

found that career counseling had a treatment effect upon women with agoraphobia. Massimo and Shore (1963) saw a decrease in antisocial behaviors after utilizing a career-oriented psychotherapeutic program with antisocial male adolescents. Multon et al. (2001) found that 60% of the clients who came to career counseling were considered distressed. These same authors also looked at whether individual career counseling could serve as a treatment for psychological distress and found a significant decrease in the level of anxiety, depression, and interpersonal sensitivity after a mean number of 4.63 sessions. This same study found that a working alliance in career counseling was inversely related to psychological distress. While Multon et al. (2001) looked at the therapeutic alliance as a factor in client outcome, very little else is known about what factors might be involved in the lowered distress levels as a result of career guidance interventions.

Despite the bulk of writings suggesting a connection between career and personal domains of the individual, base rates for psychological distress levels have not been obtained from students receiving a career guidance intervention such as a career exploration course. Carver and Smart (1985), for example, did study career-exploration courses and found that they helped undecided students towards a greater resolve in their career decision, but they did not specifically examine how the course affected levels of psychological distress. Most of the aforementioned studies have utilized individual career counseling as their focus, and only a limited range of facets have been examined relative to the understanding of a career exploration course. If the various domains of an individual affect one another and distress is content neutral in the minds of clients, then career exploration courses might be effectively utilized as interventions that would reduce psychological distress.

## Method

### *Participants*

Participants for the study were male and female students at Brigham Young University, ages 18-27, enrolled in 18 sections of a career development course (i.e. Student Development 117), during Fall semester of 2004 and Winter semester of 2005. Each section had about 20-25 students enrolled, and a total of 333 students initially signed up to participate in the study. All willing students who met the aforementioned criteria were assessed through the duration of the semester in which they were enrolled. Of the initial 333 students who consented to participate in the study, 127 of them took the minimum first and last OQ measurement required for the questions asked in this study. Specific breakdown of gender, ages, and ethnicity are listed in Table 1.

### *Instruments*

This study used an online version of the Outcome Questionnaire (OQ 45.2), as well as a basic demographic worksheet.

*The Outcome Questionnaire (OQ 45.2).* Participants for the study were administered the Outcome Questionnaire which is a 45-item, self-report measure designed for the repeated measure of changes in clients' global level of functioning and psychological distress. The OQ measure relies upon the subjective report of symptoms, and is interpreted to be an indication of progress and outcome in counseling. The 45 items are scored on a 5-point Likert scale (i.e. 0 = never; 1 = rarely; 2 = sometimes; 3 = frequently; 4 = almost always). This scale yields a single total score ranging from 0 to 180. Higher values are indicative of a more severe level of pathology. Clients characterized by scores of 63 and above are described as being in the "clinical" range, while those below 63 are described as "non-clinical" (Lambert et al., 2003).



The criterion for “clinically significant change” is based upon research done by Jacobson and Truax (1991). Clinically significant change is said to have occurred when a client crosses from the clinical into the non-clinical range and when a “reliable” amount of change takes place, meaning when at least a 14 point swing has occurred (Lambert et al., 2004). Accordingly, clients who enter above the clinical range (i.e. initial OQ  $\geq$  63) and drop a minimum of 14 or more points to a score below 63 are considered to have made clinically significant change and are labeled “recovered” (Lambert et al., 2003). Clients who enter above the clinical range (i.e. initial OQ  $\geq$  63) and drop a minimum of 14 points to a score that remains above 63 are not considered to have made clinically significant change but are labeled “improved” (Lambert et al., 2003). Clients who begin with a score below 63 and drop 14 points have not made clinically significant change but are labeled as “improved” (Lambert et al., 2003).

#### *The Career Exploration Course*

The Career Exploration course, listed as Student Development 117 in the Brigham Young University student catalog, is a 2-credit semester-long course offered year-round. Course sizes range between 20-25 students on average. The class is taught by faculty in the Counseling and Career Center at Brigham Young University. Student Development 117 focuses upon self-awareness and career development with an emphasis upon “Applying theories of individual, academic, and career development to the university student,” and “Exploring university opportunities and college majors; graduation planning” (Brigham Young University, 2005).

#### *Procedure*

Participants were informed of the study through the professors and researchers in the classrooms during the second class-period of each semester assessed. Students were asked to complete the Outcome Questionnaire (OQ 45.2) online per a defined two-week time interval set

up by the researcher (i.e. 8 times total each semester for Fall and Winter). A direct link to the OQ was sent to their email account. They then had a two-week window within which to take the measure. Students were then sent bi-weekly reminders in between testing weeks reminding them to take the recently sent OQ, and so as to remind them about the next OQ. At the end of the semester, the researcher visited all of the classes and debriefed the students about the basic nature of the study. During this same visit, participants were asked to fill out a brief end of study survey assessing whether or not they received any personal or career counseling services while they were concurrently enrolled in the course.

### Results

Data from the study was analyzed using SPSS. A total of 206 students were omitted from the final analysis for corrupt or unidentifiable data, leaving a total n of 127 for answering the questions in this study. In graphing the average OQ scores of all 8 administrations of the OQ for each of the questions in this study, a pair-wise deletion method was employed for those with missing data. In other words, all 127 students were used to calculate the averages of each administration of the OQ for all of the main and sub-group analysis. Although there were inherent risks in employing this strategy such as variable numbers for each average, employing a list-wise approach would have reduced the total N substantially limiting the richness of potential findings.

#### *Question One: Initial Levels of Psychological Distress*

The first question explored what the average initial levels of psychological distress were for the entire sample, the initially clinical, and the initially non-clinical group. Results indicate that for the entire sample (n = 127), the initial psychological distress level, as indicated by the scores on the first administration of the OQ, was 45.55 (SD = 17.98). In comparison, the initial

levels of psychological distress were 76.35 (SD = 11.12) and 39.79 (SD = 12.24) for the initially clinical (n = 20) and initially non-clinical (n = 107) groups, respectively. A summary of this data may be found in Table 2.

Of particular interest is the 36 point difference between the initial levels of psychological distress in the initially clinical (i.e. OQ 1 = 76.35) and the initially non-clinical group (i.e. OQ 1 = 39.79). The initially clinical group is markedly more distressed as a group and represented 15.75% (n = 20) of the entire sample. Unfortunately, the small n of the initially clinical group (n = 20) prevents more complex analysis of the data.

#### *Question Two: Average Amounts of Change in Levels of Psychological Distress*

The second question looked at how average levels of psychological distress changed throughout the semester in all of these three groups. Accordingly, the entire sample dropped an average of -2.72 points (SD = 16.56), the initially clinical group dropped an average of -7.50 points (SD = 27.71), and the initially non-clinical group dropped an average of -1.82 point (SD = 14.22) through the course of the semester. A summary of this information may be found in Table 2, and a graph showing how average levels of psychological distress changed throughout the semester for all three groups is shown in Figure 1. While all three groups dropped overall in their levels of psychological distress, none of the three groups as a whole showed reliable levels of change at this level of analysis level (i.e. at least a 14 point drop in scores).

#### *Question Three: Concurrent Counseling Services and Average Levels of Psychological Distress*

The third question looked at average levels of psychological distress in these three groups based upon whether they did or did not receive concurrent counseling services. Of the initial 127 students, 94 students had usable data concerning concurrent counseling services. A summary of these findings may be found in Table 3, and a graph showing how levels of psychological

distress changed throughout the semester for all three groups, while accounting for concurrent counseling services, is shown in Figure 2. A graph showing how levels of psychological distress changed throughout the semester for all three groups, while accounting for the absence of concurrent counseling services, is shown in Figure 3.

*Question Four: The Improver/Deteriorater Category and Average Levels of Psychological Distress*

The fourth question examined average levels of psychological distress in the three groups based upon whether they were in an improver or deteriorater group. These two categories were determined according to whether an individual's initial OQ score was higher or lower than their last OQ score. According to those results, those that began initially clinical and were in the improver category made a -23.00 point change (SD = 13.05). Those that were initially clinical and were in the deteriorater category made a 21.29 point change (SD = 16.29). A summary of these and other findings are represented in Table 4. A graph showing how levels of psychological distress changed throughout the semester for all three groups, while accounting for being in an improver and deteriorater group are shown in Figures 4 and 5.

The data here was re-analyzed according to those who made clinically significant levels of improvement as defined by the standards of the OQ (i.e. at least 14 points of change and a change in clinical status), and whether they could be considered recovered or merely improved according to predetermined standards set by the OQ. Looking at individual scores, in the entire sample, 30 of 127 or 23.62% of the students decreased in their levels of psychological distress by at least 14 points. This means that about  $\frac{1}{4}$  of the students made reliable levels of change in an improvement direction. In contrast only 19 of 127 or 14.96% of the students in the entire sample increased in their levels of psychological distress by at least 14 points. Of the 30 students who

improved at least 14 points, 10 were in the initially clinical category. Of these 10 students, 9 of them changed their clinical status (i.e. went from clinical to non-clinical) so as to be considered recovered. Conversely, this also means that 21 of the 30 students could be classified as improved by standards of the OQ.

If we take this group of 30 students who made at least 14 points of improvement, we find that in the entire sample, the average level of improvement was  $-22.53$  points ( $SD = 9.662$ ). Average levels of improvement for the initially clinical and initially non-clinical groups were  $-27.10$  ( $SD = 12.06$ ) and  $-20.25$  ( $SD = 7.56$ ) points, respectively. If we take the group of 19 students who deteriorated by at least 14 points, we find that in the entire sample, the average level of deterioration was  $24.74$  ( $SD = 9.17$ ) points. Average levels of deterioration for the initially clinical and initially non-clinical groups were  $36.00$  ( $SD = 14.93$ ) and  $22.63$  ( $SD = 6.41$ ) points, respectively. A summary of these findings is shown in Table 5. A graph illustrating the average OQ scores of these groups who improved by at least 14 points throughout the semester can be found in Figure 6. A graph illustrating the average OQ scores of these groups who deteriorated by at least 14 points throughout the semester can be found in Figure 7.

*Question Five: Concurrent Counseling Services, the Improver/Deteriorater Category, and Average Levels of Psychological Distress*

The last question of this study explored average levels of psychological distress in the three groups, and accounted for whether they did or did not have concurrent counseling services and whether they were in an improver or deteriorater group. Highlights of those results show that deterioraters in the entire sample, with concurrent counseling increased  $15.25$  points ( $SD = 8.43$ ); that deterioraters in the initially clinical group, without concurrent counseling increased  $29.00$  points; and that deterioraters in the initially non-clinical group with concurrent counseling

increased 16.00 points (SD = 9.08) in their levels of psychological distress. In contrast, improvers in the initially clinical group without concurrent counseling services decreased -22.33 points (SD = 14.01). A summary of these and other results may be found in Table 6 and 7. Graphs illustrating how levels of psychological distress changed throughout the semester in these groups are shown in Figures 8, 9, 10, and 11.

## Discussion

### *Question One: Initial Levels of Psychological Distress*

The first question explored what the average initial levels of psychological distress were for the *entire sample*, the *initially clinical*, and the *initially non-clinical* groups. Regardless of these specific values, these numbers are useful in that base-line levels of initial psychological distress in student populations have not been recorded in the literature apart from approximate and indirect figures obtained in a study done by Durham (1999). The fact that 20 of 127 or 15.75% of the students began the career exploration course with clinical levels of initial psychological distress is also worth in itself pointing out. This would equate to about 4 or so students per each class of about 25 students.

### *Question Two: Average Amounts of Change in Levels of Psychological Distress*

The second question looked at how average levels of psychological distress changed throughout the semester in all of the three groups. Again, regardless of specific values, the data here has value in that base-line levels of change in levels of psychological distress have not been recorded for students who are enrolled in a Student Development 117 course. The data for this question seems to begin to reveal characteristics of two distinct groups. These distinctions become clearer in subsequent analysis.

*Question Three: Concurrent Counseling Services and Average Levels of Psychological Distress*

The third question looked at average levels of psychological distress in these three groups based upon whether they did or did not receive concurrent counseling services. What seems to stand out from the data for this question is that compared to the previous analysis in question two, the average drop in levels of psychological distress are larger when concurrent counseling services are accounted for. Those changes, however, do not meet the criterion for reliable levels of change. What is even more interesting is that all three of the main groups seemed to drop more in their levels of psychological distress without concurrent counseling services. The nature of this phenomenon does not seem to have a clear answer at this point.

*Question Four: The Improver/Deteriorator Category and Average Levels of Psychological Distress*

The fourth question examined average levels of psychological distress in the three groups based upon whether they were in an improver or deteriorator group. The first point worth noting concerning this data is that when the data was organized in this manner, significant changes in levels of psychological distress begin to manifest themselves. Of particular note is the degree of change apparent in the initially clinical group. The changes made in this group far surpassed the 14 point criterion necessary to qualify as being reliable levels of change, and all but one individual in this group could be considered recovered. Even the two other groups showed large levels of change than in the previous analysis, albeit not enough to qualify as being in the reliable range.

When the analysis focused specifically upon those who made reliable levels of change, drastic amounts of change reveal themselves. In this light, improvers and deteriorators made

about the same amount of change opposite directions, although the numbers for each category varied. Again, the initially clinical group made the greatest amount of change in both directions.

*Question Five: Concurrent Counseling Services, the Improver/Deteriorator Category, and Average Levels of Psychological Distress*

The last question of this study investigated average levels of psychological distress in the three groups, and accounted for whether they did or did not have concurrent counseling services and whether they were in an improver or deteriorator group. In general, most of the change that met the criterion for being at a reliable level was to be found in the deteriorator group. Again, the greatest amount of change was seen in the initially clinical group, but the numbers for these categories was low. What is also interesting is that the greatest level of improvement and deterioration was to be found in the groups who did not receive concurrent counseling services. Also worth noting is the 40 point difference initial OQ scores between the initially clinical and initially non-clinical groups, when an improver/deteriorator category and concurrent counseling services are factored in. It is unfortunate, however, that a small amount of students in the initially clinical group prevented a more complex analysis of the data. The data was not analyzed here according to those who made clinically significant levels of change (i.e. at least 14 points of improvement) for both the improver/deteriorator and counseling/no counseling categories due to the very small number of clients in each group.

*Implications*

A main purpose of this study was to further explore and understand the connection between the career and personal domains of the individual about which many have written (Betz & Corning, 1993; Bradley & Ladany, 2001; Blustein & Spengler, 1995; Brown, 1985; Davidson & Gilbert, 1993; Dorn, 1986; Herr, 1989; Imbimbo, 1994; Krumboltz, 1993; Krumboltz & Coon,



1995; Lucas, 1993; Manuele-Adkins, 1992; Miller, 1999; Niles & Pate, 1989; Rak & O'Dell, 1994; Rounds & Tinsley, 1984; Schultheiss, 2000; Spokane, 1989, 1991; Weikel & Palmo, 1996). At the same time, little has been done in terms of empirical research on the topic of career issues and mental health (Herr, 1989; Spokane & Fretz, 1993) as well as the topic of career interventions and their effect upon significant psychological distress (Blustein & Spengler, 1995; Brown, 1985; Herr, 1989; Manuel-Adkins, 1992; Multon et al., 2001; Spokane, 1989). Fortunately, this study does set the stage for many subsequent research studies by providing baseline data for initial levels of psychological distress, for students enrolled in a career exploration course, for improvers and deteriorators, and for those who concurrently received or did not receive counseling services. While the initial findings in this study are interesting, they do raise more questions.

Given the marked gap in the literature on the topic of career development and its connection to an individual's degree of mental health (Herr, 1989; Spokane & Fretz, 1993), an initial figure to the question of the prevalence rate of initially clinical levels of psychological distress opens the door for further research. No empirical research has published such data and the information was much needed.

Looking at the results as a whole, however, one can see that more students got better than not. Initial findings in this study begin to add credence to the idea that career guidance interventions could have a positive benefit in students, as many have written about (Cytrynbaum & Crites, 1989; Vondracek et al., 1986; Corbishley & Yost, 1989; Rak & O'Dell, 1994; Savickas, 1994; Spokane, 1989; Spokane & Fretz, 1993), especially to those who are experiencing initially clinical levels of psychological distress. One possible reason for this could be that students who are most distressed about their career decision benefit most from the class;

it is a bigger decision for them and for them, there is more at stake. This could also explain why those who were initially less distressed benefited less from the course – the decision was not as important for them.

This study furthers the possibility of using career guidance interventions more frequently as a mental health intervention (Brown, 1985; Brown & Brooks, 1985; Brooks & Brown, 1996). Much more research is needed given that the exact mechanism through which career issues and mental health affect one another is not really understood, nor was it the intended purpose of this study to answer this question.

Remembering that as Multon et al. (2001) have shown that 60% of clients in career counseling are considered distressed, then the need to further our understanding of career development and mental health issues cannot be overstated. Career guidance interventions may be an important factor in improving an individual's level of psychological distress, and benefits are also to be gained from advancing the realms of our understanding on these topics for struggling students and for the psychological profession as a whole. If psychological distress can be categorized as being content neutral, then it makes sense that clients improve regardless of the setting in which they receive help and regardless of the content of their distress.

#### *Limitations*

The population used for this study does have some limitations in that students used for this study were primarily European American, 18 year-old students at a single university. Given this fact, caution should be used when generalizing findings to the larger population. A second limitation includes the smaller sample sizes in some of the analyses. Given that a smaller portion of the students were in the initially clinical group, this reality unfortunately prohibits further analysis with inferential statistics. A third limitation involves the variability in environmental

factors that might influence the participant's responses in terms of the effects from the instructors, the time of day the OQ was taken, and the day upon which the OQ was taken. One last limitation involves being unable to examine any effects from utilizing the OQ online as opposed to a paper- and-pencil format.

#### *Future Research*

These initial findings open the door for subsequent research, and the questions to be answered are numerous. First of all, it would be useful to obtain additional data on initial, final, and change scores in OQ levels with various populations that might serve as comparison groups. It would also be interesting to see how initial OQ levels vary according to various contexts (e.g. class, year in school, educational institution, and ethnicity) and content (e.g. interpersonal issues versus career decision). Such information would help to answer the question of whether psychological distress may be aptly understood as being bound by or independent of context and content.

Further research would be warranted so as to explore whether initially clinical and initially non-clinical groups as well as improvers versus deteriorators do indeed respond differently to career exploration courses and whether they do represent independent and identifiable sub-groups with their own independent, stable mean and predictable levels of improvement and deterioration. A more experimental-type of design would be necessary for such an analysis. Additional research could also involve furthering our understanding on how concurrently seeking counseling services affect changes in psychological distress levels in these sub-groups given the interesting findings of this study. A lengthier data collection period could ensure that larger sample sizes could cross the threshold of a group of 30 students so as to be

able to run more complex analysis on initially clinical populations and obtain further data on their prevalence in the general population.

Research involving the subscales of the Outcome Questionnaire and career development issues is another completely unexplored area with these populations and issues. The three facets of the OQ mentioned in Lambert's (1983) study involve a) subjective discomfort; b) interpersonal relationships; and c) social role performance. Lambert et al. (2003) also describe these three categories as involving a) symptomatic distress, b) interpersonal problems, and c) social role discomfort.

Studies probing deeper into the mechanics through which career exploration courses benefit students and how students develop in their career decision seem especially replete with opportunity. A replicated study also employing a career decidedness measure could yield meaningful results. In summary, more research is necessary to help verify whether career counseling "is a viable intervention with clients that have rather severe emotional problems" (Brown, 1985, p. 197).

## References

- Betz, N. E., & Corning, F. (1993). The inseparability of “career” and “personal” counseling. *The Career Development Quarterly*, 42(2), 136-154.
- Bingham, R. P. (2002). The issue may be the integration of personal and career issues. *The Counseling Psychologist*, 30(6), 885-890.
- Birk, J. M., & Brooks, L. (1986). Required skills and training needs of recent counseling psychology graduates. *Journal of Counseling Psychology*, 33, 320-325.
- Bloch, D. P., & Richmond, L. J. (Eds.). (1997). *Connections between spirit and work in career development: New approaches and practical development*. Palo Alto, CA: Davies-Black.
- Blustein, D. L., & Spengler, P. M. (1995). Personal adjustment: Career counseling and psychotherapy. In W. B. Osipow, (1995), *Handbook of vocational psychology: Theory research, and practice*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Bolles, R. N. (2003). *What color is Your Parachute? A practical manual for job-hunters and career changers*. Berkeley, CA: Ten Speed.
- Bordin, E. S. (1980). A psychodynamic view of counseling. *Counseling Psychologist*, 9, 62-70.
- Bradley, L. J., & Ladany, N. (Eds.). (2001). *Counselor supervision: Principles, process, and practice* (3<sup>rd</sup> ed.). New York, NY: Brunner-Routledge.
- Brigham Young University. (2005). *Student development: Undergraduate catalog*. Web site: <http://saas.byu.edu/catalog/2004-2005ucat/cd/?dept=STDEV>.
- Brooks, L., & Brown, D. (1996). Career counseling for adults: Implications for mental health counselors. In W. J. Weikel and A. J. Palmo (Eds.), *Foundations of mental health counseling* (pp. 108-127). Springfield, Illinois: Charles C. Thomas Publisher, Ltd.
- Brown, D. (1996). Brown’s values-based holistic model of career and life-role choices and

- satisfaction. In D. Brown, L. Brooks, & Assoc (Eds.), *Career choice and development* (3<sup>rd</sup> ed.) (pp. 337-372). San Francisco: Jossey-Bass.
- Brown, S. D. (1985). Career counseling: Before, after, or instead of personal counseling. *Vocational Guidance Quarterly*, 33, 197-200.
- Brown, S. D., & Brooks, L. (1985). Career counseling as a mental health intervention. *Professional Psychology*, 16(6), 860-867.
- Brown, S. D., & Krane, N. E. R. (2000). Four (or five) sessions and a cloud of dust: Old assumptions and new observations about career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed.) (pp. 740-766). New York: John Wiley & Sons, Inc.
- Carver, D. S., & Smart, D. W. (1985). The effects of a career and self-exploration course for undecided freshmen. *Journal of College Student Personnel*, 27, 37-43.
- Chickering, A. W., & Reisser, L. (1993). *Education and identity* (2<sup>nd</sup> ed.). San Francisco: Jossey-Bass.
- Conklin, R. C. (1985). Career counseling with agoraphobic clients. *Canadian Counsellor*, 19, 190-198.
- Corbishley, M. A., & Yost, E. B. (1989). Psychological aspects of career counseling. *Journal of Career Development*, 16(1), 43-51.
- Crites, J.O. (1981). *Career counseling: Models, methods, and materials*. New York: McGraw-Hill.
- Cytrynbaum, S., & Crites, J. O. (1989). The utility of adult development theory in understanding career adjustment process. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (Eds.), *Handbook of career theory* (pp. 66-88). New York: Cambridge University Press.

- Davidson, S. L., & Gilbert, L. A. (1993). Career counseling is a personal matter. *The Career Development Quarterly*, 42, 149-153.
- De Goede, M., Spruijt, E., Jurjen, I., & Meeus, W. (1999). How do vocational and relationship stressors and identity formation affect adolescent mental health? *Journal of Adolescent Health*, 25(1), 14-20.
- Dorn, F. J. (1986). Needed: Competent, confident and committed career counselors. *Journal of Counseling Psychology*, 65, 216-217.
- Dorn, F. J. (1992). Occupational wellness: The integration of career identity and personal identity. *Journal of Counseling and Development*, 71, 176-178.
- Fitzgerald, L. F., & Osipow, S. H. (1986). An occupational analysis of counseling psychology: How special is the specialty? *American Psychologist*, 41, 535-544.
- Fitzgerald, L. F., & Osipow, S. H. (1988). We have seen the future, but is it us? The vocational aspirations of graduate students in counseling psychology. *Professional Psychology: Research and Practice*, 19, 575-583.
- Freud, S. (1930). *Civilization and its discontents*. London: Hogarth.
- Gallagher, R. P. (1997). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services, Inc.
- Gelso, C. J., & Fretz, B. R. (2000). *Counseling Psychology*. Fort Worth, TX: Harcourt College Publishers.
- Gelso, C., Prince, J., Cornfeld, J., Payne, A., Royalty, G., & Wiley, M. (1985). Quality of counselors' intake evaluations for clients with problems that are primarily vocational versus personal. *Journal of Counseling Psychology*, 32, 339-347.
- Gladding, S. T. (1996). *Counseling: A comprehensive profession* (3<sup>rd</sup> ed.). Englewood Cliffs,

- NJ: Merrill,
- Hackett, G. (1993). Career counseling and psychotherapy: False dichotomies and recommended remedies. *Journal of Career Assessment, 1*, 105-117.
- Haverkamp, B. E., & Moore, D. (1993). The career-personal dichotomy: perceptual reality, practical illusion, and workplace integration. *The Career Development Quarterly, 42*(2), 154-160.
- Henderson, S. J. (2000). Follow your bliss: A process for career happiness. *Journal of Counseling and Development, 78*(3), 305-315.
- Heppner, M. J., & Johnston, J. A. (1993). Career counseling: A call to action. *New Directions for Student Services, 62*, 57-78.
- Herr, E. L. (1989). Career development and mental health. *Journal of Career Development, 16*, 5-18.
- Holland, J. L. (1985). *Making vocational choices: A theory of vocational personalities and work environments* (2<sup>nd</sup> ed.). Englewood Cliffs, NJ: Prentice Hall.
- Imbimbo, P. (1994). Integrating personal and career counseling: A challenge for counselors. *Journal of Employment Counseling, 31*, 50-59.
- Jacobson, N. S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*(1), 12-19.
- Kjos, D. (1995). Linking career counseling to personality disorders. *Journal of Counseling and Development, 73*, 592-597.
- Krumboltz, J. D. (1993). Integrating career and personal counseling. *The Career Development Quarterly, 42*, 143-147.



- Krumboltz, J. D., & Coon, D. W. (1995). Current professional issues in vocational psychology. In W. B. Walsh & S. H. Osipow (Eds.), *Handbook of vocational psychology: Theory, research, and practice* (2<sup>nd</sup> ed.) (pp. 1-34). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Lambert, M. J., Morton, J. J., Hatfield, D., Harmon, C., Hamilton, S., Reid, R. C., Shimokawa, K., Christopherson, C., & Burlingame, G. M. (2004). Administration and scoring manual for the OQ – 45.2. American Professional Credentialing Services L.L.C. Provo, UT: Brigham Young University.
- Lambert, M. J., Okiishi, J. C., Finch, A. E., & Johnson, L. D. (2003). Outcome Assessment: From conceptualization to implementation. In A. E. Kazdin, *Methodological issues and strategies in clinical research* (3<sup>rd</sup> ed.). Washington, DC: American Psychological Association.
- Lofquist, L. H., & Dawis, R. V. (1984). Research on work adjustment and satisfaction: Implications for career counseling. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 216-237). New York: Wiley.
- Lucas, M. S. (1993). Personal aspects of career counseling: Three examples. *The Career Development Quarterly*, 42(2), 161-166.
- Manuele-Adkins, C. (1992). Career counseling is personal counseling. *The Career Development Quarterly*, 40, 313-323.
- Massimo, J. L., & Shore, M. F. (1963). The effectiveness of a comprehensive vocationally oriented psychotherapeutic program for adolescent delinquent boys. *American Journal of Orthopsychiatry*, 33, 634-642.
- McIntosh, P. I. (2000). Life career development: Implications for school counselors.

- Education*, 120(4), 621-625.
- Meyer, B. W., & Winer, J. L. (1993). The career decision scale and neuroticism. *Journal of Career Assessment*, 1(2), 171-180.
- Miller, V. M. (1999). The opportunity structure: Implications for career counseling. *Journal of Employment Counseling*, 36, 2-12.
- Mitchell, L. K., & Krumboltz, J. D. (1996). Krumboltz's learning theory of career choice counseling. In D. Brown, L. Brooks, & Assoc. (eds.), *Career choice and development* (3<sup>rd</sup> ed.) (pp. 233-276). San Francisco: Jossey-Bass.
- Mueller, R. M., Lambert, M. J., & Burlingame, G. M. (1998). Construct validity of the Outcome Questionnaire: A confirmatory factor analysis. *Journal of Personality Assessment*, 70(2), 248-262.
- Multon, K. D., Heppner, M. J., Gysbers, N. C. Zook, & Ellis-Kalton, C. A. (2001). Client psychological distress: An important factor in career counseling. *The Career Development Quarterly*, 49, 324-335.
- Niles, S. G., & Pate, R. H. (1989). Competency and training issues related to the integration of career counseling and mental health counseling. *Journal of Career Development*, 16, 63-71.
- Pace, D., & Quinn, L. (2000). Empirical support of the overlap between career and mental health counseling of university students. *Journal of College Student Psychotherapy*, 14(3), 41-50.
- Parsons, F. (1909). *Choosing a vocation*. Boston: Houghton-Mifflin.
- Pinkney, J. W., & Jacobs, D. (1985). New counselors and personal interest in the task of career counseling. *Journal of Counseling Psychology*, 32, 454-457.

- Pope, M. (2000). A brief history of career counseling in the United States. *The Career Development Quarterly*, 48, 195-211.
- Rak, C. F., & O'Dell, F. L. (1994). Career treatment strategy model: A blend of career and traditional counseling approaches. *Journal of Career Development*, 20(3), 227- 238.
- Richardson. M. S. (1996). From career counseling to counseling/psychotherapy and work, jobs, and career. In M. L. Savickas & W. B. Walsh (Eds.), *Handbook of career counseling theory and practice* (pp. 346-360). Pal Alto, CA: Davies-Black Publishing.
- Robitschek, C., & DeBell, C. (2002). The reintegration of vocational psychology: Training issues for a paradigm shift. *The Counseling Psychologist*, 30(6), 801-814.
- Rounds, J. B. Jr., & Tinsley, H. E. A. (1984). Diagnosis and treatment of vocational problems. In Brown, S. D. & Lent, R. W. (Eds.), *Handbook of Counseling Psychology* (pp. 137-177). New York: Wiley.
- Savickas, M. L. (1989). Career-style assessment and counseling. In T. Sweeney (Ed.), *Adlerian counseling: A practical approach for a new decade* (3<sup>rd</sup>. ed.) (pp. 289-320). Muncie, IN: Accelerated Development.
- Savickas, M. L. (1991). The meaning of work and love: Career issues and interventions. *Career Development Quarterly*, 39, 315-324.
- Savickas, M. L. (1994). A framework for linking career theory and practice. In M. L. Savickas and W. B. Walsh (Eds.), *Handbook of career counseling theory and practice* (pp. 191-208). Palo Alto, CA: Davies-Black Publishing.
- Savickas, M. L. (1995). Constructivist counseling for career indecision. *Career Development Quarterly*, 43(4), 363-373.
- Schultheiss, D. P. (2000). Emotional-social issues in the provision of counseling. In D. A.

- Luzzo (Ed.), *Career counseling of college students: An empirical guide to strategies that work* (pp. 43-62). Washington, DC: American Psychological Association.
- Spokane, A. R. (1989). Are there psychological and mental health consequences of a difficult career decision? A reaction to Herr. *Journal of Career Development, 16*, 19-24.
- Spokane, A. R., & Fretz, B. R. (1993). Forty cases: A framework for studying the effects of career counseling on career and personal adjustment. *Journal of Career Assessment, 1*(2), 118-129.
- Stone, G. L., & Archer J. Jr. (1990). College and university counseling centers in the 1990s: Challenges and limits. *The Counseling Psychologist, 18*(4), 539-607.
- Super, D. E. (1955). Transitions: From vocational guidance to counseling psychology. *Journal of Counseling Psychology, 2*, 3-9.
- Super, D. E. (1957). *The psychology of careers*. New York: Harper & Row.
- Swanson, J. L. (1995). The process and outcome of career counseling. In W. B. Walsh & S. H. Osipow (Eds.), *Handbook of vocational psychology* (2<sup>nd</sup> ed.) (pp. 216-259). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Tolsma, R. (1993). "Career or noncareer?" That is the issue: Case examples. *Career Development Quarterly, 42*(2), 167-173.
- Vondracek, F. W., Lerner, R. M., & Schulenberg, J. E. (1986). *Career development: A life-span development model*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Walsh, W. B., & Osipow, S. H. (Eds.). (1995). *Handbook of vocational psychology: Theory, research, and practice* (2<sup>nd</sup> ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Warnke, M. A., Kim, J., Koeltzow-Milster, D., Terrell, S., Dauser, P. J., Dial, S., et al. (1993).

Career Counseling Practicum: Transformations in conceptualizing career issues. *The Career Development Quarterly*, 42, 180-185.

Weikel, W. J., & Palmo, A. J. (Eds.). (1996). *Foundations of mental health counseling*.  
Springfield, IL: Charles C Thomas Publisher Ltd.

Welfel, E. R. (1982). The development of reflective judgment: Implications for career counseling of college students. *Personnel and Guidance Journal*, 23, 490-497.

Whiteley, S. M., Mahaffey, P. J., & Geer, C. A. (1987). The campus counseling center: A profile of staffing patterns and services. *Journal of College Student Personnel*, 28(1), 71-81.

Zunker, V. G. (1986). *Career Counseling: Applied concepts of life planning* (2<sup>nd</sup> ed).  
Monterey, California: Brooks/Cole Publishing Company.

Table 1

*Demographic Information*

Factor	N	%	Factor	N	%
Gender			Ethnicity		
Male	56	44.09	African American	0	0.00
Female	71	55.91	Alaskan Native	0	0.00
Age			Asian	2	1.60
18	58	45.67	Caucasian	104	81.89
19	23	18.11	Hispanic	5	3.94
20	9	7.09	Multi-ethnic	10	7.87
21	18	14.17	Native American	1	0.79
22	9	7.09	Not self-identified	2	1.57
23	5	3.94	Other	1	0.79
24	3	2.36	Pacific Islander	2	1.57
25	1	0.79			
26	0	0.00			
27	1	0.79			

Table 2

*Levels of Psychological Distress for All Three Groups*

	Entire sample		Initially clinical		Initially non-clinical	
	M	SD	M	SD	M	SD
OQ 1	45.55	17.98	76.35	11.12	39.79	12.24
OQ 8	42.83	23.00	68.85	26.71	37.97	18.70
OQ 8 – OQ 1	-2.72	16.56	-7.50	25.71	-1.82	14.22

*Note.* The entire sample had 127 students; the initially clinical had 20 students; and the initially non-clinical group had 107 students. OQ = Outcome Questionnaire score.

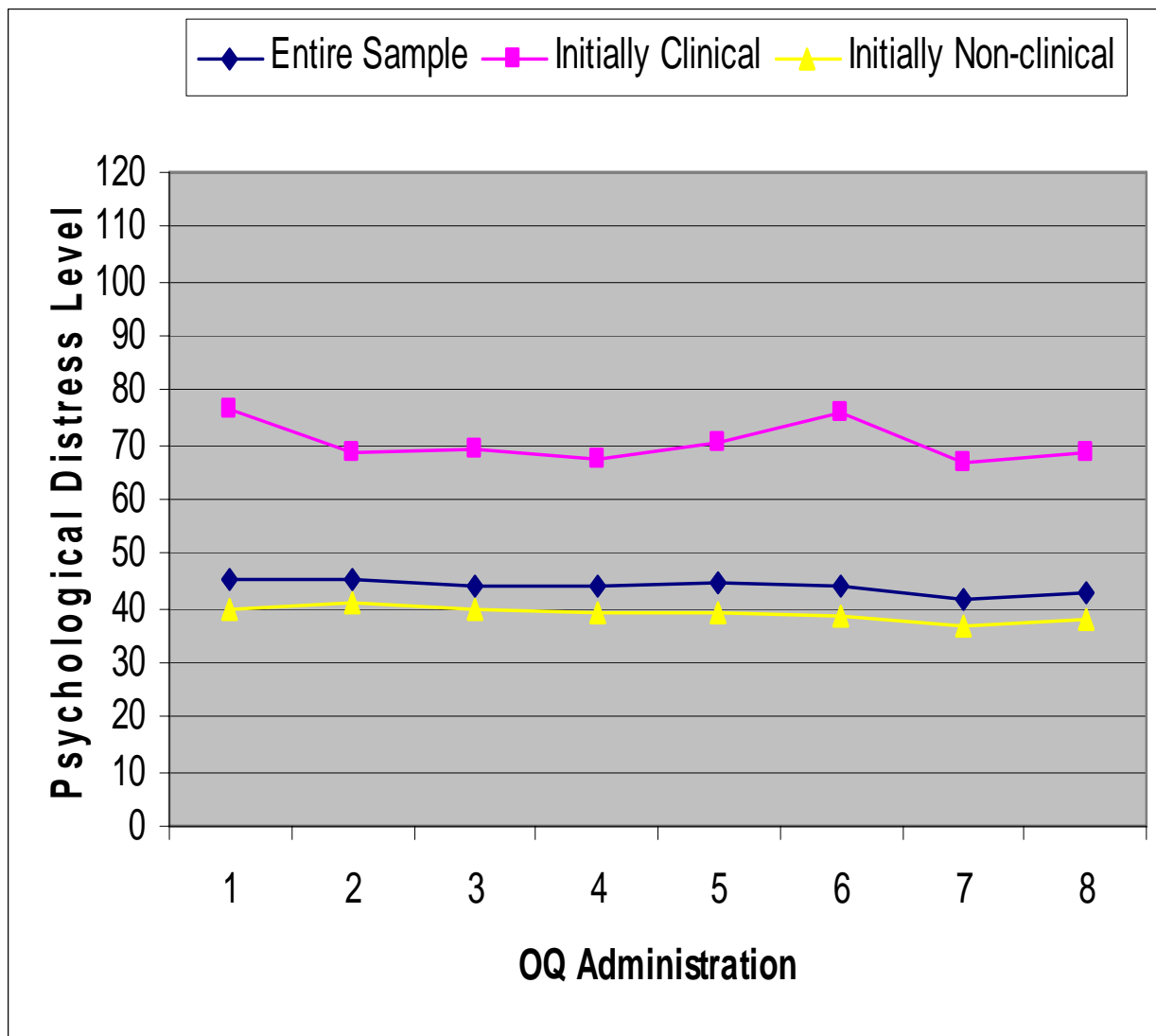


Figure 1. Average levels of psychological distress for all eight administrations of the OQ.

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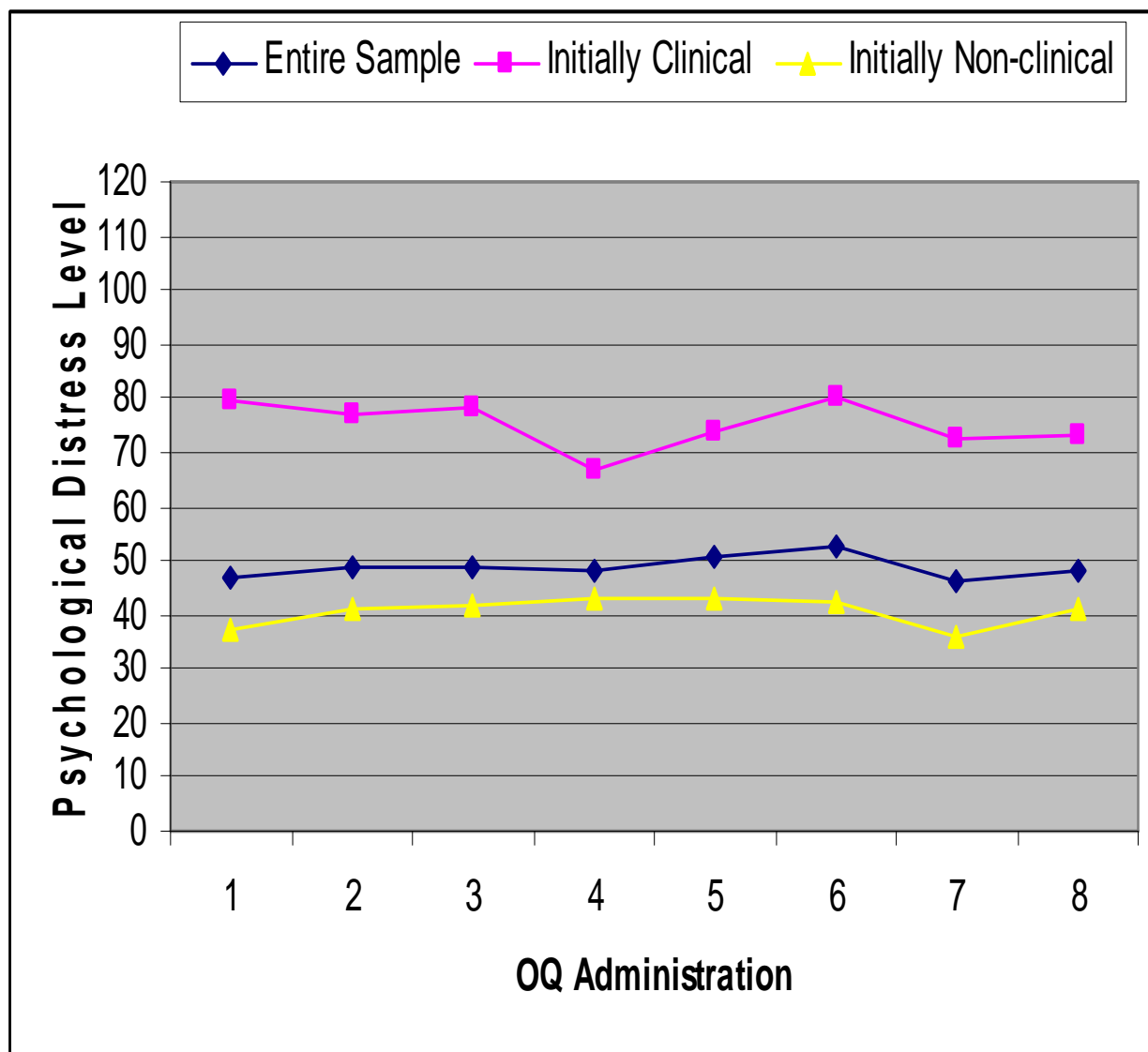


Table 3

*Levels of Psychological Distress with and without Concurrent Counseling Services*

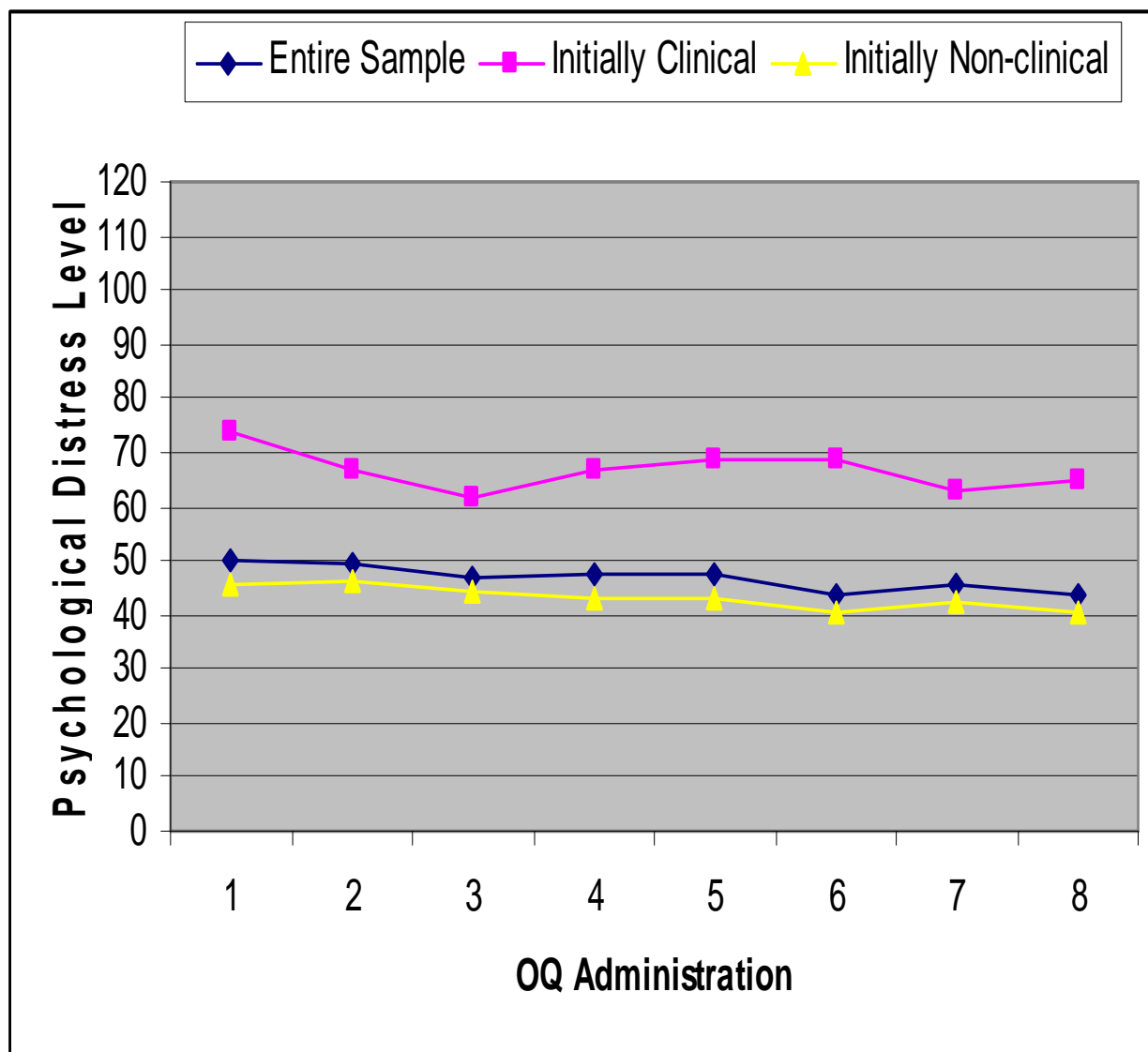
	Entire sample		Initially clinical		Initially non-clinical	
Total N	94		17		77	
Counseling	40		9		31	
No counseling	54		8		46	
	M	SD	M	SD	M	SD
Counseling						
OQ 1	47.00	22.09	79.78	13.14	37.48	13.12
OQ 8	48.13	27.57	73.22	23.87	40.84	24.33
OQ 8 – OQ 1	1.13	16.90	-6.56	20.89	3.35	15.24
No counseling						
OQ 1	49.78	13.30	74.00	8.32	45.57	8.68
OQ 8	43.93	20.01	64.5	30.26	40.35	15.52
OQ 8 – OQ 1	-5.85	15.91	-9.50	28.24	-5.22	13.08

*Note.* OQ = Outcome Questionnaire score.



*Figure 2.* Average levels of psychological distress for all eight administrations of the OQ while accounting for concurrent counseling services.

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*Figure 3.* Average levels of psychological distress for all eight administrations of the OQ while accounting for the absence of concurrent counseling services.

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Table 4

*Levels of Psychological Distress for Improvers and Deteriorators*

	Entire sample		Initially clinical		Initially non-clinical	
Total N	127		20		107	
Improvers	77		13		64	
Deteriorators	50		7		43	
	M	SD	M	SD	M	SD
Improvers						
OQ1	44.91	17.49	75.23	11.25	38.75	10.80
OQ8	31.99	15.10	52.23	12.87	27.87	11.90
OQ 8 – OQ 1	-12.92	10.21	-23.00	13.05	-10.88	8.26
Deteriorators						
OQ1	46.54	18.85	78.43	11.43	41.35	14.10
OQ8	59.54	23.18	99.71	14.74	53.00	16.83
OQ 8 – OQ 1	13.00	11.28	21.29	16.29	11.65	9.87

*Note.* The entire sample had 127 students; the initially clinical had 20 students; and the initially non-clinical group had 107 students. OQ = Outcome Questionnaire score.

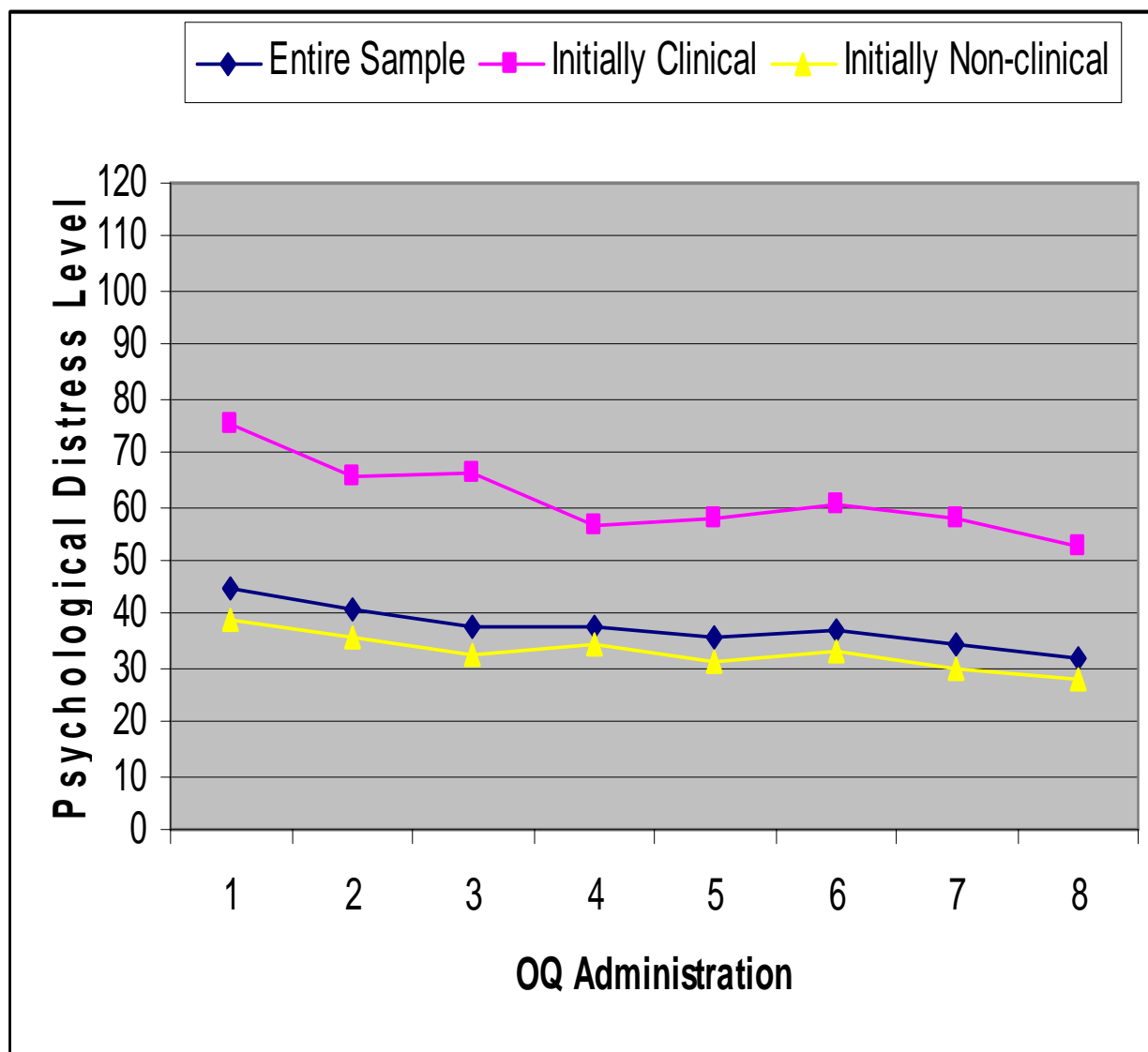


Figure 4. Average levels of psychological distress for all eight administrations of the OQ for the improver group.

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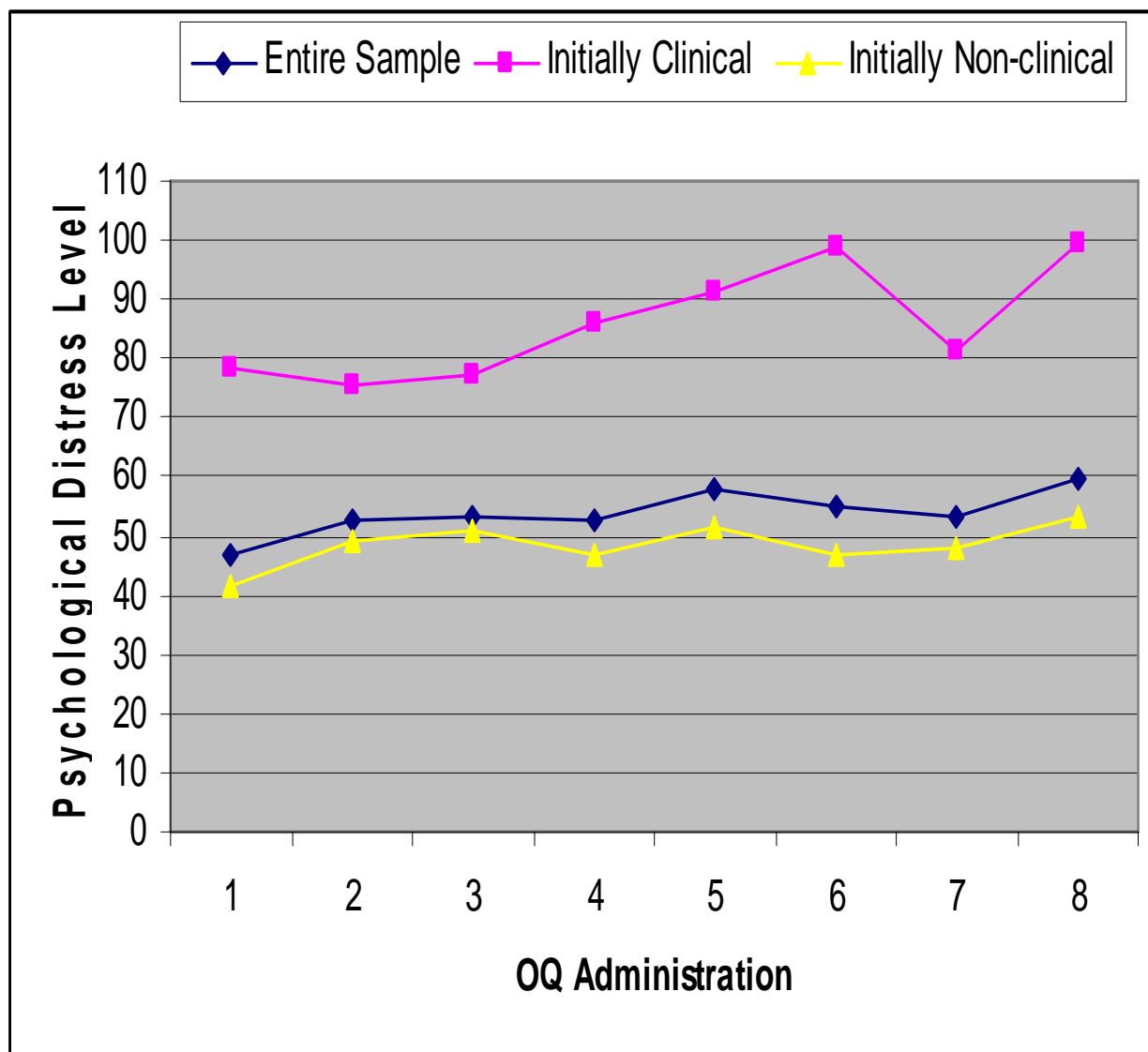


Figure 5. Average levels of psychological distress for all eight administrations of the OQ for the deteriorater group.

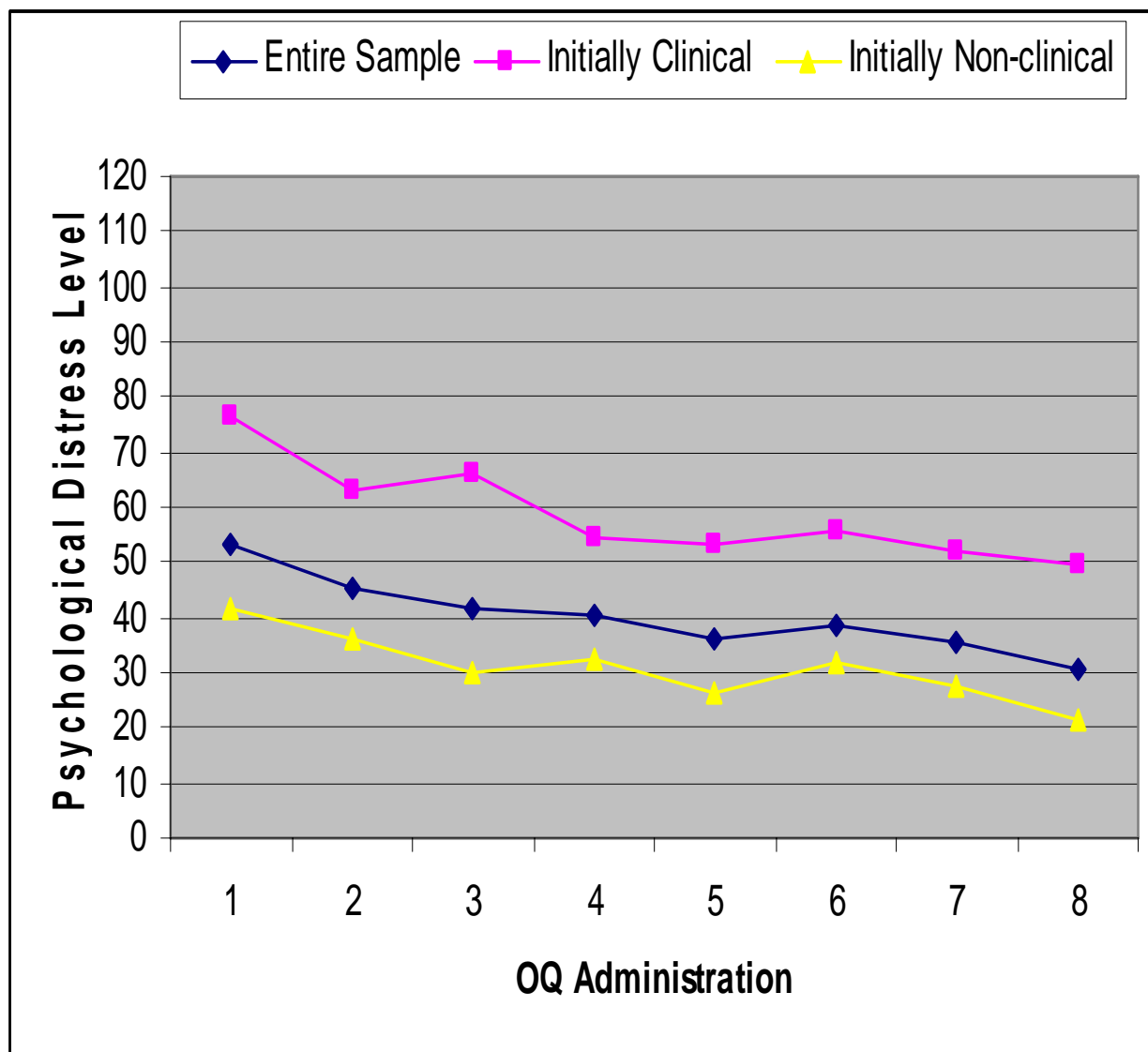
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Table 5

*Levels of Psychological Distress for Clinically Significant Improvers and Deteriorators*

	Entire sample		Initially clinical		Initially non-clinical	
Total N	49		13		36	
Improvers	30		10		20	
Deteriorators	19		3		16	
	M	SD	M	SD	M	SD
Improvers						
OQ1	53.20	20.27	76.50	12.17	41.55	11.34
OQ8	30.67	17.70	49.40	13.15	21.30	10.92
OQ 8 – OQ 1	-22.53	9.66	-27.10	12.06	-20.25	7.56
Deteriorators						
OQ1	48.95	17.20	72.67	7.51	44.50	14.62
OQ8	73.68	20.20	108.67	14.19	67.13	13.12
OQ 8 – OQ 1	24.74	9.17	36.00	14.93	22.63	6.41

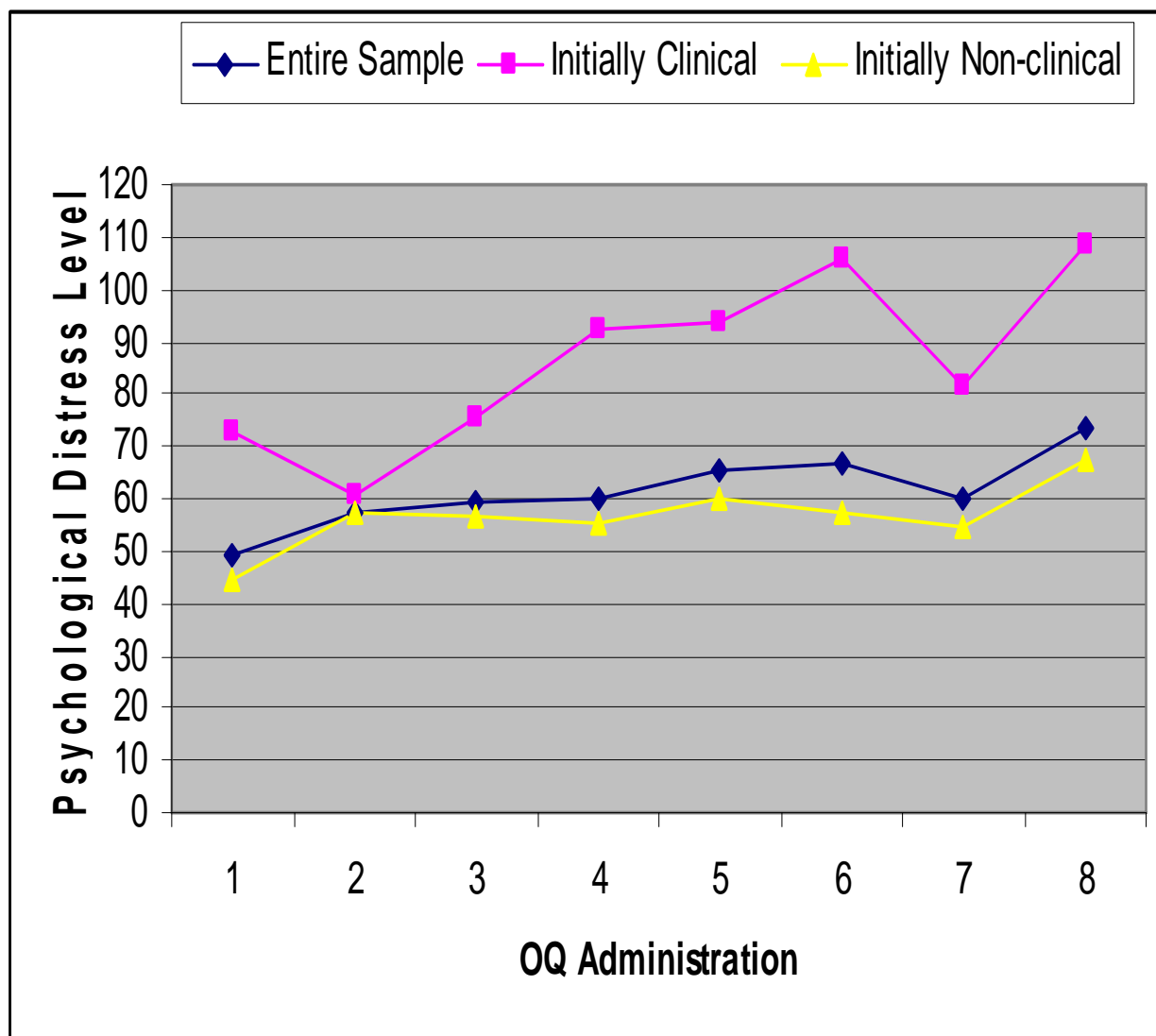
*Note.* OQ = Outcome Questionnaire score.



*Figure 6.* Average levels of psychological distress for all eight administrations of the OQ for those that improved by at least 14 points through the semester.

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*Figure 7.* Average levels of psychological distress for all eight administrations of the OQ for those that deteriorated by at least 14 points through the semester.

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Table 6

*Counseling Services, Improvers/Deteriorators, and Psychological Distress Group Size*

	Entire sample	Initially clinical	Initially non-clinical
Total N	106	17	89
Improvers	65	11	54
Counseling	20	5	15
No counseling	45	6	39
Deteriorators	41	6	35
Counseling	20	4	16
No counseling	21	2	19

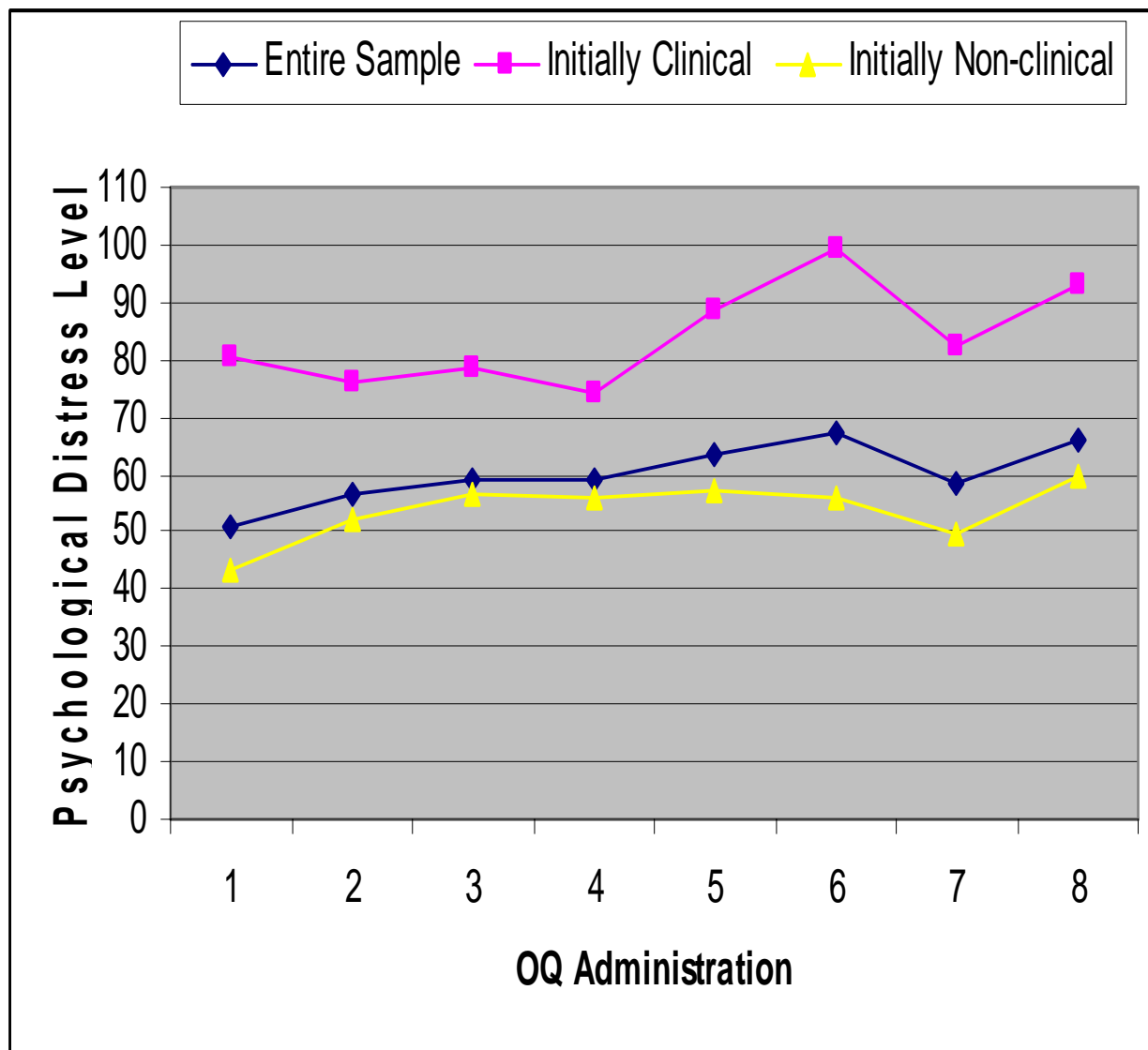
*Note.* This table represents the quantities in each category. Note. OQ = Outcome Questionnaire score.

Table 7

*Counseling Services, Improvers/Deterioraters, and Levels of Psychological Distress*

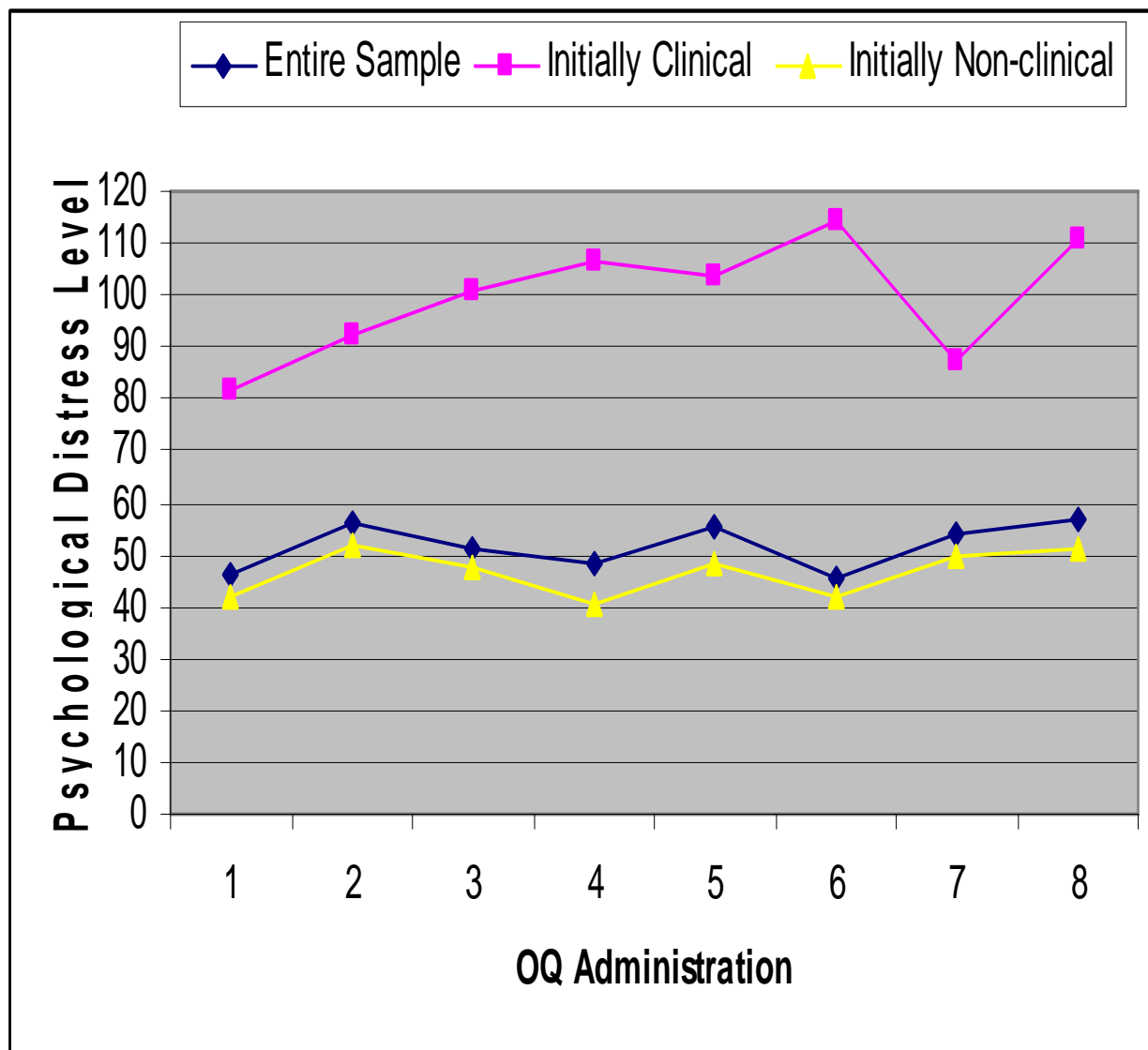
	Entire sample		Initially clinical		Initially non-clinical	
	M	SD	M	SD	M	SD
<b>Improvers</b>						
Counseling						
OQ 1	43.00	23.18	79.20	14.82	30.93	6.50
OQ 8	30.00	19.96	57.60	18.31	20.80	9.07
OQ 8 – OQ 1	-13.00	9.76	-12.60	14.79	-10.13	5.60
No counseling						
OQ 1	44.87	14.77	71.50	7.66	40.77	10.75
OQ 8	31.98	13.30	49.17	8.97	29.33	11.84
OQ 8 – OQ 1	-12.98	10.14	-22.33	14.01	-11.44	8.77
<b>Deterioraters</b>						
Counseling						
OQ 1	51.00	20.74	80.50	12.89	43.63	14.89
OQ 8	66.25	21.67	92.75	12.55	59.63	18.15
OQ 8 – OQ 1	15.25	8.43	12.25	4.78	16.00	9.08
No counseling						
OQ 1	45.86	17.67	81.50	6.36	42.11	13.74
OQ 8	57.00	23.48	110.50	19.09	51.37	15.52
OQ 8- OQ 1	11.14	11.59	29.00	25.45	9.26	8.62

*Note.* OQ = Outcome Questionnaire score.



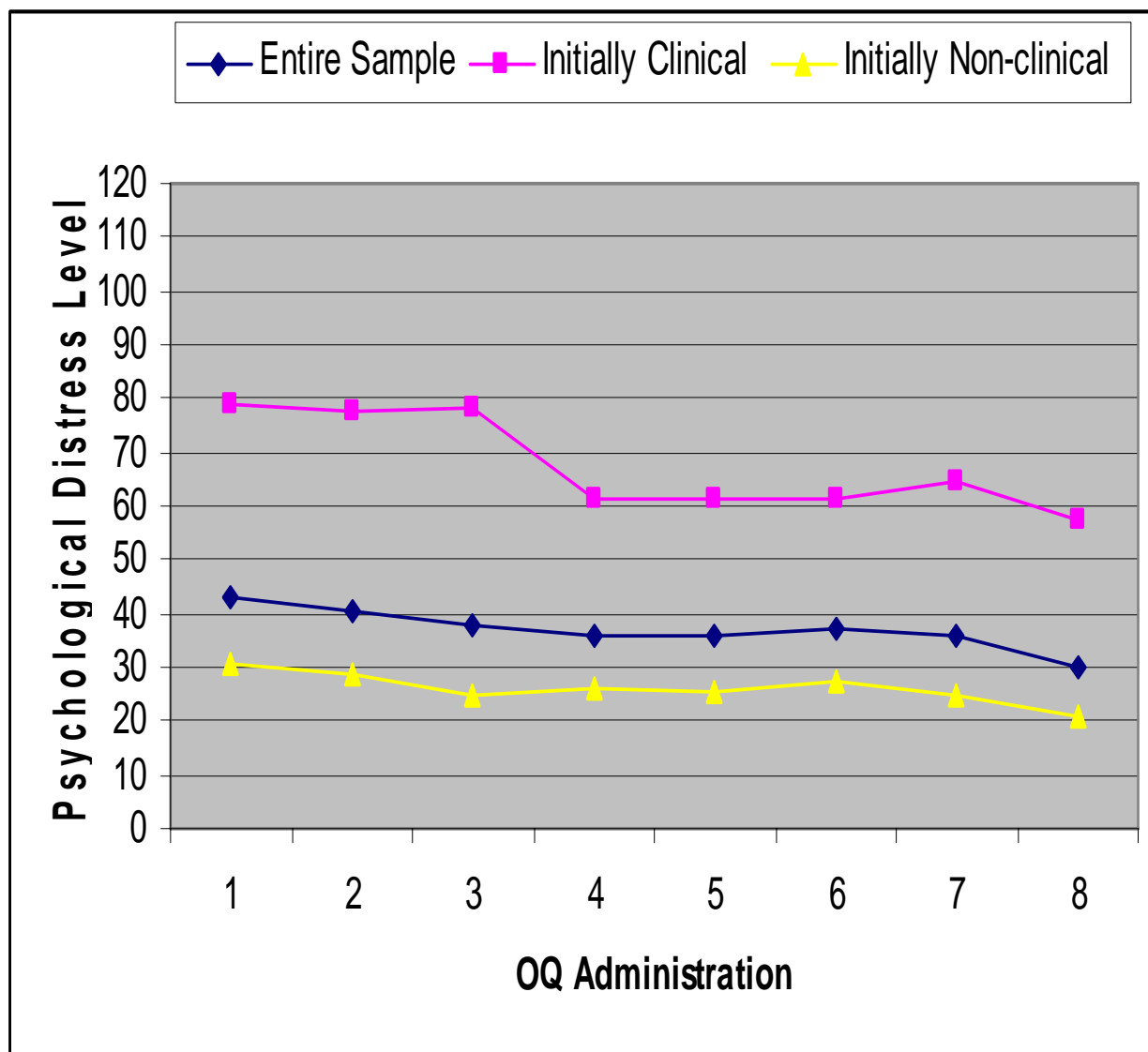
*Figure 8.* Average levels of psychological distress for all eight administrations of the OQ for deterioraters with concurrent counseling services.

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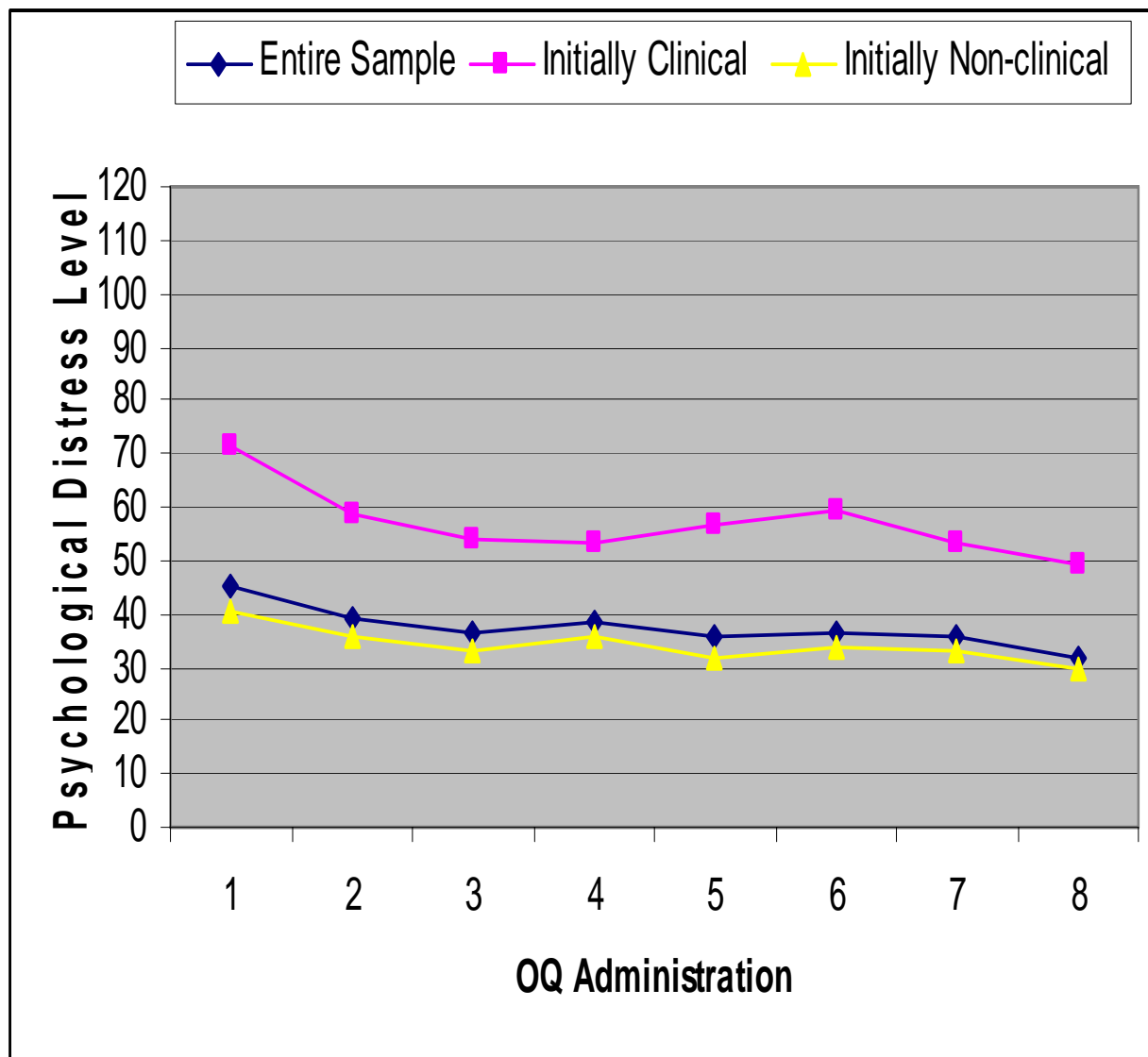
*Figure 9.* Average levels of psychological distress for all eight administrations of the OQ for deterioraters without concurrent counseling services.

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*Figure 10.* Average levels of psychological distress for all eight administrations of the OQ for improvers with concurrent counseling services.

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*Figure 11.* Average levels of psychological distress for all eight administrations of the OQ for improvers without concurrent counseling services.

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