

Career Construction Counseling: Exploring Intervention, Intensity, and Outcomes

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Abstract

Mark Savickas's Career Construction counseling model aims to help individuals develop a narrative identity that gives meaning to their transitions, helps with emotional regulation, and allows them to project into the future, encouraging them to act. Supporting the reconstruction of narrative identity promotes the emergence of new career plans in a constantly changing and transitioning context. This study utilized real counseling cases based on the career development counseling model to analyze the effectiveness of the intervention in relation to the number of sessions attended. The sample consisted of 43 participants, including 29 (67.4%) women and 14 (32.6%) men, with ages ranging from 18 to 52 years ($M=28.79$; $SD=8.847$). Participants completed a sociodemographic questionnaire and measures of vocational identity, certainty, career decision-making, depressive symptoms, and psychological stress at the beginning and end of counseling sessions. Results of a t-test comparing means revealed no significant difference in intervention outcomes between the group receiving three sessions and the group receiving four or more sessions. Furthermore, Spearman correlations indicated a negative relationship between decision-making ability at the end of counseling and the number of sessions attended. In conclusion, the effectiveness of the counseling model did not appear to be consistently influenced by the number of sessions, with an increasing number potentially negatively impacting decision-making abilities. These findings suggest the need for further research to explore factors that could enhance the effectiveness of this counseling model.

Keywords: Career Construction Counseling, Case Study, Counseling Process

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Introduction

In recent decades, global changes have impacted social and economic organization and the world of work. These transformations have altered the structure and relationships of work and have highlighted the importance of lifelong learning. Since the Seventeenth century, there have been changes: professions have appeared and disappeared, types of contracts have changed and globalization and technology have transformed careers, making them more transitory and flexible (Hartung, 2013; Hirshi, 2018). Vocational psychology has adapted to these changes by developing new models of counseling (Guichard, 2015). In this sense, professional life management and career in a complex and increasingly flexible environment has become a major challenge for those entering a professional role and for those who need to (re)orient their careers (Bobek et al., 2013; Savickas, 2011). In these perspectives, the concept of a career is no longer a linear sequence of jobs or occupations, but is based on decisions made by workers themselves, in the context and logic of their own lives (Savickas et al., 2009). These new conceptions of working life recognize that the career belongs to the person and not to the organization (Duarte, 2004). Psychological career intervention has shifted from matching individuals to jobs to focusing on career development as a lifelong, individualized process (Phillips & Paziienza, 1988). This person-centered approach marked a paradigm shift in vocational psychology.

Savickas (2011) noted that careers are centered on the individual's ability to manage change and seize opportunities. Savickas's career construction theory, based on Super's ideas, established a practice that integrates vocational behavior into human functioning. Savickas added that feedback from clients and clinical observation allowed for a gradual refinement of this practice. Savickas' Career Construction Theory redefines career as a constructive, personal and social process based on the meanings that individuals attach to their career choices (CCT; Savickas, 2005; 2013). Career is seen as a subjective construction, shaped by memories, experiences, and aspirations, and is a continuous process throughout life. Savickas proposed the "Life Design" model to respond to the new needs of career counseling in a globalized context. CCT emphasizes the importance of aligning one's career with the various domains of life, not just work, and promotes strategies that help individuals meet the challenges of an ever-changing world. CCT is based on three perspectives of the "Self": the "Self" as an actor who plays roles throughout life; the "Self" as an agent who adapts his or her efforts; and the "Self" as an author who reflects on his or her life story (Savickas et al., 2009). Based on these principles, Savickas developed Career Construction Counseling, which helps individuals construct, deconstruct, and reconstruct their career stories to promote a meaningful career narrative (Savickas, 2005; 2013). Career adaptability, as defined by Savickas (one thousand nine hundred and ninety-seven), is the ability to adjust to new circumstances, crucial for vocational development and handling unexpected challenges. It involves adapting behavior to tasks, transitions, and personal challenges throughout life, requiring continuous planning and exploration. Career psychology now emphasizes individual experiences over time, with Career Construction Counseling focusing on narrative thinking to organize life and link personal stories to context. Effective career counseling relies on a strong psychologist-client relationship, built on acceptance and communication, and proceeds in three phases: problem definition, resource assessment, and goal setting.

In the first stage of Career Construction Counseling, the psychologist uses the Career Construction Interview, a semi-structured guide with five questions to help clients share their stories. These questions explore admired figures, interests, problem-solving stories, and personal mottos, fostering self-reflection.

In the second stage, the goal is to help the client deconstruct limiting beliefs and explore emotions and thoughts. This phase emphasizes co-construction, where the psychologist and client collaboratively develop a new life narrative, opening possibilities for future actions.

The third stage involves creating a concrete action plan. The psychologist helps the client mobilize their resources to achieve their goals, reinforcing their new narrative identity and supporting sustained change. The number of sessions may vary, although three are usually suggested, with research indicating that the effectiveness is greater in the first few sessions (Cardoso et al., 2019).

In this way, based on the studies and research carried out on Mark Savickas' Career Construction Theory and the practical Career Construction Counseling Model, the work carried out as part of the Master's Thesis in Educational Psychology, aims to analyze, through real case studies, whether the number of sessions influences the effectiveness of the intervention and whether the state in which the client arrives at the first consultation, or in which they end the therapeutic process, is related to the intensity of the intervention, that is to say the number of sessions carried out.

It should be noted that no studies have been found that directly relate the influence between the number of sessions that will be needed following this model and the effectiveness of the intervention, or on the indicators that might support the psychologist's decision for a greater number of consultations. It is thought that results of this nature could support and improve the application of the model by helping to better understand the factors that can lead to its effectiveness.

In this regard, it should also be noted that Brown and Krane (2000) analyzed the magnitude of the effect of career interventions as a function of the number of intervention sessions. This analysis shows a clear, non-linear relationship between the number of sessions and the magnitude of the effect. Thus, the magnitude of the effect peaks in the fourth and fifth session ($d=1.26$), decreasing to an effect magnitude of 0.35 in interventions with twelve or more sessions. Equally noteworthy is the increase in the magnitude of the effect from 0.24 for single intervention sessions to 0.47 for interventions with two or three sessions (Brown & Krane, 2000).

In view of the above, some questions arose in this investigation:

- a. Whether the effectiveness of therapeutic intervention on career variables (vocational certainty, identity and decision-making capacity) and mental health variables (depressive symptoms and socio-emotional functioning) varies according to the number of sessions?
- b. Whether the client's status at the first session in the career and mental health variables is related to the number of sessions in the intervention process?
- c. Whether the client's status in the last session in terms of career and mental health variables is related to the number of sessions in the intervention process?

The importance and contribution of research as an alternative model for therapeutic intervention is highlighted in the current context of unpredictability and change in the world of work, where multiple transitions occur throughout people's careers. Career-building counseling thus plays an important role in supporting career management, helping to rewrite the client's life story coherently and continuously, while also promoting adaptability through

attitudes, actions and behaviors that respond promptly to the challenges and changes that will arise throughout life.

Method

The sample consisted of 43 participants of both sexes, 29 (67.4%) women and 14 (32.6%) men, aged between 18 and 52 ($M=28.79$; $SD=8.847$). There were 41 Portuguese, one Brazilian and one Spanish. In terms of academic qualifications, one (2.3%) had completed the second cycle of basic education, two (4.7%) had completed the third cycle of basic education, 13 (30.2%) had completed secondary education, 20 (46.5%) had a bachelor's degree, five (11.6%) had a master's degree and two (4.7%) had a doctorate. As for where the participants live, they live in various regions of Portugal, with many participants concentrated in the municipalities belonging to the district of Braga. Regarding their employment situation, eight (18.6%) participants were unemployed, 19 (44.2%) were students, four (9.2%) were research fellows, one (2.3%) was a researcher and the rest were employed in professions such as: architect, administrative assistant, banker, hairdresser, human resources, office worker, psychologist, sales assistant, entrepreneur, store manager and optometrist.

The interventions with the clients were conducted by seven different psychologists, four of whom had master's degrees and one of whom had a Ph.D. It should be noted that all the professionals who carried out the intervention had received training in the ACC model (Savickas, 2011) and were responsible for collecting data in the interventions carried out.

Instruments

Vocational Certainty Scale (VIS; Holland, Daiger & Power, 1980; Santos, 2007)

The Vocational Certainty Scale aims to measure the individual's level of certainty about their academic and professional choices. This scale consists of 4 items (e.g. "I have already made my career choice and do not intend to change"). The items are answered according to the individual's level of certainty, on a six-point Likert scale, ranging from (1=strongly disagree) to (6=strongly agree). The total score on the scale is the sum of all the answers, ranging from four to 24 points. It should be noted that the higher the scores, the greater the level of vocational certainty Santos (2010). In this study, the internal consistency of this measure was (.75) in the pre-test and (.90) in the post-test.

Scale of Vocational Identity (EIV; Holland et al., 1980)

The Vocational Identity Scale assesses vocational identity defined as the "possession of a clear and stable idea of one's own goals, interests, personalities and talents" (Holland et al., 1980, p. 1). It contains 18 true and false items and the score ranges from 0 to 18, with higher values indicating a greater sense of vocational identity. The Portuguese version of the EIV (Santos, 2010) revealed good psychometric properties. The scale's internal consistency ranged from .78 to .79 (Santos, 2010).

Career Decision Scale (Germeijs & De Boeck, 2002; Rodrigues, 2012)

The purpose of the Career Decision Scale is to assess decision-making ability in relation to the next career decision. It should be noted that it was developed from a scale intended to assess decision-making difficulties in general. The original scale includes 22 items

formulated as affirmative sentences (e.g. "It is easy for me to make decisions") in which people indicate their degree of agreement on a 7-point scale ranging from 0 (strongly disagree) to 6 (strongly agree). To counter the trend of responses, 11 items were worded negatively (e.g. "It is difficult for me to make a decision"). It should be noted that the higher the score, the greater the decision-making ability. In the Portuguese version (Escala de Decisão de Carreira; EDC), participants were asked to place their agreement on a 5-point scale (1=strongly disagree, 6=strongly agree). However, this change did not significantly alter the psychometric properties of the measure (Rodrigues, 2012). The internal consistency of this measure in the sample under study was 0.85 in the pre-test and 0.96 in the post-test.

Beck Depression Inventory-II (Beck et al., 1996; Campos & Gonçalves, 2011; Coelho et al., 2002)

The Beck Depression Inventory is used to assess and measure depressive symptoms, consisting of a scale ranging from no depressive symptoms (0) to severe depressive symptoms (63). In line with the recommendations of Beck et al. (1996), clients with scores below 19 should be considered non-functional. This measure was translated and validated for the Portuguese population (Campos & Gonçalves, 2011; Coelho et al., 2002) and showed a good internal consistency of .88, .90 and .91 (Campos & Gonçalves, 2011). In this study's sample, the internal consistency was 0.94 in the pre-test and 0.91 in the post-test.

Outcome Questionnaire-45 (Lambert, Burlingame et al., 1996; Lambert, Hansen et al., 1996)

The Outcome Questionnaire-45 is a self-report questionnaire designed to measure clients' progress in socio-emotional functioning over the course of the intervention. It consists of 45 items assessed on a 5-point Likert scale (from 0=never to 4=almost always), which evaluates change in 3 dimensions: 1) subjective discomfort (intrapsychic functioning), 2) interpersonal relationships and 3) performance in social roles (Lambert, Burlingame, et al. 1996). The internal consistency of the version of this instrument was .92 in a non-clinical sample and .93 in a clinical sample. The clinical cut-off point for this version is 62. The internal consistency in this study was .93 at pre- and post-test. In this study's sample, the pre-test (0.919) and post-test (0.905) data showed internal consistency.

Procedures

The data collection was carried out as part of another research project by the Career Development and Counseling Research Group of the Learning, Instruction and Career Laboratory of the Psychology Research Center at the University of Minho, entitled "Career Construction Counseling: Results and Process in a Case Study". The participants were selected through different processes and in different places, made up of secondary school and university students, as well as adults outside the school context. For participants who were underage, informed consent was requested from their parents and the adults themselves signed the consent form. All ethical issues were respected. The intervention model used was Career Construction Counseling by Mark Savickas. The sessions with the clients took place weekly or fortnightly and lasted between sixty and nine hours.

To analyze the therapeutic efficacy of the variables collected, the Reliable Change Index was calculated. This index was chosen because, unlike other tests and estimates that calculate the statistical significance and magnitude of standardized effects, it allows us to calculate the

clinical significance of the effect on the counselling process. The ideal scenario would be one that included measures with norms for both clinical and non-clinical populations. The instruments used in this study to analyze the results of depressive symptoms and socio-emotional functioning have these norms. With these measures it is possible to understand whether each client is closer to the mean of the non-clinical distribution than the clinical one, after the intervention. However, the instruments used to assess identity, certainty and decision-making capacity were not analyzed for clinical and non-clinical populations, since these measures are not intended to divide the population into these categories. The change exhibited by each participant can be determined if it is statistically reliable considering the mean and standard deviation of the reference group in these dimensions. The data was statistically processed using the Statistical Program for Social Sciences. Descriptive analyses were carried out to characterize the participants. It should be noted that for the purpose of comparison analysis, the sample was divided into two independent groups, thus constituting two variables, where the first was made up of clients who obtained results in three sessions and the other group where a greater number of sessions were required. In order to compare the results of the two groups and study correlations, parametric and non-parametric tests were carried out after studying the assumptions. The data was found to be normal for the index of reliable change, pre-test and post-test of vocational certainty, identity and depressive symptomatology. The other variables decision-making capacity and socio-emotional functioning did not show normality. Therefore, in the case of the mean comparison test, the results of the T-test (parametric test) are reported and in the correlation test between the client's state before and after the intervention and the number of sessions, Spearman's correlation coefficient (non-parametric test) is reported.

Results

Table 1 shows the results of the comparison of means on the Reliable Change Index in the career (vocational certainty, identity and decision-making capacity) and mental health (depressive symptoms and socio-emotional functioning) variables for the group of clients who had 3 sessions and the group of clients who had 4 or more sessions. As can be seen in Table 1, there were no significant differences between the group of clients who had 3 sessions and the group who had 4 or more sessions.

Table 1: Paired Samples t-Test
(Index of reliable change in career and mental health variables in the group of clients with 3 sessions and the group with 4 or more sessions)

		<i>n</i>	<i>M</i>	<i>DP</i>	<i>t</i>	<i>p</i>
RCI Vocational	3 sessions	25	2.00	1.79	-.127	.900
Certainty	4 or more sessions	18	2.07	1.42		
RCI Identity	3 sessions	25	1.17	1.88	.381	.705
	4 or more sessions	18	.98	1.14		
RCI Decision-Making	3 sessions	25	2.25	2.15	1.419	.163
Capacity	4 or more sessions	18	1.29	2.23		
RCI Socioemotional	3 sessions	25	1.60	.50	.285	.777
Functioning	4 or more sessions	18	1.56	.51		
RCI Depressive	3 sessions	25	6.00	6.94	.581	.564
Symptomatology	4 or more sessions	18	4.83	5.81		

* $p < .05$; ** $p < .01$

Table 2 shows the Spearman correlation coefficient values for the clients' status before the intervention in career and mental health variables and the number of sessions held. As can be seen in table 2, there is no statistically significant relationship between the clients' status in session 1 and the number of sessions.

Table 2: Spearman Correlations
(Scores on the career and mental health variables in the pre-test and the number of sessions attended)

	1	2	3	4	5	6
1. Vocational certainty	1					
2. Vocational Identity	.335*	1				
3. Decision-making capacity	.299	.586**	1			
4. Depressive Symptomatology	-.450**	-.464**	-.379*	1		
5. Socioemotional functioning	-.432**	-.434**	-.331*	.779**	1	
6. No. of sessions	-.264	-.148	-.134	.004	.046	1

* $p < .05$; ** $p < .01$

Table 3 shows the results obtained in the post-test on the different career and mental health variables and the number of sessions attended. As can be seen in table 3, there is an inverse and statistically significant relationship between the number of consultations and the clients' score in the last session on decision-making capacity. Specifically, the better the clients were in this dimension in the post-test about decision-making capacity, the lower the number of sessions.

Table 3: Spearman Correlations
(Between career and mental health variables in the post-test and the number of sessions attended)

	1	2	3	4	5	6
1. Vocational certainty	1					
2. Vocational Identity	.540**	1				
3. Decision-making capacity	.492**	.631**	1			
4. Depressive Symptomatology	-.530**	-.605**	-.470**	1		
5. Socioemotional functioning	-.409**	-.526**	-.421**	.747**	1	
6. No. of sessions	-.183	-.254	-.325*	.042	.008	1

* $p < .05$; ** $p < .01$

Conclusion

The results align with Brown and Krane's (2000) findings of a non-linear relationship between the number of counseling sessions and the effectiveness of psychological career interventions. The model, designed to work with three sessions, appears effective, though further research is needed to explore why some psychologists extend beyond this limit. Future studies could evaluate the impact of additional sessions and the factors influencing these decisions. Savickas (2015) emphasizes the importance of a collaborative relationship

between psychologist and client, supported by empathy and basic care skills. The Career Construction Counseling model is valuable due to its relevance, short duration, and economic sustainability, but further exploration of psychologist training and intervention techniques is needed to optimize outcomes.

In the course of the study, some limitations were found, including a lack of scientific articles relating the number of sessions proposed by the career-building counseling model and the emotional state that clients present in the first session. We stress the importance of further research into the career development counseling model, so that it can be used as an efficient and effective intervention resource in the clinical context.

The results obtained in this thesis we believe could open doors for this line of work and give some indications that seem to support the benefits of fulfilling the model's three sessions. However, there are some limitations in the conduct of the study, which depending on real consultation cases cannot be controlled. Perhaps some variables, such as the training of the psychologists or even the reasons for the consultation could be controlled in future studies in order to guarantee greater homogeneity.

The research sought to analyze, through real case studies, whether the number of sessions influences the effectiveness of the intervention and whether the state in which the client arrives at the first consultation, or the state in which they finish the process, is related to the number of sessions carried out, i.e. the intensity of the intervention. When analyzing the results obtained through the measures used (career and mental health variables), it can be concluded that there seems to be no direct relationship between a greater number of sessions and the effectiveness of the intervention. Nevertheless, a greater number of sessions seems to be negatively related to the clients' decision-making capacity.

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