Integrating Career Counseling and Substance Abuse Treatment:

Emerging Models and Research Outcomes

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Abstract

The integration of career and personal counseling is considered in terms of the potential for improved treatment outcomes. Since career and interpersonal problems commingle, it is asserted that they be treated as such. Several models integrating career counseling and substance abuse treatment for at-risk and recovering populations are delineated and discussed. Research studies of variations on these models are reviewed. While these studies lack the methodological strength to conclude that an integrated approach is more effective, they do yield some significant results. Finally, it is hypothesized that by constructing future experiments informed by theoretical models, it will be possible to measure the efficacy of integrating career counseling and substance abuse treatment across the various dimensions of substance abuse.
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The need for theory-based career development interventions addressing the concerns of economically and occupationally disadvantaged individuals is increasing (Brown, 1995). The lack of career development and employment opportunities is linked to a cycle of poverty and other social problems (Chartrand & Rose, 1996). Chartrand and Rose state that some disadvantaged individuals who lack the social benefits of employment become involved with alcohol and other drug abuse. The integration of career counseling with substance abuse treatment suggests a potentially cumulative effect in which the two approaches are joined to produce more potent outcomes. In fact, researchers and practitioners have integrated career development modules into substance abuse treatment programs with positive results (Dunn, Thomas, & Engdahl, 1992; Paccione-Dyszlewski & Dyszlewski, 1981; Powers, 1978; Roberts, Harper, & Preszler, 1997), implying that career counseling in concert with personal counseling constitutes a viable intervention for at-risk and recovering populations.

Krumboltz (1993) asserts that career decisions are crucial to happiness and that career and interpersonal problems must be treated collectively. By adhering to the traditional assumption that career counseling is an intellectual exercise and personal counseling an emotional one, counselors foster compartmentalization, diminishing their ability to help clients recognize the interplay between their feelings, beliefs, abilities, and interests. Krumboltz emphasizes the need for counselors to appreciate this interplay and the extent to which certain dimensions of our personal lives can affect those of work, and vice versa. This paper will review the literature on career development interventions among populations at-risk for substance abuse problems or recovering from such problems. It will examine the career barriers encountered by these populations, emerging models of integrating career counseling and substance abuse treatment, research on the outcomes of integrated programs, and ways in which a more comprehensive integration might be achieved.
As counselors strive to find balance between personal and career counseling, it is important to note that both actual and perceived barriers influence career behavior (Swanson & Woitke, 1997). Interventions with at-risk clients should identify environmental barriers to career development, as well as the beliefs they hold about themselves and the environment (Chartrand & Rose, 1996). Paa and McWhirter (2000) state that having a clear understanding of an individual's perceived influences is useful in career interventions. Due to the restrictions of poverty, urban adolescents face limited opportunity for career exploration (Church, Teresa, Rosebrook, & Szendre, 1992).

Actual and perceived barriers also hamper the career behavior of client’s recovering from substance dependence. Ronan and Reichman (1986) maintain that in order for a client to successfully resume employment and avoid relapsing due to work-related problems, the career counselor must assess, and help the client face and compensate for, any cognitive and affective impairment engendered by their alcoholism. Low self-esteem, as well as the sense of helplessness and dependency sometimes characteristic of early recovery, may undermine a client’s confidence in their ability to identify and delineate functional skills, describe their work histories, and convey their interests to prospective employers. Once hired, specific barriers may include following a structure, maintaining positive interpersonal relationships with coworkers and supervisors, and dealing with the potential stigma of being in recovery.

Emerging Models of Integration

Social Cognitive Career Theory (SCCT; Brown & Lent, 1996) gives practitioners a model for understanding the effects of self-efficacy, outcome expectations, contextual factors, and environmental forces on career choices and success. Within SCCT, interests and outcome expectations are viewed as continuous and cyclical because individuals reexamine them throughout life. Also, SCCT views change as an opportunity for an individual to gain confidence in their ability to succeed, develop self-efficacy, and realize outcome expectations. Furthermore, because work values can be influenced by social context and shaped by interventions, SCCT is a useful model for improving the work ethic of at-risk and recovering populations.
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Among recovering populations, effective integration of career counseling and substance abuse treatment must be structured to meet the specific needs of each client (Ronan & Reichmann, 1986) and begin early in the course of treatment (Blustein, 1987). Ronan and Reichmann recommend the following steps for clients who have recognized the utility of developing career goals in relationship to recovery: (a) strengthen self-concept by exploring career goals through aptitude, interest, and personality testing; (b) gather occupational information from various sources; (c) translate self-concept into realistic occupational goals using role-plays, reality testing, compromise, and planning; and (d) follow through by writing résumés, letters of inquiry, and practicing for interviews.

Blustein (1987) contends that a comprehensive substance abuse treatment program will incorporate career counseling as a matter of course. In accord with Super’s Life Span, Life Space model of career development (1980), Blustein views the resolution of career development tasks within the larger context of a client’s life, where work, addiction, and other factors reciprocally influence each another. Blustein also advocates for early initiation of career counseling. However, his model departs from the others by using group interventions in lieu of individualized treatment. He contends that groups provide a forum for the discussion of issues related to work, especially the relationship between work and recovery, and that such groups should exist as part of the larger therapeutic curriculum.

Arguing for a holistic approach to treatment, Britten (1984) cites several problems common to many alcoholics that preclude successful employment upon discharge from treatment. They include (a) the reality of their alcoholism, (b) a poor self-image, (c) a poor work record, (d) limited financial resources, and (e) a diminished capacity to plan for the future. In Britten’s model, clients undergo a period of work adjustment while in treatment, rather than afterwards. Moreover, part-time work is recommended during the adjustment phase and for the six months following discharge from treatment, theoretically leaving the client in a better position to deal with the myriad of problems characteristic of early recovery.

Britten’s (1984) emphasis on part-time work has significant import for adolescent populations at-risk for substance abuse. At some time during the school year, about 75% to 90% of adolescents work (Steinberg, Fegley, & Dornbusch, 1993). However, researchers disagree about the benefits of part-time
work for adolescents. Some believe that the negative outcomes linked to employment greatly outweigh the benefits (Steinberg et al.), yet others see the work role as important to adolescent adjustment (Shanahan, Finch, Mortimer, & Ryu, 1991). The research indicates that greater developmental benefits are seen when work is merged with other roles (Fine, Mortimer, & Roberts, 1990). There is also an increase in autonomy due to adolescent work experience (Fine et al.). Steinberg et al. found that work intensity, working over 20 hours per week, is negatively correlated with grade point average and college plans and that adolescents who work over 20 hours miss class more often and spend less time on their homework. Additionally, adolescents working 20 hours per week or more report greater drug and alcohol use than do non-working adolescents (Bachman & Schulenberg, 1993; Steinberg et al.).

Research on Outcomes

Research on the efficacy of integrated career and substance abuse counseling programs for at-risk and recovering populations is scattered. Although no comprehensive study of a fully integrated program exists, several studies demonstrate the benefits of circumscribed career counseling interventions, such as job interview training, vocational education groups, and vocational rehabilitation services.

Research has shown that career interests are more accurately predicted by perceived ability rather than actual ability (Barak, 1981) and that it is important for adolescents to explore career choices (Isaacson & Brown, 1997). However, adolescents who live in environments where they are at-risk for various psychosocial problems may limit their career options (Church, et al., 1992). Church et al. found that career self-efficacy was predictive of the range of occupations considered for high school equivalency students, most of whom were minorities. Few schools address career development with at-risk populations even though evidence indicates that such interventions improve grades, as well as rates of high school completion (Evans & Burck, 1992). Research by Brown, Darden, Shelton, and Dipoto (1999) indicates that both Caucasian and ethnic minorities who make up the majority in their school setting show the greatest amount of self-efficacy in relationship to career decision-making. According Brown et al., career interventions geared toward students in the minority at their school would help to impart self-efficacy in relationship to career decision-making.
Programs increasing career self-efficacy in high school students from at-risk environments have demonstrated some success; yet, researchers indicate the need for programs directed at younger students (O’Brien, Bikos, Epstein, Flores, Dukstein, & Kamatuka, 1998). O’Brien, Dukstein, Jackson, Tomlinson, and Kamatuka (1999) state The Career Horizons Program was developed to increase confidence, as well as educational and career opportunities among middle school students living in at-risk environments. Consisting of summer classes on career exploration, career self-awareness, and math and science careers, the program emphasizes the role of cultural, societal, and economic influences on career development and self-efficacy. O’Brien, et al. (1999) found that students who completed the Career Horizons Program showed increased career planning and exploration efficacy, educational and vocational development efficacy, number of careers they would consider, and congruence between interests and career choice. Career choice and personality type congruence is associated with persistence and performance in careers (Holland, 1985). The congruence between interests and career choice resulting from the Career Horizons Program should indicate future career success for those students.

Paccione-Dyszlewski and Dyszlewski (1981) hypothesized that full-time vocational activities would have a positive impact on the sobriety of socioeconomically disadvantaged alcoholics after discharge from a community based residential treatment program for alcoholism. They tracked 54 graduates of the four-month multidisciplinary therapeutic program, which incorporated vocational rehabilitation services as part of the treatment milieu. Six months after graduation from the program, those who held full-time employment at discharge were compared to those who did not. Seventy percent of the employed group reported that they had remained sober since discharge, while only 26% of the unemployed group had managed to do so, leaving the researchers to conclude that full-time work was correlated with sobriety among these subjects.

Roberts, et al. (1997) designed the Fresh Start Program for Native American clients identified as high risk by their probation or parole officer. A variety of problems constitute the program’s definition of high risk, including substance abuse. Program components are time and task intensive, consisting of the initial vocational assessment, job search training, job retention training, career exploration, personal
counseling, educational development, and job-specific training. By the end of treatment, 75% of the experimental group members were employed, compared to only 50% of the control group members. Researchers determined this difference to be significant. Although no measure of substance use was obtained at the close of the intervention, it could by hypothesized, in accord with the results of the Paccione-Dyszlewski and Dyzslewski (1981) research, that those subjects who were employed were less likely to have relapsed.

Dunn, et al. (1992) hypothesized that clients in an inpatient substance abuse treatment program who also completed an interview skills workshop would demonstrate improved job interview skills and enjoy higher employment rates at a three month follow-up than their cohorts who did not experience the workshop. Pre and post-test comparisons indicated that the treatment group made significant gains in their job interview skills relative to the control group. More importantly, at the three-month follow-up 66% of the treatment group was employed, compared to only 47% of the control group. The researchers concluded that this difference was significant, but again they did not measure substance use at the three-month follow-up.

Powers (1978) applied a modified form of Daane’s Vocational Exploration Group (1973) to the treatment of 120 volunteer subjects undergoing inpatient substance abuse treatment in three Veterans Administration Hospitals. Each Vocational Exploration Group consisted of 40 activities presented over the course of five sessions. Treatment and control groups were compared on post-test measures of maturity of career attitudes and competencies, clarity of career plans, specification of career preferences, and perceived meaning of work and career activities. It was determined that the treatment group scored significantly higher than the control group on the measure of maturity of career attitudes and competencies. The treatment group also rated their career plans as significantly more clear than the control group. Powers asserts that by demonstrating gains in career maturity and clarity, treatment group subjects are more prepared to capitalize on job training and placement. He also postulates that the heightened vocational maturity of these subjects might result in a more fixed and gratifying work experience.
The integration of career counseling and substance abuse treatment for at-risk and recovering populations represents a litmus test for the general merger of career and personal counseling proposed by some researchers (Blustein, 1987; Krumboltz, 1993). However, the studies reviewed here lack the methodological strength to conclude that an integrated approach is significantly more effective than conventional methods. The most obvious deficit of these studies is their failure to obtain and contrast follow-up measures of substance use. In several instances it is apparent that the research questions were shaped by an interest in vocational outcomes, rather than an interest in the utility of an approach to substance abuse treatment that incorporates career counseling. Perhaps this is a function of long standing partitions between the two disciplines. By constructing future experiments informed by theoretical models, it will be possible to measure the efficacy of this approach across the various dimensions of substance abuse. Should the integration of career counseling and substance abuse treatment prove to be substantially more effective in any way, a new paradigm may emerge; one for which counselors and counseling psychologists, with their training in career development, would be uniquely prepared.
References


