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THE IMPACT OF A CASVE-CQ ENHANCED INTERVENTION ON GROUP CAREER COUNSELING OUTCOMES

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THE IMPACT OF A CASVE-CQ ENHANCED INTERVENTION ON GROUP

CAREER COUNSELING OUTCOMES

by

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ABSTRACT

This study aimed to investigate the effect of using the CASVE Cycle

Questionnaire (CASVE-CQ) on career group intervention outcomes, specifically career

decidedness, negative career thoughts, career decision-making difficulties, and career

decision-making self-efficacy. Participants included 45 undergraduate students who

receive scholarships from a student retention program which includes a career group

intervention as a requirement to receive the scholarship. It was predicted that the use of

the CASVE-CQ would result in greater increases in career decidedness and career

decision-making self-efficacy, as well as greater decreases in negative career thoughts

and career decision-making difficulties compared to those receiving the same

intervention that did not integrate the CASVE-CQ. Although all participants experienced

changes in outcome measures in the predicted direction, there was no significant

difference between those who used the CASVE-CQ and those who did not. Thus, the

hypotheses for this study were rejected. Qualitative feedback from participants revealed

that the inclusion of the CASVE-CQ added a more interactive and visual component to

career counseling. These findings contribute to the development of a more meaningful

and rewarding counseling experience for future clients as well as an assessment

intervention approach to implement theory in practice for clinicians. Some limitations to

this study include convenience sampling, the small sample size, and the lack of previous

research using the CASVE-CQ.

     Key words: career decision-making, negative career thoughts, career decidedness,

     career decision-making difficulty, group career counseling

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I would like to show my gratitude to my committee members, fellow graduate students in counseling psychology, and undergraduate professors for encouraging and supporting my interest and abilities in research. Your invaluable support in the areas of intellect and emotion have greatly contributed to the initiation and completion of this work.

DEDICATION

I would like to dedicate this work to my family. Thank you for your undying inspiration, support, and encouragement.

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LIST OF ABBREVIATIONS

CASVE-CQ	CASVE Cycle Questionnaire
CIP	Cognitive Information Processing
CDDQ	Career Decision-Making Difficulties Questionnaire
CTI	Career Thoughts Inventory
CSI	Career State Inventory
CEDSE-BD	Career Exploration and Decisional Self-Efficacy – Brief Decisional Scale

CHAPTER I – REVIEW OF LITERATURE

Cognitive Information Processing Theory's approach to career decision making

Cognitive Information Processing (CIP; Sampson et al., 2004) theory focuses on how individuals make career decisions. CIP-informed interventions and assessments have received empirical support as an effective way to enhance career decision-making outcomes (Brown, 2017). For example, studies using CIP-informed interventions reported lower levels of negative career thoughts, dissatisfaction of career choice, and career tension, as well as higher levels of vocational identity (Bertoch et al., 2014; Strohm, 2008; Henderson, 2009). Interventions within CIP theory integrate aspects such as written goals, support building, and information on the world of work, which have all been shown to yield more positive outcomes when dealing with decision-making difficulties (Brown & Ryan Krane, 2000). Interventions in CIP theory also typically address negative career thoughts, goal setting, and efficacy enhancement, which have also been shown to increase positive choice-making outcomes (Brown, 2017). The CIP theory involves key elements such as assessing individuals' career decision-making readiness and providing individuals with a suitable level of assistance and resources for their needs (Sampson, Peterson et al., 2003). Sampson and colleagues (1992) developed the CIP approach to career services with the goal of providing practitioners with a method that would allow them to convert theory into practice in a way that was clinician- and client-friendly. This approach intends for clinicians to empower clients in the areas of career problem solving and decision making using a structured framework (Sampson et al., 1992).

The main concepts of CIP are depicted in a pyramid with three tiers. The base of the pyramid represents self-knowledge and knowledge of one's options. This tier acts as a foundation for decision-making. The middle tier is known as the decision-making domain. This tier contains the CIP recommended approach to decision making, the CASVE cycle. The CASVE cycle encompasses decision-making styles and other internal or external factors that could influence how one makes a decision. The apex of the pyramid represents the executive processing domain. This tier focuses on metacognition, specifically thoughts that can impede decision-making (Osborn et al., 2018).

The present study focused on the CIP decision domain, specifically the CASVE cycle. The CASVE cycle is highly integrated into the existing career group intervention that was the setting for the present study. The CASVE cycle contains five phases, starting and ending with the *communication* phase. In the communication phase, the client identifies a specific career problem or gap that needs to be addressed to effectively move forward in the decision-making process. The second phase, *analysis*, is focused on the client considering their options and the knowledge they already have about themselves and careers. In the *synthesis* phase, the client expands and narrows their options based on their self and options knowledge. The *valuing* phase then encourages the client to rank the remaining options based on internal values (e.g. family, independence, prestige). In the *execution* phase, the top ranked option is implemented. Following this implementation, the client is encouraged to return to the *communication* phase to determine whether the decision needs to be revised or if the decision made was suitable (Sampson et al., 1992).

The CASVE-CQ (Werner, 2017, 2019) is a recently developed measure of decision making with scales derived from the CIP-based CASVE cycle. The CASVE-CQ is described more thoroughly in the Measures section of this document. Briefly, the CASVE-CQ assesses career decision making through client's self-reported progress through the CASVE cycle. Additionally, the CASVE-CQ can identify whether the user is navigating the CASVE cycle in an ideal (i.e., completing each phase adequately in order) or non-ideal fashion. Use of this measure is expected to enhance the decision-making skills and knowledge of participants assisted from a CIP theoretical perspective. To this point, the CASVE-CQ has only been utilized as a research measure (Werner, 2017, 2019). The present study sought to expand the CASVE-CQ's use into a practice setting. The CASVE-CQ and an associated interpretive worksheet (i.e., Progress Tracker) was integrated into an established, manualized career counseling group. The effects of the integration of this measure on group outcomes is the focus of this study.

<p align="center">Career decidedness</p>

Brown (2017) found that, regarding decision making and encouraging job exploration, career interventions produced greater outcomes than no intervention. These results support previous findings that suggest that career interventions aid in increasing career decidedness and other aspects of vocational development (Hirschi & Lage, 2008). Brown & Ryan Krane (2000) conducted a meta-analysis to determine the components of a career intervention that would have the most impact on outcomes, and they found that there are five main components that are critical to the success of career interventions: workbooks and written exercises, individualized interpretations and feedback, world of work information, modeling, and attention to building support. These findings were supported

by Brown et al. (2003), and they provide a basis for career counseling intervention design. The design of the career groups in the present study contains elements that coincide with these critical components within a CIP framework. The present study focused on comparing the existing career group structure and approach to understanding the CASVE cycle with a version of the group that also integrates an emphasis on an increased individualization and visualization of progress using the CASVE Cycle Questionnaire. Studies have shown that increased recognition of students' specific career assistance needs could result in more personalized aid (Bullock-Yowell et al., 2014). By using the CASVE-CQ and progress tracker (see Appendices A & B), practitioners and clients can better visualize and isolate specific concerns to address within the career counseling intervention rather than relying on professional judgment alone.

To assess the effectiveness of the CIP-based, manualized career counseling group intervention as well as compare effects across versions of the group, relevant outcome measures were identified. In the present study each participant receiving either version of the intervention was assessed before and after the group intervention on their level of career decidedness, decision-making difficulties, decision-making self-efficacy, and negative career thinking. Rationale for the inclusion of these specific variables is detailed in the following sections.

<center>Career decision-making difficulties</center>

Career decision-making difficulties include any difficulties that arise before, during, or after the career decision-making process (Saka et al., 2008). Previous studies have found a negative relationship between career decision-making difficulties and measures of career decidedness and career decision-making self-efficacy (Fouad et al.,

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2009; Kleiman et al., 2004; Amir & Gati, 2006). In addition to being related to lower

levels of decidedness and career decision-making self-efficacy, career decision-making

difficulties have been found to correlate highly with negative career thoughts ($r = .82$)

(Kleiman et al., 2004). Fouad, Cotter, and Kantamneni (2009) found that after taking a

college career course, the students reported lower levels of career decision-making

difficulties and increased levels of career decision-making self-efficacy. Other studies

that use the CIP theory approach to career decision making also found that career

decision-making difficulties negatively correlate with decidedness and self-efficacy

(Kleiman et al., 2004; Amir & Gati, 2006). In addition to a potential predictor of self-

efficacy, career decision-making difficulties could be an indicator of the severity of an

individual's career counseling needs. Gati, Krausz, and Osipow (1996) recommend using

the Career Decision-Making Difficulties Questionnaire (CDDQ; Gati, et al., 1996) as a

screener before an intervention to better tailor the counseling to their needs. The present

study used the CDDQ to assess career decision-making difficulties pre- and post-

intervention and difference in reported difficulty levels across versions of the

intervention.

<div align="center">Career decision-making self-efficacy</div>

As stated above, there is evidence that supports a relationship between career

decision-making self-efficacy, career decidedness, and career decision-making

difficulties. In addition to these relationships, career decision-making self-efficacy has

also been found to alter individuals' perceptions regarding suitable career options in

technical or scientific fields (Lent, Brown, & Larkin, 1986). Reese and Miller (2006)

found that students who completed a career course reported increased levels of career

decision-making self-efficacy, "specifically in the areas of obtaining occupational information, setting career goals, and career planning" (p. 252). This claim is supported by Brown's (2017) meta-analysis, which discussed how self-efficacy enhancing tactics are critical components to career counseling interventions, as well as job finding. In a previous study reporting outcomes of an earlier version of the manualized career group intervention setting involved in the present study, Leuty et al. (2015) reported an increase in undergraduates' career decision-making self-efficacy after completing a CIP approach-based career counseling group. The present study will assess career decision-making self-efficacy pre- and post-intervention and difference in reported efficacy levels across versions of the intervention.

Negative career thoughts

Negative career thoughts are defined as distorted cognitions which hinder the career decision-making process (Sampson et al., 1998). Studies have shown that negative career thoughts contribute significantly to career indecision as well as variance in career decision-making self-efficacy (Saunders et al., 2000; Bullock-Yowell et al., 2011; Chason et al., 2013). When comparing pre-test and post-test negative career thoughts scores, research supports participants with higher levels of dysfunctional career thoughts experiencing more dramatic decreases in dysfunctional career thoughts following a career development course (Osborn et al., 2007; Reed et al., 2000). Osborn, Howard, and Leierer (2007) found that after a 6-week, 1-credit-hour career course, a diverse group of college freshman experienced significant decreases in negative career thoughts, regardless of their gender or race. The present study will have a similarly young and diverse participant composition, and also hypothesizes a reduction in negative career

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thoughts. Dahl, Austin, and Wagner (2010) conducted a study investigating the prevalence of negative career thoughts in adults undergoing career decision making, and the results suggest that negative career thoughts may be most prevalent during the exploration phase. This exploration phase could coincide with the analysis or synthesis step in the CASVE cycle, and the present study could provide evidence for whether the CASVE Cycle Questionnaire aids in reducing the increase of negative career thoughts during these steps. By integrating CIP theory throughout the intervention, career counseling can reduce negative career thinking dramatically (Reed et al., 2000; Leuty et al., 2015).

CHAPTER II – THE PRESENT STUDY

The present study compares a CIP-based career group as usual to a version of the career group enhanced by the use of the CASVE-CQ and associated intervention. The study will examine the impact that administering and interpreting the CASVE-CQ will have on participant outcomes in a CIP-based, manualized career counseling group. It was hypothesized that the implementation of an enhanced decision-making version of a CIP approach-based career group would result in the CQ-enhanced group having (H1) higher career decidedness, (H2) lower decision-making difficulties, (H3) higher career decision-making self-efficacy, and (H4) lower negative career thoughts compared to the control intervention groups. It was also hypothesized that there would be (H5) a positive correlation between the CASVE-CQ's Navigator Score and the levels of career decision-making self-efficacy, (H6) and a negative correlation between the Navigator Score and negative career thoughts and (H7) career decision-making difficulty.

CHAPTER III – METHODS

Participants

Participants included 45 sophomore students from a mid-sized, southeastern university. This participant sample is smaller than the proposed 50 students due to 5 students dropping out of the Jubilee Scholars Program or failing to complete all five career counseling group sessions. The university's overall undergraduate population is primarily white (61%) and black or African American (28%), as well as primarily female (63%). Fifty-six percent report a household income that is less than $30,000 a year, and 47% receive the Pell Grant for financial aid (IPEDS, 2016-2017). The participants included a control group that received the career group as usual from which data was collected in the Fall of 2019. A CQ-enhanced group, from which data was collected in the Spring of 2020, served as the comparison group.

After IRB approval for this study was obtained (see Appendix C), the sample was recruited through the Jubilee Scholars Program which is a university-based scholarship program for sophomores, most of which have been identified as having multiple risk factors for dropping out of college. The scholarship program provides scholars with supplemental support services at the university. Students in the Jubilee Scholars Program must participate in a certain amount and combination of support services to receive their scholarship funds. The career counseling group, that is the intervention source of this research, is one support service these scholars are required to attend. The career counseling groups are offered across the fall and spring semester, with 3 sections offered each semester. The university staff that manage this scholarship program divided the participants into fall and spring cohorts with 25 participants receiving career counseling

per semester. Cohorts were further divided into 3 groups of 6 to 10 individuals based on their schedules matching with group meeting times. Jubilee Scholars who participated in these career counseling groups during the 2019-2020 academic year were predominantly female (69%) and African-American (56%) followed by White (29%). Although the G-Power analysis revealed that 41 participants per group would be needed for an adequate power of .80 with an alpha of .05, only the Jubilee scholars from Fall 2019 and Spring 2020 were included in the present study. While this is below the ideal power threshold, maintaining the typical recruitment process for the Jubilee Scholars Program allowed for greater control over intervention fidelity and consistency.

<center>Procedure</center>

Control group

Participants in the control group were assigned to fall group cohorts by the university staff managing the scholarship program activities. Participants were assigned to group times by the career group faculty supervisors based on participant's schedule and the group time offerings. All participants (both control and CQ-enhanced) engaged in a pre-group assessment session in the fall to obtain pre-intervention scores and give participants a general orientation to the group's purpose. The career intervention groups included five sessions structured around the four main content areas of the CIP Pyramid (Sampson et al., 2004). The group content is described in more detail below. Groups were co-led by two trained graduate students each, for a total of 6 leaders. Each graduate student group leader was trained in career counseling in a graduate level career class and attended an additional training session prior to leading groups in the fall. In addition to the initial training, group leaders received specific training on the CQ-Enhanced protocol

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in the spring after the fall control groups were completed. This was in an attempt to reduce bias towards the control group by having knowledge of the CQ-enhanced protocols. During the fifth and final career group session, the participants were given a post-group assessment to assess the outcomes of the career counseling group intervention.

CQ-enhanced group

The CQ-enhanced group structure and assignment was consistent with control group. CQ-enhanced group participants were assigned to spring 2020 groups by scholarship program staff. In addition to the aforementioned pre-group assessment, the CQ-enhanced group received a second assessment session closer to the start of their career group to more accurately capture their pre-intervention scores. The career intervention was consistent with the control group but also included several new components to enhance the career decision-making skills of the participants. First, the CASVE-CQ was administered (session 2) and interpreted (beginning of session 3). Also in session 3, an accompanying CASVE-CQ progress tracker was introduced and completed with the group participants. This progress tracker was revisited in the fourth and fifth sessions to assess additional decision-making progress for each group participant.

Career group intervention

The format of the career counseling group intervention is based on a manualized (Bullock-Yowell & Leuty, 2018), CIP-based career counseling group that has been continuously offered since 2011 and has been subjected to empirical scrutiny (Leuty et al., 2015). The group has been used as an intervention with this Jubilee Scholars sample

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since Fall of 2018. According to the career group's manual, the intervention consists of 5 sessions, outlined in more detail below (Bullock-Yowell & Leuty, 2018). While the group content integrates multiple theoretical perspectives and tools, the intervention is largely guided by the CIP theory (Sampson et al., 2004).

The first session focuses on introducing the participants to the format of the career group sessions, and group leaders described CIP's foundational concepts depicted in a pyramid figure. Participants were also introduced to how metacognitions play into decision making which is operationalized in CIP using the Career Thoughts Inventory (CTI; Sampson et al., 1996a). Participants formulated written goals to accomplish over the course of the career group sessions in the form of an individual learning plan (ILP; Lenz et al., 2010).

The second session focused on the self-knowledge portion of the CIP pyramid by discussing interests and skills. Interests were explained within the framework of Holland's RIASEC theory (Holland, 1997), and discussions about how the participants' Strong Interest Inventory (Donnay et al., 2004) results relate to their personality and interests were encouraged. At the end of the second session, the CASVE-CQ was administered to the CQ-enhanced groups and scored for use in the third session.

The third session focused on exploring clients' work values, methods for researching career options, and an introduction to the CIP-endorsed decision-making method, the CASVE cycle. The control group explored the decision-making process by receiving a handout with a visual depiction of the CASVE cycle and discussing how they normally make important decisions. The control group then engaged in a group activity centered on using the CASVE cycle to navigate a non-career related decision. In contrast,

as the CQ-enhanced group participants learned about the CASVE cycle, they were given

their scored CASVE-CQ and an accompanying progress tracker. Rather than engaging in

the activity using the CASVE cycle for non-career decisions, the CQ-enhanced group

was asked to fill out the progress tracker and discuss how it may help reflect good next

steps for making progress in their career development. The CQ-enhanced group members

were encouraged to relate what they learned in session to their personal decision-making

situations, as the CASVE-CQ is a direct assessment of the theory-driven CASVE cycle.

In the fourth session, groups discussed the CASVE cycle further, focusing on the

Synthesis and Valuing stages. Supplemental handouts, activities, and reference to the

CASVE-CQ was added to the decision-making content of the CQ-enhanced group's

fourth and fifth session experience while the control group addressed decision making

and the CASVE Cycle consistent with the current manualized approach (e.g., presenting

and explaining cycle; discussing recent, big decisions made). The CQ-enhanced groups

revisited the CASVE-CQ progress tracker and discussed how they have made progress or

what next steps need to be taken for progress to occur. At the end of the fourth session,

participants took their post-intervention CTI.

The fifth session continued to include the discussion of the CASVE cycle

Execution and Communication II stages. Participants received group feedback on their

CTI results and discussed how self-monitoring one's thoughts is part of the

Communication II phase. The participants concluded their participation in the groups by

completing post-group assessments to assess group outcomes. The CQ-enhanced group

revisited the progress tracker before leaving as a final review of their decision-making

progress during the career counseling group.

Due to the nature of the counseling groups and the Jubilee Scholars Program, participants sometimes miss meetings or drop out of the program. In the case of missed meetings, one absence is allowed per participant. When an absence occurs, the participant attended a make-up individual session with one of their group co-leaders that addressed all components from the missed group session.

Measures

Along with a demographic questionnaire (see Appendix D), a variety of career-relevant measures were administered to the participants as pre- and post-tests. The CASVE-CQ was only administered at the end of session 2 and used through session 5 with the CQ-enhanced group participants. The correlations between each measure as well as measure mean, standard deviation, range, and alphas from this sample can be found in Tables 1 and 2.

The CASVE Cycle Questionnaire

The CASVE Cycle Questionnaire (CASVE-CQ; Werner, 2017) was developed to assess one's navigation through and completion of the stages in the CASVE cycle within the decision-making domain of the CIP Pyramid. The current version of the CASVE-CQ is 42 items with yes or no answer options, including questions such as "I have a problem with my career path" and "I need help identifying my career options" (Werner, 2019; see Appendix A). Scores from the CASVE-CQ allow clinicians to track a client's decision-making progress via the total score and subscale scores. There are six subscales that map directly on to the six phases of the CASVE cycle. The Navigator Score allows clinicians to determine whether the client has navigated the CASVE cycle in an ideal or non-ideal fashion. Clients achieve a Navigator Score of "ideal" by completing at least 25% of the

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tasks in each phase, and completing the phases in order. A score of "non-ideal" is achieved by completing less than 25% of the tasks in each phase or by completing phases out of order. The total score, subscale scores, and Navigator scores all provide information that could help clinicians identify areas where clients need more support, allowing treatment to be tailored to the client's needs while also reducing clinician bias or subjectivity. The original CASVE-CQ was developed using a sample of college students with an age range of 18 to 25 (Werner, 2017). The factor structure and scoring methodology for the CASVE-CQ has also been empirically validated (Werner, 2019). The CASVE-CQ total score was found to have high internal consistency ($\alpha = .93$) and moderate item-total correlation ($r = .46$) (Werner, 2017).

The CASVE-CQ Progress Tracker

The CASVE-CQ Progress Tracker (see Appendix B) was developed for the purposes of this study and as a supplemental handout to accompany one's use of the CASVE-CQ. The Progress Tracker was conceptualized as the mechanism to move the CASVE-CQ from a purely research measure to an intervention tool. The intention of the progress tracker is to provide visual feedback to participants and group leaders regarding the participant's initial key phase and progress through the cycle as the intervention sessions proceed. Visually, the progress tracker is a form that presents the CASVE cycle. Each phase of the cycle is divided into segments equal to the number of items on the CASVE-CQ for that phase. For example, if a test taker indicated yes to two items on the CQ's Synthesis subscale they would color in two of the seven segments in the tracker's Synthesis circle. As the participant makes progress on goals identified via CASVE-CQ

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items, they can return to the progress tracker and color in more portions. Number of colored portions represents activity in that aspect of the CASVE cycle.

The Career State Inventory

The Career State Inventory (CSI; Leierer, Peterson, Reardon, & Osborn, 2017) assesses an individual's level of readiness to make career decisions and solve career related problems. The CSI is a 5-item assessment that results in a total score and three component scores that measure career choice certainty, career choice satisfaction, and vocational clarity. The CSI is a self-report measure that includes some open response items such as "List all occupations you are considering right now" and some True/False items such as "If I had to make an occupational choice right now, I'm afraid I would make a bad choice." The CSI was found to highly correlate with the CTI total score ($r = .63, p < .001$) and the MVS Vocational Identity scores ($r = .72, p < .001$) (Leierer et al., 2017). Unfortunately, due to researcher error this measure was administered at baseline only, not at every data collection point as planned.

The Career Decision-Making Difficulties Questionnaire

The Career Decision-Making Difficulties Questionnaire (CDDQ; Gati et al., 1996) assesses levels of career decision difficulties by a total score, and it provides insight into specific areas of challenge through subscales that assess lack of readiness, lack of information, and inconsistent information. The CDDQ contains 34 items such as "I am usually afraid of failure" and "It is usually difficult for me to make decisions." Items are scored on a 9-point Likert scale from *does not describe me well* (1) to *describes me well* (9). Higher scores indicate greater levels of career decision-making difficulty. Gati et al. (1996) found high internal consistency in normative samples ($\alpha = .95$).

The Career Exploration and Decisional Self-Efficacy – Brief Decisional Scale

The Career Exploration and Decisional Self-Efficacy – Brief Decisional (CEDSE-BD; Lent et al., 2016) Scale is an 8-item inventory that assesses self-reported confidence levels in tasks related to identifying and choosing career options. The items are scored on a 5-point Likert scale ranging from *no confidence at all* (0) *complete confidence* (4). The CEDSE-BD includes items such as, "Identify careers that best use your skills" and "Learn more about careers you might enjoy." Higher scores indicate higher levels of career decision-making self-efficacy. The 8 items were found to have a high reliability coefficient (α = .96) and a strong correlation with the full CEDSE scale (r = .98) (Lent et al., 2016).

The Career Thoughts Inventory

The CTI was used to measure the level of dysfunctional or negative career thinking of each participant and, like the CASVE-CQ, was conceptualized consistent with CIP Theory (Sampson et al., 2004). The CTI includes 48 items that are scored on a 4-point Likert scale ranging from *strongly disagree* (0) to *strongly agree* (3). Items such as "I'm afraid I'm overlooking an occupation" and "I can't trust that my career decisions will turn out well for me" assess participants' levels of decision-making confusion, commitment anxiety, and external conflict. For the purposes of this study, we were interested in overall levels of negative career thinking as assessed by the CTI total score. Higher CTI total scores are indicative of more dysfunctional career thoughts. Sampson et al. (1996a) found the CTI total score to have a high internal consistency among their normative college student sample (α = .96).

Intervention fidelity

      To ensure consistency and intervention quality between the control and CQ-enhanced groups, fidelity checks were completed to assess the presentation of CASVE-based information in group sessions. Protocol fidelity was assessed to ensure that protocol was consistent throughout each condition with the exception of the information that differed due to the condition. Regarding the material unique to the CQ-enhanced group, the fidelity checks assessed the consistency between CQ-enhanced groups. Fidelity checks consisted of each session being audio recorded and coded by a trained research assistant, not otherwise affiliated with the career groups. The research assistant checks indicated how much of the unique material from the control and the CQ-enhanced sessions 3-5 were accurately delivered. Coding consisted of listening for specific language in the lecture that corresponds with the fidelity check lists for each group (see Appendices E & F) and marking when material was covered. Groups had to achieve 80% or higher on fidelity checks at the session level for the intervention to be considered consistent with the manual. All groups and individual make-up sessions passed the required fidelity check standard; thus, all group data was included in the analyses.

CHAPTER IV – RESULTS

Analyses for all hypotheses were completed using IBM SPSS statistics (version

25; IBM Corp., 2017). Correlations, alphas for this sample, and mean, range, and

standard deviation data can be found in Tables 1 and 2. Overall, levels of career decision-

making difficulty, career decision-making self-efficacy, and negative career thoughts

increased or decreased in the expected direction between the pre-group and post-groups

for both the control and CQ-enhanced groups. Initial scores for all groups suggested that

participants were largely experiencing distress in the low to average range. Initial CTI

scores for the control group ($M = 32.40$, $SD = 22.33$) and CQ-enhanced group ($M =$

38.04, $SD = 23.40$) indicate that the majority of participants' distress falls within or

below the range of average distress (i.e., 27 to 67) that college students experience when

making career decisions. Initial CDDQ scores for the control group ($M = 3.14$, $SD =$

1.14) and CQ-enhanced group ($M = 3.26$, $SD = 1.97$) are also within or below the range

of average distress (i.e., below 5 on a 9-point scale with higher scores indicating higher

levels of difficulty). Finally, initial CEDSE-BD scores for the control group ($M = 4.03$,

$SD = .80$) and CQ-enhanced group ($M = 3.93$, $SD = .87$) indicate average to high levels of

career decisional self-efficacy. Although initial scores on each outcome measure were

suggestive of little to no room for improvement and mild distress, participants reported

benefitting from the group career counseling intervention. The significance of each

group's improvement is discussed below. While the changes in scores were not

statistically analyzed as this was outside the scope of the present study, career decision-

making difficulty mean scores decreased from pre- to post-test, career decision-making

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self-efficacy increased, and negative career thoughts decreased. Further analyses were conducted to analyze the specific differences between intervention groups and over time.

Mixed multivariate analysis of variance

A mixed MANOVA was used to compare the effectiveness of two manualized career counseling groups, one with treatment as usual, and a version of the group enhanced with the CASVE Cycle Questionnaire (CASVE-CQ) and Progress Tracker. The group experience impact on levels of career decision-making difficulty (H2), career decision-making self-efficacy (H3), and negative career thoughts (H4) was assessed. Using Pillai's trace, there was not a significant effect of intervention on the outcome variables, $V = .14$, $F(3, 40) = 2.11$, $p = .115$ (See Figures 1, 2, & 3). Thus, the two forms of manualized career counseling were not significantly different in their effectiveness on levels of career decision-making difficulty, career decision-making self-efficacy, and negative career thoughts, and hypotheses H2, H3, and H4 were rejected. The impact of the CQ-Enhanced intervention on career decidedness (H1) was not tested due to a failure to administer the CSI at post-test.

Correlation analyses

Correlation analyses were conducted to assess the relationships between the Navigator Score and pre-test levels of career decision-making self-efficacy (H5), negative career thoughts (H6), and career decision-making difficulty (H7). Within the CQ-enhanced group, 23 of 24 participants received a Navigator Score suggestive of ideal navigation through the CASVE cycle after their initial completion of the CASVE-CQ. One participant received a score suggestive of non-ideal navigation. This represented little variability in this score. Correlation analyses could not be conducted due to a lack of

variance in Navigator Score among participants. Thus, hypotheses H5, H6, and H7 could not be tested.

Mixed analysis of variance

Although there was no hypothesis regarding the effect of the intervention compared to the effect of time, the delay in data collection between the control and comparison groups provided the opportunity to explore this comparison. The CQ-enhanced group received two pre-tests separated by time due to the nature of the Jubilee Scholars Program, and this analysis revealed the effect of time on the participants' CSI, CTI, CESDE-BD, and CDDQ scores without any intervention. In order to differentiate between the effects of time and the effect of the career counseling intervention, a 2x3 mixed ANOVA was used to compare the change in outcome measures between the CQ-enhanced group's assessment session and pre-test scores, and how that difference compared to the pre- and post-test differences. The difference in levels of career decision difficulty, career decisional self-efficacy, and negative career thoughts changed significantly over time, with between 12% to 37% of the variance accounted for by the intervention, as seen in Table 3 below. However, when group condition (i.e., control or CQ-enhanced) was accounted for over time, there was no longer a significant difference (Table 4). These results indicate that although both career counseling interventions significantly impacted the outcome variables in the intended way, there was not a significant difference when the CASVE-CQ and Progress Tracker were used versus when they were not used. In the CQ-enhanced condition, there was no significant change in career decision-making difficulties and negative career thoughts from assessment session to session 1 (see Figures 4 & 5). In other words, in the absence of intervention, whether

the interval was short (two weeks) or longer (five months); report of career decision-making difficulties and negative thinking did not change. After both forms of the intervention, results show participants' levels of career decision difficulty and negative career thoughts decreased significantly between session 1 and session 5. This suggests that intervention does positively impact career decision-making difficulty and negative career thoughts. Additionally, the average reported level of career decisional self-efficacy decreased significantly between the assessment session and session 1, and increased significantly between session 1 and session 5 (see Figure 6). This suggests that over time students may perceive themselves as less capable in making career decisions as time passes with no assistance in career decision making, but perceive themselves as more capable or have higher career decision-making self-efficacy after the career counseling intervention.

CHAPTER V – DISCUSSION

The present study assessed the effectiveness of a manualized group career counseling intervention using the CASVE Cycle Questionnaire, while supporting the effectiveness of a pre-existing manualized intervention. Although the results showed that there was no significant difference between the two interventions, they support the effectiveness of both versions of the manualized group career counseling experience as an effective method for improving career decision-related outcome variables. Both groups of participants reported initial levels of negative career thinking, career decision difficulty and career decision-making self-efficacy that suggested mild distress with little room for improvement. After the intervention, participants reported some improvement on these same measures (see Tables 1 & 2). Unfortunately, all present study hypotheses could not be tested due to lack of variance among participants' Navigator Scores and research error in a failure to administer a measure at every point of data collection.

Results also highlighted that the improvement of outcome variables was directly related to the group career counseling and not simply due to the effect of time or progression through the school year. At this point, these results suggest that the reason for choosing between the CQ-Enhanced form of treatment and the original manualized form lies within the needs and preferences of the therapist and client. Administering the CASVE-CQ to a group who reported little to no initial distress resulted in an experience that was more affirming of past decisions than exploratory and future-focused. Qualitative feedback collected from participants revealed high levels of satisfaction from using the CASVE-CQ and Progress Tracker stemming from the interactive nature and visual representation of their progress. For example, 100% of participants that

commented on the intervention stated that using the CASVE-CQ and progress tracker was helpful and enjoyable. Specific feedback regarding the use of the CASVE-CQ and progress tracker included statements such as:

As a visual learner, it was nice to actually see my progress in these different steps.

It was a tangible way to track your progress in a career decision.

It helped me break down everything to see what areas I needed more work on.

Limitations

The limitations of the present study largely revolve around the novelty of the CASVE-CQ and the avenue of participant recruitment. The present study was the first attempt at using the CQ-Enhanced intervention. Although the integration of the CASVE-CQ and Progress Tracker was thoughtfully planned, the implementation revealed areas for improvement. Additionally, a third of the counselors that were trained to conduct the career counseling groups only received the CQ-Enhanced version of the training, without having had the previous experience of running the career counseling groups by following the previously established manualized intervention outlines. It is likely that improving training, implementing feedback on the intervention, and continued experience using the CASVE-CQ could show more of a difference in effectiveness between interventions. Additionally, the Navigator Score did not show the anticipated levels of variation. The vast majority of participants reported completion of the CASVE cycle in an "ideal" fashion. Reports from counselors revealed that many participants completed the CASVE-CQ while thinking of a career decision they had already made rather than one they are currently making or will make in the future. Counselors also perceived that some participants with less complete Progress Trackers reacted to peer comparison effects and

further completed their tracker to appear more like nearby peers. Future use of the

CASVE-CQ could more explicitly address the common peer comparison effect reaction

in attempts to thwart that response in group members. More efforts could also be made to

have group members consider a current, incomplete career decision through counselor

prompts and a place to write the considered decision at the top of the CASVE-CQ form.

Regarding participant recruitment, the present study's participants included a

small, conveniently sampled group of students. Although there were measures in place to

discourage absences from the group, there was one participant who dropped out before

completion of the CQ-Enhanced group, four participants who dropped out of the Jubilee

Scholars Program before attending any groups, and 14 make-up sessions across 12

groups members that had to be scheduled for participants who were absent during the

scheduled group time. This quantity of makeup sessions is more than double that of 6 that

occurred during the control group. Given these differences, the outcomes for those who

had make-up sessions and those who did not were compared. Although the materials

covered in make-up sessions were not significantly different from the group, as

monitored by fidelity checks, it is possible that the value inherent in the group experience

(e.g., relating to peers) was lost. Overall, there was not a significant difference found in

response to treatment; both groups (i.e., those with make-up sessions and those with no

make-up sessions) benefitted equally, $F(3, 18) = 1.70$, $p = .203$. However, the difference

in pre-test CTI score was significant, in that those who attended make-up sessions had a

significantly lower pre-test CTI score than those who attended groups regularly, $F(1, 20)$

$= 5.17$, $p = .034$. One possible explanation for this relationship is that individuals

experiencing less negative career thoughts may be less motivated to attend treatment due to lesser initial distress.

<center>Directions for future research</center>

It is recommended that further studies be conducted to assess the effectiveness of a CQ-Enhanced intervention and how to best integrate the CASVE-CQ's use into practice. Future research using the CASVE-CQ should include counselors' perception of the questionnaire and assess for helpfulness and difficulty of use. Although the current study administered the entirety of the CASVE-CQ at once, it may be helpful to administer it in sections while moving through sectioned career counseling material. Research suggests that students identified by a university's retention efforts benefit from career counseling (Cuseo, 2005). Similar to the current study, future research using the CASVE-CQ in a career counseling setting should also be done using a participant population who has been screened and identified as currently needing assistance making a career decision. Although the current study failed to administer the CSI at all points of data collection, future studies could include this measure as a screener or measure of decidedness throughout the career counseling process. By using a screener that determines if a potential test-taker is currently making or anticipating a career decision, future studies could also address the limitations present in this study regarding the lack of variance in the Navigator Score. Additionally, counselor prompts to avoid peer comparisons in measure completion and to complete the CASVE-CQ while considering a current or future career decision could also increase variance in the navigator score. Future directions could also include looking at the difference in effectiveness between using the CASVE-CQ in a group versus an individual setting.

<center>26</center>

Practical application of the CASVE-CQ

Although the findings for this study did not support the hypotheses, they did confirm that

the CASVE-CQ can be a useful tool in a career counseling setting. This study contributed

to the body of research on integrating science, theory, and practice in a career counseling

group setting. The CIP theory-driven nature of the group, as well as the integration of

evidence-based methodology, demonstrate and encourage intentionality when providing

these services (Sampson et al., 2017; Leuty et al., 2015; Brown & Ryan Krane, 2000). In

many cases, a career counselor may be tasked with assisting a client in making a career

decision. However, assessing where that client is in the career decision-making process

can be difficult if left up to the client and clinical judgment alone. The innovative nature

of the CQ-Enhanced career counseling groups uses an assessment tool to help inform the

counselor's initial assessment of the client's career decision-making needs. Additionally,

using the measure in this way can help the counselor pinpoint the client's areas of

greatest need, as well as identify specific areas for exploration and growth via specific

questionnaire items. The accompanying Progress Tracker may be used based on

counselor and client preference. Satisfaction questionnaires given during the final career

counseling session revealed that the participants largely enjoyed using the Progress

Tracker because it allowed them to view their progress, as well as take a break from the

stress of decision making by coloring.

Conclusion

Research shows that career counseling is a resource that is often widely available

for undergraduate college students (Gati et al., 2010). This study integrated science,

theory, and practice to contribute to the body of research on evidence-based practices

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within the field of career counseling. Forty-five undergraduate students were recruited through a university-based student retention program which includes a career counseling group intervention as a requirement to receive scholarship money. Using measures of negative career thoughts, career decision-making difficulty, and career decision-making self-efficacy, this study compared group outcomes between participants who received a CIP-based, manualized career intervention, and those who received the same intervention enhanced by an intentional focus on the CASVE cycle through the use of a new measure, the CASVE Cycle Questionnaire (CASVE-CQ; Werner, Bullock-Yowell, Dahlen & Mohn, 2017) and an accompanying Progress Tracker. Results showed that all participants benefitted from the career counseling group experience, although there was no significant difference in improvement between the original and the CQ-enhanced intervention. Qualitative feedback from participants and group leaders indicated a high level of satisfaction with the CASVE-CQ and Progress Tracker as a way to measure and visualize progress. Future research could focus on the use of the CASVE-CQ as a screening tool, use in an individual versus a group setting, and qualitative studies assessing the practical aspects of the CASVE-CQ and Progress Tracker among clinicians and clients.

Table 1

Control Group Correlations

Variables	1	2	3	4	5	6	7	8	9
1. CDDQ_1	.905								
2. CEDSE-BS_1	-.648**	.900							
3. CTI_1	.712**	-.740**	.955						
4. CDDQ_2	.805**	-.567**	.735**	.933					
5. CEDSE-BD_2	-.351	.628**	-.629**	-.415	.877				
6. CTI_2	.654**	-.703**	.893**	.671**	-.542*	.950			
7. CDDQ_3	.633**	-.662**	.628**	.678**	-.484*	.595**	.745		
8. CEDSE-BD_3	-.035	.310	-.138	.004	.545*	-.108	-.565**	.906	
9. CTI_3	.559*	-.568**	.597**	.501*	-.413	.747**	.636**	-.201	.940
Mean	3.141	4.034	32.40	3.269	3.400	29.80	2.518	3.788	21.60
Range	3.88	2.37	66	4.50	2.00	71	2.02	1.00	54
SD	1.14	.803	22.33	1.35	.621	20.91	.628	.324	16.22

Note: ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). Alphas for this sample are listed in the diagonal. CDDQ = Career Decision Difficulties Questionnaire, CEDSE-BD = Career Exploration and Decisional Self-Efficacy – Brief Decisional Scale, CTI = Career Thoughts Inventory; 1 = Assessment Session, 2 = Pre-Group, 3 = Post-Group

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Table 2

CQ-Enhanced Group Correlations

Variables	1	2	3	4	5	6	7	8	9
1. CDDQ_1	.951								
2. CEDSE-BD_1	-.676**	.928							
3. CTI_1	.744**	-.755**	.960						
4. CDDQ_2	.855**	-.650**	.810**	.932					
5. CEDSE-BD_2	-.584**	.548**	-.653**	-.752**	.936				
6. CTI_2	.596**	-.366	.773**	.823**	-.633**	.960			
7. CDDQ_3	.817**	-.328	.627**	.729**	-.466*	.707**	.924		
8. CEDSE-BD_3	-.288	.180	-.531**	-.331	.362	-.576**	-.521*	.834	
9. CTI_3	.441*	-.333	.730**	.636**	-.563**	.804**	.585**	-.807**	.966
Mean	3.255	3.93	38.04	3.22	2.99	34.57	2.68	3.56	26.43
Range	5.32	4.00	73	3.86	2.12	75	3.26	1.25	65
SD	1.56	.866	23.40	1.19	.745	23.39	1.01	.460	20.76

Note: ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). Alphas for this sample are listed in the diagonal. CDDQ = Career Decision Difficulties Questionnaire, CEDSE-BD = Career Exploration and Decisional Self-Efficacy – Brief Decisional Scale, CTI = Career Thoughts Inventory; 1 = Assessment Session, 2 = Pre-Group, 3 = Post-Group

Table 3

Within-Subjects Contrasts over Time

Measure	Time	F	p	Partial Eta Squared
CDDQ	Assessment vs. Session 5	18.525	<.001	.311
	Session 1 vs. Session 5	20.763	<.001	.336
CEDSE-BD	Assessment vs. Session 5	5.708	.022	.122
	Session 1 vs. Session 5	24.079	<.001	.370
CTI	Assessment vs. Session 5	18.090	<.001	.306
	Session 1 vs. Session 5	14.610	<.001	.263

Table 4

Within-Subjects Contrasts for Time and Condition

Measure	Time	*F*	*p*	**Partial Eta Squared**
CDDQ	Assessment vs. Session 5	.024	.878	.001
	Session 1 vs. Session 5	.534	.469	.013
CEDSE-BD	Assessment vs. Session 5	.236	.630	.006
	Session 1 vs. Session 5	.820	.370	.020
CTI	Assessment vs. Session 5	.024	.879	.001
	Session 1 vs. Session 5	.000	.987	.000
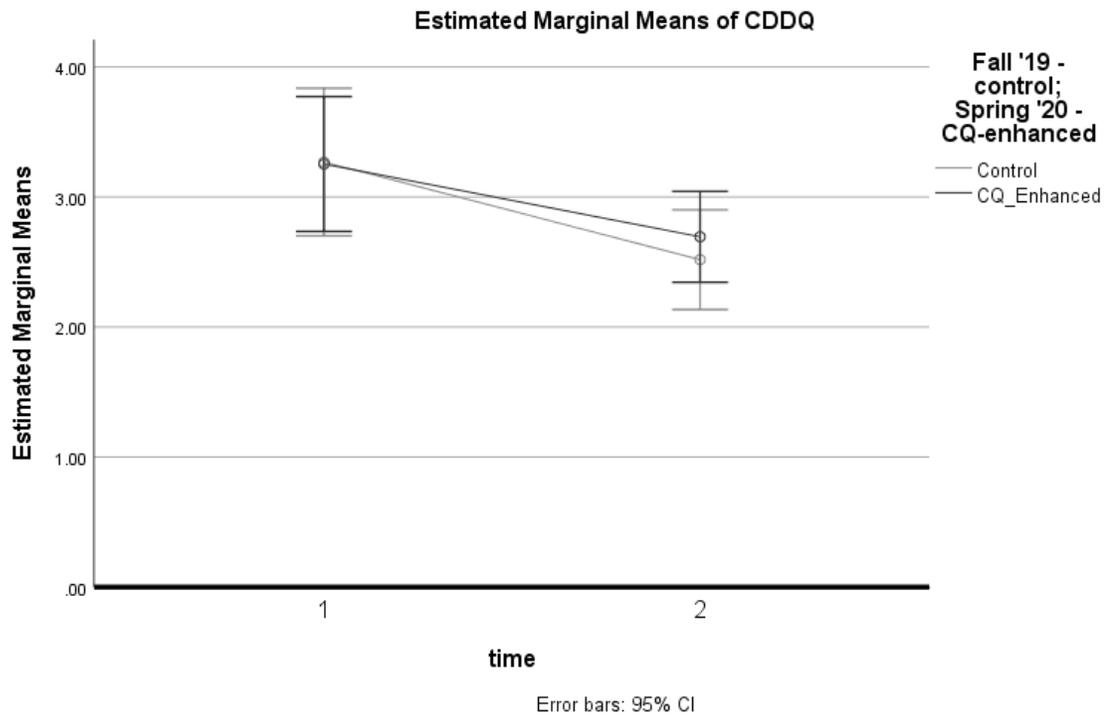
Figure 1. Differences in Career Decision-Making Difficulties Questionnaire Scores
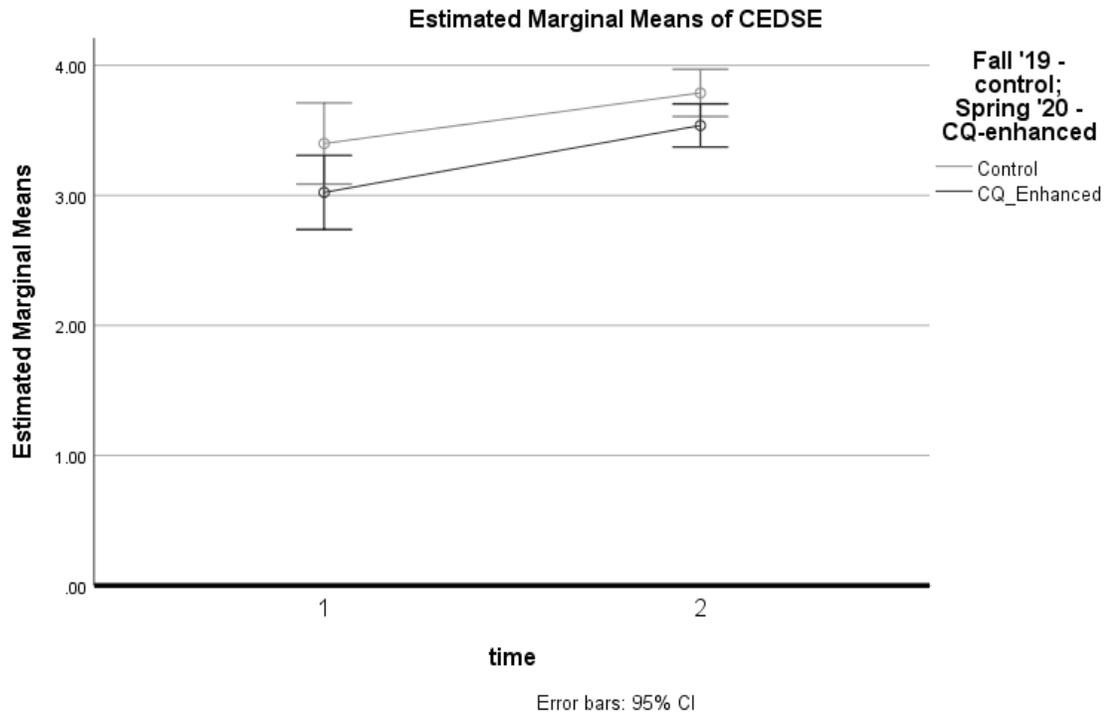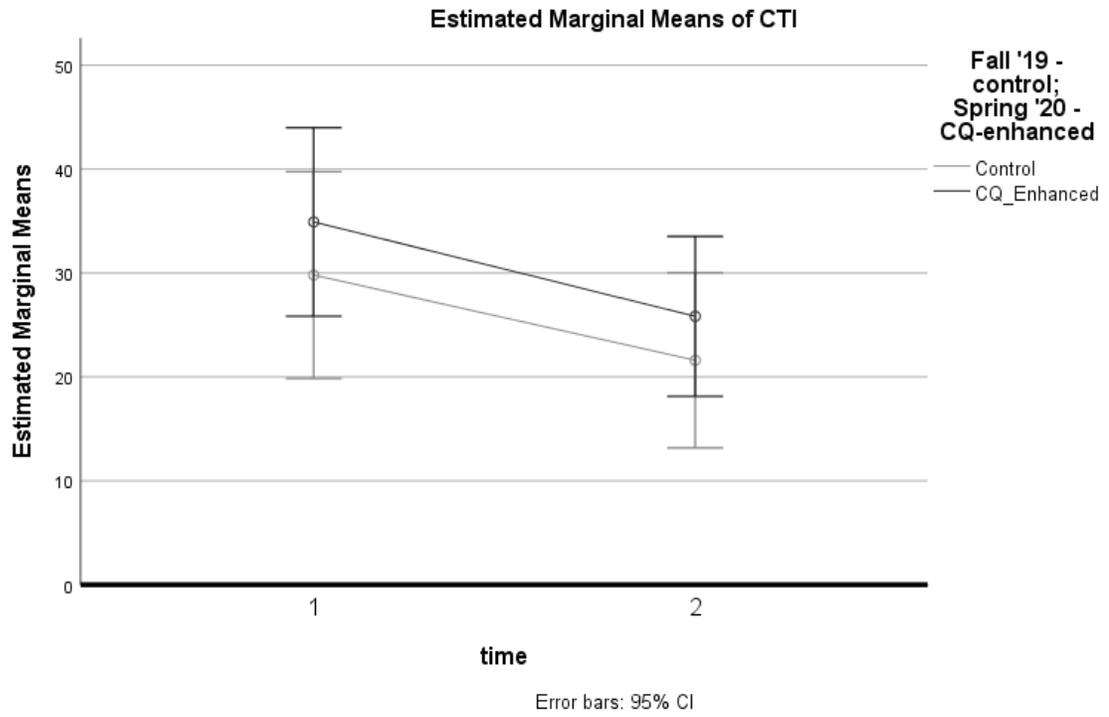
Figure 2. Differences in Career and Exploration Decisional Self-Efficacy – Brief Decisional Scale Scores

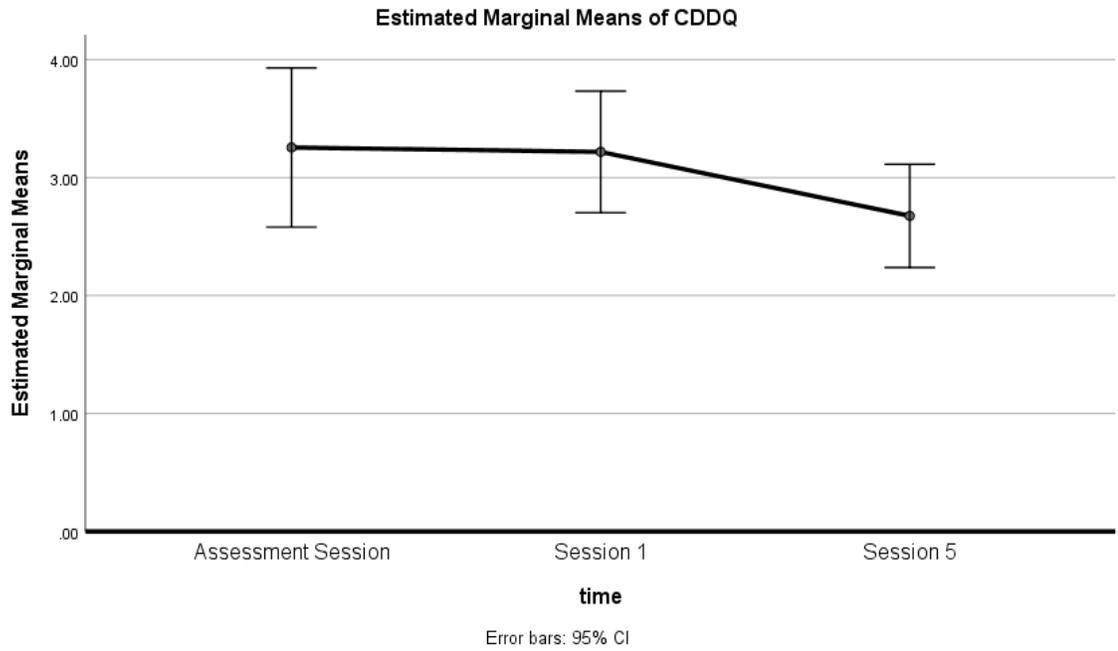*Figure 3. Differences in Career Thinking Inventory Scores*
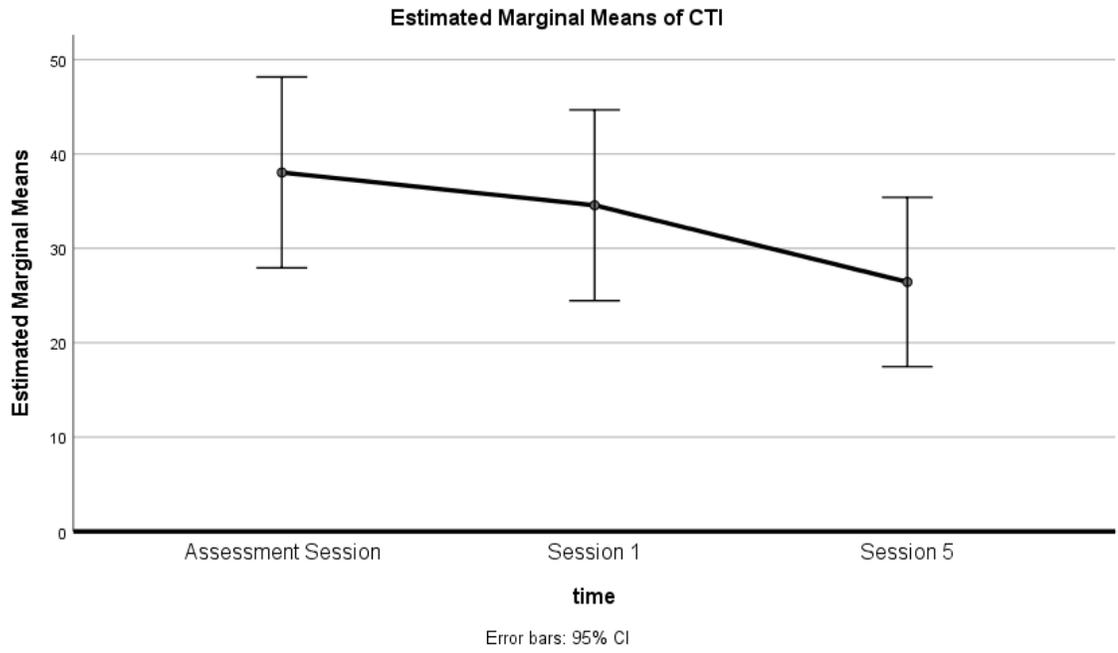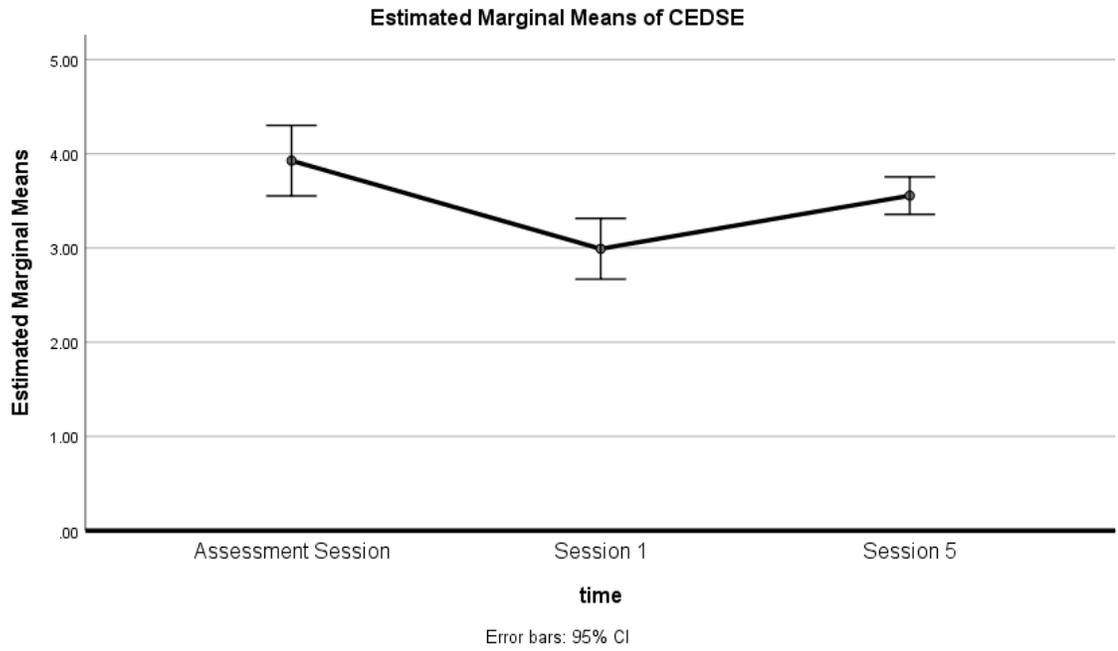
Estimated Marginal Means of CDDQ

Error bars: 95% CI

Figure 4. Effect of Tome on CQ-Enhanced Group's CDDQ Scores

Figure 5. Effect of Time on CQ-Enhanced Group's CTI Scores

Figure 6. Effect of Time on CQ-Enhanced Group's CEDSE-BD Scores

Directions:
As you complete this questionnaire please keep in mind a current career problem or career decision. Answer each question with YES indicating this statement applies to your current situation or No indicating the statement does not apply to you currently. All items may not apply to you; simply answer those items with NO. If you are currently in an educational program or hold a position outside of your final career goal, it may be beneficial to think about some items in terms of your final career goal.

Key Terms you will see in the questionnaire items:
Career problem: an identifiable discrepancy or gap between where you are currently in your career and where you would like to be in the future. Examples of career problems are choosing a major, obtaining an internship, selecting a career field, or obtaining a job.

Career values: factors you find important to consider when making career decisions. Examples of career values are income level, work and family balance, independence, and prestige.

All items will be answered with "yes" or "no".

Communication 1
1. I am overwhelmed by making a career decision.
2. I have difficulty thinking about my future career goals.
3. There is pressure in my life to make a career decision.
4. I have a problem concerning my career path.
5. I worry about needing to make a career decision.
6. I feel sad or worried when I think about my need to make a career choice.
7. I find ways to avoid making a career decision.
8. The amount of effort it takes to make a career decision is overwhelming.

Analysis
1. I am unsure where to begin to solve my career problem.
2. I need help identifying my career options.
3. I need more information about myself to make the best career choice.
4. I do not have enough information to compare my career or job options accurately.
5. I have not considered my family or significant people in my life when thinking about my career problem.
6. I am unsure of a good timeline for achieving my career goal.

Synthesis
1. I can identify many career or job options that match my values.
2. I can identify multiple jobs that match my career interests.
3. I can identify multiple career options that match my career-related skills.
4. I have explored a large amount of career or job options and then narrowed those down to a few I feel good about.
5. I can narrow my career or job options to a few that I am seriously considering.

6. I can compare my career or job options based on information I have gathered about them.
7. I know the strengths and weaknesses of each of my career options based on my own career values.

Valuing
1. The career options I am considering satisfy my career values.
2. I have considered the costs and benefits of my career options.
3. The options I am considering match my values, interests, skills, and preferences.
4. Who I am (e.g. culture, place in the community and society) fits with the options I am considering.
5. My career options match my aspirations.
6. My career choice fits well with my lifestyle.
7. My career choice is a good match with my personality.
8. My career choice will enable me to live life in the way I want/prefer.

Execution
1. I am ready to take the necessary steps to reach my career goal.
2. I am taking the necessary steps to reach my career goal.
3. I am in the process of achieving my career goals.
4. I know what I will need to be doing in six months from now to reach my career goal.
5. I have a plan of action to achieve my career goal.
6. I will try out my top career choice.
7. I have applied for my top career choice.
8. I have begun the training and/or education necessary for my top career choice.

Communication 2 **(Reverse Scored)**
1. Even though I have told others I have made my career decision, I do not feel very good about it.
2. I made a career choice but think I may need to make a new choice.
3. My career choice has not improved my situation.
4. The career choice I made has not made me feel any better.
5. I continue to experience anxiety even though I have made my career choice.

The measure is scored in four steps. Step 1: Reverse score items in Communication 2. Step 2: Sum the total number of items in each scale. Step 3: determine each phase that meet 25% or 50% minimum completion (*to be determined*) coding with 1 = phase completed and 0 = phase not completed. Step 4: determine whether or not phases were completed in order and classifying each individual as Ideal (1) or Non-Ideal Navigators (0).

Do not penalize individuals, or consider them Non-Ideal Navigators, who have not completed phases later in the CASVE cycle (e.g. completed Communication 1, Analysis, Synthesis, Valuing but not completed Execution or Communication 2).

Use this progress tracking sheet along with the CASVE-CQ. Color in the number of sections in each ring that corresponds with your score for each phase, starting with the sections with bold outlines. Once you have colored passed the bold section, talk to your group leader about moving on.

Communication II | Communication I

Execution

Analysis

Valuing

Synthesis
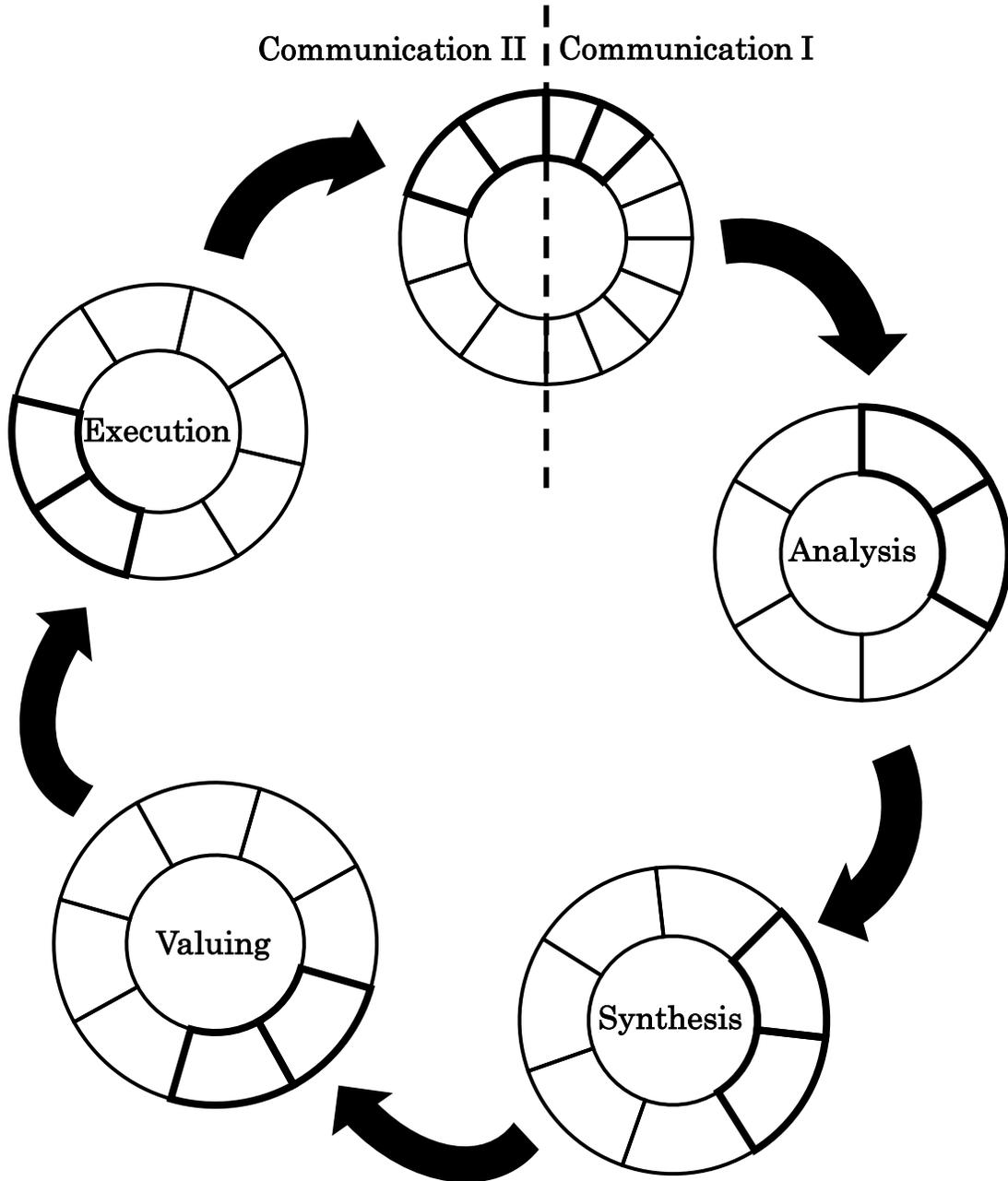
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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-350
PROJECT TITLE: Investigating the Efficacy of a Career Counseling Intervention
SCHOOL/PROGRAM: School of Psychology, Psychology
RESEARCHER(S): Melanie Leuty, Emily Yowell, Kendall Klumpp, Adrianna Jackson,

IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: July 25, 2019 to July 24, 2020

Donald Sacco Jr.

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX D – Demographics Questionnaire

<u>Client details and background:</u> *(corresponding data entered here from Qualtrics by research assistants)*

Contact Information:

- Do you live on campus ? **YES** ☐ **NO** ☐
- If no, Present Address_____

                           City   State   Zip

- Cell phone: _____
  - May we leave a voicemail ? **YES** ☐ **NO** ☐
  - May we text you? **YES** ☐ **NO** ☐
- E-mail address: _____

Demographic Information:

- Date of Birth _____   Age _____

- Hispanic? ☐ Yes ☐ No
- *Racial/ethnic background.*

  ☐ American Indian/Alaskan Native

  ☐ Asian/Pacific Islander

  ☐ Black

  ☐ White

  ☐ Other: (please specify) _____

- Religious Background _____

- Gender: Male   Female   Transgender

- Marital Status:

- Parental Education:
  - Mother: _____; Father: _____

- What is your family's gross annual income? _____

Education, Employment, and Previous Assistance Information

- Current work: _____

- Semesters in college? _____

(Please count summer even if you did not take classes. Please count current semester.)
- Declared major: ☐Yes ☐No
    - o If yes, Semesters in current major _____
    - o If yes, Name of major _____
    - o If no, major planning to declare_____

- Current class standing: _____
- Current GPA _____

Previously received or currently receiving career counseling: **YES ☐ NO ☐**

If YES, indicate describe what help you received and when this occurred._____

Previously received or currently receiving other professional counseling? **YES ☐ NO**

If YES, indicate with whom and how long._____

Have you ever been hospitalized for emotional problems? **YES ☐ NO ☐**

In order of importance, what are the reasons you are interested in career counseling?

1. _____

2. _____

3. _____

List any previous jobs you have held and length of employment in that position.

Indicate if you generally liked or disliked the job.

Type Job Name   Choose length of employment   Job Enjoyment

                       Less than 1 month   Liked   Disliked

                       1month-6 months

                       7 months-1 year

                       1-5 years

                       More than 5 years

Session 2
Only the end of session 2 addresses decision making and fidelity checkers can fast forward to just review the last 15 minutes of the session.
— Prompt – think of two big decisions you have made recently
— Update ILP

Session 3
Important Decisions
— Review two big decisions from homework
— Address how they normally make important decisions and whether they have been satisfied with the results
— Address whether the result of the decisions were satisfying
CASVE Cycle
— Administer CASVE cycle handout
— Discuss the CASVE cycle as one way to make complex decisions
— Activity - using the CASVE cycle to make a complex decision that is not career related
— Define Communication phase
— Talk about internal and external cues that you need to make a decision
— Mention identifying the gap using the ILP
— Define Analysis phase, tying it back in to the CIP pyramid
— Homework is assigned and explained

Session 4
Review
— Options knowledge
— Communication
— Analysis
— Questions or discussions about occupational/major information learned since session 3
CASVE Cycle
— Define the Synthesis phase
— Relate Synthesis phase to their options research
— Discuss Elaboration – occupation knowledge, how skills and abilities match, considering all options
— Crystallization – narrow options to 3-5
— Discuss how Valuing stage may help narrow options further
— Define the Valuing phase
— Prompt – weigh the costs and benefits of each of the jobs, any patterns?
— Prompt – rank order the top 3-5 based on values and costs/benefits
— Discuss how values fit with top choices
— Introduce Execution phase
— Homework is assigned and explained

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Session 5

- —— Review last session and homework
- —— Define Execution phase – choosing an option, steps to get there
- —— Discuss planning
- —— Discuss where they are in the cycle, whether they have closed their gap, missed a step, or have found they need to make a new decision
- —— Discuss ILP
- —— Discuss what they have learned about decision making

Session 2
Only the end of session 2 address decision making and fidelity checkers can fast forward to just review the last 15 minutes of the session.
— Prompt – think of two big decisions you have made recently
— Update ILP
— Administer the CASVE-CQ

Session 3
Important Decisions
— Review two big decisions from homework
— Address how they normally make important decisions and whether they have been satisfied with the results
CASVE Cycle
— Administer CASVE cycle handout
— Discuss the CASVE cycle as one way to make complex decisions
— CASVE-CQ feedback
— Administer CASVE-CQ Progress Tracker
— Activity related to the CASVE-CQ – review results, determine which uncompleted items may reflect good next steps
— Define Communication phase
— Talk about internal and external cues that you need to make a decision
— Mention identifying the gap using the ILP
— Define Analysis phase, tying it back in to the CIP pyramid
— Homework is assigned and explained

Session 4
— Options knowledge
— Communication
— Analysis
— Questions or discussion about occupational/major information learned since session 3
CASVE Cycle
— Review CASVE-CQ progress tracker – any new tasks in target phase that have been completed? Or are plans to engage in target phase tasks clearer?
— Define the Synthesis phase
— Relate Synthesis phase to their options research
— Discuss Elaboration – occupation knowledge, how skills and abilities match, considering all options
— Crystallization – narrow options to 3-5
— Discuss how Valuing stage may help narrow options further
— Define the Valuing phase
— Prompt – weigh the costs and benefits of each of the jobs, any patterns?
— Prompt – rank order the top 3-5 based on values and costs/benefits
— Discuss how values fit with top choices

— Introduce Execution phase

Wrap Up
— Ask what they have completed on their ILP, what's left, what could be added
— Homework is assigned and explained

Session 5
— Review last session and homework
— Define Execution phase – choosing an option, steps to get there
— Discuss planning
— Discuss where they are in the cycle, whether they have closed their gap, missed a step, or have found they need to make a new decision
— Relate discussion to CASVE-CQ – final progress tracker review
— Discuss ILP
— Discuss what they have learned about decision making

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