Innovative moments and change in Career Construction Counseling

Paulo Cardoso [a,*], Joana R. Silva [b], Miguel M. Gonçalves [b], Maria Eduarda Duarte [c]

[a] Department of Psychology, University of Évora, Portugal
[b] School of Psychology, University of Minho, Portugal
[c] Faculty of Psychology, University of Lisbon, Portugal

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ABSTRACT

This article presents an exploratory study of the process of change during Career Construction Counseling (CCC). The Innovative Moments Coding System (IMCS) and the Return to the Problem Coding System (RPCS) were used to an intensive analysis of a career counseling case — the case of Michael. Both systems are grounded in a narrative conception of the self which suggests that narrative change results from the elaboration and development of narrative exceptions to a client's core problematic self-narrative. The IMCS identifies and tracks the occurrence of five different types of narrative change and the RPCS tracks the ambivalence present in the clients discourse throughout the therapeutic process. This is the first attempt to use these methods with a career counseling case. The results suggest that the narrative elaboration progresses from the first to the third session. We discuss these results, emphasizing the process of change in career counseling with clients in which maladaptive repetition underlies career decision-making difficulties.

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Career Construction Counseling (CCC) is a narrative practice of counseling that is grounded in the framework of Career Construction Theory (CCT; Savickas, 2005, 2013), which emphasizes the inter-subjective dimension of career counseling and is designed to help individuals re-author their narrative identity and to project into career roles new possibilities of self-construction (Savickas, 2011). In this framework, career construction is a continuous process throughout life span and across multiple life roles, which takes place while expressing self-organization dynamics. In fact, career plans are one of the mechanisms by which individuals give order and intentionality to their existence (Cardoso, 2012). Furthermore, through the choices that are made in different career roles, individuals seek to implement their self-concepts (Savickas, 2013).

This model of counseling is usually organized into three sessions. In the first session, a semi-structured interview is used – the Career Construction Interview (CCI) – to evoke opinions and experiences that are relevant to career choices (Savickas, 2011). Five topics are explored: (1) Role models (for self-construction); (2) books and movies for current script; (3) magazines or TV shows for manifest interests; (4) sayings or mottos for advice to one's self; and (5) early recollections for a current perspective on the presenting problem. In the second and third sessions, the counselor supports the client's self-exploration based on his/her answers to the five topics. The aim is to help the individual in elaborating the central problem of his/her life, assessing needs and promoting its resolution by formulating goals. The career counselor takes on the role of a meaningful co-constructor, attempting not to act as an expert on the client's experience and acting instead as a facilitator who prompts the client to examine and deepen the meaning of that experience.

* Corresponding author at: Departamento de Psicologia, Universidade de Évora, Apartado 94, 7002-554 Lisboa, Portugal.
E-mail address: pmsc@uevora.pt (P. Cardoso).

There are only a few research studies on CCC, including some outcome studies on individual (Refhuss, Del Corso, Glavin, & Wykes, 2011) and group counseling (Di Fabio & Maree, 2011), as well as a study that is focused on the counselor's perspective on the intervention (Refhuss, Cosio, & Del Corso, 2011). These studies support CCC efficacy in career counseling. However, as far as we know, no empirical study of the process of CCC change has yet been published. Thus, this research presents an exploratory study in which the process of change during CCC is addressed and thereby it is a response to the call for studies of the underlying processes and mechanisms that lead to effective change during career counseling (Heppner & Heppner, 2002; Whiston & Rahardja, 2008). The main question is how the client reconstructs meaning during the 3 sessions of the counseling process. To address that question, we used a methodological tool that was recently developed in psychotherapy research, which aims at studying the development of novelties along the treatment — the Innovative Moments Model (Gonçalves, Matos, & Santos, 2009; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011).

1.1. Innovative Moments Coding System (IMCS): tracking novelties in psychotherapy

Similar to CCC, the innovative moments model is grounded on the narrative concept of the self, which suggests that people construct and organize their personal meaning in the form of self-narratives, which they narrate to themselves and to others (Hermans & Hermans-Jansen, 1995; McAdams, 1993; Sarbin, 1986; White & Epston, 1990). Based on this assumption, psychological suffering is conceptualized as the result of problematic meaning construction (Dimaggio, 2006; Gonçalves et al., 2009; White & Epston, 1990). Problematic self-narratives are often too rigid and are dominated by difficult themes (e.g., self-devaluation), which constrain the individual's meaning construction and, as a result, limits his or her life options (Cardoso, 2012; Dimaggio, 2006; Gonçalves et al., 2009; Hermans & Hermans-Jansen, 1995). According to the innovative moments model, change is achieved by the emergence of narrative details outside of the dominant and problematic self-narrative, thus transforming these rigid patterns of self-narrative organization. For example, in psychotherapy, a person could begin thinking differently than before, exploring new ways of behaving and relating and gradually feeling differently. All of these occurrences, independent of the form in which they occurred (emotions, behaviors, thoughts), would be considered to be innovative moments (IMs). A systematic tool, the Innovative Moments Coding System (IMCS; Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011), was developed to track IMs throughout the treatment. The IMCS allows the identification of five different types of IMs throughout the psychotherapy sessions (Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011):

Action IMs — Specific actions that challenge a problematic self-narrative.
Reflection IMs — Feelings or thoughts that reflect new perspectives on the problematic self-narrative and its implications for the client's life. This type of IM can appear in two different forms: type I and type II. Type I reflection IMs can emerge as a new form of understanding the problematic self-narrative and its implications in the client's life or as thoughts that are incongruent with the dominant problematic self-narrative. Type II reflection IMs are centered on the processes of change.
Protest IMs — Actions (such as action IMs) or thoughts (such as reflection IMs) that contain a confrontation against the problematic self-narrative and its assumptions. As in this previous IMs, protest IMs can occur in two forms. Type I protest IMs contain a position of critique against the problematic self-narrative, while type II IMs represent the emergence of new positions.
Reconceptualization IMs — A meta-reflective process that is revealed by an understanding of what has been changing and the processes by which these changes have been occurring. This IM is the most complex type and involves three positions: the self in the past (a problematic facet), the self in the present (a more adjusted facet), and a meta-position from which the change is described.
Performing change IMs — Involve the development of change through new plans, aims or activities.

Table 1 contains descriptions and examples of these IMs.

The IMCS has proved to be a reliable and systematic method of studying the process of change in brief psychotherapy. Studies developed with the IMCS showed good reliability for this coding system across therapeutic models and diagnoses. The average percentage of agreement ranged from 84% to 94% for the presence or absence of IMs in transcripts, and the average Cohen's Kappa ranged from 0.80 to 0.97 for the types of IMs that were identified by the coders (Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011). The findings of these studies also support the criteria, and convergent and divergent validities of the IMCS (Gonçalves, Ribeiro, Mendes, Matos, & Santos, 2011). For example, the empirical data from these studies suggest that there is a significantly higher elaboration of IMs in good than in poor outcome cases (Gonçalves, Mendes, Ribeiro, Angus, & Greenberg, 2010; Matos, Santos, Gonçalves, & Martins, 2009; Mendes et al., 2011). Furthermore, a pattern of IM changes systematically emerged in these studies, in which reconceptualization clearly discriminates good from poor outcome cases.

From these studies, a heuristic model of change in brief psychotherapy was proposed (Gonçalves et al., 2009). According to this model (see Fig. 1), reflection, action and protest IMs are usually more frequent at the beginning of the therapy. There is no significant difference between good and poor outcome cases at this stage of psychotherapy. These IMs represent the first forms of innovation, which set the ground for further changes to emerge. Thus, in the middle of the therapeutic process, reconceptualization emerges and develops until the end. After the emergence of reconceptualization, performing change is developed. In poor outcome cases, reconceptualization and performing change are rare or absent. This model suggests that it is the emergence of reconceptualization that allows change to be consolidated, because the meta-position allows the diversity of innovations to be organized into a coherent narrative (see Gonçalves & Ribeiro, 2012; for a detailed analysis of the functions of