
Effectiveness of Career Counseling and the Impact of the Working Alliance

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This study analyzes the role of the working alliance on the life satisfaction and career decision difficulties of clients participating in career counseling in Switzerland. The study also compares these career counseling clients to a group of students who did not seek counseling, to explore the overall effectiveness of a face-to-face career counseling intervention, using a pre–post design. Results indicated that the working alliance was positively associated with clients' satisfaction with the intervention and with the final level of their life satisfaction. Working alliance was also negatively associated with the final levels of career decision difficulties. Moreover, clients' career decision difficulties significantly decreased and their life satisfaction increased throughout the intervention. These findings suggest that working alliance represents an important variable to better understand career interventions' underlying mechanisms. Moreover, face-to-face career counseling is effective considering career-specific as well as broader, life-related indicators.

Keywords: *career counseling outcomes and processes; career decision difficulties; satisfaction with life; satisfaction with the intervention; working alliance*

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Making adequate career choices and following positive career pathways lead to personal satisfaction as well as social integration (e.g., Feldman, 2003). Since the 1990s, the socioeconomic context of Western countries is characterized by globalization, a growing need for career mobility and flexibility, and unpredictable career pathways (Mirvis & Hall, 1994; Sennett, 1998). These changes stress the crucial character of career decisions. In this context, individuals might frequently be exposed to numerous and complex vocational choices, which in turn may induce at-risk situations, such as difficult transitions, social, educational and professional exclusion, and trajectories toward unemployment or poverty (Creed, Muller, & Patton, 2003; O'Brien, Dukstein, Jackson, Tomlinson, & Kamatuka, 1999).

In such a fast-evolving and demanding environment, career counseling plays a key function in terms of individual and social development and prevention of at-risk situations (Blustein, Juntunen, & Worthington, 2000). It becomes, therefore, fundamental for researchers and practitioners to seek to promote and validate the usefulness and the efficacy of career counseling (e.g., Bernes, Bardick, & Orr, 2007; Sexton, 1996). Despite the existence of a large variety of career interventions and programs, only few of them have been systematically and empirically evaluated regarding their actual impacts. Moreover, the existing studies often show methodological weaknesses (Heppner & Heppner, 2003; Whiston, 2002; Whiston, Brecheisen, & Stephens, 2003).

Meta-analyses have shown that career interventions are globally and moderately effective, with adjusted effect sizes ranging from .30 to .50 (Whiston & Rahardja, 2008). Effect sizes vary when considering different variables, such as client attributes, the treatment modalities, the intervention ingredients, or the number of sessions (Brown et al., 2003; Whiston et al., 2003, Whiston, Sexton, & Lasoff, 1998). For example, counselor-free interventions are the less effective intervention modalities, whereas individual counseling seems to be the most effective modality (Whiston & Rahardja, 2008). The effectiveness also seems to vary according to the chosen effect indicator, ranging from specific career indicators, such as career choice anxiety (Hung, 2002) or career exploratory behaviors (Mau, 1999), to more general indicators, such as generalized indecisiveness (Hung, 2002) or client satisfaction (Healy, 2001). However, these analyses pointed out that it is still unclear which type of intervention modality (e.g. group or individual counseling) is the most effective for which kind of clients. Further research is also needed to identify which process variables influence the impacts of career counseling (Heppner & Heppner, 2003; Whiston & Rahardja, 2008).

Among the variety of outcome indicators, career decision difficulties are frequently used as career-specific indicators of the effectiveness of career counseling. Career decision difficulties are associated with the notion of career indecision, which consists in the “inability to make a decision about the vocation one wishes to pursue” (Guay, Senécal, Gauthier, & Fernet, 2003, p. 165). Tyler (1961) was the first author who made a distinction between undecideness (a developmental, episodic indecision) and indecisiveness (a chronic state of indecision). Recent studies tend to confirm this distinction (e.g., Guay, Ratelle, Senécal, Larose, & Deschenes, 2006). Gati, Krausz, and Osipow (1996) elaborated a taxonomy of career decision difficulties. They identify three categories of difficulties, each of them divided into several subcategories: lack of readiness (related to three subcategories: lack of motivation, general indecisiveness, and dysfunctional beliefs), lack of information (related to four subcategories: lack of information about the career decision-making process, the self, the occupations, and the ways of obtaining information), and inconsistent information (related to three subcategories: unreliable information, internal, and external conflicts). The indecision level and the decision difficulties of clients represent valid cognitive-oriented, career-specific indicators of the effectiveness of career interventions (Baker, 2002; Gati, Saka, & Krausz, 2001; Hung, 2002; Jurgens, 2000; Peng, 2001).

Life satisfaction can be considered as a general indicator of the effectiveness of career counseling. This construct is linked to the more general concept of well-being, which is defined as “an optimal psychological functioning and experience” (Ryan & Deci, 2001, p. 142). Subjective well-being is considered as an operational, measurable definition of well-being and is commonly divided into two components: the affective aspect and the cognitive aspect. The latter is also referred to as life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985; Pavot & Diener, 1993). Life satisfaction is the result of a conscious judgmental process through which individuals compare their perceived life conditions with self-imposed standards. Recent research has shown that domain-specific satisfaction in a valued life domain often correlates with global life satisfaction (e.g., Lent et al., 2005). As a consequence, specific satisfaction with one’s career decisions and their consequences, such as positive career experiences and adjustment to the world of work, may be related to global life satisfaction (Feldman, 2003; Lounsbury, Park, Sundstrom, Williamson, & Pemberton, 2004).

During the past 20 years, life satisfaction and subjective well-being were often studied in correlational terms with career-related issues, such as career

counseling with at-risk populations or school-to-work transitions. For example, difficulties with career-related issues were usually associated with lower levels of life satisfaction or well-being (Creed et al., 2003; Rickwood, Roberts, Batten, Marshall, & Massie, 2004). However, only a few studies used life satisfaction as an outcome variable in effectiveness studies, although life satisfaction might be considered as an interesting indicator of a more global and nonspecific effect of career counseling (Heppner & Heppner, 2003; Whiston et al., 1998).

Working alliance is a process indicator that may influence the impacts of career counseling in particular concerning face-to-face career interventions (Whiston & Rahardja, 2008). Working alliance is considered as a key variable when explaining the outcomes of counseling and psychotherapeutic interventions (Beutler & Castonguay, 2006; Gelso & Carter, 1985). Numerous studies show its contribution to positive changes occurring through individual counseling with adults (Horvath & Greenberg, 1994; Stiles, Agnew-Davies, Hardy, Barkham, & Shapiro, 1998). According to Bordin (1979), the quality of the working alliance results from a combination of an agreement between the client and the therapist about the goals of the therapy, an agreement about how to reach these goals, and the development of a personal bond between them. As is the case in therapeutic interventions, relational aspects might also represent important outcome predictors in the field of career counseling (Bedi, 2004). Actually, Bordin claimed that working alliance might be effective not only in psychotherapy but also in all types of interventions implying a relationship between a client and a counselor. In a recent study, Lewis (2001) did not observe any significant difference between career and personal counseling concerning the quality of the working alliance. However, more research is definitively needed to better understand the effect of the working alliance in this specific psychological field (Heppner & Heppner, 2003; Whiston & Rahardja, 2008).

Clients' satisfaction with the intervention, reflected by the individuals' subjective evaluation of the services provided, is an indicator often used to evaluate the quality of career counseling interventions (Healy, 2001; Bikos & Furry, 1999; Jurgens, 2000). Although it definitely represents an important criterion to judge the quality of career counseling, satisfaction cannot be considered as an exhaustive indicator of effectiveness (Sexton, 1996). Actually, it should be combined with other outcome variables, to offer sufficient information about the impacts of an intervention (Nelson & Steele, 2006).

The first aim of the current study was to assess the effects of the working alliance on the effectiveness of a face-to-face career intervention. It was

expected that clients reporting a stronger working alliance would report greater life satisfaction and satisfaction with counseling, as well as fewer career decision difficulties, even after controlling for levels of satisfaction and career decision difficulties at the beginning of counseling.

According to the classification of the major theories of career development and vocational behavior suggested by Betz (2008) and Fouad (2007), the intervention studied may be described as an eclectic approach, mainly based on the theory of work adjustment and on the social cognitive career theory. On one hand, the intervention aimed at helping clients explore their own interests, personality, and skills, as well as their work and educational environments, to implement career solutions matching these two aspects. On the other hand, social cognitive techniques were used to strengthen career decision self-efficacy, outcome expectations and perception of social resources, and to overcome perceived obstacles.

The intervention was carried out in a face-to-face setting, spreading over four to five 1-hr sessions, which is compatible with the number of sessions for effective career counseling interventions pointed out by Brown and Ryan Krane (2000). The intervention implied three stages. The first stage was dedicated to the clarification of the client's needs and formulation of their goals. The second stage concerned assessment and information-seeking tasks. The third stage consisted of evaluating existing options, decision-making, planning, and implementing the chosen solution. This intervention included at least four of the five ingredients identified by Brown and colleagues (2003): workbooks and written exercises, individualized interpretation and feedback, world of work information, and attention to building support. Modeling was the only ingredient that was not systematically present depending on the demand and the situation of the client.

The intervention was provided by advanced students engaged in a Master of Science in career counseling, under the supervision of qualified counselors. Although the intervention was adapted to the demand and the specific characteristics of each participant, the supervision allowed maintaining a high degree of standardization of the interventions carried out by the students. All sessions were video recorded, and the standardization of the intervention was monitored through regular meetings between the supervisors and by reporting the content and the steps of each intervention in a computerized database.

In Switzerland, compulsory education (also called lower secondary level) represents the first 9 years of school and ends at the age of 15 to 16. Individuals reaching the end of compulsory education have two main post-compulsory education options (also called upper secondary level): "matura" schools or

vocational education and training. The first option leads to universities, whereas the second, which is the most commonly chosen option, leads to the world of work or to universities of applied sciences. Thus, in such an educational structure, a first important career choice occurs at the end of compulsory school. For example, entering the vocational education and training system implies choosing a specific professional domain and applying for an apprenticeship place in an organization. Because of the importance of this transition, the public service systematically provides free career counseling for individuals who are about to complete compulsory education.

The second aim of the current study was to assess the effects of this face-to-face career counseling intervention. Using a pre–post design, clients who received the intervention were compared to a group of students who did not seek counseling. Clients' career decision difficulties were expected to decrease, whereas their life satisfaction was expected to increase at the end of the intervention, in contrast with the evolution of the comparison group. Although this comparison group is not a true control group because we did not randomly assign students to groups, it still provides a useful comparison of the types of changes in our outcome variables that occur normally over time among students not seeking counseling.

Method

Participants

Participants were not assigned randomly to the two groups: all individuals demanding a career counseling intervention were assigned to the intervention group, whereas the comparison group composed of individuals who were not actively seeking for career counseling during the testing period. The intervention group consisted of 89 Swiss students attending a career counseling service on a voluntary basis or at the suggestion of others (e.g. a family member, a teacher, or a school psychologist). Clients who applied for career counseling sessions at the counseling service during the testing period (between October 2004 and November 2006) and who were aged >17 were asked to participate in the study. Most of them accepted but the level of compliance rate was not recorded. The average age was 17.9 years, with an *SD* of 2 years. Men ($n = 44$) and women ($n = 41$) were comparably represented. Twenty-seven percent were individuals in compulsory education and 73% were students of post-compulsory education. In surveys conducted at the

national level, questions about race or ethnicity are generally not included. Such questions might even be negatively perceived by the nonnative part of the population. Usually, only questions about the nationality are included. Therefore, participants were asked to report their nationality, but not information about race / ethnicity. Of participants in the intervention group, 95% had the Swiss nationality.

To compose a comparison group, several schools in the region were contacted and permission was granted to collect data from six classes. The comparison group composed of 84 Swiss students and the average age was 16.6 years, with an *SD* of 1.5 years. Men ($n = 41$) and women ($n = 43$) were also comparably represented. Thirty-six percent (two classes) were individuals in compulsory education, and 64% (four classes) were students of post-compulsory education. The two groups were not statistically different in terms of school level ($p > .05$), but the mean age of the comparison group was lower ($p < .001$). Specific data on the ethnicity of participants in the control group were not available. According to the official 2007 Swiss statistics on young adults (15–19 years old), we assume that the proportion of persons in the control group having the Swiss nationality is approximately 80%.

Instruments

Career Decision Difficulties Questionnaire (CDDQ; Gati et al., 1996; Gati, Osipow, Krausz, & Saka, 2000). The CDDQ contains 34 items, covering three categories of difficulties and divided into 10 subscales, each containing two to five items. The first category is Lack of Readiness and includes three subscales: lack of motivation, general indecisiveness, and dysfunctional beliefs. Lack of Information is the second category and is composed of four subscales: lack of knowledge about the process, lack of information about self, lack of information about occupations, and lack of information about ways of obtaining additional information. The third category, Inconsistent Information, includes three subscales: unreliable information, internal conflicts, and external conflicts. Total Career decision difficulties consist of the mean score of the 10 subscales of the CDDQ. Clients respond by indicating their level of agreement on a 9-point scale, ranging from *does not apply to me* to *fully applies to me*. In the current study, the internal consistencies were high for the Total CDDQ (.90 and .87 for the two completions of the questionnaire), for Lack of Information (.90 and .93), and for Inconsistent Information (.82 and .85). Lack of Readiness was

associated with low internal consistencies in both completions (.56 and .66). The internal consistencies of the 10 CDDQ subscales ranged from .54 to .80 (Mdn = .68) for the first completion and from .62 to .85 (Mdn = .71) for the second completion. All α s were similar to those observed by Gati and colleagues (1996), who reported homogeneity coefficients of .95, .63, .95, and .89, respectively, for Total CDDQ, Lack of Motivation, Lack of Information, and Inconsistent Information.

Satisfaction With Life Scale (SWLS; Diener et al., 1985; Pavot & Diener, 1993). The SWLS is composed of five items. Responses are made on a 7-point Likert-type scale, ranging from *strongly disagree* to *strongly agree*. This instrument has good sensitivity and is valuable to detect changes in life satisfaction during an intervention (Pavot & Diener, 2008). Diener and colleagues (1985) reported an internal consistency of .87. The same α was found in both completions of the current study.

Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). The WAI contains 36 items divided into three subscales: agreement about the Goals (12 items), agreement about the Tasks (12 items), and the quality of the Bond (12 items). Clients were asked to rate the quality of the working alliance by evaluating to which extent a series of statements describes their relationship with their counselor according to a 7-point Likert-type scale ranging from *never* to *always*. The reliability reported by Horvath and Greenberg (.93) is similar to the reliability found in the present study (.92). The α s of the three subscales Goal, Task, and Bond, were, respectively, .79, .84, and .71.

Satisfaction With the Intervention (SWI; Massoudi, Masdonati, Clot-Siegrist, Franz & Rossier, 2008). Subjective satisfaction with the intervention was assessed using a 10-item questionnaire specifically developed for evaluating the quality of the counseling program offered by the Counseling Center of the University of Lausanne. Questions concerned several aspects of the intervention, such as the quality of the admittance process, the counseling sessions, or the written feedback given to the client. Participants were asked to rate the quality of the intervention using a 5-point Likert-type scale ranging from *very unfavorable* to *very favorable*. The high internal consistency pointed out by the authors (.87) is confirmed in the current study (.86).

Procedure

Clients who presented for career counseling were asked to participate in a university research project at the end of the first session; their participation was voluntary and in compliance with the ethical standards of the APA and of the Swiss association for vocational guidance (ASOSP). Participants completed the SWLS and the CDDQ at the end of the first session (Time 1), the WAI at the end of the third session, and the SWLS, CDDQ, and SWI at the end of the counseling intervention (Time 2). The comparison group completed the SWLS and the CDDQ twice in classroom settings, with a time interval of 4 to 6 weeks, which corresponds to the ordinary duration of a career counseling intervention provided by the counseling service. The completion of the whole questionnaire did not take more than 10 minutes, excluding an important fatigue effect. Therefore, the order in which the different scales were administered was not varied. People who, between the first and the second completion of the questionnaires, benefited from career intervention programs provided by other institutions (such as school career counseling centers) were excluded from the comparison group, because no information was available about these interventions ($n = 8$).

Results

Preliminary analyses were carried out to test gender differences. No differences between men and women were found, with one exception, men showing at Time 1 lower scores than women on the CDDQ category Lack of Information, $t(79) = 2.21, p < .05, d = .49$. Nevertheless, the analyses carried out to test our hypotheses did not show any significant difference between men and women concerning the influence of the working alliance, the satisfaction with the intervention, and the evolution of career decision difficulties and of life satisfaction.

Influence of the Working Alliance

The first aim of the current study was to assess the effects of the working alliance on the effectiveness of a face-to-face career intervention. Correlations were then calculated to test whether the working alliance had a direct impact on the outcome indicators at the end of the intervention, independently from their level at the beginning of the intervention. Partial correlations between the WAI and the final levels of the CDDQ and the SWLS, controlling

Table 1
Partial Correlations Between the WAI and the Time 2 Level of SWLS, the CDDQ, and the SWI, Controlling for Time 1 Levels

	Working Alliance			
	Total WAI	Goal	Task	Bond
Satisfaction With Life Scale (SWLS)	.32**	.27*	.34**	.24*
Total CDDQ	-.25*	-.31*	-.22	-.15
Lack of Readiness	-.14	-.22	-.09	-.04
Lack of Information	-.43***	-.44***	-.37**	-.34**
Inconsistent Information	-.10	-.14	-.10	-.03
Satisfaction with the intervention (SWI) ^a	.67***	.58***	.69***	.53***

Note: $N = 76$; WAI = Working Alliance Inventory; CDDQ = Career Decision Difficulties Questionnaire.

^a Controlling for evolution (Time 1–Time 2) of the SWLS and the Total CDDQ.

* $p < .05$; ** $p < .01$; *** $p < .001$.

for initial levels, are presented in Table 1. The WAI and its subscales were positively correlated with the level of life satisfaction at Time 2, correlations associated with small ($.10 \leq r < .30$) to medium ($.30 \leq r < .50$) effect sizes. The Total WAI and the Goal subscale were negatively associated with the CDDQ total score at Time 1 with small to medium effect sizes. The Total WAI and all its subscales were negatively correlated with the CDDQ category Lack of Information with medium effect sizes. However, the WAI and its subscales did not correlate significantly with the CDDQ categories Inconsistent Information and Lack of Readiness. Finally, Table 1 also presents the correlation between the WAI and the SWI. The WAI and all its subscales strongly and positively correlated with the clients' level of SWI ($r > .50$).

Evolution of Career Decision Difficulties

According to the second aim of the current study, clients' career decision difficulties were expected to decrease, whereas their life satisfaction was expected to increase, in contrast with the evolution of the comparison group. Pretest posttest M and SD of comparison and intervention groups are reported in Table 2. One analysis of covariance (ANCOVA; for Total CDDQ) and four separate multivariate analysis of covariance (MANCOVAs; one for the

Table 2
Pre and Post *M* and *SD* for the SWLS and the CDDQ

Variable	Treatment (<i>n</i> = 89)				Control (<i>n</i> = 84)			
	Pre		Post		Pre		Post	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
SWLS*	4.32	1.17	4.76	1.21	5.47	.91	5.35	.89
Total CDDQ**	4.44	.97	3.64	1.12	3.45	1.18	3.49	1.28
Lack of Readiness	4.40	1.03	4.47	1.14	3.79	1.03	3.91	1.10
Lack of motivation	3.20	1.66	2.93	1.56	2.76	1.51	2.86	1.71
Indecisiveness	5.94	1.83	6.09	1.92	4.55	1.90	4.62	1.77
Dysfunctional beliefs	4.06	1.29	4.38	1.42	4.05	1.65	4.24	1.65
Lack of Information**	5.16	1.42	3.47	1.48	3.69	1.74	3.58	1.73
About the process*	5.48	1.80	3.93	1.82	4.11	2.09	3.88	2.01
About self**	5.41	1.70	3.25	1.59	3.50	1.82	3.38	1.69
About occupations*	5.26	1.85	3.68	1.91	4.07	2.30	3.78	2.10
About ways of obtaining information**	4.51	1.97	3.01	1.63	3.09	1.97	3.29	1.87
Inconsistent Information*	3.53	1.47	3.07	1.33	2.78	1.38	2.96	1.44
Unreliable information	3.79	1.91	3.17	1.68	3.01	1.85	3.08	1.77
Internal conflicts	4.15	1.63	3.63	1.63	3.33	1.62	3.50	1.72
External conflicts	2.64	2.12	2.40	1.61	2.02	1.56	2.29	1.62

Note. SWLS = Satisfaction With Life Scale; CDDQ = Career Decision Difficulties Questionnaire.

Significant Group \times Time interactions: * $p < .01$; ** $p < .001$.

CDDQ categories and three for the CDDQ subscales) for repeated measures controlling for age were computed to assess whether the evolution of the intervention group was different from that of the comparison group. Age was considered as a covariate since the mean age of the two groups was different. As suggested by Cohen (1988), partial-eta-squared (η^2) was considered as the effect size index, .01, .06, and .14 qualifying respectively small, medium, and large effect sizes. As expected, significant repeated measures and group interactions were observed for the Total CDDQ scores, $F(1, 148) = 35.57$, $p < .001$, $\eta^2 = .19$. Indeed, the scores decreased drastically for the intervention group whereas they remained stable for the comparison group.

Two career decision difficulties categories contributed to the significant result concerning Total CDDQ. Actually, the MANCOVA for repeated measures showed significant differences between the two groups, $F(3, 144) = 9.67$, $p < .001$, $\eta^2 = .17$, mainly explained by the categories Lack of

Information, $F(1, 146) = 28.30, p < .001, \eta^2 = .16$, and Inconsistent Information, $F(1, 146) = 10.87, p < .01, \eta^2 = .07$. Analysis of the simple effects indicated that posttest scores were significantly lower than pretest scores in the intervention group for both Lack of Information, $t(72) = 9.15, p < .001, d = 1.17$, and Inconsistent Information, $t(72) = 3.43, p < .001, d = .33$, while there was no change in scores over time in the comparison group, $t(79) \leq |1.58|, p > .05, d \leq .13$. Moreover, at Time 1 clients showed significantly higher scores than the comparison group on Total CDDQ, $t(167) = 5.44, p < .001, d = .84$, Lack of Information, $t(167) = 5.67, p < .001, d = .87$, and Inconsistent Information, $t(167) = 3.00, p < .01, d = .46$, whereas at Time 2 there was no difference between the two groups for the total score and the two difficulty categories $t(155) \leq |0.96|, p > .05, d \leq .15$. Nevertheless, t tests did not point out a decrease of clients' level of Lack of Readiness, which remained higher than the comparison group scores both at Time 1, $t(167) = 3.59, p < .001, d = .55$, and at Time 2, $t(155) = 3.15, p < .01, d = .50$.

Subsequent MANCOVAs were conducted to investigate the effects of the intervention on the CDDQ subscales. Significant differences between the two groups were found for the Lack of Information subscales, $F(4, 142) = 4.99, p < .01, \eta^2 = .12$. All the four subscales contributed to explain the significant interaction effect of this category, with effect sizes varying from moderate for Lack of Information about the process, $F(1, 145) = 9.44, p < .01, \eta^2 = .06$, to moderate to large for Lack of Information about self, $F(1, 145) = 18.09, p < .001, \eta^2 = .11$. The analyses did not point out significant differences between the groups concerning the Inconsistent Information subscales and the Lack of Motivation subscales. To summarize, the effect sizes for Lack of Information and its four subscales were moderate to large, whereas they were small to medium for Inconsistent Information. The interaction effect was not significant for the last decision difficulties category, Lack of Readiness, as well as for its subscales.

Evolution of Life Satisfaction

ANCOVAs for repeated measures controlling for age were also computed to assess the effects of the intervention on the evolution of clients' life satisfaction. Confronted with the comparison group, clients' life satisfaction significantly increased during the career counseling intervention. Indeed, a significant repeated measures and group interaction effect was observed, associated with a moderate to large effect size, $F(1, 149) = 18.09, p < .01, \eta^2 = .11$. Paired sample t tests indicated that the interaction reflects that while the clients' level of life

satisfaction increased between Time 1 and Time 2, $t(72) = -4.57, p < .001, d = .38$, the comparison group's life satisfaction did not change over time. Independent sample t tests indicated that the comparison group had a much higher satisfaction with life than the intervention group at Time 1, $t(167) = -7.52, p < .001, d = 1.16$. This difference was still significant at Time 2, $t(155) = 3.58, p < .001, d = .57$, even though the effect size of the difference decreased from large to medium between Time 1 and Time 2.

Discussion

Role of the Working Alliance

Results indicated that the quality of the working alliance between counselor and client contribute to the effectiveness of career counseling. Indeed, the working alliance correlated positively with clients' satisfaction with the career counseling intervention and with the Time 2 level of clients' life satisfaction, and correlated negatively with the Time 2 level of career decision difficulties, especially with the Lack of Information category. These findings suggest that working alliance could play an important role on the effectiveness of career counseling, both considering career-specific and nonspecific outcomes. The results concerning the association between working alliance and satisfaction with the intervention suggest that relational aspects seem an important factor taken into account by the client to judge the quality of the intervention. The especially strong association between working alliance and life satisfaction might be due to the fact that life satisfaction may be regarded as an overall indicator of efficacy, more influenced by relational processes, whereas career indecision can be considered as a concrete, task-oriented outcome variable, mainly based on cognitive processes.

These results tend to confirm that working alliance is an important factor not only for psychotherapy or personal counseling but also for career counseling (Bedi, 2004). They contribute then to make clearer the "somewhat mixed findings" (Whiston & Rahardja, 2008, p. 454) produced by research on this issue. The importance of the relational component for career interventions could also explain why counselor-free interventions tend to be less effective than other intervention modalities, as suggested by the meta-analysis of Whiston and colleagues (2003). Finally, results contribute to the understanding of the role of the working alliance and, more generally, of the influence of process variables on the outcomes of career counseling. Up to

now, only a few studies focused on this aspect and more research should certainly be conducted into the impact of relational aspects on the effectiveness of career counseling, as suggested by several authors (Bedi, 2004; Heppner & Hendricks, 1995; Heppner & Heppner, 2003; Whiston & Rahardja, 2008). Indeed, other relational factors might be investigated in addition to the working alliance, such as the cohesion in group interventions, empathy or collaboration involvement, as well as the counselor's skills to manage the relationship (self-disclosure, relational interpretations).

Impacts on Career Decision Difficulties

Results also indicated that the intervention studied, corresponding to a relatively standard, face-to-face career counseling intervention, was globally effective. Actually, in contrast to the comparison group, clients' level of career decision difficulties decreased, whereas their life satisfaction increased throughout the intervention. The effect sizes were medium for the SWLS ($d = .68$), a nonspecific outcome indicator, and large for the CDDQ ($d = .98$), a career-specific indicator. These results are in line with those pointed out in previous meta-analyses (e.g. Whiston et al., 1998). They also tend to confirm that individual counseling is an effective career intervention modality. In fact, these effect sizes match the effect size of .75 found by Whiston and colleagues (1998) when evaluating the effectiveness of face-to-face career counseling.

This study confirms that the intervention under review globally helped to reduce clients' career decision difficulties. Actually, while reporting significantly higher levels of career difficulties at the beginning of the intervention, clients leaving the counseling center showed similar levels of difficulties to those of the comparison group. Because the comparison group composed of individuals who were not facing problematic vocational choices, clients can thus be considered as having reached an ordinary level of career decision difficulties. The effect sizes were higher than those of studies using similar outcome indicators such as career information-seeking ($d = .31$) and career-related knowledge skills ($d = .81$; Whiston et al., 1998). Observed effect sizes were also higher than those reported by Gati and colleagues (2001) when assessing the effectiveness of a computerized career decision intervention. Particularly, the intervention showed its efficacy in improving both the quantity (Lack of Information) and the quality (Inconsistent Information) of clients' information about the world of work. In other words, by providing adequate, accurate, and coherent information, face-to-face career counseling helps to reduce clients' career decision difficulties.

It should be noted that one of the three career decision difficulty categories (Lack of Readiness) was not affected by the intervention. This result was not surprising, since the effect size observed in this study ($d = .14$) was similar to that observed by Whiston and colleagues (1998), who pointed out that intervention effectiveness assessed using certainty/decidedness measures show a low average effect size ($d = .19$). According to Gati and colleagues (1996), Readiness is a predetermined dimension, a sort of prerequisite to the decision-making process. This also suggests that individual career interventions might have clearer impacts on cognitive factors, mainly related to information gathering and processing tasks, than on noncognitive or attitudinal aspects of the decision-making process, like the readiness to initiate such a process (Phillips & Blustein, 1994). This statement would stress the need for more research about how counseling could better influence noncognitive processes prior to beginning the cognitive decision-making intervention.

It seems, therefore, conceivable to consider widening the ingredients of a standard career counseling intervention to improve career decision readiness, as suggested by Savickas (2002). First, counselors should be able to motivate their clients to actively take part in the intervention. Second, they should identify and eventually modify clients' dysfunctional beliefs about career decisions. Third, they should be able to assess and make a difference between undecided and indecisive clients, and to intervene with them in specific and adapted ways (Heppner & Hendricks, 1995). Moreover, intervention contents and modalities could be adapted to the level of readiness of clients. Therefore, readiness may be assessed at the beginning of career counseling, and different intervention ingredients recommended accordingly (Sampson, Peterson, Reardon, & Lenz, 2000). Another explanation of the absence of effects of the intervention on Lack of Readiness could be related to the weak internal consistency of this decision difficulties category. As suggested by Brown and Cobb Rector (2008), the Indecisiveness subscale might not belong to the Lack of Readiness category, and should be considered as a separate factor.

Impacts on Life Satisfaction

Clients' life satisfaction improved during the counseling intervention. Despite significant time-group interaction effects, clients' satisfaction with life was still lower than that of the comparison group, even at the end of the intervention. This result could indicate that career counseling was able to initiate a positive trend toward an increase of life satisfaction, and also that this intervention was not incisive enough to let clients attain the same level

of satisfaction with life as persons who were not concerned with career issues. Clients' life satisfaction might attain the level of the comparison group once they reach their goals by realizing the projects planned during the counseling intervention or once they solve associated problems, such as school or family difficulties not specifically addressed by a career counseling intervention. It should be stressed that a short career counseling intervention had positive impacts on a noncareer indicator. This suggests that this type of intervention might also affect other areas of functioning related to general personal factors (Lounsbury et al., 2004), and confirms that satisfaction in a specific and valuable life domain might have positive effects on global satisfaction with life, as suggested by Lent and colleagues (2005). As recommended by Whiston (2002), it then seems pertinent, when assessing the effectiveness of career counseling, to also consider noncareer outcome indicators. However, further research is still needed to improve knowledge in this domain.

Limitations and Prospects

This study has five main limitations. The first limitation refers to its quasi-experimental design. Without a random assignment of participants, the different evolution of the two groups cannot be exclusively attributed to the effects of the intervention. For example, since the experimental group had initial higher levels of decision-making difficulties and lower levels of satisfaction with life than the comparison group, one cannot assert that the observed effects are exclusively due to the intervention, and not to the sheer passage of time. The second limitation is due to the size of the sample, which did not allow the comparison of subgroups. Third, the fact that the SWLS and the CDDQ were administered at the end of the first session might induce the underestimation of the true effects of the intervention, because some changes could have occurred already during this first session. Fourth, the study does neither test the stability of the intervention effects, nor the capability of the clients to implement options resulting from the intervention. Fifth, the weak internal consistency of the Lack of Readiness scale and subscales preclude any clear interpretation of the specific results found in this CDDQ category.

Accordingly, future research should test the effectiveness of this kind of intervention through an experimental design (e.g., by using a wait-list control group). It is also recommended to improve the size of the sample and consider the administration of the first questionnaire before beginning the intervention, to allow subgroups comparisons (defined by the gender, age, socioeconomic

status, ethnicity, or educational level of clients) and to detect eventual first-session effects. A longitudinal design should also be planned to test the stability of the effects and to verify whether participants were able to implement the project they had elaborated during the intervention. Longitudinal data could also detect eventual deferred effects of career counseling (Heppner & Heppner, 2003). Moreover, further research is needed concerning the CDDQ category Lack of Readiness, particularly to verify if the Indecisiveness subscale might be considered as a separate factor. Finally, even though the working alliance can be considered as an important process variable, a closer examination of the counseling process seems very necessary. For example, qualitative analyses of representative situations and pathways or content analyses of counselors' written reports might help to increase our knowledge about how participants evolve during the steps of a career counseling intervention.

Conclusions

This study confirms that face-to-face career counseling can be considered as a very effective intervention method. Career counseling is not only effective considering career-specific indicators but can also positively influence other areas of functioning, such as clients' satisfaction with life. This highlights the importance of career-related issues for the personal and social development of individuals, and supports the social significance of career counseling. This study also suggests that face-to-face career counseling should not be considered only as a cognitively oriented intervention. Indeed, relational aspects must also be taken into account and may have an influence on several outcome indicators, such as clients' satisfaction with the intervention, and, to some extent, on their career decision difficulties and life satisfaction.

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