**Contributions of Life Design Counseling to Psychotherapy:**

**Possibilities and Practices**

The relationship between career counseling and psychotherapy is not a new subject. The debate allows the affirmation of career counseling as a dimension of personal counseling and recognizes the close relationship between psychosocial and career issues (Blustein & Spengler, 1995). The connection between these two approaches paves the way for the integration of career counseling with psychotherapy. Indeed, the inseparability of mental health and career issues frequently leads psychotherapists to help their clients to deal with work satisfaction, underemployment or unemployment through psychotherapy. Moreover, when working with specific populations (e.g., people with intellectual disabilities and people with addiction or mental health problems), psychotherapy calls for occupational integration to consolidate and enhance therapeutic gains (Blustein, 1987; Jordan & Kahnweiler, 1995; Leff & Warner, 2006).

The main aim of this article is to present the Systematic Treatment Selection (STS; Beutler & Clarkin, 1990) perspective as a framework for an effective integration of psychotherapy and career counseling. This article begins by presenting STS framework. Then Life Design Counseling (LDC; Savickas, 2011) is described, underlining its possibilities for integration with psychotherapeutic practices. Finally, a case study is presented and discussed to illustrate the complexity of this integrative process.

The perspective of career counseling and psychotherapy integration presented here is grounded in a view of integration that is best described as a process of “informed differentiation”, which implies the sequential or complementary use of assessment tools, concepts and interventions from different theoretical orientations (and world-views) to capture the complexities and maximize the efficacy of therapeutic interventions (Vasco, 2001).

**Fitting career counseling to client characteristics using a** **Systematic Treatment Selection perspective**

The STS framework is a technical eclectic approach designed to tailor treatment to client needs. It allows indicators from identifiable patient and environmental characteristics to be used by the therapist to guide treatment selection regardless of his/her theoretical perspective (e.g., behavioral, cognitive and psychodynamic). Individualizing treatment based on the client’s needs is regarded as a process that takes into account four classes of temporally related variables: *client variables*, *relationship variables, treatment context* and *tailoring strategies and techniques* (Beutler & Clarkin, 1990; Beutler, Consoli, & Lane, 2005).

*Client variables*

These variables included the client characteristics brought into treatment and provide indicators for matching the intervention techniques to the client. Research in psychotherapy suggests the relevance of the following client variables: problem severity, problem complexity, levels of reactance and coping style (Beutler & Consoli, 2003).

*Problem severity* is defined as impairment in the capacity of the client to tackle social, occupational and interpersonal demands of daily life (Beutler & Consoli, 2003). When career counseling is integrated into psychotherapy, the assessment of problem severity is especially relevant, for example, to favor a client’s transition to labor market. This assessment facilitates the anticipation of barriers and supports to career development and, therefore, is fundamental to planning the transition to the labor market.

*Problem complexity* is characterized by enduring repetitive patterns of behaviors that are intended to solve a problem, but often result in suffering. In a narrative framework, problem complexity is expressed by a rigid self-narrative and, consequently, rigidity in coping or adjusting to new experiences (Authors, 2012). Research on career counseling processes suggests that intervention is less effective when addressing complex problems (Stauffer, Perdrix, Masdonati, Massoudi, & Rossier, 2013), should be conducted for a longer period of time (Heppner & Hendricks, 1995, Janeiro, Mota, & Ribas, 2014) and be performed using the most supportive style of career counseling (Anderson & Niles, 2000; Rochlen, Milburn, & Hill, 2004). In these cases, it is imperative to help the client integrate career difficulties in the matrix of the core themes that organize their experience. This support facilitates problem comprehension by reconsidering the roots of the problem and understanding the role of career plans in addressing psychosocial problems.

*Coping style*, which is closely related to problem complexity, refers to the patterns of defenses that are used to preserve the sense of self and maintain internal consistency (Beutler & Clarkin, 1990). The assessment of the role of coping styles in career difficulties is critical to fitting career counseling tasks to client needs (Janeiro et. al, 2014). As far as career counseling is concerned, the difficulties in recognizing interests, aptitudes or values could be related to an internalizing coping style in which the client limits contact with internal experiences. In these cases, research in psychotherapy suggests the importance of using career counseling procedures that foster emotional arousal to facilitate vocational self-concept clarification (Beutler & Consoli, 2003). These procedures are also seen as complementing psychotherapeutic support to overcome the limitations of an internalizing coping style.

*Reactance* is conceptualized as client noncompliance resulting from the failure to fit the intervention to client characteristics (Beutler, Harwood, Michaelson, Song, & Holman, 2011). A feature of reactant clients is their sensitivity to being controlled by others and, consequently, their resistance to directive practices (Beutler & Harwood, 2000). Reactant clients are more likely to resist career counseling to avoid responsibilities of career decision-making (Gysbers, Heppner, & Johnston, 2009) or directive practices, such as educational tasks (e.g., giving information) and recommendations for career exploration between sessions.

*Relationship variables*

These variables contribute the most to enhancing the working alliance. Among these, client and counselor demographic characteristics (e.g., age, gender, ethnicity, social and cultural background), interpersonal response patterns, expectations and beliefs are seen as key due to their importance in promoting client-therapist compatibility (Beutler & Clarkin, 1990).

Research in psychotherapy reveals demographic similarities between the client and therapist strengthen the working alliance, an effect particularly relevant among disadvantaged populations (Beutler & Consoli, 2003). These findings are consistent with the vocational psychology literature, which suggests that counselors should be culturally competent to adapt their practices to the clients’ experience and develop the proximity needed for a successful counseling relationship (Fouad & Kantamneni, 2013). Among demographic client characteristics, age has proven to be an important variable in career counseling effectiveness. In fact, research has revealed that intervention is more effective with younger clients (Perdrix, Stauffer, Masdonati, Massoudi, & Rossier, 2012; Stauffer, et al., 2013).

Interpersonal response patterns express the client’s needs for attachment and affiliation, which range in a continuum from the individuals who desire affiliation, dependency, relatedness and recognition to the individuals striving for distinction and autonomy from others (Beutler & Consoli, 2003). When career counseling is integrated into psychotherapy, the therapist must be attentive to the clients’ interpersonal pattern to ensure the continuity of psychotherapeutic work in the career counseling tasks. For example, with a dependent client, it is important to encourage autonomy in solving career problems and resist subtle client requests to be told what to do or what to decide.

The compatibility between therapist and client beliefs and expectations is also crucial to strengthening the working alliance. Research in psychotherapy (Bordin, 1979; Horvath, 2005) and career counseling (Masdonati, Perdrix, Massoudi, & Rossier, 2013; Tinsley, Howard, Tokar, & Helwig, 1994) suggest that counselor and client should agree on intervention goals and tasks to increase the level of involvement and counseling effectiveness. Typically, clients expect the use of psychological tests in career counseling and the counselor’s advice on the right career (Authors, 2012). These expectations do not fit practices emphasizing meaning making, such as LDC. Therefore, it is appropriate to educate the client about career counseling goals and tasks to strengthen the working alliance, as well as integrating career counseling within the context of psychotherapeutic intervention.

*The treatment context*

This variable includes setting, mode (psychosocial or medical), format (individual, group or family), frequency and duration of the intervention. As a rule, career counseling practices integrated into psychotherapeutic interventions should occur in the same context to ensure their continuity and consistency. However, client characteristics and the level of change can benefit from changing treatment context. For example, as a client progresses further, the advantage of multi-person intervention may become clear (Beutler & Harwood, 2000). Thus, individuals who are especially dependent upon family support (e.g., adolescents and those with disabilities) may benefit from a family intervention format. Furthermore, the integration of career counseling into the closing phase of psychotherapy, aimed at facilitating the clients’ social and occupational inclusion, may involve the establishment of a social network to support the implementation of career goals and to strengthen the therapeutic gains that are linked to autonomy and client social inclusion.

*Strategies and techniques*

The last challenge of fitting treatment to the client needs is to progressively adapt the intervention to client changes. To this end, it is important to modify the mediating goals of the therapeutic process according to changes in client variables (e.g., coping style or problem complexity) (Beutler, Consoli, & Lane, 2005). In this sense, the perspectives of Beitman (1987) on the stages of psychotherapy evolution (relationship enhancement, pattern identification, change efforts and termination planning) and of Proshaska and DiClement (2003) on the stages of motivation to change evolution (precontemplation, contemplation, action and maintenance) constitute the conceptual matrix that therapists might use to guide the integration of career goals throughout the psychotherapeutic process. From this perspective, career counseling goals can be conceptualized as mediating goals of the psychotherapeutic process and, thereby, must also adjust to client change to ensure consistency and continuity of the therapeutic process. For example, in the early phases of psychotherapy, career counseling strategies and techniques favor the process of self-exploration and the search of life themes and, consequently, enhance goal achievements in both the pattern identification phase (Beitman, 1987) and contemplation phase (Proshaska & DiClement, 2003). As psychotherapy progresses, supporting the transition to the labor market facilitates the clients’ interpersonal change in a way that fits the goals of the change efforts phase (Beitman, 1987) and action phase (Proshaska & DiClement, 2003).

**Fitting career counseling to therapy from the Life Design Counseling perspective**

*Life Design Counseling and Career Construction Theory*

LDC is the application of Career Construction Theory (CCT; Savickas, 2013) to career counseling. Subscribing to the epistemology of social constructionism, CCT gives a central role to the narrative mode in explaining vocational behavior and development, as well as in fostering career construction through life design counseling. In this perspective, career is the macro-narrative about an individual’s path that involves multiple roles throughout the life span (Savickas, 2002). The macro-narrative/life story is organized around life themes, that is, the “problem or set of problems that a person wishes to solve above everything else and the means the person finds to achieve the solution” (Csikszetmihalyi & Beattie, 1979, p. 48).

LDC aims to help clients to re-author their narrative identity and to project new possibilities of self-construction onto career roles. The process involves helping clients connect life themes to career plans. Because life themes are formed by relationships among needs, interests, and goals, the counselor helps the client to understand how early needs (the past) lead to the construction of aspirations (the future) that might meet those past needs. In addition, the client is supported by understanding how individual's interests (the present) are instruments used to meet goals and, thereby, satisfy needs (Savickas, 1995).

LDC begins with a Career Construction Interview (CCI; Savickas, 2011). The CCI is a semi-structured interview in which a practitioner inquires about five topics that form life themes and inform decision making about the current transition. The topics are: (1) role models for self-construction; (2) magazines, television shows or websites for manifest interests, (3) a favorite story from a book or movie forming the script for the next episode; (4) sayings or mottos for advice to self; and (5) early recollections for perspective on the present problem or transition. From the answers obtained, it is possible, through a process of self-exploration, to help individuals construct a narrative that expresses the central problem of their life, proposes resolutions in the form of goals and plots methods to achieve these goals.

*Integrative possibilities*

Two core ideas of LDC framework facilitate its integration into psychotherapy. The first is the emphasis on the individual as a constructor of contextual meanings and, consequently, the value of the singular and special element in each individual. This positioning favors the use of qualitative assessment as a tool to encourage clients to uncover their subjective careers and life themes (McMahon & Patton, 2002). This modality of assessment has the advantage of not putting the counselor in the role of the expert who provides problem diagnostics through psychological testing, but, instead, maintains the emphasis on the counseling relationship. The counselor assumes a participatory attitude in the client’s experience, aiding the free expression of subjective experience, exploring emergent representations and constructing new meanings. Moreover, qualitative assessment can overcome the difficulty of adapting standardized methodologies (e.g., content and norms) to socio-cultural diversity. Therefore, it fits easily to the needs of the clients, regardless of their cultural, ethnic, socioeconomic and health conditions (Duarte & Rossier, 2008; Goldman, 1990).

The second idea relates to the concept of life themes. This concept is present in counseling and psychotherapy approaches that consider thematic cores to explain how individuals organize their self-experience. Examples of these approaches include the concepts of irrational beliefs in Rational-Emotive Therapy (Ellis, 1996), cognitive schema in Schema Therapy (Young, Klosko, & Weishaar, 2003) and core conflictual relationships themes in psychoanalytic psychotherapy (Luborsky, 1984). This conceptual continuity between LDC and other approaches in psychotherapy allows continuity and consistency between career counseling and the practice of psychotherapy into which it is integrated. That is, the identification of life themes in career counseling are more likely to reinforce the clients’ awareness of the core themes underlying his/her personal problems and, thereby, place career construction as a dimension of self-construction (Author, 2012).

An emotion-focused psychotherapeutic process (Greenberg, 2002), in which LDC was integrated, will be presented here to illustrate both this process of integration and the usefulness of the narrative approaches to career development.

# **Case illustration**

# *Therapist*

The therapist is 45-year-old white male with 3 years of postgraduate study in Psychotherapy and 250 hours of supervised practice in Psychotherapy. He also holds a PhD in Vocational Psychology and has more than 15 years of experience as a career counselor. His theoretical framework is mainly constructivist.

# *Client*

 Ricardo (a pseudonym has been used to protect his identity) is a 17-year-old adolescent who lives with his parents and brother. A year ago, his father, a mechanic, had a stroke that left him incapacitated and unable to work. Ricardo’s mother is a school teacher who is now attending the university to improve her professional situation. Ricardo regards his mother as his key support and his father as a very detached person. Before the stroke, his father was a heavy drinker, which led to increased aggressiveness towards his wife and children.

Ricardo suffered from enuresis until he was seven years old, and his school path was unsuccessful due to significant reading and writing difficulties. He claims that he never liked school or his teachers because “they bored me to death.” Due to his academic difficulties, he was guided toward a vocational education program in mechanics, which he would conclude after the 9th grade of high school. However, frequent absences kept him from completing this grade, and, consequently, he did not finish high school. Moreover, this situation was aggravated by frequent conflicts with his work supervisor.

 Currently, he works for a restaurant delivering food to people’s homes. For this purpose, he began a school program to obtain a driving license. However, he did not attend the driving lessons because he felt that he did not really belong there. He thinks that the other students pictured him as “a con artist”.

 Ricardo is a strong and tall young man, who speaks with emotional detachment, uses short sentences, avoids eye contact and often uses slanderous language. There is no indication of alcohol or drug abuse.

*The Intervention*

Ricardo initiated psychotherapy at the behest of his mother, who claimed not to know what else to do to save her son from marginality (e.g ridding motorcycle without a proper driving license, filling up the motorcycle without paying for it, shoplifting in mobile phone and food delivering stores). He started his first therapy sessions in a very resistant manner: “…I don’t think that I’m crazy”, “I’m only here on behalf of my mother so I don’t have problems at home with her.” The first two sessions were aimed at improving his motivation for the helping process by building a therapeutic alliance, managing his resistance and planning future therapeutic work. Gradually, he discussed the conflicts with his family and how they related to his frustrating school experiences and personal relationships with his friends. A contract was established for individual weekly sessions, of one hour each, to improve his conflict management skills and increase his motivation to obtain a driving license.

 From the fifth session onward, two central issues arose: his ambivalent feelings towards his father and the feeling that he is lost in life. His emotional expression intensified and he felt confused. He described himself as being disorganized, without a purpose in life. He repeatedly said: “Sometimes I think I am crazy”, “… I just feel like wandering around, alone, on my motorcycle”, “… my life sucks, it’s pointless, I have no profession… don’t want to continue looking after others.”

 During the sixth session, Ricardo revealed a tendency to avoid talking about his feelings towards his father. He seemed particularly distressed, and when the therapist empathically reflected that pain, he just replied: “Yes, I don’t want to talk about it, that is the past.” Indeed, discussing this issue, at this stage, would have weakened our therapeutic relationship. Gradually, the session became more focused on his lack of life goals and on his feeling lost. Again, in this session, he said, with profound sadness: “… I am lost, without any plans in life. I can’t imagine myself holding a specific job; I don’t know what I really want. There seems to be two of me, I would like to have goals but at the same time I don’t really know if I truly want them.” Ricardo managed to identify his goals, which were very short-term (to be able to buy a car, go to a gym, obtain his motorcycle and automobile driving licenses) and showed concern for the well-being of other parties (he would like to see his father get better and his brother get a job). Ricardo's narrative emerged fragmented from several conflicting voices. Part of him felt an intense hopelessness, tired of overrated ephemeral pleasures and predicted the absence of a legitimate future. Making money served his daily needs regardless of its source. Another part of him wished to build a better self, better relationships and a life worth living. We identified a tenuous voice longing for feasible goals and opportunities to flee the daunting maze.

 At this point, the therapist felt the need to make a decision regarding his therapeutic progress. Either he should start to make some emotional improvements, exploring his ambivalent feelings toward finding an occupational goal in life, or he should help him to renew his self-image through a new self-construction as someone with plans and a particular life path, thereby helping him with his own sadness and discomfort (“can’t imagine myself in a specific profession, I don’t know what I want”). Two reasons seemed to support the latter choice. First, the therapeutic work on his own emotions had become too intense and had left Ricardo feeling very vulnerable, which weakened the therapeutic alliance. Second, a renewed representation of himself as someone with goals and plans in life would allow him to experience new positive emotions that would improve the way he saw himself and the way he dealt with life in general and his career problems, in particular. Thus, the therapist began a career construction interview (Savickas, 2011). Using the CCI structure for arranging the information led him to formulate the following understanding about Ricardo. Early recollections suggest that he is aware of the fact that he must stand up for his life. One way of achieving it is to stand up for others, such as when he hit his father to protect his mother. When he does not stand up to life, he feels irresponsible and suffers greatly—feeling like a misfit. His proposed solution is found in admired figures who, within a group, model courage and willpower, helping others and keeping them safe, thereby earning the admiration of the community. Being a part of a group, such as safety forces, would mean he is not a misfit. Now, he would like to follow the script plotted by Joana (the main character of his favorite story from a book) —“she stands up to life, overcoming her own doubts, the unemployment and personal crisis.” This is what he knows he should do. It is time to face reality. Unfortunately, he does not yet feel up to the task as his advice to self – “When we die, we all go on our backs”- is about how we get out of life.

At the beginning of the next session, his rewritten life story (built from the CCI analysis) was shown to him. This task, in line with the narrative work of White and Epston (1990), made it possible to continue exploring structured representations of himself and his life as it organized itself around certain problematic issues. This exploration of new self-representation makes conflict more evident as revealed in the following vignettes.

T: *What touches you in that story?*

R: *I don’t know… life is just as it is. I’ve been through a lot; the only thing I haven’t experienced is hunger.* (His speech follows his internal experience). *Everything that I ever wanted is right here* (points at the text), *business, responsibility, helping others and having a good life.*

Later in the conversation, Ricardo adds the following.

R: *I don’t know… life is full of ups and downs. Sometimes, I feel really empty, in the maze, penniless… the pressure is huge and I have to pull myself together. It is this maze right here in the paper. It’s my head, it’s all inside. This feeling knocks me down, it pushes me… Currently, I’m trying to get a better hold of it.”*

The discontinuities of life— its ups and downs—express the difficulty of managing the “multiplicities of the self”. Being responsive to Ricardo’s needs, the experiential task, the “two chair dialogue” (Greenberg, Rice & Elliot, 1993), was introduced to promote the process of negotiation and integration of the two parts in conflict (Greenberg, et al. 1993). Two sessions after the two chair dialogue, tasks specific to career counseling were introduced, aimed at reinforcing the emergent positive identity and responding to the immediate need of the definition of the self in its vocational dimension. To accomplish this goal, the therapist returned to the life design process, using the definition of its “success formula”, which involved the identification of career plans that could incorporate this formula and work on the barriers to the implementation of such goals (Savickas, 2011). Thus, in the “success formula”, the following statement was considered. “*I feel fulfilled and successful when I can help others by taking on a leadership role and making independent decisions”.* Ricardo considered working as a police inspector, personal security guard for important people or firefighter as good vocational goals. He also added “I can always work in a factory—what I need is a job so I can get on the right track.” Next, help was provided to explore these and other career possibilities simultaneously after identifying barriers to their implementation. He considered his education level, the unemployment rate, lack of a driving license, and the lack of motivation as the major barriers. The intervention at this level continued the therapeutic work, combining both dimensions of psychosocial and vocational functioning. For example, encouraging Ricardo attend driving lessons implied that we should address the feelings of inferiority he experienced in learning situations.

The meanings associated with the new representation of the self-promoted changes were expressed in more positive feelings towards himself, a reduction in the number and intensity of conflicts with his parents, a return to the driving school and the first thoughts about going back to school in the following academic year. In session number twelve, Ricardo decided to interrupt the helping process due to symptomatic relief. When he was informed about the need of a next step in the helping process aimed at consolidating the accomplished gains and working on internal conflicts involving his parental figures, he expressed his intention to search on his own for a way out of the maze.

Two years later Ricardo was contacted to get his consent to publish the story of his life. He related that he returned to school to finish his basic education and that he was working at a factory. In that moment, os comportamentos marginais haviam parado , but his ambivalence was still present in a strong way: “… a lot of easy money in a short time is a huge temptation. It’s like a drug… having it all, but in the worst way. On the one hand, it’s good, I’m ambitious, but on the other hand…”. He feared being locked in jail, as well as the belief that it would mean never leaving the terrorizing maze, losing north and, consequently, his future.

**Discussion**

Ricardo’s case had a premature termination. The progress at a symptomatic level (e.g., more positive feelings and reduction of conflicts at home) was the client’s reason to decide to terminate the treatment. However, other factors could explain the unexpected termination. Indeed, the client characteristics, such as high reactance and low family income, are also factors frequently associated with high dropout and premature termination (Beutler & Corsini, 2003). From the therapist’s point of view, further therapeutic work was needed, as revealed by Ricardo’s ambivalence. The complexity of the problem required the intervention to evolve from symptom relief to the resolution of core conflicts and interpersonal themes.

Despite its premature termination, I have chosen Ricardo’s case because it reveals the complexities of a process of continuous interchange between psychotherapeutic and career counseling. Moreover, this case illustrates the two levels by which the integration of career counseling with psychotherapy occurs: tailoring career counseling to client characteristics and the therapeutic approach.

The adjustment of the intervention to the client characteristics began in the first session. The first indicators were obtained from the initial assessment of the client history, previous treatment and nature of the disturbance. Based on this information, problem severity was judged moderate, as Ricardo’s coping mechanisms had been unsuccessful in keeping his anger level within manageable limits. In fact, his emotional dysregulation interfered with his ability to attend a vocational education program and driving lessons and was affecting his family life. With respect to problem complexity, Ricardo’s life story of enuresis until the age of seven, significant reading and writing difficulties, marginal behavior and repeated conflicts with authority figures suggested support of a thematic rather than a symptomatic focus.

The pattern of noncompliance and conflict with authority figures and the initial resistance to therapy were indicators of both an externalizing coping style and a high reactance, which suggested low confrontation and the implementation of non-directive therapeutic procedures. These client variables were decisive in accepting Ricardo’s initial goals of improving his conflict management skills and increasing his motivation to get the driving license. Because the intention was to adjust the intervention to client’s sensitivity to the control of others and avoid increasing the level of reactance, the goals focused on internal conflicts were not considered.

The relationship variables, such as the similarities between therapist and client cultural, ethnic and gender were present throughout the process, favoring the development of a successful working alliance. Finally, the overall indicators mentioned above provided the basis for an agreement to hold individual weekly sessions of one hour each.

Fitting career counseling to the therapeutic approach was achieved both through the compatibility between career counseling tasks and the therapeutic ones, as well as through the adjustment of career counseling goals to the mediating goals of therapy. The compatibility between counseling and therapy—and, therefore, the consistency of the intervention—was favored by the flexibility of the former. In this sense, the following practices of LDC played a key role: (1) the participatory attitude of the counselor in the client’s experience, providing process markers to guide the intervention, (2) the use of flexible qualitative assessments to fit the intervention to the needs of the client, (3) the emphasis on the identification of life themes to facilitate the client’s awareness of core conflicts underlying his/her personal problems, and thereby viewing career construction as a dimension of self-construction.

Ricardo’s case also reveals how fitting career counseling to therapy was guided by the need to tailor mediating goals of therapy to the evolution of clients’ characteristics throughout the intervention. The exploration of Ricardo’s life themes gave a voice to a self-position that was silenced, that is, the one wanting to stand up for others, to escape from marginality and to look at the future with a purpose. The new self-representation allowed the use of therapeutic work aimed at solving Ricardo´s ambivalence between the new position and the old one, which was saturated in the themes of irresponsibility and being a misfit. Afterwards, new career counseling tasks (e.g., success formula, exploration of career barriers) were introduced to strengthen the emergent positive self-representation and to respond to the need of vocational self-concept clarification. These career counseling tasks facilitated the client’s awareness of the problem and his search for possible solutions. That is, the awareness of the conflict between two self-positions led him to the first commitment to change and to the achievement of one therapy goal: the return to the driving lessons. Progress in the vocational domain was also revealed by the emergence of his first thoughts about going back to school in the following academic year. The achievement of these goals fit the mediating goals of early phases of therapy, namely, pattern identification (Beitman, 1987) and contemplation (Prochaska & DiClemente, 2003).

To conclude, the integration of career counseling into psychotherapy is a process of cross-fertilization. On the one hand, it contributes to comprehensive psychotherapeutic practices, interest in the meaning of work in people's lives, integrating vocational behavior and psychosocial behavior, and demonstrates a commitment to abolishing the barriers between career counseling, personal counseling and psychotherapy. On the other hand, the dialogue with other disciplines will help career counseling to reconstruct itself using new meanings and grasping the full complexity of people’s real lives through contextualized practices.

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