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The therapeutic collaboration in life design counselling: The case of Ryan

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This study examined the therapeutic collaboration in a case of Life Design Counseling (LDC) with narrative change and positive career outcomes. The therapeutic collaboration-change model and correspondent coding system were used to intensively study the helping relationship throughout three sessions of LDC. The collaboration coding system enables the assessment of each therapeutic exchange within and outside of the client's therapeutic zone of proximal development, defined as the space between the client's actual therapeutic developmental level and his/her potential developmental level fomented by a collaborative relationship. Results show that in all sessions, counsellor and client worked mainly within the therapeutic proximal development zone, that is, they were able to interact collaboratively. The coding of the counsellor's interventions throughout the counselling process was in accordance with the life-design framework. The collaboration-change model and coding system contributed to understand the process of change in LDC.

Keywords: career construction; career counselling; career intervention; case study; coding system; Life Design Counselling; process of change; therapeutic collaboration; zone of proximal development

Introduction

In globalised societies, job opportunities and employment conditions are fragile and unstable, requiring individuals to assume greater responsibility for their career paths (Guichard, 2012; Lent & Brown, 2013; Savickas, Nota, Rossier, Dauwalder, Duarte, Guichard, Soresi, Van Esbroeck & Van Vianen, 2009). Concepts and practices have evolved to best respond to individuals' needs for dealing with career issues in those more complex environments (Amundson, 2005; Savickas, 2013). Career counselling practices have been increasingly grounded in hermeneutic and narrative approaches, to promote self-construction and self-integrity within changeable work contexts (e.g., McMahon & Watson, 2012; Reid, 2005; Savickas, 2011). Despite the interest in narrative based approaches to career counselling, few studies have evaluated the outcomes and process of those approaches (i.e., Cardoso, 2012; Cardoso, Silva, Gonçalves & Duarte, 2014; Cook & Maree, 2016; Di Fabio, 2016; Di Fabio & Maree, 2012; Obi, 2015).

Efficacy studies of career counselling have largely focused on traditional positivist interventions, presenting different effect sizes, ranging from .87 (Spokane & Oliver, 1983) to .41 (Brown & Krane, 2000). These results suggest that career counselling can produce different degrees of impact and that we need to investigate in more detail its processes to understand the psychological aspects inducing change in career counselling (Heppner & Heppner, 2003; Whiston & Rahardja, 2008).

Research on the process of career counselling has shown that its effectiveness is related largely to positive collaboration and the quality of the working alliance between counsellor and counsellee (cf., Heppner, Multon, Gysbers, Ellis & Zook, 1998; Masdonati, Massoudi & Rossier, 2009; Whiston & Rahardja, 2008). Such findings suggest that the working alliance is an important factor of career counselling outcomes (Bedi, 2004). Underlying working alliance is a therapeutic collaboration once it involves the degree to which the therapy dyad is engaged in purposive work (Bordin, 1979). The present study analyses therapeutic collaboration along a narrative based career-counselling process. We used a methodological tool developed in psychotherapy research that aims to allow the intensive analysis of the therapeutic collaboration — the Therapeutic Collaboration Coding System (Ribeiro, Ribeiro, Gonçalves, Horvath & Stiles, 2013). This goal brings innovation to research on the career counselling process in two ways. First, in contrast to the previous investigation, in which quantitative measures of clients' or counsellor's perception of the relationship were used, this study uses a qualitative system of analysis to intensively assess the interaction between counsellor and counsellee. Second, because it is the first study focused on the analysis of therapeutic collaboration in career counselling.

Working Alliance, Therapeutic Collaboration and Change

The working alliance is the result of the therapeutic collaboration process happening between counsellor and counsellee. It describes the degree to which the therapy dyad is engaged in purposive work (Bordin, 1979), and usually includes continuous shared responsibility and agreement about counselling problems, goals and tasks, and affective bond, in terms of trust and respect (e.g., Bordin, 1979; Horvath, 2013).

Alliance in counselling is usually assessed with questionnaires, based on the client's and counsellor's perceptions of the agreement about the goals, tasks and relational bond of one or more therapeutic sessions (cf.,

Gaston, 1991; Horvath & Greenberg, 1989). Nevertheless, the ongoing therapeutic collaboration process underlying the therapeutic alliance has been also researched at a moment-to-moment level in the counselling session, using conversational analysis and observational methods of the dyad interactions, and conceptual coding systems of counselling interaction behaviours (Muntigl & Horvath, 2014; Ribeiro et al., 2013).

Career counselling research suggests that the strength of collaboration increases throughout the intervention (cf., Heppner et al., 1998; Multon, Heppner, Gysbers, Zook & Ellis-Kalton, 2001). However, further research is needed to understand how micro-processes - specificities of the moment-to-moment interaction between counsellor and client - induce collaboration in career counselling.

Taking into consideration the links between career counselling and psychotherapy (cf., Cardoso, 2016), and examples of effective integration of psychotherapy and career counselling process research (cf., Cardoso et al., 2014; Ribeiro, Cunha, Teixeira, Stiles, Pires, Santos, Basto & Salgado, 2016), we argue that the study of the collaborative micro processes in career counselling can benefit from the progress of this line of research in psychotherapy (cf., Horvath, 2005; Lepper & Mergenthaler, 2007; Ribeiro et al., 2013). In this sense, we propose the adoption of a therapeutic collaboration-change model developed by Ribeiro et al. (2013) to understand the dynamics of the relationship between alliance and outcomes on a moment-to-moment basis, in career counselling.

This model is the conceptual basis of the Therapeutic Collaboration Coding System (TCCS), developed by the same authors to micro-analyse therapeutic collaboration. The terminology of the TCCS was framed in an integration of the assimilation model (Stiles, 2002, 2011) with the innovative moments' model (Gonçalves, Matos & Santos, 2009) of psychotherapy literature. In this context, TCCS uses the concept of *therapeutic zone of proximal development* (TZPD; see Leiman & Stiles, 2001) to explain how collaboration becomes therapeutic, and the concept of *innovation* to identify the micro-changes occurring during the psychotherapy process. Collaboration and change are assumed in the model as forms of development. The TZPD is an adaptation of the Vygotsky's concept of ZPD to psychotherapy (Leiman & Stiles, 2001), since change in psychotherapy is understood as a way of human development. Like in Vygotsky proposal, the TZPD is a way of describing the joint activity of the therapeutic dyad through which the client progresses in his/her path to overcome psychological difficulties (from his/her actual to the potential developmental level), with the assistance of the psychotherapist.

Positive change in counselling is conceived of as a developmental process in which clients move

from maladaptive self-narrative to a more functional one. Theoretically, the counsellor begins by supporting the client, helping her/him feel secure in the counselling relationship, through the use of communication that demonstrates understanding and acceptance of the client's experience, in the context of his/her maladaptive self-narrative. Then, the counsellor can challenge the client's self-narrative, promoting the occurrence of innovations and review of the client's usual perspectives. In principle, it is suggested that the counsellor must work within a therapeutic zone where the client not only feels safe but is also able to experience tolerable levels of anxiety or risk associated with the emergent innovations. Too much emphasis on security, however, can prevent opportunities for the client's review of maladaptive self-narrative, while too much emphasis on challenge can stimulate excessive anxiety, promoting the client's resistance to change. In sum, the TZPD is conceptualised as a developmental continuum experienced by the client, through which the client changes with the help of the counsellor. The TZPD is likely to move itself to higher levels as the therapeutic progress is concretised (Ribeiro et al., 2013:296).

The TCCS allows an evaluation of each therapeutic exchange and whether and how the therapeutic dyad is working in the client's TZPD. Although the TCCS is a complex and time consuming observational measure, compared with other similar relational measures referred to in the literature (see for example Berk, 2013 for a revision on observer-based methods for detecting ruptures and rupture repair episodes, and Tyron & Winograd, 2011 for a revision of collaboration measures), it presents the advantage of capturing the ongoing dyad interactions, and not only specific events or isolated contributions of the therapist or the client; and also the moment-to-moment connection of the dyad's interactions with ongoing client change.

Based on the idea that therapeutic collaboration is a common factor in counselling, the TCCS was developed as a trans-theoretical instrument. This idea has been empirically supported by previous case studies using TCCS in Narrative Therapy (Ferreira, Ribeiro, Pinto, Pereira & Pinheiro, 2015), Person-Centred Therapy (Cardoso et al., 2014) and Emotion Focused Therapy (Ribeiro et al., 2016). Additionally, these studies have shown that the TCCS coding of the therapist's interventions throughout the therapy process is in accordance with the theoretical assumptions of each therapy approach. Besides, studies in psychotherapy, using the TCCS, have supported the theoretical suggestion that therapy is most likely to be effective if the dyad works preferentially within the TZPD (Cardoso et al., 2014; Ferreira et al., 2015; Ribeiro et al., 2016). These studies have been shown that working within the client's TZPD has

characterised the good outcome cases in which the therapists seemed to progressively and appropriately balance their supporting and challenging interventions, being responsive not only to the client's needs of being understood in their problematic experiences, but also to the emerging need of moving forward in their TZPD. Compared with poor outcomes, the cases of good outcomes have had a higher proportion of therapeutic exchanges within the client's TZPD and a lower proportion of therapeutic exchanges outside the client's TZPD.

The Development of Therapeutic Collaboration in Life Design Counselling

Life Design Counselling (LDC) is an intentional proposal for addressing a client's career concerns, and is a new paradigm for career intervention, applying the career construction theory to life-designing discourse in career counselling (Savickas, 2015). LDC is designed to address clients' tensions, enabling them to tell their stories and to symbolically represent concrete experience. Through this micro-narrative exploration, LDC counsellors help their clients in self-reflection and deconstruction of maladaptive self-narratives, and in reconstruction of their stories into a life portrait. They also help clients in the co-construction of new intentions that lead to advancing their career story towards a new episode (Savickas, 2013). This process is conceptually close to the therapeutic collaboration-change model (TCCM) developed by Ribeiro et al. (2013).

Similar to what is conceived in the TCCM, in effective LDC it is expected that the client and the counsellor form a collaborative relationship, through a dialogue based on the construction of meaning, to address the client's career concerns and solve work-role problems. Specifically, LDC counsellors are encouraged to create a working alliance, by establishing a trustful relationship with their clients for communication of ideas and stories, setting of goals, and description of tasks (Savickas, 2011). In this context, the client is invited to understand and reflect on what he/she already knows and also what is implicit and more unconscious, and to form a broader view about the self. From such knowledge can emerge a new perspective that enables the client to elaborate or even change his/her stories in ways that clarify choices and motivate actions to cope with the career transition (Savickas, 2015).

The process begins with a semi-structured interview, the career construction interview (CCI; Savickas, 2015). In the first session, the counsellor invites the client to elicit and tell their career story in response to enquiring about five topics: (1) role models for self-construction; (2) magazines, television shows or websites for manifest interests; (3) favourite story from a book or movie for the script for the next episode; (4) sayings or mottos for

advice to the self; and (5) early recollections for the perspective on the present problem or transition. In the second session, the aim is to help the client provide coherence for their addressed life episodes and deconstruct limiting ideas and false beliefs, with attention concentrated on reflective observation and self-examination. In the third session, new intentions are produced by reconstructing a macro-narrative with abstract conceptualisations that guide new realisations, and by co-constructing an action plan that extends revision of the self through active experimentation in the real world, linking work to other life roles (Savickas, 2015:9–10).

To address the need for more systematic and analytical research on career counselling collaboration processes, the aim of this study is to describe how therapeutic collaboration promotes a good outcome during the LDC process, using the therapeutic collaboration coding system. Based on the previous TCCS studies' findings in psychotherapy, we expected that the LDC counsellor would be able to work collaboratively with the client; that is, in all sessions most of the therapeutic exchanges would be within the client's therapeutic zone of proximal development (TZPD). We also expected that in the first session of the LDC, the interventions involving the counsellor's support of the client's problem would be the most frequent; a balance of therapeutic exchanges involving supportive and challenge interventions would occur in the second session; and interventions supporting innovation would increase in the third LDC session. From the client's side, we expected that tolerable risk experiences, indicating emergence of narrative change, would increase progressively in the second and third LDC sessions.

Case study was the methodological option chosen in this study, given its adequacy in studies of exploratory nature and requiring an extensive and "in-depth" analysis of an interactional phenomenon (Yin, 2009) such as the one of the counselling process.

Method

Participants

The client

The case of Ryan (Savickas, 2011) was used for the purpose of this study. This case was chosen because it is a well-known career counselling case described in the literature and widely used for training counsellors in the LDC model. The case of Ryan does not have counselling outcome measures, but can be considered as a case of positive psychological change and outcomes. Cardoso et al. (2014) recently studied the patterns of narrative change in Ryan's case using the innovative moments coding system, and demonstrated that narrative innovation emerged throughout the three sessions, in the form of action, reflection, or protest, supporting the client's progress from career

indecision to life-career planning and direction (see Cardoso et al., 2014). Besides, following Sales and Alves' (2012) recommendations, we also used a client-generated outcome measure to elicit information that is truly specific to the case, as described later, which supported Ryan's substantial gains.

Ryan is a 29-year-old Caucasian man who was in the Marine Corps for four years, and then, in the last two years, began to work as a carpenter's apprentice. Ryan searched for a career counsellor to solve his lack of career direction, sensing that he needed to define a realistic direction, which had led to anxiety and frustration related with this concern. At the same time, he was not satisfied in his work, because he liked communicating and socialising at work and his colleagues did not understand those kinds of needs. Ryan also mentioned legal problems that blocked his entry into the desired occupations of firefighter and police officer. For instance, he had just passed the Chicago firefighter's exam, but he could not enter the programme, for reasons related to the legal proceedings he was undergoing.

The counsellor

The counsellor was the author of the LDC approach to career intervention. He is an expert concerning this model, as illustrated in examples such as the one of Ryan's counselling process (Savickas, 2009). LDC is an intentional proposal for counselling practice, informed by more than two decades of theory, research and practice (Savickas, 2005).

Role of the client and career counsellor

In LDC, the client is viewed as expert of his/her own experience and the counsellor, acted as a meaning-making facilitator, in a co-construction process.

The strategies to enhance the trustworthiness involved the analysis of a case conducted by an expert in LDC to enhance data credibility, using multiple judges in data analysis to ensure results' accuracy and describing the setting of the intervention (DVD used as a master example of LDC) and the client's background and career problems to promote transferability of the data.

Judges involved in the data analysis

The TCCS coding procedure was developed by two judges and an auditor. The fourth author, coding all three sessions, holds a master's degree in educational psychology, is a PhD student in Applied Psychology with eight years of experience in career counselling. The first author, who coded a third (33%) of all the three sessions, holds a PhD in Educational Psychology, with master's level experience in career counselling. Before participating in the study, the two judges received intensive training in the TCCS, and they both studied in-

depth literature relating to LDC. The second author supervised the training and audited the coding.

Judges involved in outcome assessment

Two judges assessed the intensity of Ryan's problems in the first and in the last session using a personal questionnaire. Judge A has a PhD in Vocational Psychology, and eight years of career counselling experience, and Judge B has a PhD in Vocational Psychology, and two years of career counselling experience.

Measures

Therapeutic collaboration coding system

The TCCS is a transcript-based coding system designed to intensively analyse the therapeutic collaboration (Ribeiro et al., 2013). This system takes each client and counsellor speaking in turn as the unit of analysis, which is evaluated in the context of the other's previous speaking turn and all previous client-counsellor interactions during the overall session. The judges begin by establishing consensual definition of what they will code as the client's problem and innovation.

With this purpose in mind, the judges read the counselling dialogues and then identified meaningful client and counsellor quotes referring to the client's current problems and desired changes. Taking into account these meaning identifications, the coders interpret the defined problem as an indicator of the client's actual development level and the client's desired changes as an indicator of the potential developmental level, which could be reached with the help of the counsellor. Thus, as changes emerge and are assimilated, the client's TZPD changes; that is, what is considered to be the potential level becomes progressively the actual level. Then independently, the coders code each adjacent pair of counsellor intervention-client response exchanges, in a coding sequential process through the session.

In TCCS, the strategies used by the counsellor to facilitate change include supporting the client's maladaptive self-narrative (supporting problem) or emerging innovation (supporting innovation) and challenging the client's current maladaptive self-narrative. Tables 1 and 2 present a description of the counsellor's interventions and of the client's responses in regard to TCCS categories.

The counsellor intervention is coded as 'supporting problem' when it is focused on understanding the client's problematic self-narrative as presented in their immediately previous speaking turns. The counsellor intervention is coded as 'supporting innovation' when it is focused on understanding the client's emergent change, presented in the client's speaking turns immediately prior. In this way the counsellor can support the client's perspectives (problematic or innovative) by using different strategies, such as, for example,

asking for more information on the client's problem or client's innovation, or reflecting on the

client's problematic or innovative experiences (see Table 1).

Table 1 Counsellor's intervention coding categories and subcategories

Supporting (problem or innovation) subcategories	Definitions
Reflecting	The counsellor reflects the content, meaning or feeling present in the client's words. He or she uses his/her or client's words but doesn't add any new content in the reflection, asking for an implicit or explicit feedback.
Confirming	The counsellor makes sure he/she understood the content of the client's speech, asking the client in an explicit and direct mode.
Summarising	The counsellor synthesises the client's discourse, using his/her own and client's words, asking for feedback (implicit or explicit).
Demonstrating interest/attention	The counsellor shows/affirms interest on client's discourse.
Open questioning	The counselor explores clients' experience using open questioning. The question opens to a variety of answers, not anticipated and/or linked to contents that the client doesn't reported or only reported briefly. This includes the counsellor asking for feedback of the session or of the therapeutic task.
Minimal encouragement	The counsellor makes minimal encouragement of client's speech, repeating client's words, in an affirmative or interrogative mode. (ambiguous expressions with different possible meanings aren't codified, such as a simple "hum ..." or "ok").
Specifying information	The counsellor asks for concretisation or clarification of the (imprecise) information given by the client, using closed questions, specific focused questions, asking for examples.
Challenging subcategories	Definitions
Interpretating	The counsellor proposes to the client a new perspective over his or her perspective, by using his or her own words (instead of client words). There is, although, a sense of continuity in relation to the client's previous speaking turn.
Confronting	The counsellor proposes a new perspective to the client regarding what they share, or questions the client about a new perspective. There is a clear discontinuity (i.e. opposition) setup in relation to the client's speaking turn.
Inviting to adopt a new perspective	The counsellor invites (implicitly or explicitly) the client to understand a given experience in an alternative.
Inviting to put into practice a new action	The counsellor invites the client to act in a different way, in the session or out of the session.
Inviting to explore hypothetical scenarios	The counsellor invites the client to imagine hypothetical scenarios i.e., cognitive, emotional and/or behavioural possibilities that are different from client's usual way of understanding and experiencing.
Changing level of analysis	The counsellor changes the level of the analysis of the client's experience from the descriptive and concrete level to a more abstract one or vice-versa.
Emphasising novelty	The counsellor invites the client to elaborate upon the emergence of novelty.
Debating client's beliefs	The counsellor debates the evidence or logic of the client's beliefs and thoughts.
Tracking change evidence	The counsellor searches for markers of change, and tries to highlight them.

Note. From: *How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system*, by Ribeiro et al. (2013). Adapted with permission.

By using these types of strategies, the counsellor guides his or her interventions by the client's actual development level, working at the lower limit of the TZPD. The counsellor's intervention is coded as challenging when he or she invites the client to look at the problematic experience presented in his or her immediately previous speaking turn from a different perspective. Challenging interventions include, for example, providing an alternative interpretation of the client's experience, inviting the client to explore hypothetical scenarios for his or her experience, or emphasising emergent innovations of which the client is unaware (see Table 1). By using these types of interventions, the counsellor guides the client toward their potential zone of proximal

development. However, according to the TCCS procedures, based on the client's following response to the counsellor's intervention, the coders decide whether the dyad interaction occurs within or outside the client's TZPD.

The client may *validate* or *invalidate* the counsellor's interventions. Validation and invalidation are interpreted as different kinds of client experiences (see Table 2). When the client validates the counsellor's interventions, by confirming or giving information regarding the proposal, this is interpreted as an indicator of the client's safety experience, and as an indicator of the dyad working within the client's TZPD, closer to the client's actual developmental level. When the client validates the counsellor's interventions by

extending the proposal or by reformulating the self, this is interpreted as an indicator of the client's tolerable risk experience and as the dyad working

within the client's TZPD, closer to the client's potential developmental level.

Table 2 Client response coding subcategories

Validation subcategories	Definitions
Confirming (safety)	The client agrees with the counsellor's intervention, but does not extend it.
Giving information (safety)	The client provides information according to counselor's specific request.
Extending (tolerable risk)	The client not only agrees with the counselor's intervention, but expands it (i.e., going further).
Reformulating oneself perspective (tolerable risk)	The client answers the counsellor's question or reflects upon the counselor's prior affirmation and, in doing so, reformulates his or her perspective over the experience being explored.
Clarifying (tolerable risk)	The client attempts to clarify the sense of his or her response to the counsellor prior intervention or clarify the sense of the counselor's intervention itself.
Invalidation subcategories	Definition
Expressing confusion (more intolerable risk)	Client feels confused and/or states his or her inability to answer the counsellor's question.
Focusing/persisting on the dominant maladaptive self-narrative (intolerable risk)	Client persists on looking at a specific experience or topic from his or her standpoint.
Defending oneself perspective and/or disagreeing with counsellor's intervention (intolerable risk)	Client defends his/her thoughts, feelings, or behavior by using self-enhancing strategies or self-justifying statements.
Denying progress (intolerable risk)	Client states the absence of change (novelty) or progress.
Self-criticism and/or hopelessness (intolerable risk)	Client is self-critical or self-blaming and becomes absorbed in a process of hopelessness (e.g. client doubts about the progress that can be made).
Lack of involvement in response (disinterest)	Client gives minimal responses to the counselor's efforts to explore and understand client's experience.
Shifting topic (disinterest)	Client changes topic or tangentially answers the counsellor.
Topic/focus disconnection (disinterest)	The client persists in elaborating upon a given topic despite the counselor's efforts to engage in the discussion of a new one.
Non-meaningful storytelling and/or focusing on others' reactions (disinterest)	Client talks in a wordy manner or overly elaborates non-significant stories to explain an experience and/or spends inordinate amount of time talking about other people.
Sarcastic answer (disinterest)	The client questions counselor's intervention or is ironic towards counselor's intervention.
Ambivalence subcategory	The client responds by using validation and invalidation subcategories defined above, in the same speaking turn.

Note. From: *How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system* by Ribeiro et al. (2013). Adapted with permission.

When the client invalidates the counsellor's intervention, for example, with non-involved behaviour or by returning to focus on the problematic perspective, this is interpreted as an indicator of disinterest or of intolerable risk experiences, that is, the dyad is working outside of the client's TZPD. The client can also show ambivalence when he/she uses validation and invalidation in the same response.

TCCS comprises seven subcategories of counsellor supporting interventions (e.g. reflecting) and nine subcategories of challenging interventions (e.g. interpreting); five subcategories of client validation responses (e.g. confirming); and 11 subcategories of invalidation responses (e.g. expressing confusion). By coordinating each of the counsellor interventions and the immediately following response of the client, the TCCS also incorporates six types of collaborative counselling

exchanges, reflecting the client's actual developmental level (e.g. supporting problem-safety) or potential developmental level (e.g. challenging-tolerable risk), six types of ambivalent counselling exchanges, that is, interactions at the limit of the TZPD (e.g. challenging-ambivalence), and six types of non-collaborative counselling exchanges, that is, interactions outside of the TZPD (e.g. challenging-intolerable risk). Table 3 presents a description of counselling exchanges according to TCCS.

The present version of the TCCS has shown good reliability, with the mean value of Cohen's kappa of .92 for counsellor interventions (ranging from .84 to .98; $N = 3,234$ utterances) and .93 for client responses (ranging from .91 to .95; $N = 3,234$ utterances (Cardoso et al., 2014; Ribeiro et al., 2013).

Personal questionnaire

(PQ; Elliott, Wagner, Sales, Rodgers, Alves & Café, 2016). This is a client-generated outcome measure designed to assess changes in individualised psychological problems. In that sense, the items are created by the client, resulting in a personalised tailor-made scale that can be rated for intensity (Sales & Alves, 2012). Since this case is presented and described in a video, three outcome items were created by the third author from the career problems reported by the client throughout the sessions: (1) ill-defined vocational identity; (2) non-definition of career options; and (3) frustration with occupational instability, to which responses were given according to a 5-point scale (with 1 = A lot and 5 = Very little).

Research on PQ psychometric qualities have shown scores of internal consistency varying from .70 to .80, and a score of temporal reliability of .57, indicating good evidence of reliability. Strong correlations of PQ scores with standardised outcome measures of general distress, self-perception and life functioning, ranging between .30 and .60, support its convergent validity. These results suggest that the PQ is a reliable and valid tool of counselling outcome assessment (Elliott et al., 2016).

Procedures

Outcome evaluation procedures

Using the PQ, two judges assessed the intensity of Ryan's problems in the first and in the last session of the career counselling process. Both judges read the transcription of the first session of Ryan's case and rated the intensity of his career problems in the three items that constituted the PQ. Afterwards, they read the transcription of the other two sessions, and evaluated the client again at the end of the third session.

TCCS coding procedures

The three LDC session transcripts were coded based on the TCCS. The coding process included four steps: (1) consensual definition of the client's problem and expected innovation; (2) independent coding; (3) consensus for disagreement resolution; and (4) auditing of codifications. Based on detailed reading of the sessions' transcripts and on the analysis of Ryan's verbal expressions in the first and second sessions, the two judges agreed that Ryan's manifestations of career problem included the experience of dissatisfaction in the work domain, lack of confidence in dealing with career barriers, and career uncertainty. The judges understood innovation as being the emergence of new thoughts, feelings, meanings or actions in

counselling (Cardoso et al., 2014; Gonçalves et al., 2009). In this sense, they considered that Ryan's responses would be coded as innovation whenever he accepted the counsellor's challenge of his work values hierarchy, lack of career confidence, curiosity, and planning, or when he elaborated on the person he is besides being a worker, and showed volition and capacity to construct alternative solutions and to gather social support to manage his career.

Both judges independently coded a third, 33% of the transcript of the sessions, discussing disagreements until they reached a consensus, which was audited for a final decision. The mean of agreement for the first 33% of a session was 94, 3% for counsellor interventions and 96% for the client responses. Given the high percentage of agreement between the judges and auditor, one of the two judges, the fourth author, continued to code the last 70% of the sessions' transcription. The auditor was involved in the coding decision of 100% of the sessions, discussing and reviewing disagreements with the judges.

In this study, we used a career counselling case conducted by an expert in LDC to enhance data credibility and multiple judges in data analysis to ensure results' accuracy. A description of the setting of the intervention (DVD was used as a master example of LDC), and the client's background and career problems was provided to facilitate data transferability.

Results

The outcome evaluation of the counselling process by each of the two independent judges, for each item of the PQ, in the first and in the second assessment moments, was as follows: Item 1 "ill-defined vocational identity" - Judge A rated 3-4 and Judge B 2-4; Item 2 "non-definition of career options" - Judge A rated 2-5 and Judge B 1-4; Item 3 "frustration with occupational instability" - Judge A rated 2-4 and Judge B 3-4. In short, both judges considered there to have been progress in the three career outcome items between pre- and post-situations.

The analysis of the therapeutic collaboration in the LDC process of Ryan's case included the description of the percentage of each subcategory and category of counsellor interventions and of client responses, and the percentage of counsellor-client exchanges within, at the limit and outside of the TZPD, throughout the three sessions. A total of 245 counsellor-client exchanges were coded in session one, 269 in session two and 243 in session 3.

Table 3 Types of counsellor-client exchanges

		Client's response-experience					
		Invalidation - disinterest	Ambivalence (safety)	Validation - tolerable risk	Ambivalence (tolerable risk)	Invalidation - intolerable risk	
		The client states that he/she is experiencing the counsellor as being redundant	The client validates the counsellor intervention, and immediately invalidates it, or vice-versa	Validation - safety The client confirms or gives information	The client extends or reformulates his/her perspective (elaborates on innovation)	The client validates the counselor intervention, and immediately invalidates it, or vice-versa	Client expresses that he/she is not able to follow the counselor, without stating he/she is experiencing the counselor as being redundant
Therapist's Intervention	Supporting problem	Therapeutic exchange of supporting problem - disinterest	Therapeutic exchange of supporting problem - ambivalence	Therapeutic exchange of supporting problem - safety	Within TZPD – client extends beyond the intervention	At the upper limit of the TZPD	Above TZPD
	Supporting innovative moments	Below TZPD	At the lower limit of the TZPD	Within TZPD – client responds at the same level of the intervention	Within TZPD – client extends beyond the intervention	At the upper limit of the TZPD	Above TZPD
	Challenging	Below TZPD	At the lower limit of the TZPD	Within TZPD – client lags behind the level proposed by the counsellor	Within TZPD – client responds at the same level of the intervention	At the upper limit of the TZPD	Above TZPD

Note. From: *How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system*, by Ribeiro et al. (2013). Adapted with permission.

Results indicated a higher percentage of 'Supporting Problem' (SP) interventions by the counsellor in the first session (95%), compared to the lower percentage, close to 0%, of the other two types of counsellor interventions; that is, 'Supporting Innovation' (SI) (0.1%) and 'Challenge' (C) (0.4%). Counsellor interventions in Session Two registered a higher percentage of counsellor C (55%) and SP interventions (28%) and a lower percentage of SI (17%) interventions. Finally, in Session Three there was a higher percentage of C (50%) and of SI (34%) interventions and a lower percentage of SP (16%) interventions. The mean percentage of each of these types of counsellor interventions over the three sessions was 46% for Supporting Problem, 36% for Challenge and 17% for Supporting Innovation.

Regarding client responses, the results indicate the highest percentage of Safety responses in all the sessions (99.2% in Session One; 83.3% in Session Two; 76.8% in Session Three), compared to other categories of response (e.g. .004% of Disinterest in Session Two, only; .004% of Intolerable Risk in Session One and .056% and .065% in Sessions Two and Three, respectively). There were increases in Tolerable Risk response (0.04% in Session One, 10.8% in session Two and 17.2% in Session Three), with this being the second category of response with a higher percentage. The mean percentage of each principle type of clients' response over the three sessions was .001% for Disinterest, 86.4% for Security, 9.1% for Tolerable Risk and .41% for Intolerable Risk.

The results also indicate that counsellor-client exchanges over the three sessions were primarily collaborative, since most of the therapeutic interactions were within the TZPD, ranging from 98.8% in the first session, 92.6% and 91.5% respectively in sessions Two and Three, and an overall mean of 94.3 percent. Although non-collaborative exchanges occurred with very low percentages (Session One .004%; Session Two .059%, Session Three .065%) throughout the LDC process, their presence indicates that sometimes the client experienced intolerable risk and the dyad worked outside of the TZPD.

The following three clinical vignettes illustrate the most frequent types of counsellor-client exchanges throughout the LDC sessions.

Vignette 1 (Session 1): Supporting Problem-Safety
Focus: Working on the perspective of the problem

Cl: [...] I don't know when I'm gonna be going to work. I don't know, you know, what my work schedule is like, and it's really frustrating and stressful. So I'm kind of looking ... **I wanna go towards something that I can show my skills as a person** and it's not about the money, it's about being happy, and I'm not happy in my job.

Counsellor: Oh, you said so much in that, and all those sense. So let me start by, you use a nice phrase, a work that you can show yourself as a person. *(The counsellor supports the client's problematic perspective – reflecting the content of what he said).*

Cl: Right. There are some people that and it's ... sometimes it's tough.

Counsellor: And that's not you. *(The counsellor supports the client's problematic perspective – reflecting the content and encouraging the client to continue).*

Cl: Right, and then sometimes if people don't like people, the worst thing for them is someone that likes people. Because you'd be nice to them and it's like, "what is this guy doing being nice to me? I don't like this guy, just 'cause, or just because of their personality." *(The client validates the counsellor's proposal, he agrees with the counsellor's intervention and expands it, going further, giving some new information).*

Vignette 2 (Session 2): Challenge-Safety
Focus: Working on the client's self-reflection

Cl: Great time, yeah.

Counsellor: For you. It's just a wonderful time. And I was thinking, now what made this different, what made this so awesome? And what it seems like to me is this was [an] instance where you put together Chapter 1 and Chapter 2. You put together two sides of your personality. You got to do something that was realistic. Just do it. *(The counsellor challenges the client – interpreting).*

Cl: Right. *(The client validates the counsellor's proposal, accepting his intervention).*

Counsellor: Masculine, man's man, ride the truck, be a marine. *(The counsellor challenges the client – interpreting).*

Cl: Yup, yup. *(The client validates the counsellor's proposal, accepting his intervention).*

Counsellor: But at the same time, you had to socialise. You had to be in a group. You were a team. You watch each other's back. You could rely on each other. You rose to a leadership position. *(The counsellor challenges the client – interpreting).*

Cl: Yeah. *(The client validates the counsellor's proposal, accepting his intervention).*

Vignette 3 (Session 3): Supporting Innovation-Safety

Focus: Working on the client's new perspective and intentions

Cl: I'm gonna keep pushing forward here and see what happens

Counsellor: Yeah, what does that mean, pushing forward? *(The counsellor supports innovation in client, with open questioning).*

Cl: Well, I'm gonna keep trying. I mean, I'm not satisfied with what I'm doing now. And then I won't stop until you know I am satisfied. *(The*

client validates the counsellor's intervention, providing information according to counsellor's specific request).

The following clinical vignette illustrates the counsellor-client exchanges that increased in the second and third sessions, evidencing Ryan's emergent change in the context of therapeutic collaboration.

Vignette 4 (Session 2): Challenge-Tolerable Risk

Focus: Working on client's self-reflection

Counsellor: What I'm going with; I'm going even deeper. I'm saying, as you're thinking about your life, as I'm asking you these questions out of left field, of a million memories you come up with that one. My job is to help you listen to you.

Cl: Okay. Okay.

Counsellor: And what you're saying is one of the most important things in your life is to be like your uncle, to be a man who comes along and tries to rescue people in trouble. *(The counsellor challenges the client with a new perspective, interpreting).*

Cl: Yup. Like a hero, but they don't call themselves heroes. *(The client validates challenge and elaborates).*

Discussion and Conclusion

The present study describes the therapeutic collaboration involved in the case of Ryan, a career narrative change case, approached through the LDC model. The results of this study evidence the collaborative nature of the career counselling relationship throughout the three career counselling sessions. This positive and secure helping relationship was updated over the counselling process through categories of exchanges, consistent with the LDC model. The LDC model implies the co-construction of a strong and secure working relationship. This is facilitated, from the beginning of the counselling process, through attitudes of openness, positive regard, questioning, and active listening. This kind of helping relationship intends to elicit and to support the client's talk about his/her problems and life episodes. Then, through the use of reflection, interpretation, confrontation and support, the LDC counsellor progressively helps the client reinterpret his/her life narratives and define a life theme for identifying and testing his/her next career action (Savickas, 2015).

As far as TCCS is concerned, collaboration in the LDC model is expected to evolve from strong support on problem, to progressive support on innovation and challenge, through the use of interpretation, confrontation, and invitation for adoption of new perspectives, intentions and actions, in a safety relational context; that is, within the client's TZPD. In the case of Ryan, the counsellor began the process by using mainly support on the problem interventions; that is, demonstration of interest/attention on the client's

problematic narrative, minimal encouragement, use of open questioning, and asking of specific information. Gradually, in sessions Two and Three, the counsellor co-constructed a context of therapeutic challenge, through the increasing use of interpretation and confrontation, and called for the adoption of new perspectives by the client, in a directive supportive helping style, highly contextualised and responsive to client's perspective and reactions. Effectively, the client's validation responses of the counsellor's interventions in support of the problem, in the first session, and support of innovation and challenging in the second and third sessions, suggest the involvement and compromise Ryan undertook based on the counsellor proposals regarding the goals and tasks. Moreover, we may infer that validation responses indicate the mastery and sensitivity of the LDC counsellor to be responsive moment-to-moment to the client's needs and reactions to counselling.

The results support our hypothesised expectation about the prevalence of collaborative work in Ryan's case; that is, within the client's TZPD. Given the lower percentages of invalidated interventions over all the sessions, we can assume that the counsellor was mostly empathic with the client's needs and rarely pushed the client outside of his TZPD, maintaining the balance between supporting and challenging the client's perspective, as we expected. This positive and empowering nature of the helping relationship has been mentioned as an important condition for the promotion of the client's progress and changes in counselling (e.g. Cardoso et al., 2014; Savickas, 2015) and can be monitored at a processual micro-level through the use of TCCS. This study also confirmed our expectation of a progressive increase of tolerable risk experiences. However, they also highlight that progressive Ryan's change, as indicated by tolerable risk experiences, occurred in a global context of safety interactions, suggesting that the counsellor worked most of the time closer to the client's developmental level. The results are consistent with LDC model, which invites counsellors to create a working alliance with their clients for communication of stories, setting of goals, and description of tasks, helping them to form a broader view about the self and better cope with career transitions (Savickas, 2011).

In future research, it would be important to analyse the relationships between the therapeutic collaboration and client outcomes, using TCCS in non-successful or drop-out LDC cases, with diverse types of career clients and in career counselling cases based in other intervention approaches. It would be also helpful to conduct new research that compares current measures of collaboration with TCCS in different groups of participants, to contribute to the evaluation and development of this coding system.

The findings of this study support the evidence on the role of collaborative helping relationship in inducing change in career counselling in general, and in life design approach in particular. By allowing the analysis of micro-processes involved in career counselling alliance, the TCC model and respective coding system offer a complementary perspective to other modalities of alliance assessment, and therefore, contribute to deepen the understanding of change in LDC.

This study contributes to evidence of the benefits of integrating psychotherapy and career counselling research to study therapeutic alliance, change and outcomes. Career counsellors can use TCCS to analyse how the helping relationship sustains and fuels change in career counselling in a moment-to-moment basis and also to organise the relational component of the counselling process according to a given approach or model such as LDC.

Note

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