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SOCIOLOGY | RESEARCH ARTICLE

Rehabilitation career counseling self-efficacy

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Abstract: Meaningful work promotes individual independence and is important to holistic well-being. In regard to counseling, career counseling services are of upmost importance to help clients obtain and sustain employment. This study compared career counseling self-efficacy among counselors, specifically analyzing different types of counselors; results showed that there was a statistically significant difference in career counseling self-efficacy mean scores between rehabilitation and clinical mental health counselors, while no such difference emerged between rehabilitation and school counselors. Implications for these findings are discussed in the context of career counseling, employment, and counselor training.

Subjects: Counseling; Counseling Techniques & Intervention; Careers Guidance

Keywords: career; counseling; self-efficacy; rehabilitation; employment

Meaningful work promotes individual independence and is important to holistic well-being (Lewis, Lee, & Altenbernd, 2006). Employment provides many benefits that are vital, not only to economic development, but to mental health. Through meaningful structure, income, and social interaction, employment can have a profound effect on individuals and families (Olney & Lyle, 2011). As such, it makes sense that research has also found the opposite.... that is, unemployment has a negative effect on general life satisfaction (Bockerman & Ilmakunnas, 2006). Certain risks analyses have shown a positive correlation between unemployment and suicide attempts (Ostamo, Lahelma, &



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PUBLIC INTEREST STATEMENT

This research seeks to understand how counselors perceive barriers and supports to employment in their clients' lives. While it is known that there are differences in barriers and supports to employment relative to location, investigation of counselor perception into this phenomenon has not been investigated. This is important to counselors and the field of counselor education, as only through such an understanding can efficacious interventions be used.

Lonnqvist, 2001). Psychological problems such as distress, depression, anxiety, psychosomatic symptoms, subjective well-being, and self-esteem, have been found to increase as the level of unemployment decreases (Frager et al., 2010; Paul & Moser, 2009). Research such as these highlight the need for some sort of intervention and/or advocacy.

1. Career counseling

A main function of counseling is to assist clients to overcome barriers and capitalize on supports. In the career realm, such services are frequently aligned so that employment needs can be targeted (Mullins & Roessler, 1998). Therefore, the importance of career counseling for both those in the workforce and those look to enter/re-enter the workforce cannot be underestimated. Career development is defined as “the total constellation of psychological, sociological, educational, physical, economic, and chance factors that combine to influence the nature and significance of work in the total life span of any given individual” and career counseling includes “all counseling activities associated with career choice over a lifespan” (Zunker, 2012, p. 7). Career counselors assess an individual holistically (family, work, personal concerns, and leisure) and consider how all factors impact career development; career counseling interventions can include activities that target work maladjustment, stress, mental health, enhancement of work skills, enhancement of interpersonal skills and communication, adaptability, flexibility, and all other developments that lead to self-agency (Zunker, 2012).

Career counseling evolution has continued to parallel major developments in the United States (e.g. sociocultural changes, the Industrial Revolution, world wars, federal programs, laws, advancements in technology, and increased understanding in human development) (Zunker, 2012). Theorists such as Frank Parsons and E.G. Williamson have worked to better understand the career development process of individuals with successful employment as the ultimate outcome (Herr, 2001). There has been increasing recognition of the complex nature of career across the lifespan (Zunker, 2012) and the multiple barriers and supports that an individual can encounter during their unique career development (Lent, Brown, & Hackett, 2000).

1.1. Counselor self-efficacy

Counselor self-efficacy refers to counselors’ beliefs about their ability to perform counseling-related behaviors or to negotiate particular clinical situations (Sawyer, Peters, & Willis, 2013). Counselor self-efficacy includes accurate case conceptualization and an understanding of the tasks to be completed (O’Brien, Heppner, Flores, & Bikos, 1997). Self-efficacy has been shown to influence behavior, effort expended, persistence in the face of obstacles, and actual performance (Bandura, 2012). Research has documented the impact of counselor self-efficacy on client engagement (Crisp, 2011; Joe, Broome, Simpson, & Rowan-Szal, 2007) and therapeutic outcomes (McCarthy, 2014; Mullins & Roessler, 1996; Newman & Fuqua, 1992; O’Brien et al., 1997; Staines, Cleland, & Blankertz, 2006; Wade et al., 2014).

As such, counselor self-efficacy may have certain impacts on therapeutic outcomes, particularly if counselors feel ill prepared to work with career development and goals with their clients (Cornell, 2015). Career services that are provided may have a direct impact on employment attainment for clients. Counselor perception of the client’s situations is of vital importance in that the counselor is in a unique role to conceptualize what treatments the client may need. Evaluating clients’ needs to determine which services are needed may be one of the most important counseling services provided, in that it affects all other services that follow (Mullins & Roessler, 1998).

1.1.1. Professional counselling

Professional counseling includes the fields of Rehabilitation Counseling, Clinical Mental Health Counseling, and School Counseling (American Counseling Association, 2016). All professional counselors (rehabilitation, clinical mental health, or school counseling), should work with clients on career goals (American Counseling Association, 2016; Chang, Barrio- Minton, Dixon, Myers, & Sweeney, 2012). However, with specialty areas in counseling continuing to evolve, some

counselors miss that career development is a core component of basic counseling education across all subspecialties (Chang et al., 2012).

In public and private rehabilitation, counselors place high emphasis on assisting consumers of services with employment (Mullins & Roessler, 1996). In fact, the primary goal of rehabilitation counseling is to help individuals regain their independence through employment or some other form of meaningful life activity (Szymanski & Parker, 2010). Clinical mental health counselors are not responsible for securing employment for their clients; still, primary tasks of mental health counselors concerning employment goals include résumé building, networking, and other job search education/assistance. Cornell (2015) discussed how mental health counselors are oftentimes ill prepared not well trained in working on employment goals with clients. School counselors, above all, see themselves as professional counselors with specialized knowledge and competencies working in schools (Chang et al., 2012). However, even the ASCA model includes career as one of the three main focal areas of work for school counselors (American School Counselor Association, n.d.).

There is currently and historically, seeming competition between the various specialties of the counseling profession. However, it is important to realize that all specialties have far more in commonalities than they do differences (ACA, 2009; Myers, 1995). All professional counselors, regardless of their sub-specialty, work with clients on career goals by definition of the profession (American Counseling Association, 2016; Chang et al., 2012; Council on Rehabilitation Education: CORE, 2016).

2. Statement of the problem

While all professional counselors have career counseling as a core part of their professional counselor education, the specific counseling degree focus/orientation can affect the counselor's role in the career counseling process (American Counseling Association, 2016; Chang et al., 2012). Rehabilitation counselors assist clients with obtaining employment (Mullins & Roessler, 1998), while clinical mental health counselors may be more likely to assist clients with resume building, networking, using support systems, and/or job searching- as securing employment for clients in not within the range of their responsibilities (Cornell, 2015). On the other hand, school counselors may be more likely to establish the foundation by which students see their future career aspirations as innately connected to their education (American School Counselor Association, n.d.).

Since, all counselors, regardless of counselor orientation (i.e., rehabilitation, clinical, or school), will inevitably face clients who want or need to work on career development goals, therefore accurately evaluating the clients' needs (which includes contextual barriers and supports to employment) is needed. Therefore, it is important to understand different types of counselors' career counseling self-efficacy when it comes to being able to provide interventions needed to serve clientele and their employment needs. This understanding can help facilitate efficacious interventions that can be used to help clients overcome their barriers and use various supports local to their areas of residence.

Thus, investigating counselor perceptions of barriers and supports to employment, while also understanding counselor self-efficacy when it comes to being able to provide the career counseling skills and interventions needed to serve their clients and their employment needs, is important. Due to the misinterpretation oftentimes associated with just rehabilitation counselors working on career goals with clients, this research sought to answer the following research question: Do rehabilitation counselors report higher career counseling self-efficacy than other types of counselors? (i.e. clinical, school, other)?

3. Method

For the purposes of this research, a descriptive comparative (causal comparative) design was used. The basic purpose of the descriptive comparative design is to determine relationships among

variables (Health Knowledge, 2011). Rehabilitation, clinical, school, and other types of counselors were compared in their reports of career counseling self-efficacy. With the approval of the Institutional Review Board, this investigation sought to understand counselor self-efficacy in the career counseling process.

3.1. The career counseling self-efficacy scale

The *Career Counseling Self-Efficacy Scale* was used in this research. Career counseling has evolved beyond just matching individuals and environments (i.e., helping place individuals in employment settings that are most consistent with their skills, values, and goals) to now treating both career concerns and emotional-social issues (O'Brien et al., 1997). The *Career Counseling Self-Efficacy Scale* was designed to promote confidence and happiness at work by identifying areas in which adults' lack confidence and then developing interventions to increase confidence in the career development process (O'Brien et al., 1997). Research shows sound psychometric properties of the CCSES reporting strong test-retest reliability over a two-week period, moderate to high internal consistency across studies, and evidence of construct, convergent, and discriminant validity (O'Brien, 1997). This scale was administered following the *Demographic Data Sheet*. The *Career Counseling Self-Efficacy Scale* takes approximately five minutes to complete. This scale helped measure the respondents' (counselors') perceived career counseling self-efficacy. The *Career Counseling Self-Efficacy Scale* measures counselor self-efficacy, which is a continuous variable (i.e., the underlying latent construct is continuous), therefore data was treated as interval in order to proceed with the statistical analyses.

3.1.1. Participants

This research used purposive sampling; participant criteria included being a professional counselor. Although technically, purposive sampling was used, randomization was also strengthened due to the variety of counseling listservs accessed. Professional counseling listservs were accessed to acquire respondents for this research. This research project has been supported with data from the Commission on Rehabilitation Counselor Certification (CRCC) (Commission on Rehabilitation Counselor Certification, 2016). CRCC approved this research to be sent out to a random sample of Certified Rehabilitation Counselors (CRCs). This research project has also been supported with data from the National Council on Rehabilitation Education (NCRE). NCRE approved the email invitation for this research to be sent out to Individual and New Career Members as well as the program coordinator of each institutional member of NCRE.

Invitations to complete the research were sent out to the following listservs: Proctor Hall Professionals webpage, ACA COUNSGRADS, Certified Rehabilitation Counselors (CRC) listserv, American School Counselor Association (ASCA) Scene webpage, Counselor Education and Supervision (CES Net) listserv, ACA DIVERSE GRAD listserv, and National Council of Rehabilitation Education (NCRE) listserv. These professional counseling listservs targeted certified and licensed professional counselors in various counseling specialties (i.e., rehabilitation, clinical, and school counselors).

Participants were professional counselors practicing in both rural and urban areas of the United States. Participants also indicated their "counselor orientation". According to the American Counseling Association (2016), professional counseling is a "professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, and career goals". Although there are a number of certificates and specialty areas of counseling (e.g., Licensed Marriage and Family Therapist, Addictions Counselor, Military Counseling, etc.), for the purposes of this research, counselor orientation was not related directly to area of specialty, but rather, the area in which one held a degree, certification, and/or license. Thus, counselor orientation options included: rehabilitation counseling, clinical mental health counseling, school counseling, and other.

4. Results

Invitations to participate were either emailed or posted to the respective page three different times. The first invitation came out on 6 January 2017. At the end of a seven-day period, a total of

64 responses had been collected. The second invitation was shared on 13 January 2017. After an additional seven-day period, 204 responses had been collected. The third and final call for participants was shared on 20 January 2017. After a seven-day period, a total of 310 responses were recorded. The survey was closed on 27 January 2017. A total of 259 participants completed the survey through the Career Counseling Self-Efficacy Scale.

4.1. Descriptive statistics

Descriptive statistics provided basic participant information regarding the participants’ age, race, gender, job classification/counselor specification, years of experience, state, county, county classification (i.e., rural, urban, don’t know), and highest level of education (Table 1).

4.1.1. One-way analysis of variance (ANOVA)

A one-way ANOVA was used to analyze the research question: Do rehabilitation counselors report higher career counseling self-efficacy than other types of counselors? It was hypothesized that

Table 1. Demographics			
		Count	%
Age	18–24	7	3%
	25–39	115	44%
	40–64	120	46%
	64 & above	17	7%
Race	Caucasian	180	69%
	African America	40	15%
	Hispanic	14	5%
	Am. Indian/Alaska Native	3	1%
	Asian	8	3%
	Native American or Pac. Islander	5	2%
	Other	9	3%
Gender	Male	79	31%
	Female	180	69%
Counselor Orientation	Clinical	89	34%
	Rehabilitation	118	46%
	School	24	9%
	Other	28	11%
Years of Experience	0–2	39	15%
	3 to 5	60	23%
	6 to 8	38	15%
	9 to 11	26	10%
	12 or more	96	37%
Area Served	Urban	156	60%
	Rural	109	42%
Highest Level of Education	Professionals	3	1%
	Associations	1	0%
	Bachelors	9	3%
	Masters	190	73%
	Doctoral	56	22%

Note. These demographics are reported for n = 259; this was the total number of participants who completed the CCSES

rehabilitation counselors would report higher career counseling self-efficacy than other types of counselors. To look at this phenomenon, a one-way ANOVA was used to compare self-efficacy scores on the *Career Counseling Self-Efficacy Scale* among different types of counselors (i.e., clinical, rehabilitation, school, and other), to determine if any differences exist between the groups (Stevens, 2009). For Levene’s test, the significance value was .437; thus, equal variances were assumed.

The ANOVA showed a mean difference between groups to be 2.08 and a mean difference within groups to be .33 (Table 2). The F statistics was 6.33, indicating that the variances observed between groups is approximately six times greater than the within groups variance. The ANOVA was statistically significant, with a significance value of .00 (Table 2).

This indicates that there was a difference somewhere between the groups. Thus, the null hypothesis, that there is not a statistically significant difference in self-efficacy scores between different groups, could be rejected. In sum, the ANOVA on these scores yielded significant variations among conditions $F = 6.33, p < .05$.

Post-hoc tests were used to help determine which groups had a statistically significant difference. The post hoc Tukey test (Table 3) showed that rehabilitation counselors’ mean self-efficacy scores ($M = 4.03, SD = 0.57$) were significantly different from clinical mental health counselors’ mean self-efficacy scores ($M = 3.70, SD = 0.56$), but rehabilitation counselors’ mean self-efficacy scores were not statistically different from school ($M = 3.97, SD = 0.73$) and other ($M = 4.01, SD = 0.56$) counselors’ mean self-efficacy scores (Table 4).

It should also be noted that of the 28 participants who chose the other category, eight were career counselors and 11 were counselor educators; this means that sixty eight percent of the

Table 2. One-way ANOVA

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.23	3.00	2.08	6.33	*0.00
Within Groups	83.64	255.00	0.33		
Total	89.87	258.00			

Note. * $p < 0.05$

Table 3. Tukey’s HSD post-hoc test

		Significance
Clinical	Rehabilitation	0.000
	School	0.337
	Other	0.046
Rehabilitation	Clinical	0.000
	School	0.986
	Other	0.998
School	Clinical	0.337
	Rehabilitation	0.986
	Other	0.997
Other	Clinical	0.046
	Rehabilitation	0.998
	School	0.997

Note. Significance levels for Rehabilitation are bolded.

Table 4. One-way ANOVA description

	Mean	Std. Dev.
Clinical	3.70	0.56
Rehabilitation	4.03	0.57
School	3.97	0.73
Other	4.01	0.56

Note. Levene's statistic = .91 at the .437 significance level.

“other” category were either career counselors or counselor educators. These results suggest that rehabilitation counselors had higher career-counseling self-efficacy scores than clinical mental health counselors, but not necessarily higher than school or “other” counselors.

5. Discussion

This research showed a statistically significant difference between rehabilitation counselors' mean self-efficacy scores and clinical mental health counselors' mean self-efficacy scores, with rehabilitation counselors having higher scores. However, rehabilitation counselors' mean self-efficacy scores were not significantly different from school and other types of counselors' mean self-efficacy scores. Therefore, these results suggest that rehabilitation counselors had higher career-counseling self-efficacy scores than clinical mental health counselors, but not necessarily higher than school or “other” counselors. The “other” category consisted of both career counselors and counselor educators.

The increased self-efficacy to work with career concerns for rehabilitation counselors possibly reflects their targeted training and focus in this area when compared to clinical mental health counselors. While clinical mental health counselors are exposed to career counseling in training, this coursework might not be fully practiced in field placement and employment settings due to the fragmented way that clients can receive services in the current mental health landscape (Cornell, 2015). Clinical mental health counselors also might not be fully aware of the importance of career on holistic wellbeing and could fail to explore the career elements of a client's situation. By neglecting these areas repeatedly, it would follow that their self-efficacy for addressing these types of concerns would be diminished.

Conversely, the lack of difference between rehabilitation and school counselors likely reflects the fact that the ASCA model includes career as one of the three main focal areas of work for school counselors. As such, school counselors spend a good deal of their professional time on career development and career concerns. Similarly, the other category (career counselors and counselor educators) would be expected to have increased training in career development consistent with the increased career training required for these professions.

5.1. Conclusions

Overall, these results imply that high career counseling self-efficacy exists among rehabilitation counselors in this sample, while also indicating that career counseling self-efficacy may also be high among school and other types of counselors. It is important to note that, no groups of counselors had significantly low career counseling self-efficacy scores, suggesting a baseline of competence for career work among this sample of counselors. This finding seems to affirm the inclusion and importance of career development in the training models for all counselors.

While rehabilitation counselors' mean scores were significantly different from clinical mental health counselors' mean scores, the difference between rehabilitation mean scores and school and other counselors' mean scores was not so clear. This may indicate that career work is of common practice among school counselors, who are more likely to establish the foundation for students to view their education as innately connected to their future goals (American School Counselor

Association, n.d.). In the “other” counselors’ arena, counselor education and career counseling fields should be well versed in their career development training.

As for clinical mental health counselors, career work may not come up for their client in goal setting due to a myriad of reasons. Clients may not ask about career development goals, possibly unaware that this could be worked on in clinical counseling. Also, although counselors in this area have been trained to assist clients with résumé building, networking, using support systems, or job searching- securing employment for their clients is not within their range of responsibilities, therefore the need for career work may often be overlooked or passed on to another “helping profession” (Cornell, 2015).

Nonetheless, such an understanding of career development is necessary among counselors; it is important to understand not only how the counselor perceives barriers and supports in their clients’ lives, but also different types of counselors’ career counseling self-efficacy when it comes to being able to provide interventions needed to serve clientele and their employment needs. This understanding can help facilitate efficacious interventions that can be used to help clients overcome their barriers and use various supports local to their areas of residence.

Implications from this research include understanding the importance of career counseling self-efficacy, while leaving various possibilities as to why rehabilitation counselors may have higher self-efficacy when compared to clinical mental health counselors. Social Cognitive Career Theory describes self-efficacy, by explaining that as an individual develops the ability to do something, the individuals’ self-efficacy increases, which then enhances the individuals’ perception of future success (Zunker, 2012). Therefore, for counselors who work regularly with employment goals (i.e., rehabilitation counselors), ability in this area may increase. As for counselors who do not feel tasked to incorporate career work into their regular practice with clients, their career counseling abilities may not be further developed. As such, their perceived self-efficacy may be lower regardless of the training that was received during counselor preparation programs.

This study is important to rehabilitation counseling in that it allows rehabilitation counselors to understand their own self-efficacy when working with career development concerns. Clients in need of career counseling or other employment-related counseling goals would benefit from an approach that is individualized to their individual needs. This includes not only understanding client-specific barriers and supports to employment, but also understanding client internal and external resources to best address any barriers (Schindler & Kientz, 2012). By examining counselor self-efficacy in working with career goals, a key piece in targeting clients’ unemployment can be accomplished. Future training opportunities may include shedding awareness on this vital topic, in order to increase counselor education objectives and target this area in which mastery is seemingly decreased among clinical mental health counselors.

5.2. Limitations

One limitation of the research is the small response rate. While there were 310 responses, with 259 completed to the end, this is still relatively small considering the large amount of counselor the listservs were posted to could have accessed. In addition, the lack of statistical difference between the rehabilitation counselors and the other counselor groups could be a result of an insufficient sample size to detect the difference that might exist across these professional groups.

As for other limitation, social desirability bias refers to when respondents answer questions in way that they think will lead to being accepted, liked, or “right”, which can be minimized by phrasing questions in a way that shows it is okay to answer either negatively or positively (Dodou & Winter, 2014). It is also imperative that participants are aware they can skip any questions that they feel uncomfortable in answering. To minimize this risk, at the top of the page, a disclosure

was present that informed participants that the instruments are completely confidential and their names will not be used on the instruments.

6. Future research

Future research is needed to investigate counselor training (i.e., counselor education) and why clinical mental health counselors seemingly have lowered career counseling self-efficacy. A more nuanced study that investigates the “why” of career counseling self-efficacy being higher from one group more than others is needed; including other measured constructs, self-report statements, etc. to understand this phenomenon may be beneficial. Such additional outcome measures would allow for a better understanding of what contributes to career counseling self-efficacy. Is this a result of education... or practice... or both? While clinical mental health counselors are intended to be exposed to career counseling in training (Council for Accreditation of Counseling and Related Educational Programs: CACREP, 2016), reported career counseling self-efficacy among this sample seemed to suggest otherwise. Or in another explanation, it could be that the coursework does exist, however, it may not be fully practiced in field placement and employment settings (Cornell, 2015), thus diminishing career counseling self-efficacy among counselors. Regardless, research targeting the lower career counseling self-efficacy among clinical mental health counselors is of the essence.

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Appendix

Demographic Data Sheet

Age <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-39 <input type="checkbox"/> 40-64 <input type="checkbox"/> 65 or older	Years of Experience <input type="checkbox"/> 0-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-8 years <input type="checkbox"/> 9-11 years <input type="checkbox"/> 12 or more years
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	State _____ County _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify)	County Classification <input type="checkbox"/> Urban (area population of 2,500 or more) <input type="checkbox"/> Rural (area population of less than 2,500) <input type="checkbox"/> Unsure (please describe) _____
Job Classification/Counselor specification <input type="checkbox"/> Clinical Mental Health Counselor <input type="checkbox"/> Rehabilitation Counselor <input type="checkbox"/> School Counselor <input type="checkbox"/> Other (If other, please specify)	Highest Level of Education <input type="checkbox"/> Some high school <input type="checkbox"/> High school degree <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Professional degree <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Masters degree <input type="checkbox"/> Doctoral degree

The Career Counseling Self-Efficacy Scale		No confidence at all	Very little confidence	Moderate confidence	Much confidence	Complete confidence
1	Select an instrument to clarify a career client's abilities.	1	2	3	4	5
2	Provide support for a client's implementation of her/his career goals.	1	2	3	4	5
3	Assist a client in understanding how his/her nonwork life (e.g., family, leisure, interest, etc.) affects career decisions.	1	2	3	4	5
4	Understanding special issues related to gender in career decision making.	1	2	3	4	5
5	Develop a therapeutic relationship with a career client.	1	2	3	4	5
6	Select an instrument to clarify aspects of a career client's personality which may influence career planning.	1	2	3	4	5
7	Explain assessment results to a career client.	1	2	3	4	5
8	Terminate counseling with a career client in an effective manner.	1	2	3	4	5
9	Understand special issues related to ethnicity in the workplace.	1	2	3	4	5
10	Understand special issues that lesbian, gay and bisexual clients may have in career decision making.	1	2	3	4	5
11	Provide knowledge of local and national job market information and trends.	1	2	3	4	5
12	Choose assessment inventories for a career client which are appropriate for the client's gender, age, education, and cultural background.	1	2	3	4	5
13	Assist the career client in modulating feeling about the career decision-making process.	1	2	3	4	5
14	Apply knowledge of local and national job market information and trends.	1	2	3	4	5
15	Understand special issues present for lesbian, gay, and bisexual clients in the workplace.	1	2	3	4	5
16	Communicate unconditional acceptance to a career client.	1	2	3	4	5
17	Select an instrument to assess a career client's interests.	1	2	3	4	5
18	Select an instrument to clarify a career client's values.	1	2	3	4	5
19	Understand special issues related to gender in the workplace.	1	2	3	4	5
20	Understand special issues related to ethnicity in career decision making.	1	2	3	4	5
21	Listen carefully to concerns presented by a career client.	1	2	3	4	5
22	Synthesize information about self and career so that a career client's problems seem understandable.	1	2	3	4	5
23	Help a career client identify internal and external barriers that might interfere with reaching her/his career goals.	1	2	3	4	5
24	Use current research findings to intervene effectively with a career client.	1	2	3	4	5
25	Be empathic toward a career client when the client refuses to accept responsibility for making decisions about his/her career.	1	2	3	4	5

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