
Chapter 2

MAJOR DEPRESSIVE DISORDER and CAREER DEVELOPMENT: Link and Implications

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Abstract

Career development is a complex process involving many aspects of the human experience. There appears to be a clear connection between career and mental health concerns, which present unique considerations for career practitioners. Major Depressive Disorder (MDD) can significantly impact one's ability to effectively engage in career development. Managing this concern within the context of career assistance can be crucial in the provision of quality services. This article discusses the unique aspects of MDD, its impact on phases of career development assistance, applicable theories that encompass career and mental health concerns, and recommendations for career practitioners who encounter MDD in their clients.

Keywords: major depressive disorder, career development

There are several aspects of the human experience involved in career decision making. While career decision making occurs both with and without the guidance of trained career services professionals, various career theories and models exist to provide explanations of the decision-making process, and what factors should be included to effectively execute these decisions. Deliberate career decision making is dependent upon phases such as orientation, exploration, and commitment building (Gati & Asher, 2001). These stages typically begin with an individual's presenting concern, revolving around occupational or educational choices, usually with a variety of background factors impacting this decision.

According to Sampson, Reardon, Peterson, & Lenz (2004), career problems can hold more complexity than other problems for a variety of reasons, including reconciling one's own opinion of his or her best interest with that of loved ones or cultural groups, being overwhelmed with the amount of readily available career information, keeping up with economic change, the ambiguity of following different paths to attain a career goal, and the powerful emotions that can accompany this important problem solving process.

A diagnosis of Major Depressive Disorder (MDD; American Psychiatric Association, 2013) might further complicate the complex process of career decision making. Given the benefit of cognitive clarity defined as "the ability to objectively assess one's own strength and weaknesses and relate the assessment to environmental situations" (Brown & Brooks, 1991, p. 5), clients experiencing MDD may experience inherent obstacles to effective career decision-making. Individuals may look for resolutions to these often complicated decisions by enlisting the help

of a career practitioner, who may use a multitude of methods to assist clients with their career concerns. This article contains an overview of Major Depressive Disorder and its relationship to aspects of career development assistance. The authors' primary intention is to provide career practitioners with practical strategies for effectively addressing the career development needs of those experiencing MDD.

Major Depressive Disorder

Prevalence

The National Institute of Mental Health states that depression is one of the most common mental health concerns in the United States (2015). The National Survey on Drug Use and Health (NS-DUH) found that in 2012, nearly 16 million adults aged 18 or older in the U.S. reported at least one major depressive episode in the past year, representing 6.9 percent of all U.S. adults (NIMH, 2015). Globally, the World Health Organization (WHO) reported that depression affects about 350 million people worldwide (WHO, 2015). Depression can interfere with a person's functioning at school, at work, and in social relationships. In its most debilitating state, depression has been found to relate to overall poorer general health and suicide (Kawakami et al., 2012; Smits & Huijts, 2015).

Symptoms

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V; American Psychiatric Association, 2013), the major markers for MDD are depressed mood or loss of interest or pleasure for period of 2 weeks or longer. Additional indicators of depression include changes in sleep patterns, significant weight loss, fatigue or loss of energy, feelings of worthlessness or hopelessness, difficulty concentrating, or a recurrent thought of death or suicidal ideation without a specific plan or attempt. The DSM-5 criteria for depression note that the presence of these symptoms must be so severe that they cause clinically significant distress in social, occupational, or other important areas of functioning. Finally, the symptoms must not be better explained by another disorder, such as schizophrenia, grief, bereavement, mood disorder, or other disorders (APA, 2013). In relation to career development, these symptoms can create challenges with career decision making and problem solving as the ability to have the requisite energy and accurate self-perception to effectively address a career development concern may be lacking.

Models of treatment

In relation to the mental health treatment of MDD, pharmacology and psychotherapy are the two main modalities of treatment. Since the early 1990's, selective serotonin reuptake inhibitors (SSRI) and norepinephrine reuptake inhibitors (SNRI) are acknowledged to be some of the most effective pharmacology treatments for depression (Dale, Band-Andersen, & Sánchez, 2015). Often times, these antidepressants are the first line of treatment before other interventions. Rush et al. (2006) found that about 50% of people diagnosed with major depression enter clinical remission after using pharmaceutical interventions. As such, many people turn to multimodal levels of treatment to supplement a medicine regimen, such as monoamine oxidase (MAO) inhibitors, traditional talk therapy, or brain stimulation.

Many empirical studies have established psychotherapy as an effective treatment of depression and treatment outcomes are comparable to that of pharmacological intervention (Cuijpers, van Straten, Andersson, van Oppen, 2008; Elkin et al., 1989). Cognitive behavioral and interpersonal therapies have been shown to be the most effective psychotherapies for treatment of depression (Cuijpers, 2015). Additionally, acceptance and commitment therapy, designed to promote psychological flexibility through six core processes of acceptance (active and aware embracement of aversive internal experiences), cognitive diffusion (creating a context in which undesirable function of thoughts disappear), contact with the present moment, self as context (experiencing that one is more than one's thoughts, feelings, and experiences), choosing values in different life domains, and commitment to choices on the basis of these values, (Hayes, Luoma, Bond, Masuda, & Lillis, 2006) has shown evidence to be an effective therapy for self-guided treatment of depression (Fledderus, Bohlmeijer, Pieterse, & Schreurs, 2012). In general, self-help has also been shown to be an effective treatment for the symptoms of depression (Hanson, Webb, Sheeran, & Turpin, 2015). Self-help treatment methods are an emerging model of mental health service delivery in order to address the extensive need for treatment, and to increase access to evidence-based practices for treatment of depression (Farrand & Woodford, 2013).

Connection between MDD and Career Development

Hinkleman and Luzzo (2007) reflect what is known to be true by many career counselors: clients' vocational concerns are often impacted by mental health factors, such as anxiety, depression, personality factors, interpersonal concerns, and more. As such, it is in the best interest of career counseling providers to be aware of these concerns that may impact their work with clients. In the past ten years, there has been an increased focus on the connection between mental health and career development, as traditionally, career and personal counseling have been separate quests (Rottinghaus, Jenkins, & Jantzer, 2009). However, this distinction has become a notion disapproved by many scholars and practitioners, citing the reciprocal nature of career and mental health concerns (Lenz, Peterson, Reardon, & Saunders, 2010; Sampson, 2009; Walker & Peterson, 2012). Walker and Peterson (2012) proposed that career concerns are often related to mental health issues, while Lenz et al. (2010) suggested that the presence of mental health concerns can contribute to problems with career decision making or interfere with the decision-making process. Moreover, there is evidence that simply being in a state of career indecision may contribute to mental health issues (Walker & Peterson, 2012).

MDD and Career Assistance

Presenting concern

Psychological distress is likely to impact vocational choice, while difficulty making a vocational choice may exacerbate psychological difficulties (Hinkleman & Luzzo, 2007). This reciprocal pattern may result in a cycle of reduced overall functioning in academic, work, social, and interpersonal settings. Depression is a significant factor shown to impact career development, supported by a robust literature base of empirical investigations. Research suggests that people who have negative career thoughts or are undecided on their career exhibit more symptoms of depression (Walker & Peterson, 2012). Similarly, research indicates that people who have made a career choice may report less depression (Rottinghaus, Jenkins, & Jantzer, 2009). These important findings have significant implications on career counseling and the manner in which counselors create and implement interventions.

Indications of the presence of MDD can be gleaned through formal and informal assessment. For example, a counselor might observe a client's nonverbal communication, and listen for indications of associated symptoms as a client discusses a presenting career-related concern. Inquiring about the affective aspects of the individual's career concern, as well as exploring a potential history of mental health issues such as MDD in initial discussions, can also be useful in providing a comprehensive understanding of the client's needs related to the career concern.

Due to the reciprocal nature of career concerns and mental health concerns, best practices for service delivery suggest for clients to have access to mental health and career counseling (Hinkleman & Luzzo, 2007). As such, career counselors should have appropriate training in both mental health counseling and career counseling. For many reasons, career counselors may be hesitant to inquire about a client's personal background. This might be because personal concerns may be seen as unrelated to career counseling, or because the counselor feels inadequate in their psychotherapeutic skills. Counselors are reminded that counseling skills in psychotherapy and career counseling are not separate, in that building rapport and basic counseling skills are important in either setting.

Goal setting

Setting goals can be beneficial for the career decision-making process as goals provide behavioral direction through planning and action. Declaring a specific desired end result or a solution to a career concern provides direction in what can be an overwhelming, anxiety-ridden task. For decades, research has suggested that prompting structured goal setting and high levels of client goal-oriented behavior leads to increased mental health and satisfaction in counseling contexts (Hall & Foster, 1977; Willer & Miller, 1976). While there may be a multitude of methods or avenues in which an individual can reach career goals, being specific and monitoring progress towards desired goals can bring clarity and focus to the choices made on a daily basis.

In relation to MDD, career practitioners may find clients suffering from this diagnosis to be seemingly "unmotivated" or struggling to formulate clear counseling goals. A career practitioner may consider the degree MDD may be present when encountering these type of issues with goal-setting.

Monitoring of progress

In relation to clients with MDD, monitoring progress in making a career decision may be a challenge. If there are instances in which the counselor and client feel that appropriate gains are not made in counseling, a referral may be necessary. Many factors should be considered when making a referral, such as the type and intensity of the presenting concern, the services available in the area, counselor competencies, and client preferences. In some cases, a referral to another person within the same organization might be appropriate, and in other cases, a referral to another organization may be in the best interest of the client. Other cases might include referring the client to community resources, such as a job skills group or a psychiatrist. These referrals should be considered on an individual basis and counselors should be aware of the many factors to reflect on when referring a client to another source. Regardless of whether a client is accessing mental health services, the career practitioner should continually monitor the symptoms of MDD to assess the client's well-being as well as capacity to fully engage in career development assistance.

Assessments

A commonly utilized component in the deliberate career decision-making process is assessment, which has been embedded into vocational guidance since its foundation with Parson's (1909) trait and factor approach and self-assessment questionnaire (McMahon & Watson, 2012). Now, an abundance of assessments exist to measure a vast array of career constructs, ranging from the popular Strong Interest Inventory (SII; Strong, Donnay, Morris, Schaubhut, & Thompson, 2004) to the Career Decision-Making Difficulties Questionnaire (Gati, Krausz, & Osipow, 1996). Individuals can explore their interests, values, skills, personality, decision-making style, and career aspirations through creative career counseling techniques and conversational reflections, instead of or in addition to more formalized assessments. McMahon and Watson (2012) discuss the potential strategies for weaving together more traditional methods of quantitative assessment and the more subjective nature of recent constructivist or story-telling techniques. Regardless of theoretical orientation, the quality of a career assessment is dependent upon the level of self-exploration it promotes for individuals, rather than confirming a specific option or career choice (Blustein & Flum, 1999).

In addition, there is the potential to utilize career assessments as a screener for mental health concerns. Walker and Peterson (2012) found a connection between the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996; 1998), the Occupational Alternatives Question (OAQ; Slaney, 1980), and a modified version of the Beck Depression Inventory – II (BDI-II; Beck, Steer, Ball, & Ranieri, 1996). This apparent connection between career and mental health assessments illustrates the importance of awareness on the part of career practitioners of this connection between MDD and career decision making. It also provides an opportunity to utilize career assessments as an initial screener for MDD. If there are elevations in the indicated areas on the assessment, career practitioners can attend to the mental health elements of a career decision to the degree appropriate given the guidelines of practice for their setting and their level of training.

In administration and interpretation of assessment results such as the Self-Directed Search (Holland & Messer, 2013) or Strong Interest Inventory (Strong et al., 2004), it is important to note that clients with symptoms of depression may have a diminished self-concept and experience a loss of interest in many areas. A counselor might notice a low score on the "Self-Estimates" section of the SDS, or lower scores on the Occupational Interest scales on the Strong Interest Inventory. A clinician would benefit from considering the potential reasons for consistent low scores in their interpretation of results, perhaps processing the lack of endorsements on the assessment items with their client.

Counseling and Career Theories Related to Career Development and Depression

Given the complexity of the career decision and its connection to mental health concerns such as depression, a career practitioner may be interested in utilizing approaches that encompass these elements. Several career and counseling theories discuss the interconnected nature of career and mental health. Though not an exhaustive overview, the following theories explicitly identify the connection between career development and mental health concerns.

The Indivisible Self

The Indivisible Self (Myers & Sweeney, 2008) is an evidence-based model of wellness that highlights the interconnected elements of human functioning. The factors of the Indivisible Self (i.e. Coping, Social, Essential, Physical, Creative) interact with a change in one area contributing to a change in other area. The factor of Work is located within the Creative Self along with Thinking, Emotions, Control, and Positive Humor. This illustrates the connection between work thoughts, feelings, and sense of control. Given the manner in which Major Depressive Disorder (MDD, American Psychiatric Association, 2014) can impact one's emotions and thought processes, it is apparent this conceptualization bears consideration when assisting those diagnosed with MDD in making a career decision.

Narrative-Based Approaches

The career construction approach views career-related abilities, interests, and values as relational phenomena that reflect socially-constituted meanings (Savickas, 2005). Individuals narrate their subjective perception of themselves and the world through their own language and meaning systems (Bujold, 2004). Life Design (Savickas, 2012) is a paradigm which focuses on identity, adaptability, intentionality, and stories. By listening to the client's narrative, a practitioner gains insight into life themes, values, interests, and personality type. These narrative-based approaches focus on meaning-making on the part of the client related to their experience. This process can be significantly impacted if MDD due to the presence of a negative self-perception. Career practitioners utilizing these approaches can analyze the impact of the depression on the client's story through such assessments as the My Career Story (Savickas & Hartung, 2012) and the Career Construction Interview (Savickas, 2011).

Career Flow

Career flow, which is a hope-centered model of career development, (HCMCD; Niles, Amundson, & Neault, 2011) posits hope at the center of this model and essential to each of its stages (i.e. self-reflection, self-clarity, visioning, goal-setting, action-planning, implementing, and evaluating). Hopefulness within this model is conceptualized as envisioning a meaningful goal and believing that positive outcomes are likely to occur should specific actions be taken (Niles, 2011). If hope is diminished for any reason, clients will not be motivated to engage in career planning activities and ongoing career management. A lack of hope and optimism characteristic of those with MDD can be detrimental to motivation and hinder engagement in elements of career development. The Career Flow Index (Niles, Yoon, & Amundson, 2010) provides a theoretically-based instrument to assess the six Hope-center career development competencies (i.e. hope, self-reflection, self-clarity, visioning, goal setting and planning, and implementing and adapting). Given the negative self-concept those with MDD may possess in relation to their ability to attain career development goals, focusing on hope and its impact of aspects of career development can be a useful approach.

Cognitive Information Processing

Cognitive Information Processing (CIP; Sampson et al., 2004) is another theory in which career and mental health considerations are integrated into the structure of the theory. CIP focuses on concepts of readiness, decision-making, and the associated thinking related to career decision-making and problem solving. In addressing career concerns, a significant consideration is the

cognitive messages one carries with them when faced with a career decision. The Executive Processing Domain of the Pyramid of Information Processing focuses on the cognitive process that directly speaks to the difficulties someone with MDD may experience in their ability to effectively engage in career decision-making and problem solving. Assessing and modifying negative thinking, a common aspect of MDD, as it relates to a career decision is a critical element of this approach.

Social Cognitive Career Theory

Another career theory that encompasses both career and mental health concepts is Social Cognitive Career Theory (SCCT; Brown, & Lent 1996). A tenant of this approach is that people eliminate possible occupations due to faulty self-efficacy beliefs or outcome expectations. In addition, the greater the perceived barriers to an occupation, the less likely individuals are to pursue those careers. Finally, modifying faulty self-efficacy and outcome expectations can help individuals acquire new successful experiences and open their eyes to new career occupations. For those assisting individuals with MDD, managing examining the impact of MDD on self-efficacy and outcome expectations can be a critical aspect of the focus of support. Though not comprehensive in nature, the theories mentioned in this section include in their structure a link between career development and mental health aspects such as those impacted by MDD. Possessing a framework in which to conceptualize co-occurring career development and MDD can assist career practitioners with formulating appropriate interventions to fully attend to the needs of clients.

Collaboration between providers

Due to the link between career and mental health, it is important in career counseling to provide clients access to career and mental health counseling. This continuity of care may be achieved by consultation between providers, including exchange of information and discussion surrounding treatment goals. It would be appropriate to develop distinct goals depending on the treatment setting. For example, a college student searching for a first-time professional position who also has a diagnosis of MDD may have separate goals in career counseling and psychotherapy. MDD is likely to affect the client's motivation to search for a job, the ability to recognize or verbalize particular skills and qualities they possess which make them a fit for the position, and may interfere with decision-making abilities. The intersection of career counseling and mental health is made evident in this example, and a prime reason to coordinate care between providers. Career counselors can best serve their clients by requesting an exchange or release of information form in the event the client is also attending psychotherapy. In this way, the career counselor and mental health provider are able to collaborate on similar goals, refrain from developing competing goals, and determine which concerns should be treated in which setting.

Recommendations for Addressing MDD in Career Development

Career counselors are considered fellow gatekeepers for the field of mental health, often times serving as a frontline for clients with more severe symptomology. Career counselors might find themselves in a position where their client is unwilling to go to a psychotherapist, but is open to career counseling because the impression is less stigmatized. As such, it is imperative that career counselors understand diagnostic signs and be familiar with symptoms of mental health diagnoses and crisis/risk. Should a career counselor notice that a client exhibits symptoms of MDD, the career practitioner untrained in addressing mental health concerns must make appropriate refer-

rals, and help the client understand why it is important to visit two separate providers. This can be achieved through a genuine and empathetic conversation explaining the goals and services provided in various mental health settings. An extensive knowledge of community resources is also essential in this situation.

An additional perspective is to view career counseling as a psychological intervention in which there is a willingness on the part of the career practitioner and client to discuss non-career issues (Niles & Harris-Bowlsbey, 2013). Considering that the etiology of certain psychological symptoms in mental health concerns such as MDD can reside in problems in the work situation rather than the person is an additional aspect of providing holistic career assistance. Either for mental health providers or career practitioners, no assumptions should be made when selecting an intervention unless a thorough assessment of the client's work situation is completed (Brown, & Brooks, 1985). Being willing to address career and mental health concerns and considering the reciprocal nature of these elements of the client's experience can greatly enhance the quality of services provide to those in need.

Finally, possessing a theoretical foundation that incorporates both career and mental health concepts can offer a framework in which to assess, conceptualize, intervene, and monitor progress towards career development goals. Possessing in-depth knowledge of an approach achieved through personal research, additional training, and supervision of practice can empower a career practitioner to simultaneously address career concerns and MDD when appropriate. Selecting a theory that matches one's view of human functioning and more specifically career development that also possesses empirical support for its use can inform this decision-making process. Structuring the process of engagement with clients through theory can enhance the efficiency and effectiveness of career services.

Conclusion

Major Depressive Disorder provides unique challenges in relation to career development assistance impacting several facets of the process. There are many indications in theory, research, and practice that career and personal counseling addressing such concerns as MDD are best considered as integrated elements of a client's experience. Thankfully, research, theory, and practice have pressed this notion forward and general consensus recognizes the interconnectedness of career and mental health. Career practitioners will benefit their clients when integrating career and mental health considerations in their work.

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