



# Dysfunctional career thoughts and attitudes as predictors of vocational identity among young adults with attention deficit hyperactivity disorder

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## ABSTRACT

This study examined dysfunctional career thoughts and attitudes as predictors of vocational identity among high school students with Attention Deficit Hyperactivity Disorder (ADHD). Regression analysis results indicated that dysfunctional career thoughts and attitudes were significant predictors of vocational identity, accounting for 42% of the explained variance. Dysfunctional career thinking, measured by the Career Thoughts Inventory (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996) and the Career Maturity Inventory – Revised (Crites & Savickas, 1996), displayed important predictive relationships with vocational identity as measured by the Vocational Identity Scale (Holland, Daiger, & Power, 1980). Implications for interventions and further research in vocational psychology and career counseling with ADHD students are discussed.

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## 1. Introduction

Due to the complex career paths faced by students with disabilities, researchers have stressed the need for expanded research on career barriers for youth, in particular those with attention impairments (Kelly, English, Schwallie-Giddis, & Jones, 2007). Of all the mental health disorders identified in the DSM-IV-TR (American Psychiatric Association, 2000), Attention Deficit Hyperactivity Disorder (ADHD) is considered the most extensively studied disorder in school-age children (Monastra, 2008). Yet, there is a paucity of empirical findings to support informed career counseling for this group. The Center for Disease Control (CDC, 2011) estimates that 9.5% of children and adolescents in the United States exhibit symptoms of inattention and hyperactivity. The functional limitations accompanying ADHD can be pervasive and extend to employment and work-related skills (Dipeolu, Sniatecki, & Lalin, 2011). Specifically, attention deficits can impact critical work-related skills including time management, concentration, scheduling, task completion, and prioritization. Decision-making skills and career readiness are also lower among students with ADHD. Further, it has been suggested that ADHD symptoms may lead to negative thoughts (Painter, Prevatt, & Welles, 2008), which can hinder the career development process for this population. Identifying dysfunctional career thoughts and/or skill deficits can allow career counselors to assist students with ADHD in addressing these limitations in order to foster future career success. The purpose of this article is to thoroughly examine constructs and predictive relationships that are relevant to the career development trajectory of students with ADHD.

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### 1.1. Student transition programs

Post-school transitional preparation for occupational and career paths is critical because of the potential impact of ADHD symptomology on work-related functioning. There is a unique career development trajectory for students with ADHD and it is important to identify the nature of any barriers in the areas of reading, writing, following directions, processing information and decision making (Bahny & Dipeolu, 2012). Additionally, students with ADHD may encounter difficulty with poor self image, low self-efficacy, and limited exposure to the world of work which may further impact career development. Symptoms associated with the areas of planning, organization, self-esteem, and relational and information processing can lead to problems with work performance, task completion, and successful occupational attainment (Monastra, 2008; Young, 2002). These problems may further influence career maturity, career goals, work competence and work functioning of youth in transition to post-school environments (Norwalk, Norvilitis, & MacLean, 2009). Students with ADHD having these career development concerns may also experience potential issues with vocational identity, career decision-making ability, and meta-cognitive processes during career exploration (Crawford & Crawford, 2002). Difficulties with meta-cognitive processes, often experienced by students with ADHD, can also lead to negative perceptions and attributions, resulting in dysfunctional career thoughts (Kelly et al., 2007). In turn, dysfunctional career thoughts may affect the development of a student's vocational identity (Saunders, Peterson, Sampson, & Reardon, 2000).

The present study examines the relationship among the constructs of vocational identity, career attitudes, and dysfunctional thoughts with a sample of high school students who have been diagnosed with ADHD. It was hypothesized that dysfunctional career thoughts and attitudes would emerge as significant predictors of poor vocational identity. Based on prior research, it was also hypothesized that the normed scale scores on the Career Maturity Scale and Vocational Identity measures for students with ADHD would be significantly less than the normed scale scores for those with ADHD, while scores on the Career Thoughts Inventory Scale, which measures negative aspects of student perspective, would be significantly higher in the ADHD population.

## 2. Methods

### 2.1. Participants

The participants included 119 [(84 (70.6%) boys and 35 (29.4%) girls)] students from three high schools in the northeast United States (grades 8–12). Students were diagnosed with ADHD and qualified for special education services under existing disability categories as defined in Part B of the Individuals with Disabilities Education Improvement Act (IDEIA, 2004), and as defined by Section 504 of the Rehabilitation Act of 1973. They are self-identified as White, non-Hispanic (45.4%,  $n = 54$ ), African American (37%,  $n = 44$ ); Hispanic (7.6%,  $n = 9$ ), Native American (2.5%,  $n = 3$ ), Asian (.8%,  $n = 1$ ), and Other/Unknown (6.7%,  $n = 8$ ). The average age of the participants was 15.7 ( $SD = 2.01$ ), and the sample included freshmen (34.5%), sophomores (20.2%), juniors (16%), seniors (21.8%) and Unknown (7.6%).

### 2.2. Procedures

Recruitment letters were mailed to parents by school administrators. Additionally, each participating student was asked to sign an assent form to be included in the study. Of the 300 request letters sent to parents of students with ADHD, 123 were returned (41% return rate). Of the 123 students, four were excluded from participation because they failed to sign the assent form, resulting in 119 total participants. Each participant received an inducement of a \$5 fast food gift certificate for participation.

Two special education administrators and the principal investigator administered packets containing demographic items and three instruments assessing the participants' level of dysfunctional career thoughts, career maturity and vocational identity. Due to the nature of symptoms that derive from ADHD, two forms of accommodation were provided: periodic breaks and the use of a reader. Participants were encouraged to take periodic breaks while completing the items and were offered reading assistance. The instrument administration lasted between 60 and 90 min. Prior to analysis, a check on random response submission was conducted by screening the data using methods recommended by Tabachnick and Fidell (2001). Support for the distributional properties of the data was obtained and further examined for the presence of outliers. No outliers were identified; therefore, all data were included.

### 2.3. Measures

#### 2.3.1. Career Thoughts Inventory

(CTI; Sampson et al., 1996). The CTI is "a self-administered, objectively scored measure of dysfunctional thinking in career problem solving and decision making" (Sampson et al., 1996, p. 1). The instrument consists of 48 Likert-scale items representing typical dysfunctional/negative career thoughts. Respondents indicate their level of agreement with each statement with responses ranging from *strongly agree* (1) to *strongly disagree* (4). The total score represents a global assessment of an individual's dysfunctional/negative thoughts that could impede career decision-making. Three cluster areas of negative thinking are identified by the instrument: (a) Decision-Making Confusion (DMC); (b) Commitment Anxiety (CA); and (c) External Conflict (EC). The CTI developers reported strong evidence of internal consistency, with alpha coefficients for the total score ranging from .93 to .97; alpha coefficients for the construct areas (DMC, CA, and EC) ranged from .74 to .94. The authors also provide support for the CTI's

construct validity, convergent validity, and criterion validity (Sampson et al., 1996). Dipeolu (2007) investigated the usefulness of the CTI for a learning disabled (LD) population and results indicated moderate support for its utility with LD population.

### 2.3.2. Career Maturity Inventory – Revised

(CMI-R; Crites & Savickas, 1996). The revised CMI is designed to assess levels of career maturity and utilizes 50 items with a dichotomous response format (A = agree; D = disagree). Half of the items (25) comprise the Attitude Score (CMI-Att), which assesses the cognitive components of vocational problem-solving and comprehension. The remaining 25 constituting the Competence Test (CMI-Com), are designed to evaluate affective components that may impact career choices. The scores on the two scales are combined to reach the Career Maturity Total (CMI-Tal) score. A higher total score indicates a higher level of career maturity. Higher scores have also been linked with vocational identity achievement, satisfaction regarding career choice, and decidedness (Savickas & Porfeli, 2011).

The CMI-R developers report internal consistency coefficients ranging from .64 to .77 for the Attitude Scale and .58 to .90 for the Competence Test (Crites & Savickas, 1996). More recent studies have provided additional evidence of internal consistency for the CMI-R for students with learning disabilities. Dipeolu (2007) reported reliability coefficients of .77 for the CMI-Att, .69 for the CMI-Com, and .80 for the CMI-Tal for the LD population. A second study found moderately strong KR-20 reliability estimates ranging from .71 to .77 for the LD population (Dipeolu, Hargrave, Sniatecki, & Donaldson, 2012).

### 2.3.3. Vocational Identity Scale

(VI; Holland et al., 1980). A stable vocational identity is associated with improved decision-making and feelings of self-efficacy, despite environmental instability (Holland, et al.). The VI scale consists of 18 true–false items and is scored by totaling the number of items answered *false*. A higher score is associated with a stronger sense of vocational identity. The developers of VI obtained strong internal consistency reliability coefficients for non-LD high school students, college students, and workers. In the high school sample, the KR-20 reliability coefficients were .86 for both males and females; the reliabilities in the samples for the college students and workers were .89 for males and .88 for females. Toporek and Pope-Davis (2001) also found evidence of reliability with White American and African American college students, obtaining KR-20 coefficients of .83 for women and .78 for men. This study also examined reliability for the two socioracial groups, finding a KR-20 coefficient of .84 for the African–American group, and coefficients of .78, and .82 for the two White groups. A Cronbach's alpha of .76 was also found for a sample of urban adolescent youth (Diemer & Blustein, 2007). Hirschi and Lage (2007) found that vocational identity (VI) is positively correlated with career decidedness, planning, and exploration among adolescents.

## 3. Results

Standard multiple regression analysis, using SPSS, was performed with the VI scale scores as the dependent variable and the CMI-R and the CTI as the independent variables. As anticipated, results of the study supported the first hypothesis. Vocational identity, as operationalized by the VI scale, was predicted by the participants' scores on measures of negative dysfunctional career thinking and career maturity (see Table 1).

The VI was found to be significantly predicted by the variables CMI-Att, CMI-Com, and the ADHD group scaled scores for the CTI scales, DMC, CA, and EC. Knowing the scores for the selected constructs of the CTI and CMI-R increased the prediction of the VI scale score by an effect size of 45% (42% adjusted); ( $CI = 0.27, 0.62$ ). This indicates that there is an added power in knowing the CTI Decision-Making Confusion, Commitment Anxiety and External Conflict scores and the CMI-R Attitude and Competence scores for predicting vocational identity among young adults with ADHD. Specifically, the CMI Competence score contributed significantly to predicting the ADHD normed score for Vocational Identity, contributing 4% of the unique variance ( $sri^2 = .04$ ). The CTI Decision-Making Confusion score was also a significant predictor, contributing 4% of the unique variance ( $sri^2 = .04$ ), as was the CTI Commitment Anxiety score, which contributed 3% of the unique variance ( $sri^2 = .03$ ). Additionally, a correlation matrix

**Table 1**  
Regression results for the Vocational Identity (VI) Scale score using ADHD Norm scores.

Predictors	Vocational identity			
	B	SE B	$\beta$	95% confidence interval
Career Maturity Inventory (CMI-R)				
Attitude	0.135	0.103	0.106	[−0.069, 0.339]
Competence	−0.277*	0.093	−0.212	[−0.460, −0.093]
Career Thoughts Inventory (CTI)				
Decision making confusion	−0.145	0.053	−0.297	[−0.251, −0.040]
Commitment anxiety	−0.122*	0.051	−0.253	[−0.233, −0.021]
External conflict	−0.047*	0.045	−0.099	[−0.136, 0.041]
Constant	28.171*	3.532		[21.173, 35.168]
Total R <sup>2</sup>	0.446			
Adjusted R <sup>2</sup>	0.421			
F	18.033**			

Note: \* $p < .01$ , \*\* $p < .00$ .

(see Table 2) examined the interrelationships among the variables in the study and illustrated the enhanced relationship between these measures in the ADHD population as compared to the non-ADHD population.

T-test results indicated that the raw score distributions on the Career Maturity scales were significantly different for the ADHD students than the non-ADHD student population (see Table 3). A Bonferroni test was conducted to control for potential Type I error and to address errors due to the number of correlations and *t*-tests accompanying the analysis in this study. The results of the *t*-tests revealed that the CMI-Att, and CMI-Com were consistently different when the two samples were compared (see Table 3).

#### 4. Discussion

The study's major hypotheses were supported. The presence of vocational identity was predicted by scores on measures of dysfunctional career thoughts and career maturity or readiness, as found in prior research (Dipeolu et al., 2012; Saunders et al., 2000). The CTI scale scores of Decision-Making Confusion, Commitment Anxiety, and External Conflict and the CMI-R scores of Attitude and Competence were found to predict VI scores.

The second hypothesis was partially supported. The study utilized scores published in the test manuals of the CTI, VI, and the CMI-R inventories, which were normed for students without ADHD. As anticipated, the normed scale scores for students without ADHD were significantly different from the normed scale scores for students with ADHD on the CMI-R scale scores of Attitude and Competence and the CTI scale score of External Conflict. This indicates a need to develop norms based on a representative sample of ADHD students when utilizing these instruments. These findings support aspects of previous research (Dipeolu, 2007; Hitchings et al., 2001; Ochs & Roessler, 2001), which found lower levels of career maturity or readiness among students with learning disabilities and for students with disabilities in general.

Scores on the CTI subscales can help practitioners screen ADHD students vulnerable to difficulties in initiating or sustaining the career decision-making process as a result of disabling emotions and/or lack of understanding (Sampson, Peterson, Reardon, & Lenz, 2004). As needs assessment tools, the CTI scale scores for Decision-Making Confusion, Commitment Anxiety, and External Conflict and the CMI scale scores for Attitude and Competence could be useful for determining a student's level of vocational identity and subsequent interventions (Sampson et al., 1996, 2004), as further evidenced by the significant correlations between these variables for this population. This research supports the predictability of the VI scale from the CTI subscales and CMI-R subscales, hence enhancing interpretation of these scales as needs assessment tools and indicating a possible place for career counselors and vocational psychologists to intervene with high school students with ADHD.

#### 5. Conclusion

Having a disability exposes an individual to unique experiences that could ultimately influence his/her vocational identity, career maturity or adaptability and manifest dysfunctional career thoughts (Fabian & Liesener, 2005). Students with ADHD may struggle with vocational identity development because it requires a well-developed metacognitive ability (Dipeolu, 2010). More specifically, students with ADHD have been reported to exhibit less confidence in their ability to make decisions about careers (Crawford & Crawford, 2002; Norwalk et al., 2009) as a result of deficiencies in executive processing skills, which includes competence and attitudinal components. These deficiencies limit the acquisition of decision-making skills, as well as clarity of self-knowledge and ultimately identity, as emphasized by Sampson et al. (2004).

The highest dropout and unemployment rates are seen among students with disabilities (Blustein, 2006). Using the three instruments simultaneously may aid career counseling effectiveness (Meyer et al., 2001). A multi-pronged approach can better help students by promoting the inclusion of a variety of characteristics (Power, 2006) and facilitate a more holistic view (Whiston, 2011). Students with ADHD, like other students with disabilities, often bring a myriad of career concerns compounded by disability-related issues to the process of career counseling (Dipeolu, 2010). Therefore, combined use of career development instruments will increase the amount of information extracted, which can enhance the overall career counseling decision-making process (Meyer et al., 2001; Whiston, 2011).

**Table 2**

Correlations of Career Thoughts Inventory Scales, Career Maturity Inventory Scales, and MVS Vocational Identity Scale.

	Non ADHD high school sample <sup>a</sup>					ADHD high school sample				
	Voc ID	CMI Att	CMI Com	CTI DMC	CTI CA	Voc ID	CM Att	CMI Com	CTI DMC	CTI CA
MVS vocational identity (Voc ID)										
CMI Attitude (CMI-Att)	−0.03					0.38**				
CMI Competence (CMI-Com)	0.06	−0.09*				−0.20*	0.01			
CTI Decision Making Confusion (CTI DMC)	−0.02	−0.11*	−0.02			−0.58**	−0.44**	−0.43		
CTI Commitment Anxiety (CTI CA)	0.07	0.04	−0.04	−0.02		−0.58**	−0.46**	0.40	0.71**	
CTI External Conflict (CTI EC)	−0.09	0.07	−0.02	−0.09	−0.03	−0.46**	−0.34**	−0.45	0.62**	0.58**

Note: \**p*<.05, \*\**p*<.001. Sample correlations estimated by reverse engineering the non-ADHD HS population scores based on published mean and SD.

**Table 3**

Reliability estimates and *t*-tests comparing Career Thoughts Inventory Scales, Career Maturity Inventory Scales, and Vocational Identity Scale Scores for non-ADHD and ADHD samples.

Measure	<i>t</i>	Cohen's <i>d</i>	Non ADHD high school sample				ADHD high school sample				# of items
			<i>M</i>	<i>SD</i>	<i>N</i>	Reliab.	<i>M</i>	<i>SD</i>	<i>N</i>	Reliab.	
<i>Career Thoughts Inventory</i> <sup>1</sup>											
Decision Making Confusion (CTI DMC)	−1.39		11.9	7.0	396	0.88 <sup>1</sup>	13.3	7.5	119	0.91 <sup>5</sup>	14
Commitment Anxiety (CTI CA)	−0.73		12.2	4.9	396	0.85 <sup>1</sup>	12.9	5.9	119	0.75 <sup>5</sup>	10
External Conflict (CTI EC)	−1.81*	−0.60	3.8	2.2	396	0.74 <sup>1</sup>	5.6	3.6	119	0.72 <sup>5</sup>	5
<i>Career Maturity Inventory</i> <sup>2</sup>											
Attitude (CMI-Att)	2.85**	0.82	17.5	2.8	503	0.61 <sup>3</sup>	14.7	3.9	119	0.42 <sup>4</sup>	25
Competence (CMI-Com)	2.37**	0.71	17.4	3.0	503	0.80 <sup>3</sup>	15.0	3.7	119	0.88 <sup>4</sup>	25
<i>Vocational Identity</i> <sup>3</sup>											
Vocational Identity (VI)	0.53		9.4	4.6	486	0.86 <sup>2</sup>	10.2	4.8	119	0.80 <sup>4</sup>	18

Note: \**p* < .05; \*\**p* < .01; <sup>1</sup>Sampson et al. (1996); <sup>2</sup>Holland et al. (1980); <sup>3</sup>Crites and Savickas (1996); <sup>4</sup>Alpha Coefficients; <sup>5</sup>KR-20.

## 6. Limitations and future research

It is possible that issues of attention, concentration, and motivation may have compromised the test conditions and impacted the scores of the participants. Concerns of causality and social desirability apply due to the correlational analysis and the nature of self-report measures. The current sample was drawn from a population within school settings and results should be generalized with appropriate caution. Future studies with populations diagnosed in clinical settings are warranted, as previous research identifies issues of inattention predicting career decision-making ability (Norvilitis, Sun, & Zhang, 2010). Additionally, this analysis did not separate participants by ADHD types and future investigation should attempt to categorize students by types to determine if there are significant group differences. Methodologies that expand existing understanding of the concept of career maturity to include that of career adaptability (Savickas, 2002; Savickas & Porfeli, 2011) are also warranted.

Future career counseling efforts should include an intersection of developmental psychology (Walsh & Galassi, 2002) with a focus on strengths, lifespan and growth across time. Collaborative efforts with professional school counselors may also prove to be instrumental in attending to the use of strength-based models that emphasize resilience and empowerment for students with disabilities (Kenny, Waldo, Warter, & Barton, 2002). Despite its limitations, this study can inform future collaborative research, current interventions, and policy initiative efforts aimed at assisting students with disabilities, particularly those with ADHD, in their career development activities.

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