



Career Construction Counseling for Neurodiverse High School Students: A Narrative Approach to Building Future Self-Concordance

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ABSTRACT

Neurodiverse adolescents with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) face elevated anxiety and diminished career decision-making self-efficacy. This study investigated the effectiveness of Career Construction Counseling (CCC), a narrative-based intervention, for four neurodiverse high school students using a multiple-baseline single-case design. Participants completed eight weekly CCC sessions based on the Career Construction Interview. Weekly measures of career decision self-efficacy (CDSE-SF) and anxiety (GAD-7) showed clear functional relationships: CDSE-SF scores increased and GAD-7 scores decreased for all participants following intervention. Qualitative analysis of career autobiographies revealed enhanced personal agency, coherent interest integration, and adaptive environmental navigation strategies. CCC appears to be a promising, neurodiversity-affirming approach for empowering adolescents with ASD/ADHD to construct self-concordant career paths. Results should be interpreted within the context of a small, homogeneous sample.

Keywords: career construction theory, neurodiversity, autism, ADHD, career counseling, narrative therapy

INTRODUCTION

The transition from high school to postsecondary education and employment is a critical developmental period for all adolescents, yet it presents unique and formidable challenges for neurodiverse (ND) youth, particularly those with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD). Despite possessing significant strengths, including creativity, pattern recognition, and innovative thinking, these individuals experience disproportionately high rates of unemployment and underemployment. Research indicates that only about 42% of young adults with autism have ever held paid employment in their early twenties (Roux, 2015). These disparities are often rooted in systemic barriers and a mismatch between traditional career development practices and the distinct needs of neurodiverse individuals.

Challenges in executive functioning, social communication, and sensory processing can complicate the job search and workplace navigation. For instance, difficulties with open-ended questions, implied social norms, and managing routines can make traditional interviews and work environments particularly stressful. Compounding these issues, neurodiverse adolescents often experience heightened levels of anxiety, particularly concerning the future, which can lead to avoidance of career exploration and decision-making tasks. Traditional career counseling models, often focused on trait-and-factor approaches, may inadvertently pathologize neurodivergent traits rather than leveraging them as strengths, further alienating these students from the career development process.

In response to these challenges, there is a pressing need for career counseling approaches that are person-centered, contextually sensitive, and neurodiversity-affirming. Career Construction Theory (CCT), developed by Savickas (2005), offers such a framework. Grounded in social constructionism, CCT posits that individuals construct their careers by imposing meaning on their vocational behaviors and life experiences. Rather than matching individuals to jobs, CCT uses a narrative approach to help clients tell, hear, and enact their life-career



stories, fostering a sense of identity and purpose (McMahon, 2013; Savickas, 2005). This focus on building a comprehensive personal narrative is inherently neurodiversity-affirming, as it positions the individual as the expert of their own life and values their unique perspective.

Despite the theoretical alignment and demonstrated effectiveness of CCT in general populations, there is a significant gap in the literature regarding its application with neurodiverse adolescents. This study aims to address this gap by examining the effectiveness of a Career Construction Counseling (CCC) intervention, utilizing the Career Construction Interview (CCI) protocol, for high school students with ASD and ADHD. Through a single-case experimental design series, this research investigates the impact of the intervention on two critical outcomes: career decision self-efficacy and future anxiety.

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LITERATURE REVIEW

This review synthesizes literature from four key areas: (1) the career development challenges faced by neurodiverse adolescents, (2) the theoretical foundations of Career Construction Theory and its narrative methods, (3) the empirical evidence for CCT-based interventions, and (4) the psychological constructs of career decision self-efficacy and future anxiety, which serve as the primary outcomes for this study.

Career Development Challenges for Neurodiverse Adolescents

Neurodiversity refers to the natural variation in human neurology, wherein conditions like ASD and ADHD are understood as differences in brain function and processing rather than deficits to be cured. While this perspective emphasizes strengths, it also acknowledges the significant challenges neurodivergent individuals face in environments designed for neurotypical minds. In the context of career development, these challenges are multifaceted. Common difficulties include interpreting social nuances, managing executive functions (e.g., organization, time management), and coping with sensory sensitivities to light or sound. Traditional job interviews, which often rely on ambiguous, open-ended questions and unspoken social expectations, can become significant barriers for autistic job seekers.

These challenges contribute to adverse employment outcomes. Employers have historically been unaware of these barriers, and service providers have often lacked effective strategies to mitigate them. Consequently, a large body of research highlights the need for transition education and services grounded in high-quality research to improve post-school outcomes for youth with disabilities, including autism. Predictors of post-school success for students with autism include career awareness, paid work experience during school, and instruction on career options, underscoring the critical role of effective career guidance.

Furthermore, neurodiverse adolescents frequently experience co-occurring mental health conditions, with anxiety being particularly prevalent. This anxiety is often future-oriented, linked to the uncertainty of transitioning into adulthood and the workforce. For students with ADHD, the sheer number of choices associated with career decision-making can be overwhelming, leading to fear and avoidance (Gathers, 2015). This interplay of external barriers and internal psychological distress necessitates interventions that not only build practical skills but also enhance psychological resources like confidence and resilience.

Career Construction Theory and Narrative Counseling

Career Construction Theory (CCT) provides a 21st-century framework for understanding vocational development in a world of work characterized by change and uncertainty (Savickas, 2005). CCT is composed of three primary components: vocational personality (the what of career choices, concerning interests and values), career adaptability (the how, concerning coping resources), and life themes (the why, concerning the meaning individuals ascribe to their careers). Career adaptability is a central construct, defined as the "readiness and resources for coping with current and imminent vocational development tasks, occupational transitions, and personal traumas" (Savickas, 2005, p. 51). It comprises four dimensions: concern (planning for the future), control (taking ownership of one's career), curiosity (exploring possibilities), and confidence (believing in one's ability to succeed) (Savickas & Porfeli, 2012). This storytelling process is inherently flexible and can be adapted to various modes of expression—such as written, verbal, visual, or digital formats—thereby accommodating a wide range of communication styles and preferences. This flexibility resonates with the principles of Universal Design for Learning (UDL), which advocate for multiple means of engagement, representation, and action/expression to support diverse learners.

At its core, CCT is a narrative approach. It views identity as an "internalized and evolving life story" (McAdams, 2001, p. 117). The goal of counseling is not to find the "right" job but to help clients construct a career story that is meaningful, coherent, and provides direction. This is achieved through a process of storytelling, where individuals make sense of their past experiences, connect them to their present, and project them into a future identity (McMahon, 2013). The counselor acts as a facilitator, helping the client to construct, deconstruct, reconstruct, and co-construct their narrative. This process fosters agency, reflection, and learning, transforming the individual's understanding of themselves and their place in the world.

This narrative emphasis makes CCT particularly well-suited for neurodiverse populations. By focusing on the individual's unique story, the approach inherently values their subjective experience and perspective. It shifts the focus from a deficit-based model to a strengths-based one, helping clients integrate their interests and experiences—including those related to their neurodivergence—into a positive and empowering career identity.. The process of re-authoring one's career narrative can support clients in navigating the reality that career learning is a lifelong, evolving process (Mate & McMahon, 2024).

CCT Interventions and Their Efficacy

The primary intervention tool of CCT is the Career Construction Interview (CCI), a structured set of five qualitative questions designed to elicit stories and identify life themes. The questions explore: (1) role models, (2) favorite magazines/TV shows/websites, (3) favorite stories, (4) favorite motto, and (5) early recollections. The counselor and client then work together to interpret these micro-narratives, identify overarching themes, and construct a "life portrait" that clarifies the client's identity and vocational direction. This process is often supplemented with tools like the "My Career Story" (MCS) workbook, which guides clients through telling, hearing, and enacting their career stories (Wang et al., 2024).

A growing body of research supports the effectiveness of CCT-based interventions. A systematic review by Wang et al. (2024) identified 22 studies demonstrating that life design counseling, group workshops, and individual counseling using CCT tools led to significant improvements in career adaptability, career decision-making self-efficacy, vocational identity, and other positive psychological resources like hope and resilience. For example, Cardoso et al. (2022) found that life design group guidance improved career identity and adaptability in 9th-grade students. Da Silva et al. (2022) showed that a CCI intervention promoted career adaptability in students, with effects remaining stable three months later. Interventions using the MCS workbook have also been shown to increase students' career control and confidence (Cadaret & Hartung, 2021) and career decision self-efficacy (Cardoso et al., 2018).

Despite this evidence, research on CCT with individuals with special educational needs (SEN) and neurodiverse populations is scarce. A recent systematic review by Li et al. (2025) found only eight quantitative studies on career adaptability in SEN populations, none of which focused specifically on CCT interventions for adolescents with ASD or ADHD. The authors issued a strong call for "advancing the career construction research among a broader range of individuals with SEN and neurodiverse individuals" to build a more comprehensive understanding of adaptability across heterogeneous developmental pathways. This study is a direct response to that call.

Key Outcome Variables: Self-Efficacy and Anxiety

Career Decision Self-Efficacy

Career Decision Self-Efficacy (CDSE) is defined as an individual's belief in their ability to successfully complete tasks necessary for making career decisions (Taylor & Betz, 1983). It is a critical construct in social cognitive career theory and is strongly linked to positive career outcomes. The original CDSE scale was developed based on Crites' (1978) model of career maturity, encompassing five core competencies: (1) Self-Appraisal, (2) Occupational Information gathering, (3) Goal Selection, (4) Planning for the future, and (5) Problem Solving. Individuals with higher CDSE are more likely to engage in career exploration, persist through challenges, and experience less career indecision (Taylor & Popma, 1990). Conversely, low self-efficacy can lead to avoidance of decision-making behaviors (Taylor & Betz, 1983). Given that neurodiverse students may have lower educational self-efficacy and face unique barriers, enhancing their CDSE is a crucial goal for any career intervention.

Future Anxiety

Anxiety is a common co-occurring condition for adolescents with ASD and ADHD. This anxiety often manifests as a profound worry about the future, particularly the transition to adulthood and employment. Such anxiety can be paralyzing, leading to what Gathers (2015) describes as a fear of making the wrong career choice, which in turn promotes indecisiveness and avoidance. Interventions that can reduce these anxiety symptoms are vital. The Generalized Anxiety Disorder 7-item (GAD-7) scale is a brief, reliable, and valid tool for assessing anxiety symptoms in adolescents and can be used to monitor changes in response to an intervention. CCT interventions have been shown to reduce anxiety and uncertainty in college students (Obi, 2015), suggesting they may be effective for the population in this study.

Rationale for the Current Study

Neurodiverse adolescents face a unique constellation of challenges in their career development, requiring affirming and individualized support. CCT offers a powerful theoretical and practical framework for providing such support through its narrative, person-centered approach. While evidence supports CCT's efficacy in general populations, a significant research gap exists regarding its application with high school students with ASD and ADHD. This study addresses this gap by employing a single-case experimental design (SCED), a methodology well-suited for examining intervention effects in small, specific populations and demonstrating evidence for counseling practices (Krasny-Pacini & Evans, 2018). By measuring changes in career decision self-efficacy and future anxiety, and by analyzing the personal narratives constructed by participants, this research aims to provide robust, multi-faceted evidence on the utility of Career Construction Counseling for this underserved population.

METHOD

Research Design

This study employed a multiple baseline across participants single-case experimental design (SCED). SCEDs are a form of quasi-experimental design that allows for the demonstration of a functional relationship between an intervention and a change in a target behavior by using the participant as their own control (Krasny-Pacini & Evans, 2018). The multiple baseline design enhances internal validity by systematically introducing the intervention at different points in time across different participants (Smith, 2012). If the target behaviors change only after the intervention is introduced for each participant, it provides strong evidence of the intervention's effect. This design is particularly appropriate for counseling research where randomization may not be feasible and for studying interventions with specific, low-incidence populations (Ray et al., 2015).

The study consisted of two phases for each participant: a baseline phase (A) and an intervention phase (B). Data on the dependent variables (career decision self-efficacy and future anxiety) were collected repeatedly and consistently across both phases.

Ethical Procedures

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki and received full approval from the Institutional Review Board (IRB) of Kiettisack International School – Cambridge International College (Protocol #KIS-CIC-2024-013).

Informed Consent and Confidentiality:

Before participation, written informed consent was obtained from the parent or legal guardian of each student, and written assent was obtained from each student participant. The consent forms detailed the study's purpose, procedures, potential risks and benefits, voluntary nature of participation, and right to withdraw at any time without penalty. To protect participant confidentiality, all data were de-identified at the point of collection. Participants were assigned pseudonyms (Student A–D), and any personally identifiable information was removed from transcripts, notes, and datasets. Audio recordings of counseling sessions were stored on a password-protected, encrypted device and were destroyed following transcription and fidelity review. All paper forms and electronic data are stored in a locked cabinet and on a secure, password-protected server, respectively, accessible only to the primary researcher.

Debriefing and Post-Study Support:

Upon completion of the intervention phase, each participant and their parent/guardian received a individualized debriefing session. During this session, the researcher summarized the participant's progress, provided a copy of their co-constructed career autobiography, and discussed the general findings of the study. Given the therapeutic nature of the intervention and to prevent potential distress from discontinuing support, all participants and their families were provided with a resource packet containing referrals to local school counseling services, community-based neurodiversity-affirming career coaches, and mental health professionals. Additionally, participants were offered two optional booster sessions with the researcher within two months of study completion to support ongoing career exploration and application of their narrative plans. These ethical safeguards ensured that the welfare of participants was prioritized beyond the scope of data collection.

Participants

Four high school students were recruited from a local school district through collaboration with school counselors and special education coordinators. Inclusion criteria for the study were: (1) currently enrolled in grades 10-12; (2) a formal diagnosis of Autism Spectrum Disorder (Level 1) or Attention-Deficit/Hyperactivity Disorder, as documented in their Individualized Education Program (IEP); (3) self-reported feelings of uncertainty or anxiety about post-graduation career plans, as confirmed during a brief pre-screening interview with the school counselor; and (4) parental consent and student assent to participate in all aspects of the study.

The pre-screening interview involved open-ended questions (e.g., “How do you feel about your plans after high school?”) and, if needed, counselors used their clinical judgment to identify students expressing significant distress, ambivalence, or avoidance regarding career planning.

The final sample consisted of four participants, pseudonymously named Student A, Student B, Student C, and Student D, whose demographic and diagnostic information is summarized in Table 1.

Participant	Age	Grade	Diagnosis	Baseline Length (Weeks)
Student A	16	11	Autism Spectrum Disorder (ASD)	3
Student B	17	12	Attention-Deficit/Hyperactivity Disorder (ADHD), Combined Presentation	4
Student C	16	11	ASD and co-occurring ADHD	5
Student D	15	10	ADHD, Inattentive Presentation	6

Measures

Career Decision Self-Efficacy Scale–Short Form (CDSE-SF)

The CDSE-SF is a 25-item self-report instrument that measures an individual's confidence in their ability to perform tasks related to career decision-making. It is a shortened version of the original 50-item scale by Taylor and Betz (1983). The scale assesses five domains: Self-Appraisal, Occupational Information, Goal Selection, Planning, and Problem Solving. Respondents rate their confidence for each item on a 5-point Likert scale, from 1 (No Confidence at all) to 5 (Complete Confidence). Total scores range from 25 to 125, with higher scores indicating greater career decision self-efficacy. The CDSE-SF has demonstrated strong reliability and validity across numerous studies and diverse cultural contexts (Şeker & Yılmaz, 2025). The internal consistency for the total score in this study was calculated as $\alpha = .92$.

Generalized Anxiety Disorder 7-item (GAD-7) Scale

The GAD-7 is a 7-item self-report questionnaire primarily used as a screening tool and severity measure for generalized anxiety disorder (Spitzer et al., 2006). It is not a diagnostic instrument, but it provides a reliable index of anxiety symptom severity over a brief period. Participants rate how often they have been bothered by each symptom over the last two weeks on a 4-point Likert scale, from 0 (Not at all) to 3 (Nearly every day). Total scores range from 0 to 21, with scores of 5, 10, and 15 representing cut-off points for mild, moderate, and severe anxiety, respectively. The GAD-7 has been validated as a brief, reliable, and easy-to-administer tool for assessing anxiety symptoms in adolescents. It was selected for this study to provide a consistent, repeated measure of anxiety symptoms that could be influenced by career-related stress. The internal consistency in the current sample was $\alpha = .89$.

Career Autobiography

The primary qualitative data source was the career autobiography, a narrative document co-constructed by the participant and the researcher over the course of the intervention. This document was compiled from transcripts of the CCI sessions, participant reflections, and the final "life portrait" summary. This method aligns with the narrative therapy principle of externalizing and re-authoring one's story to foster a greater sense of agency (Jørring & Lous, 2018; McMahon, 2013).

Procedure

Upon receiving parental consent and student assent, the study proceeded in two phases for each participant.

Baseline Phase (A). Before the intervention began, each participant entered a baseline phase of variable length (3, 4, 5, and 6 weeks, respectively) to establish a stable pattern of the dependent variables. During this phase, participants met briefly with the researcher once per week to complete the CDSE-SF and GAD-7 scales. No counseling or career-related discussion occurred during these meetings.



Intervention Phase (B). Following the baseline phase, each participant began an 8-week individual Career Construction Counseling (CCC) intervention. The intervention consisted of one 50-minute session per week with the researcher, who served as the career counselor. The intervention followed the structured protocol of the Career Construction Interview (CCI) and life design counseling. The session structure was as follows:

Sessions 1-3 (Construction): The counselor guided the participant through the five core questions of the CCI: (1) Who did you admire growing up? (2) What are your favorite magazines, TV shows, or websites? (3) What is your favorite story? (4) What is your favorite motto? (5) What are your earliest recollections? The focus was on eliciting rich, detailed micro-narratives.

Sessions 4-6 (Deconstruction & Reconstruction): The counselor and participant reviewed the stories from the previous sessions. The counselor helped the participant identify recurring themes, interests, and values, connecting them to form a coherent "life portrait." This phase involved reflective dialogue to deconstruct problem-saturated stories and reconstruct a more empowering narrative identity.

Sessions 7-8 (Co-construction & Action): In the final sessions, the focus shifted to co-constructing a future story. The participant, guided by the counselor, developed actionable steps to explore potential career paths aligned with their newly clarified life portrait. This included identifying resources, planning informational interviews, or researching educational programs.

Throughout the 8-week intervention phase, participants continued to complete the CDSE-SF and GAD-7 at the beginning of each weekly session, prior to the counseling activities.

Intervention Fidelity

To ensure the integrity and consistency of the Career Construction Counseling (CCC) intervention, several steps were taken to establish and monitor intervention fidelity.

Counselor Training and Qualifications:

The counselor (the primary researcher) is a licensed psychometrician (RPm) with a Doctorate in Psychology (PsyD) and holds specialized certifications in career counseling.

Before the study, the counselor completed formal training in Career Construction Theory (CCT) and the Career Construction Interview (CCI) protocol through a certified professional development workshop led by a certified CCT trainer. The training included didactic instruction, role-play practice, and supervised mock sessions.

Fidelity Monitoring:

A structured intervention fidelity checklist was developed based on the core components of the CCI and life design counseling phases (Construction, Deconstruction/Reconstruction, Co-construction/Action). The checklist included key counselor behaviors and session objectives (e.g., "Elicited detailed micro-narratives for all five CCI questions," "Facilitated identification of recurring life themes," "Collaboratively developed actionable future steps").

An independent reviewer with expertise in CCT (a doctoral-level career counseling supervisor) randomly selected and reviewed 25% of the session recordings (2 out of 8 sessions per participant) using the fidelity checklist. To establish inter-rater reliability, the primary researcher and the independent reviewer concurrently rated a randomly selected 20% of the reviewed sessions. Inter-rater agreement was calculated using Cohen's kappa (k), which was .88, indicating excellent agreement. Fidelity was then calculated as the percentage of checklist items successfully observed by the independent reviewer. The mean fidelity score across reviewed sessions was 96% (range: 92–100%), indicating high adherence to the intervention protocol.

Supervisor Consultation:

The counselor participated in weekly supervision with the independent expert to discuss session progress,

address any protocol deviations, and ensure adherence to narrative and neurodiversity-affirming principles. No major deviations from the protocol occurred.

Data Analysis

Visual Analysis

The quantitative data from the repeated measures of the CDSE-SF and GAD-7 were analyzed using visual analysis, the cornerstone of SCED methodology (Smith, 2012). For each participant, scores for each scale were plotted on a time-series line graph, with a phase line clearly demarcating the transition from baseline (A) to intervention (B). The graphs were inspected for changes in three key data features:

- 1. Level:** The mean value of the data points within a phase. A change in level would be indicated by a clear shift (increase for CDSE-SF, decrease for GAD-7) in the data path immediately following the introduction of the intervention.
- 2. Trend:** The slope or direction of the data path. A change in trend would be observed if the slope of the data points becomes more positive (for CDSE-SF) or negative (for GAD-7) during the intervention phase compared to the baseline.
- 3. Variability:** The degree of fluctuation in the data points around the mean. A decrease in variability during the intervention phase would suggest a stabilizing effect.

A functional relationship between the intervention and the outcomes was inferred if a clear and immediate change in level and/or trend was observed for each participant only after the intervention was introduced.

Narrative Analysis

The qualitative data from the career autobiographies were analyzed using thematic narrative analysis. This approach focuses on "the what" and "the how" of storytelling, identifying common themes across the narratives (Jørring & Lous, 2018). The analysis followed a systematic process: (1) The researcher read each career autobiography multiple times to gain a holistic understanding. (2) The texts were coded for significant statements and passages related to the participant's self-perception, interests, and career thoughts. (3) The codes were then organized and collapsed into emergent themes. (4) Finally, the analysis focused specifically on identifying evidence related to three a priori themes derived from the literature on CCT and neurodiversity: personal agency, interest integration, and environmental adaptation.

RESULTS

The results are presented in two sections. First, the quantitative findings from the visual analysis of the CDSE-SF and GAD-7 data are described. Second, the qualitative findings from the narrative analysis of the career autobiographies are presented.

Quantitative Results: Visual Analysis

The tables for all four participants demonstrated a clear functional relationship between the introduction of the Career Construction Counseling intervention and the desired changes in career decision self-efficacy and anxiety. The results for each participant are detailed below.

Career Decision Self-Efficacy (CDSE-SF)

The results were as follows: Student A (Tau-U = .94, $p < .05$), Student B (Tau-U = 1.0, $p < .01$), Student C (Tau-U = .92, $p < .05$), Student D (Tau-U = .89, $p < .05$). These large, statistically significant effect sizes corroborate the visual analysis, confirming a strong intervention effect on career decision self-efficacy.

As shown in Figure 1, all participants exhibited a marked improvement in CDSE-SF scores following the introduction of the intervention.

Participant	Profile	Baseline Mean (Stability)	Intervention Start (Week)	Initial Intervention Score	Final Intervention Score
Student A	ASD	45 (Low, Stable)	Week 4	62	88
Student B	ADHD	58 (Moderately Low, Variable)	Week 5	Pronounced Increase	105
Student C	ASD/ADHD	38 (Lowest, Stable)	Week 6	Significant Increase	85
Student D	ADHD	51 (Low, Stable)	Week 7	Clear Increase	92

Note. CDSE-SF = Career Decision Self-Efficacy Scale–Short Form. All participants demonstrated a marked improvement in scores following the introduction of the intervention, characterized by immediate changes in level and sustained positive trends during the intervention phase.

Career Decision Self-Efficacy Scale–Short Form (CDSE-SF) scores across baseline and intervention phases for all participants

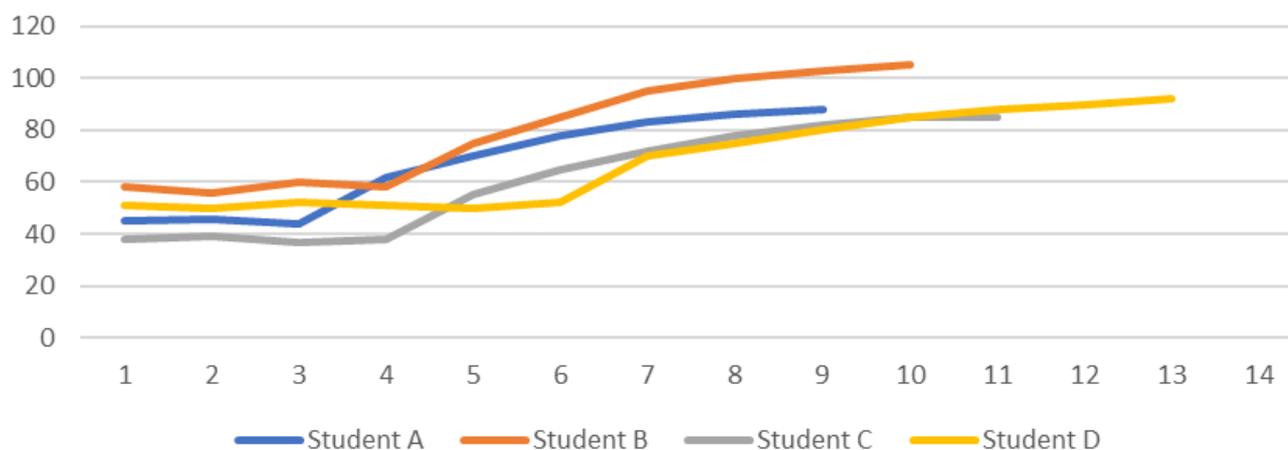


Figure 1. Career Decision Self-Efficacy Scale–Short Form (CDSE-SF) scores across baseline and intervention phases for all participants.

Student A (ASD): A’s baseline CDSE-SF scores were low and stable, with a mean of 45. Immediately upon starting the intervention in week 4, there was a clear change in level, with his score jumping to 62. The trend across the intervention phase was positive and consistent, ending with a final score of 88.

Student B (ADHD): B’s baseline scores were moderately low and variable (M = 58). The intervention, introduced in week 5, produced an immediate and pronounced increase in level. His scores showed a steep positive trend throughout the intervention phase, reaching a peak of 105 in the final week.

Student C (ASD/ADHD): C presented with the lowest and most stable baseline scores (M = 38). Following the introduction of the intervention in week 6, her scores demonstrated a significant and immediate change in level and a strong, steady positive trend, culminating in a final score of 85.

Student D (ADHD): D’s baseline was the longest, with scores remaining low and stable (M = 51). The intervention in week 7 initiated a clear upward trend, with less variability than his baseline. His scores increased consistently, ending at 92.

Generalized Anxiety (GAD-7)

The results were: Student A (Tau-U = $-.87$, $p < .05$), Student B (Tau-U = $-.91$, $p < .01$), Student C (Tau-U = $-.94$, $p < .01$), Student D (Tau-U = $-.85$, $p < .05$). These statistically significant effect sizes corroborate the visual analysis presented in Figure 2, confirming a meaningful reduction in anxiety symptoms attributable to the intervention.

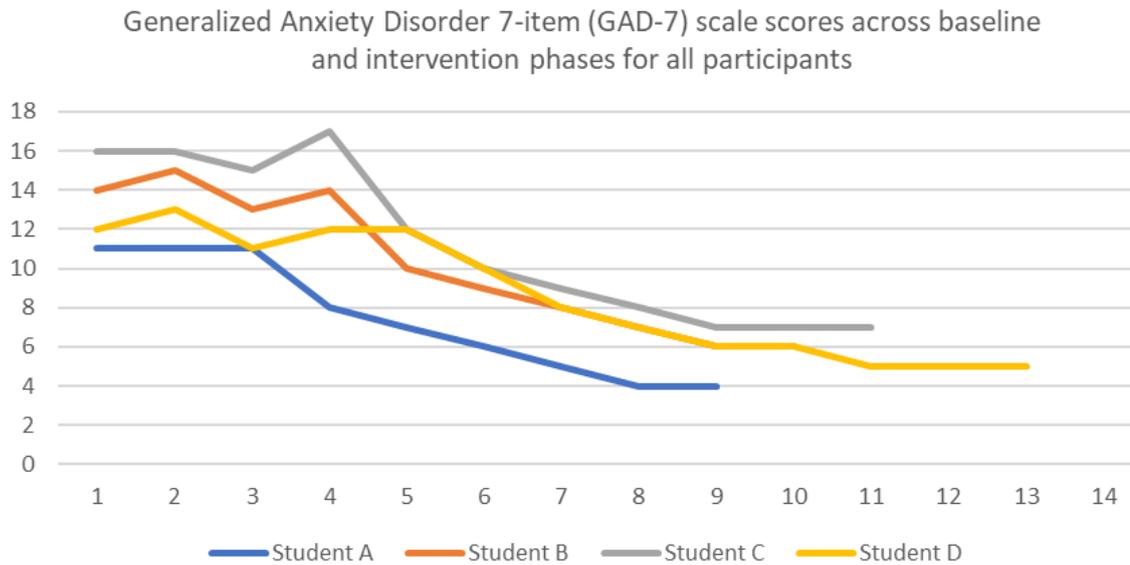


Figure 2 illustrates the changes in GAD-7 scores. For all participants, the intervention was associated with a reduction in anxiety symptoms.

Participant	Baseline Phase (Mean)	Intervention Phase (Mean)	Change (Baseline to Intervention Mean)	Final Intervention Score
Student A	11.0	6.1	-4.9	4
Student B	14.0	8.5	-5.5	6
Student C	16.0	9.8	-6.2	7
Student D	12.0	7.3	-4.7	5

Figure 2 illustrates the changes in GAD-7 scores. For all participants, the intervention was associated with a reduction in anxiety symptoms.

Student A (ASD): A’s baseline anxiety scores were in the moderate range ($M = 11$) and stable. Upon intervention, there was an immediate drop in level to a score of 8. The data path showed a consistent downward trend, ending in the mild range with a final score of 4.

Student B (ADHD): B’s baseline anxiety was high and variable ($M = 14$). The intervention phase showed a clear change in level and a decreasing trend, with scores becoming less variable over time. His final score was 6.

Student C (ASD/ADHD): C reported severe anxiety during baseline ($M = 16$). The intervention produced an immediate and substantial reduction in her GAD-7 scores. The trend was consistently negative, with her final score of 7 falling in the mild-to-moderate range.

Student D (ADHD): D’s baseline anxiety scores were in the moderate range ($M = 12$). The intervention phase was marked by a clear drop in level and a steady negative trend, with his final score being 5.



Effect Size for Anxiety Reduction

Similarly, Tau-U was calculated for GAD-7 scores to quantify the reduction in anxiety symptoms. Negative values indicate a decrease in scores (desirable outcome). The results were: Student A (Tau-U = $-.87$, $p < .05$), Student B (Tau-U = $-.91$, $p < .01$), Student C (Tau-U = $-.94$, $p < .01$), Student D (Tau-U = $-.85$, $p < .05$). These results confirm a statistically significant reduction in anxiety following the intervention, consistent with the visual analysis.

Qualitative Results: Narrative Analysis

The narrative analysis of the four career autobiographies revealed a profound shift in how participants viewed themselves and their futures. Three overarching themes emerged, illustrating the process through which the CCC intervention facilitated change: (1) Enhanced Personal Agency, (2) Coherent Integration of Interests, and (3) Adaptive Environmental Navigation.

Theme 1: Enhanced Personal Agency

Initially, all participants expressed a sense of powerlessness regarding their career futures, often attributing decisions to external factors or perceived limitations. The narrative process appeared to foster a shift towards an internal locus of control and a greater sense of agency. Student C, who initially stated, "I don't know what I'm good at... I guess I'll just do what my parents say," later reconstructed her story to reflect newfound ownership. In her final autobiography, she wrote, "My story isn't about fitting into a box. It's about building my own. I learned that my way of seeing patterns is a strength, not a weird quirk. I can choose a path where that matters." This shift from passive recipient to active author of one's career was a common thread, aligning with the CCT construct of 'control' (Savickas & Porfeli, 2012).

Theme 2: Coherent Integration of Interests

The CCI process was instrumental in helping participants connect seemingly disparate interests into a coherent vocational identity. Student B, who had interests ranging from video game design to ancient history, initially saw them as "random hobbies." Through discussing his favorite stories and role models (a historian who created documentaries), he began to see a theme of "world-building and storytelling." His final narrative reflected this integration: "I realized I'm not just a gamer or a history nerd. I'm a storyteller. Whether it's through designing a game level or writing about a historical event, I love creating immersive worlds. This helped me look at careers like user experience (UX) design, which is kind of like building a world for a user." This process of meaning-making allowed participants to construct a life theme that provided direction and purpose.

Theme 3: Adaptive Environmental Navigation

A significant part of the narrative reconstruction involved reframing challenges associated with neurodiversity into a plan for navigating work environments. Student A, who has ASD, initially expressed significant anxiety about social interactions in the workplace. His early narrative focused on avoidance. Through the counseling process, he identified a role model (an engineer who worked independently) and a favorite motto ("Measure twice, cut once"). His final autobiography included a section titled "My User Manual," where he outlined his ideal work environment: "I work best in a quiet space where I can focus deeply. I prefer clear, written instructions. This doesn't mean I can't be part of a team; it means I know how to set myself up for success." This demonstrates a shift from viewing his needs as a barrier to understanding them as a component of his professional identity that requires proactive management, a key aspect of career adaptability.

Theme	Participant	Diagnosis	Illustrative Quote
Enhanced Personal Agency	Student A	ASD	"Before, I felt like my future was a locked door. Now I realize I have the key—I just had to learn how to turn it."
	Student B	ADHD	"I always thought my ADHD meant I couldn't stick to a plan. Now I see it means I can adapt



			my plan as I go. That’s not a flaw—that’s a skill.”
	Student C	ASD/ADHD	“I used to think my path was already decided for me. Now I see I’m the one holding the map.”
	Student D	ADHD	“I used to wait for someone to tell me what to do. Now I’m making my own checklist, and it feels powerful.”
Coherent Integration of Interests	Student A	ASD	“I love trains and systems. I used to think that was just a ‘weird hobby.’ Now I see it’s a lens—I can design systems, organize data, or even plan transit routes.”
	Student B	ADHD	“I’m not just a gamer or a history nerd. I’m a storyteller. Whether it’s through designing a game level or writing about a historical event, I love creating immersive worlds.”
	Student C	ASD/ADHD	“My fascination with animal behavior and my love for drawing comics aren’t random. Together, they point me toward science communication—making complex ideas visual and clear.”
	Student D	ADHD	“I jump from music to coding to hiking. I used to call it ‘distracted.’ Now I call it ‘multidisciplinary.’ Maybe I can build apps for outdoor adventurers.”
Adaptive Environmental Navigation	Student A	ASD	“This doesn’t mean I can’t be part of a team; it means I know how to set myself up for success. Quiet space, clear instructions—that’s my user manual.”
	Student B	ADHD	“Instead of fighting my need to move, I’ll look for jobs where I’m not chained to a desk. Maybe fieldwork, coaching, or a standing desk in a dynamic office.”
	Student C	ASD/ADHD	“Sensory overload used to feel like a wall. Now it’s a signpost—it tells me what environments to avoid and what accommodations to ask for.”
	Student D	ADHD	“I now know I need deadlines and check-ins. That’s not being needy—that’s knowing how I work best. I can ask for that in a job interview.”

Table 3: Illustrative Quotes for Qualitative Themes

DISCUSSION

This study investigated the effectiveness of Career Construction Counseling for improving career decision self-efficacy and reducing future anxiety in neurodiverse high school students. The findings from both the quantitative visual analysis and the qualitative narrative analysis provide convergent evidence that the CCT-based intervention was successful in achieving these aims. The results have important implications for career counseling theory and practice with this population.

The quantitative results clearly demonstrated a functional relationship between the CCC intervention and the target outcomes. For all four participants, the introduction of the intervention corresponded with an immediate

and sustained increase in CDSE-SF scores and a decrease in GAD-7 scores. The multiple baseline design strengthens the conclusion that these changes were attributable to the intervention rather than to maturation, testing effects, or other extraneous variables. This finding shows that CCT interventions enhance career adaptability and self-efficacy and extends this evidence base to the specific, under-researched population of adolescents with ASD and ADHD.

The increase in career decision self-efficacy is particularly noteworthy. Neurodiverse youth are often overwhelmed by the career decision-making process (Gathers, 2015). The structured, story-based approach of the CCI appears to provide a scaffold that makes this process more manageable. By breaking down the abstract task of "choosing a career" into concrete stories about role models, interests, and life themes, the intervention likely helped participants build confidence in the five core domains of CDSE: self-appraisal, information gathering, goal selection, planning, and problem-solving. The concurrent reduction in anxiety suggests that as participants' confidence in their ability to navigate their career future grew, their feelings of uncertainty and worry diminished. This supports the notion that enhancing self-efficacy is a key mechanism for reducing career-related anxiety (Obi, 2015).

The qualitative findings provide a rich, nuanced explanation of how this change occurred. The narrative analysis revealed that the intervention did not merely impart skills; it facilitated a fundamental shift in identity. The theme of "Enhanced Personal Agency" shows participants moving from a position of external to internal locus of control, a key predictor of career self-efficacy. This represents a strengthening of the adaptability dimension of *control*—taking ownership of one's career path. By authoring their own stories, they began to see themselves as the protagonists of their own lives, capable of making meaningful choices. This directly addresses the feelings of helplessness that can plague adolescents facing uncertain futures.

The theme of "Coherent Integration of Interests" highlights the power of narrative in making meaning. For neurodiverse individuals, whose interests can be intense and specific, the ability to weave these passions into a coherent vocational identity is transformative. This process operationalizes the adaptability dimension of curiosity—exploring possibilities and connecting them into a meaningful whole. The CCT framework provided a "grammar" for their stories (Jørring & Lous, 2018), allowing them to see connections and themes they had previously missed. This process of constructing a life theme is the "why" of career choice, providing motivation and direction that transcends simple interest-job matching.

The theme of "Adaptive Environmental Navigation" underscores the neurodiversity-affirming nature of the intervention. Instead of trying to "fix" their neurodivergent traits, the counseling process helped participants understand and articulate their needs as part of their professional identity. This reflects growth in the adaptability dimensions of confidence (believing in one's ability to succeed by self-advocating) and concern (planning for the future by proactively designing suitable work environments). This reframing is crucial for self-advocacy and for finding or creating work environments where they can thrive. It moves beyond simply finding a job to designing a life, which is the goal of life design counseling.

Integration with Existing Evidence and Adaptations for Neurodivergent Diversity

The positive outcomes observed in this study align with and extend the established evidence base for Career Construction Theory (CCT) interventions. Prior research with general adolescent and young adult populations has consistently demonstrated that narrative-based career counseling enhances career adaptability, decision-making self-efficacy, and vocational identity (Cardoso et al., 2022; Wang et al., 2024). For instance, Da Silva et al. (2022) found that a CCI intervention significantly boosted career adaptability in high school students, with effects maintained at a three-month follow-up. Similarly, Cadaret and Hartung (2021) reported that using the "My Career Story" workbook increased career control and confidence among university students. The present study replicates these core findings within a neurodiverse sample, demonstrating that the mechanisms of CCT—such as fostering narrative coherence, life theme identification, and agentic self-authoring—are equally potent for adolescents with ASD and ADHD. Notably, the magnitude of improvement in CDSE-SF scores in our participants (e.g., increases of 40–67 points) appears comparable to, and in some cases greater than, gains reported in studies with neurotypical populations (e.g., Cardoso et al., 2018), suggesting that the narrative

approach may be particularly resonant for individuals whose career thinking is often marginalized by traditional trait-and-factor methods.

However, the application of narrative methods must be thoughtfully adapted to honor the full spectrum of neurodivergent communication and processing styles. For nonspeaking autistic individuals or those with significant apraxia or auditory processing differences, research emphasizes the use of alternative and augmentative communication (AAC) devices, visual storytelling tools (e.g., life maps, comic strip conversations), digital avatars, or facilitated typing to enable narrative expression (Bottema-Beutel et al., 2020; Fletcher-Watson et al., 2019). The core CCT process of "telling, hearing, and enacting" one's story can be expanded to include embodied, visual, or interactive modalities. For example, a counselor might use a "Career Card Sort" with pictograms or collaborate with the client to create a digital timeline or portfolio of interests and achievements (Bruyère et al., 2020). Furthermore, for individuals with ADHD who may experience narrative disorganization or working memory challenges, the structured yet flexible phases of the CCI can be scaffolded with external organizers, frequent summarization, and session recordings for review. These adaptations align with the neurodiversity paradigm by prioritizing accessibility and multiple means of engagement rather than expecting conformity to neurotypical communication norms (Shogren et al., 2018).

Future iterations of CCT for neurodiverse populations should therefore be explicitly designed with universal learning design (UDL) principles in mind, offering multiple avenues for narrative construction, expression, and reflection. Counselor training must also include competencies in neurodiversity-affirming practices, trauma-informed care, and specific communication strategies (e.g., using concrete language, allowing processing time) to ensure that the intervention is not only effective but also respectful and empowering for all neurodivergent clients.

Limitations and Future Directions

While the findings of this study are promising and contribute meaningfully to the literature on neurodiversity-affirming career counseling, several important limitations must be acknowledged to contextualize the results and guide future inquiry. First and foremost, the study's generalizability is constrained by its small, clinically homogeneous sample. All four participants were enrolled in a single school district, possessed formal Individualized Education Programs (IEPs), and had diagnoses of ASD (Level 1) or ADHD without co-occurring intellectual disability. Consequently, the findings may not extend to neurodiverse youth who are undiagnosed, do not receive special education services, have higher support needs, or present with different co-occurring conditions (e.g., intellectual disability, significant mental health crises). The experiences and outcomes for neurodiverse adolescents without IEPs or those in different educational or cultural contexts may differ substantially.

Second, the use of a single-case experimental design (SCED) with a small sample size ($N=4$) limits the statistical generalizability of the findings to the broader and highly heterogeneous population of neurodiverse adolescents. Although the multiple-baseline design strengthens internal validity by demonstrating replication across participants, the study lacks a control group. This limits our ability to rule out the influence of external factors such as maturation, ongoing school counseling, or general attention effects. Future research must intentionally include these underrepresented subgroups to determine the broader applicability and necessary adaptations of CCC.

Third, the dual role of the researcher as the intervention counselor introduces the potential for experimenter bias. Despite the use of standardized measures and a structured protocol, the counselor's knowledge of the study hypotheses and investment in positive outcomes could inadvertently influence participant interactions, data collection, or interpretation. Although fidelity checks and independent review were employed to mitigate this, the potential for bias remains a notable constraint. Future studies should employ independent counselors and blinded assessors to enhance objectivity and reduce the risk of bias.

Fourth, this study did not include a follow-up phase to assess the long-term maintenance of improvements in career decision self-efficacy and reductions in anxiety. While immediate post-intervention effects were clear and positive, it remains unknown whether these gains persist over time, translate into actual career exploration



behaviors, or impact post-secondary outcomes. This is a critical gap, as the ultimate goal of career intervention is sustained positive trajectory, not merely short-term psychological gains.

Fifth, the reliance on self-report measures (CDSE-SF and GAD-7), while valid and reliable, represents a single method of assessment. These measures, while valid, are susceptible to social desirability bias, recall inaccuracy, or transient mood states. Participants may have been inclined to report improvements aligned with perceived expectations of the intervention or the counselor. Future research would benefit from multi-method, multi-informant approaches including behavioral observations, parent or teacher reports, and objective indicators of career progress (e.g., completion of career-related tasks, application submissions).

Future research should directly address these limitations through the following specific lines of inquiry:

Efficacy and Generalizability Trials: Conduct randomized controlled trials (RCTs) or larger-scale SCED series with demographically and neurologically diverse samples. Does CCC produce significant improvements compared to control groups? How do outcomes vary across different neurodivergent profiles (e.g., ASD support levels, ADHD presentations)?

Comparative Effectiveness Research: Compare CCC with other evidence-based interventions (e.g., cognitive-behavioral career counseling). Is CCC more effective for enhancing self-efficacy and identity coherence? What are the differential mechanisms of change?

Longitudinal and Real-World Impact Studies: Incorporate long-term follow-ups (e.g., 6-month, 1-year) to evaluate maintenance of outcomes and transition success. Do gains predict subsequent career exploration or post-secondary outcomes? What booster supports are needed?

Measurement Development: Develop and validate career assessment tools specifically designed for neurodiverse populations. Can adapted narrative tools (e.g., visual "My Career Story" workbooks) provide valid indicators of adaptability? How can multi-method, multi-informant approaches enrich understanding?

Mechanisms of Change Research: Explore key mechanisms within CCC (e.g., narrative coherence, life theme clarity) through process-oriented research. Which CCI components are most associated with shifts in agency or interest integration? How do neurodivergent cognitive styles interact with narrative construction?

Implementation Science: Investigate adapted delivery formats to enhance accessibility and feasibility. Can group-based, peer-supported, or digitally delivered CCC achieve comparable outcomes? What training and supports are necessary for school counselors to implement CCC with fidelity?

Conclusion and Implications for Practice

Despite its limitations, this study provides strong preliminary evidence that Career Construction Counseling is a highly effective and appropriate intervention for neurodiverse high school students. By using a narrative approach, counselors can help these students move beyond labels and limitations to construct positive, agentic, and self-concordant career identities. The intervention simultaneously builds practical confidence in career decision-making while reducing the anxiety that so often accompanies this critical life transition.

For school counselors and career practitioners, the implication is clear: narrative methods should be a core component of career services for neurodiverse students. Practitioners should be trained in the Career Construction Interview and similar storytelling techniques. The focus should be on helping students discover their life themes, integrate their unique interests, and develop strategies for self-advocacy. By doing so, counselors can empower neurodiverse youth not just to find a job, but to design a meaningful life.

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