

Information Structural Methodology for Counselling (ISM)

The Information Structural Methodology (ISM) is the counselling implementation of the approach to career decisions as cognitive information action. "The counselling process is understood as a *simulation of imagined cognitive-affective information processing procedures in the client* within the framework of a learning process towards the counselling goal" (Ertelt, Schulz & Frey, 2022, p. 157).

In a number of vocational counselling services for young people and adults, the framework conditions are characterised by very limited counselling time, low contact frequency (often one-time counselling), high existential problem pressure on the client, high expectations on the diagnostic labour market-related skills and on the matching-related competences of the counsellor. In addition, there are often responsibilities in the area of financial allowances for further training, ending unemployment, support in the context of conversion processes and allowances for companies, for example, in the case of threatening dismissals. Therefore, career counsellors have to reconcile sometimes conflicting role requirements in order to do justice to the client and the counselling situation as well as to international guidelines, especially with regard to counselling ethics.

To understand the scientific background of ISM, the approach of Gati et al. (2019, p. 122) seems helpful. The authors distinguish a) normative, b) descriptive and c) prescriptive decision models.

To a) According to these models, 1. each alternative should be evaluated according to its subjective usefulness for one's own goals and preferences and 2. according to the estimated probability of achieving the desired result. Normative models describe the behaviour of a perfectly rational decision-maker and also assume that the advantages of an alternative can compensate for its disadvantages.

To b) Because people are generally not capable of such decision-making due to their limited capacity to absorb and process information, they are guided more by their own strategies, the so-called heuristics. For Gati et al. (2019, p. 125), this form of decision-making cannot be satisfactory from the perspective of professional guidance. Descriptive approaches are important for problem analysis, but this is just as insufficient for goal-oriented guidance as normative approaches.

To c) Therefore, the counselling-related three-phase prescriptive model "Prescreening", "In-depth Exploration", and "Choice "(PIC) was developed.

"Prescreening" means the pre-selection of possible vocational alternatives according to individual preferences and possibilities for action.

"In-depth exploration" means the in-depth study of these alternatives so that a small number of suitable courses of action emerge for final selection.

"Choice" means the final selection based on a detailed comparison of the remaining alternatives.

"The PIC model integrates descriptive models with compensatory normative models by assigning them to different stages of the decision process with appropriate adaptations, turning the complex process of career choice into a sequence of well-defined tasks resulting in a rank-order of alternatives that best fit the individual". (Gati et al., p. 131).

ISM is a scientifically eclectic approach to counselling professional decision-making and problem-solving processes. The approach is descriptive, i.e. it does not describe how to solve problems (like the normative models) but is oriented towards the client's decision-making behaviour. ISM takes place in seven guidance steps and, in this respect, also has a prescriptive character in the sense of Gati et al. (cf. Ertelt, Schulz & Frey 2022, p. 192):

Step 1: Define the situation and operationalise the concern or problem. This includes:

- Encouraging the client to describe the problem as comprehensively as possible (story),
- Differentiation of individual problem areas, together with the client,
- Assessment of the status in the problem-solving process in cooperation with the client,
- Preliminary analysis of the information needs related to the status of the problem-solving process (phase and stage reference),
- Determination of the client's involvement and problem pressure, taking into account the persons important to the client.

The necessary counselling skills include:

- Verbal and non-verbal encouragement to speak,
- a positive attitude of expectation,
- open and closed questions,
- Paraphrases and reflection of emotions,
- cognitive restructuring,
- Socratic dialogue.

Step 2: Definition of possible counselling goals

- Here, the client should play as active a role as possible and be encouraged to contribute in concrete terms his or her ideas for transforming the present state (perceived as unsatisfactory) into a future state (perceived as satisfactory).
- The counsellor then shows his point of view from an expert point of view.

Step 3: Negotiation and conclusion of a counselling contract and prioritisation of the counselling goals (preferably in writing).

- What should definitely be discussed today?
- What can be the subject of follow-up counselling?
- Which goals cannot be optimally realised in counselling and should therefore be realised using other forms (e.g. self-information, media for self-assessment, job search databases)?

Step 4: Fine-tuning the process planning and implementation of the counselling contract

- Joint fine-tuning of the objectives and approach for today's consultation,
- differentiated information deficit analysis for the specific guidance problem.

Step 5: Diagnostic phase. Here, the danger of a survey that is as comprehensive as possible, often using non-specific test procedures, must be countered. Ethically and scientifically justified are only those diagnostic procedures that clearly relate to the problems agreed upon in the counselling contract. Above all, this means identifying missing, unstructured or incomplete decision-making premises in the client. The diagnostic areas in ISM refer to:

- *Factual knowledge:* Occupational information on training and activities (such as requirements, working conditions, job content, income, promotion prospects, job security), personal perspectives (suitability from a psychological and occupational health point of view), access requirements and conditions on the training and labour market.
- *Valuation knowledge (criteria for examining alternative courses of action):* Interests, competence assessments, cultural imprints, attitudes, and own professional experiences.
- *Prescriptive premises:* Decision-making style, information behaviour, previous experience with similar problem solutions, decision-making fears, dysfunctional thinking in decision-making and problem-solving processes, experience of conflict.
- *Emotions and conflicts* that accompany problem-solving and the decision-making process, e.g. fear of committing too early (reactance), cognitive dissonance in the post-decision phase or fear of negative reactions from important attachment figures.

Diagnosis in ISM does not at all mean the comprehensive clarification of the aforementioned premise areas but rather the identification and reduction of the client's specific information deficits. In this respect, there are methodological parallels to solution-oriented counselling.

Step 6: Elaboration and weighting of alternative courses of action to achieve the goals agreed in the counselling contract. This is followed by an examination of the extent to which the client can personally commit to an alternative (commitment). In this process, particular attention must be paid to feelings of reactance and phenomena of indecisiveness. If a viable decision has been made, agreements on the realisation are to be made, if possible, on the basis of concrete written plans. It is then particularly important to prepare for post-decision conflicts, especially if it is a far-reaching decision under information uncertainty.

Step 7: Evaluation of the counselling and preparation for dealing with post-decision conflicts (cognitive dissonance). Counselling must be accompanied by an evaluative analysis that includes the following aspects:

- *Input evaluation:* quality of the clarification of concerns as well as the consideration of the personality traits and problem background of the client
- *Goal evaluation:* scope and differentiation of the counselling goals, appropriateness of the goals to the person and the case, joint formulation and agreement of the goals, and correspondence with professional, ethical and legal-institutional norms.
- *Process evaluation:* Assessment of the methodology, the intermediate results, the involvement of the participants and the transparency of the counselling.
- *Output evaluation:* Assessment of the counselling results according to quality criteria
- *Transfer evaluation:* Determining the extent to which clients want to and are able to implement the counselling results.
- *Resource evaluation:* Assessment of the efficient use of human and material resources in counselling as well as the adequacy of the framework conditions (time, space, disturbances, etc.).

Finally, the corresponding counselling skills should be listed as examples for the central steps (cf. Ertelt, Schulz & Frey, 2022 p. 195):

Problem definition and goal setting

- Verbal and non-verbal encouragement to speak
- Positive expectations
- Open and closed questions

- Paraphrases
- Reflection of the feelings
- Cognitive restructuring
- Socratic dialogue

Development of alternatives

- Brainstorming
- Other methods of creative thinking (partial change method, chessboard method, checklist method, similarities method, verbal reinforcement and positive expectation, modelling)

Weighting of the alternatives

- Concreteness
- Confrontation technique
- Comparison scheme for the evaluation of alternatives and their consequences
- Structuring
- Reinforcement

Decision and personal commitment to an alternative

- Positive challenge
- Encouragement to act
- Technique of logical consequences
- Concluding a contract for trading
- Forms of collective problem-solving (bargaining, persuasion, forced consent)
- Interpretation of feelings of reactance

Preparation for disappointments in the post-decision phase

- Self-affirmation techniques
- Role play with role reversal
- Assigning homework
- Demonstrating techniques to reduce cognitive dissonance
- Modelling

Brüning (2021, p. 213) discusses the application of ISM in other advisory settings, using the example of advisory-oriented controlling with a view to supporting managers.

The practical implementation of ISM can take place in the following steps (Ertelt, Schulz & Frey, 2022, p. 192):

Step 1:	Definition of the client's initial situation and problem definition <ul style="list-style-type: none"> – Story Telling (Client) – Cognitive Restructuring (Counsellor) – Status in the decision-making process – Assessment of problem pressure and client involvement
Step 2:	Joint determination of possible counselling goals
Step 3:	Negotiate and conclude the counselling agreement ("Counselling contract") <ul style="list-style-type: none"> – Determining the priority of the goals to be striven for – Transparent justification of the counselling process
Step 4:	Fine-tuning of the counselling process <ul style="list-style-type: none"> – Determining the status of the problem-solving process – Differentiated information deficit analysis
Step 5:	Diagnostic phase Completion or elaboration of important data in the areas of "factual knowledge", "criteria" ((evaluative knowledge) and procedures ("prescriptive premises"))
Step 6:	Combining the results of the diagnostic phase to work out and weight alternative courses of action
Step 7:	Evaluation of the counselling (goal, process, outcome) and preparation of the post-decision phase ("Cognitive dissonances")

Table 1: Steps for the practical implementation of ISM.

References

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