

An Exploration of Counselors'-in-Training Multicultural Competency when Working with
Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived
Self Efficacy

by

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Abstract

This study examined Clinical/Community Mental Health (CCMH) counselors-in-training attitudes about poverty, attributions about the causes of poverty, and levels of perceived self efficacy when working with clients of low socioeconomic status. In order to gather data regarding these variables, several survey measures were utilized: an author created demographics survey, the Attributions of Poverty Scale (Bullock, Williams & Limbert, 2003), the Attitudes about Poverty and Poor People (Atherton et al., 1993), and a researcher revised version of the Multicultural Counseling and Training Survey (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). Data analysis revealed CCMH counselors-in-training reported feeling “competent” when providing services to clients with low socioeconomic status backgrounds. In addition, completion of a multicultural counseling course and completion of a multicultural course with the inclusion of SES as a factor of diversity predicted more favorable attitudes towards persons in poverty among CCMH counselors-in-training. Lastly, CCMH counselors-in-training who identified as having primarily a structural or fatalistic attributional style indicated having more favorable attitudes towards persons in poverty than did counselors-in-training who reported primarily individualistic attributions. Implications for counselor education multicultural training are discussed.

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List of Abbreviations

| | |
|--------|--|
| ACA | American Counseling Association |
| AMCD | Association for Multicultural Counseling and Development |
| CACREP | Council for Accreditation of Counseling and Counselor Related Educational Programs |
| CCMH | Community/Clinical Mental Health |
| IRB | Institutional Review Board |
| MCCTS | Multicultural Counseling Training Survey |
| SES | Socioeconomic Status |
| SPSS | Statistical Product for Social Sciences |
| TX | Texas |
| US | United States |

Chapter 1: Introduction

The need for counselors to be trained to work with diverse client populations is mandated by the Council for Accreditation of Counseling and Counselor Related Educational Programs (CACREP) and the American Counseling Association (ACA) supervisory bodies (ACA, 2005; CACREP, 2009). When defining multiculturalism, CACREP specifically states socioeconomic status (SES) should be included as an aspect of diversity in counselor education programs (CACREP, 2009). While examining the most recent United States Census data, one might be mindful of the CACREP and ACA guidelines for including issues of socioeconomic status in multicultural training.

During the most recent census, the poverty rate was measured at 15.1% of the United States population, or 46.2 million people (US Census Bureau, 2012, <http://www.census.gov/hhes/www/poverty/about/overview/index.html>). The percentage of children in the United States living in poverty is 22%, demonstrating a significant increase from the previous year (US Census Bureau, 2012). According to the United States Department of Health and Human Services, the 2011 poverty guideline for a family of four was \$23,050 (2012). With such a large number of Americans living at or below the poverty line, it is increasingly likely clinical mental health and school counselors will have the opportunity to work with individuals of low socioeconomic status (SES) within community mental health or school setting. As such, multicultural training related to SES for counselors-in-training is an important and timely topic.

In addition to providing services for clients living in poverty, counselors must also remember they are called to advocate for their clients. Not only do the CACREP standards call for counselors to be well versed in multicultural issues, they have also called for counselors to serve as advocates. Similarly, in 2003, ACA's Governing Council adopted a framework that describes advocacy as a necessary foundation in counseling practice and counselor education (http://www.counseling.org/docs/competencies/advocacy_competencies.pdf?sfvrsn=3). This role as an advocate is based on several principles addressed in professional standards and related research (ACA, 2005; CACREP, 2009). These include addressing barriers clients face systemically, combating issues within the community, social or political policy issues, and providing clients with the tools to advocate for themselves or their community. As within other standards related to multicultural competency, these professional standards address a framework for advocacy that includes consideration of SES (ACA, 2005; CACREP, 2009).

Hollingshead (1975) reminds those within the helping profession that a sense of one's social status is not only linked to income earned, but to other factors such as education, occupation, sex, and marital status. As such, counselors are called to examine more factors than simply a client's income level, but also issues of advocacy related to client barriers and challenges within school, community, and counseling services. These concepts of advocacy in the literature match terms found in a number of the CACREP (2009) standards related to multiculturalism and counselor education training programs.

However one of the concerns related to this professional call is how well prepared counselors are to address these issues. The preamble to ACA's Code of Ethics (2005), calls member counselors to "recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts"

(p.3). While counselors-in-training often receive education related to working with persons in a variety of cultural contexts (eg: race, ethnicity, religion, etc), counselors may not receive training to prepare them to work with clients living in the culture of poverty. Furthermore, there is a paucity of research to address how well the implementation of training is occurring at the present time. There are the concerns that without appropriate training, counselors might mistakenly conceptualize the client's presenting problem as solely the fault of the client, rather than examining environmental factors that contribute to the client's presenting concern (Lott, 2002, Toporek & Pope-Davis, 2005). Toporek and Pope-Davis (2005) examined graduate student multicultural training coursework and its relationship with racial attitudes and poverty attributions. The authors discussed how multiple studies, including their own, found a pattern of unfavorable student bias towards individuals of low SES and the impact of this bias on client well being. Counselors with an unexplored bias toward clients of low SES will not provide the most effective services to the client and might mistakenly discriminate against clients in the areas of assessment, diagnosis, and treatment (Sue & Sue, 2008).

Understanding the beliefs and attitudes counselors-in-training may hold toward persons living in poverty or from lower SES is important, as it is directly linked to the impact these attitudes may have towards their potential clients. For example, counselors may be uninformed or unaware of the impact of poverty on an individual's life (Sue & Sue, 2008). There are numerous ways in which low SES can have a negative effect on the client's mental, emotional, and physical health (Wadsworth et al., 2008). When examining mental health of those individuals living in low SES, researchers have found that poverty can have an effect on mood states, feelings of helplessness, shame, inferiority, anxiety, depression, maladaptive social behavior, increased substance use, and general demoralization (Dashiff, DiMicco, Myers &

Sheppard, 2009; Wadsworth et al., 2008). More importantly, negative stereotypes about clients of low SES often include negative expectations and the belief a client's financial status is a result of the client's failure (Lott, 2002, Toporek & Pope-Davis, 2005).

Toporek & Pope-Davis's (2005) early investigation into multicultural coursework and student attitudes toward persons in poverty found that graduate students with an increased number of multicultural courses were likely to report poverty status being a result of structural or systemic barriers (eg: lack of education, lack of job opportunities, etc). Students with fewer multicultural courses were found to view poverty status as a result of individual differences (laziness, poor money management skills, etc). Students who hold individualistic attributions about the causes of poverty might fail to understand the client's presenting problem and inadvertently blame the client for the cause of their distress, rather than examining environmental factors (Toporek & Pope-Davis, 2005). Thus, the client feels misunderstood by the helping professional or the client feels at fault for their current situation (Toporek & Pope-Davis, 2005). In addition, positive qualities (e.g. client strengths) are likely to be overlooked by counselors who hold negative bias toward clients in poverty (Haverkamp, 1994; Morrow & Deidan, 1992 in Toporek & Pope-Davis, 2005). As a result of these findings, Toperick, Lewis, and Crethar (2009) discuss the need for increased training in systems level issues, appropriate interventions, and ethical concerns regarding advocacy roles in counselor education programs. The authors also suggest that there is a need for further research to understand these beliefs and attitudes, as a foundation for future training and professional recommendations.

Significance

CACREP and ACA multicultural training is an imperative part of counselor training and education. When examining economic status specifically, ACA and CACREP are sure to include this aspect of diversity in their standards for ethics and training (ACA, 2005; CACREP 2009). In addition, the counselor educators incorporate training related to SES in several of the CACREP multicultural standards to examine cultural bias, social barriers, advocacy, social justice, and concepts of privilege (CACREP, 2009) While CACREP and ACA have mandated in their respective standards that socioeconomic status should indeed be included in counselor multicultural training, counselor education programs have been slow to include such issues in student training (Smith, Foley, & Chaney, 2008). This limitation on training is disconcerting when considered in relation to changing demographics in the United States. Specifically, the poverty rate in the United States in 2010 was measured at 46.2 million people (15.1% of the US Population), increasing for the third straight year (US Census Bureau, 2012, <http://www.census.gov/hhes/www/poverty/about/overview/index.html>). The percentage of children in the United States living in poverty was 22%, again increasing from the previous year (US Census Bureau, 2012).

CACREP and ACA both task counselor educators to facilitate student learning within several areas, including aspects of multicultural counseling. Both organizations incorporate economic status when defining the term *multicultural* (ACA, 2005; CACREP, 2009). CACREP uses several terms in the 2009 standards that describe aspects of multiculturalism and different populations. These include the terms “specific populations,” “cultural bias,” “power,” “privilege,” “social barriers,” “advocacy,” “social change,” “economic,” “cultural relevance,” “cultural factors,” and “social justice” (CACREP, 2009). The term “poverty” is mentioned

explicitly one time in the standards, while the terms “socioeconomic” or “economic” are mentioned 6 times (CACREP 2009). However, as we have already seen, SES is included in CACREP’s general definition of “multiculturalism,” and therefore educators should remember it when addressing any multicultural standard in counselor training.

The importance of socioeconomic status being addressed in counselor education is related to the danger of unchecked counselor bias and potential harm to clients upon completion of counselor training. Stigma associated with poverty and the impact of low socioeconomic status has been well documented to have a negative impact on clients. (Cutrona, Wallace & Wesner, 2006; Dashiff, DiMicco, Myers & Sheppard, 2009; Lott, 2002; Toporek & Pope-Davis, 2005; Wadsworth et al., 2008). The stigma and impact of low socioeconomic status affects many aspects of the client’s welfare, including physical health, mental health, academic performance, and social interaction with others, (Dashiff, DiMicco, Myers & Sheppard, 2009; Wadsworth et al., 2008; Weaver & Yun, 2010). In addition, clients may fail to recognize the impact of their environment on their mental health standing (Cutrona, Wallace & Wesner, 2006). As a result, counselors-in-training may mistakenly attribute a client’s presenting problem as solely the fault of the client, rather than examining the many factors, such as SES and stigma that contribute to the client’s presenting concern. Knowing these trends, it is important to examine the types of multicultural training counselors-in-training currently receive within educational programs, counselor-in-training attitudes concerning low SES, counselor-in-training attributions about the causes of low SES, and how prepared counselors-in-training report being prepared to work with this particular client population.

Purpose

With such large numbers of the US population living at or below the poverty threshold, the likelihood that counselors-in-training will encounter this population is increasing. Furthermore, when we consider the research on attitudes and beliefs about poverty in the general population, and the limited training on these issues in Counselor Education, concerns about counselors' attitudes and beliefs becomes a more critical issue. However, there is a paucity of research on counselor's-in-training attitudes and beliefs about persons living in poverty.

The purpose of this study is to examine master's level counselors-in-training attitudes towards persons of low SES, attributions about causes of low SES, and perceived self efficacy when working with clients from a low SES background. In addition, the study will examine both CACREP and non-CACREP accredited counselor education programs in the United States to identify multicultural training experiences within counselor education programs. Lastly, the variables will be examined to determine if there is a relationship between counselor-in-training attitudes, attributions, self efficacy, and multicultural educational/training opportunities. Data will be gathered "in person" from master's level counselors-in-training who complete a series of quantitative questionnaires and a demographics form.

Research Questions

In order to examine counselors-in-training beliefs associated with socioeconomic status, efficacy, and training, the following research questions will be examined:

1. What attitudes do counselors-in-training hold regarding low SES?
2. What attributions do counselors-in-training hold regarding causes of low SES?

3. What is the level of perceived self efficacy counselors-in-training have when considering working with clients from low SES backgrounds?
4. What is the relationship between counselor-in-training demographic variables (age, socioeconomic background, education, gender, and race) and counselor-in-training attitudes regarding persons of low SES?
5. What is the relationship between counselor-in-training self efficacy and attitudes regarding low SES and counselor-in-training explanations about the causes of poverty?

Definition of Terms

Attributions of Poverty: “General beliefs about the causes of poverty,” (Davidson, 2009, p. 136).

Attributions of poverty are generally separated into 3 categories: individualistic explanations (qualities within someone such as laziness), structuralistic (environmental causes such as a poor educational system) and fatalistic (bad luck, such as a car accident) (Bullock, Williams, Limbert, 2003). For the purposes of this study, attributions of poverty will be measured using the Attributions of Poverty Scale developed by Bullock, Williams & Limbert (2003).

Attitude: “A relatively stable and enduring predisposition to respond positively or negatively to a person, event, and so forth,” (Gladding, 2006, p.15). For the purposes of this study, attitudes about poverty and poor persons will be measured using the Attitudes toward Poverty Scale (Atherton et al., 1993).

Poverty: A multidimensional definition includes “not only a lack of means but also as the lack of other critical assets for human development, especially health and education,” (Alkire, 2007 as cited in Yoshikawa, Aber, & Beardslee, 2012, p. 273).

Multicultural: “term denoting the diversity of racial, ethnic, and cultural

heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities,” (CACREP, 2009, p. 61).

Multicultural Self Efficacy: For the purposes of this study, multicultural self efficacy will be defined as “counselors' beliefs about their ability to perform counseling-related behaviors or to negotiate particular clinical situations” related to working with clients of low socioeconomic status (Larson & Daniels, 1998 as cited in Lent, Hill, & Hoffman, 2003).

Socioeconomic Status: “Socioeconomic status (SES) is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group,” (APA, 2011, <http://www.apa.org/pi/ses/resources/publications/factsheet-education.aspx>)

- Low Socioeconomic Status, for the purposes of this study, is a term used to describe a range of people, including those live below the US government’s poverty line, persons who do not have access to adequate resources, the working poor, and food insufficient households (Shobe, 2002).

Summary

In conclusion, this chapter provided an overview of the components required by several supervisory bodies within the professional counseling and counselor educator profession. In addition, the literature concerning how a client might be impacted by SES or bias was briefly discussed. This chapter provided the significance and focus of the proposed study to examine the counselors’-in-training attitudes associated with low socioeconomic status, counselors’-in-training attributions of low socioeconomic status, counselors’-in-training perceived self efficacy

to provided services to individuals of low socioeconomic status, and types of counselor multicultural training relevant to SES experienced during counselor education training.

Chapter 2: Literature Review

Introduction

The requirement for counselors to have the knowledge and skills needed to provide services to a multicultural client population is one mandated by several professional organizations within the field of counselor education. CACREP and ACA both discuss aspects of counselor preparedness related to issues of multiculturalism. If counselors are unable to develop knowledge and skills in areas of multiculturalism, they might not have the opportunity to challenge their own pre-existing bias or stereotypes related to a particular multicultural client issue (Sue & Sue, 2008).

One of the many aspects of multiculturalism includes socioeconomic status (CACREP, 2009). Low socioeconomic status can have a mental, physical, and social impact on the client as well as involve internal and external issues of stigma and prejudice (Yoshikawa, Aber, Beardslee, 2012; Marsh-McDonald, & Schroeder, 2012). A counselor that fails to recognize these issues is unable to conceptualize all the factors that impact the client from a lower socioeconomic status. In addition, the counselor might mistakenly blame the client for a presenting problem, rather than examining the impact of environmental factors related to socioeconomic status on the client's presenting problem (Cutrona, Wallace, & Wesner, 2006). Thus, the counseling relationship might be ineffective or potentially harmful to the client (Sue & Sue, 2008). The following chapter will examine the multicultural training mandates of CACREP and ACA, how socioeconomic status is measured, the impact of socioeconomic status on both

counselor and client, and types of multicultural training related to socioeconomic status. An appropriate beginning to this discussion is consideration of the foundations of training and education in counselor education that pertain to socioeconomic status.

Multicultural Training Mandates: Inclusion of Socioeconomic Status in Counselor Education and Training

CACREP Standards. When examining the CACREP 2009 standards for counselor training, the term “multicultural” is commonly used in standards related to topics and coursework. CACREP defines “multiculturalism” as including racial/ethnic/cultural heritage, socioeconomic status, age, gender, sexual orientation, religious/spiritual beliefs and physical/emotional/mental abilities (2009). Standards related to multiculturalism appear in the CACREP core foundation areas of Social and Cultural Diversity, Human Growth and Development, Career Development, Assessment, and Research and Program Evaluation (CACREP, 2009). These core foundation areas are ones which CACREP requires in all general counselor education to include, regardless of counselor specialty area. In addition to counselors-in-training gaining knowledge of these standards during their counselor education program, their specific area of professional practice may require additional standards to be met regarding multiculturalism. All areas of specialization as defined by CACREP (Addictions Counseling, Career Counseling, Clinical Mental Health Counseling, Marriage/Couple/Family Counseling, School Counseling, Student Affairs/College Counseling, and Doctoral Counseling Education/Supervision) have additional standards specifically related to multiculturalism to be included in training programs (CACREP, 2009). Thus, counselors-in-training in CACREP programs are expected to receive multicultural training in both core foundation areas and specialty areas of their education.

In addition to areas of multiculturalism, issues of social justice and advocacy also appear regularly in the 2009 CACREP standards. When examining issues of social justice and advocacy within the CACREP standards, counselors are called to “oppose or work to change policies or procedures, systemic barriers, long standing traditions, and preconceived notions that stifle human development,” (CACPRE, 2009, p. 29). There are 57 standards in the 2009 CACREP standards related to multiculturalism, social justice, or advocacy. Five of the eight CACREP foundation areas include some standard related to multiculturalism, social justice, or advocacy. CACREP standards task counselors to understand more than simply income struggles associated with SES. The CACREP (2009) standards discuss how counselors should be able to examine issues of client barriers, bias, social justice, advocacy, oppression, discrimination, power, and privilege. The literature has well documented of the barriers faced by persons of low SES including educational concerns, vocational limitations, social exclusion, and other environmental factors such as crime within neighborhoods (Alaimo, Olsen & Frongillo, Jr., 2001; Alaimo, Olson, Frongillo, & Briefel, (2001); Belle, 2003; Cutrona, Wallace, & Wesner, 2006; Shobe, 2002; Yoshikawa, Aber, Beardslee, 2012). Additionally, issues related to physical health, mental health, and access to care are related to a person’s SES (Dashiff, DiMicco, Myers & Sheppard, 2009; Simmons & Swanburg, 2008; Wadsworth et al., 2008).

The multicultural issues associated with low SES are more complex than simply low household income. The importance of counselors understanding the many aspects of multiculturalism related to low SES cannot be overstated. Counselors who provide services with personal unchecked SES bias could be in danger of harming clients. For example, the counselor might assign blame to the client, rather than considering the environmental context and its impact on the client’s situation (Cutrona, Wallace, & Wesner, 2006). When examining the

CACREP core foundation areas, 10 of 56 standards are related to multiculturalism, social justice or advocacy (2009). In addition, every specialty area of study identified by CACREP includes some standard related to multiculturalism, social justice, and advocacy. In a preview of the upcoming (Draft #1) 2016 CACREP standards, 17 of the 77 foundation standards related to the eight core areas include standards related to multiculturalism, social justice, or advocacy (CACREP, 2013).

ACA Standards. The Preamble to the ACA Code of Ethics includes mention of members recognizing and embracing “diversity and cross cultural approaches in support of the worth, dignity, potential and uniqueness of people within their social and cultural contexts,” (ACA, 2005, p.3). In addition, the first code listed in the Code of Ethics is that counselors do no harm to the client by “respecting the dignity” and “promoting the welfare” of clients, (ACA, 2005, p.4). As ACA calls its counselors in the training to hold the same standards as practicing counselors, students are also called to do no harm to clients and support clients in a variety of multicultural contexts. As such, counselors in training must examine their own attitudes and bias related to all aspects of multiculturalism, including attitudes and bias associated with SES. Failing to do so could lead to an ineffective counseling relationship, mistaken attributions of the client’s presenting problem, or actual harm to a client (Cutrona, Wallace, & Wesner, 2006; Sue & Sue, 2008).

Within the Code of Ethics, there are 12 codes related to diversity as it relates to interactions with the client, the practice of supervision, educational coursework and training programs, faculty and students, and research/publications. ACA defines multicultural competence as “a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in

practice with clients and client groups,” (ACA, 2005, p. 20). The issue of socioeconomic status is addressed 3 times in the ACA 2005 Code of Ethics. Being mindful of a client’s SES is included in the non-discrimination policy and in the code related to assessment (C.5. & E.8). Perhaps the most critical code related to SES is E.5.b. related to diagnosis, “Counselors recognize that culture affects the manner in which clients’ problems are defined. Clients’ socioeconomic and cultural experiences are considered when diagnosing mental disorders,” (ACA, 2005, p.12). SES is a particularly important aspect to consider when diagnosing a client as the environment can have such an impact on the client’s presenting program. For example, food insufficiency in children has been found to impact academic progress, number of school suspensions, antisocial behavior, physical health, and mental health (Alaimo, Olson, Frongillo, & Briefel, 2001; Dubow, E.F. & Ippolito, 1994; Taras, 2005).

Both CACREP and ACA have addressed the importance of counselors and counselors-in-training to include aspects of multiculturalism within clinician training and practice (ACA, 2005; CACREP, 2009). Both ACA and CACREP documents discuss the importance of helping professionals examining their own bias related to multicultural issues and the importance of examining multiple sources of information when conceptualizing a client’s presenting problem. The next section presents a review of the literature related to socioeconomic status. Specifically, how SES is measured and defined by the United States government and helping professionals, how SES impacts eligibility to aid programs, how SES impact the client on multiple levels (physical, social, vocational, educational, mental), and of attitudes and attributions associated with socioeconomic status in American culture.

Examining Concepts of Socioeconomic Status

It is clear that the counseling profession highly emphasizes training that incorporates consideration of socioeconomic status. This parallels research that indicates that persons living in lower socioeconomic status often considered living in poverty, experience cultural, social, and personal bias and stigma (Marsh-McDonald, & Schroeder, 2012). In examining these variables as they relate to counseling it is important to consider how poverty and lower socioeconomic status are defined. Currently, there are two ways the government qualifies low socioeconomic status: poverty thresholds and poverty guidelines.

The poverty thresholds used by the United States government were developed from 1963-1964 by an economist working within the Social Security Administration named Mollie Orshansky (Fisher, 1992). Rather than using a “standard budget” format and adding the cost of goods and services that a typical family would consume in a year, Orshansky based the early poverty thresholds on the cost of food (Fisher, 1992). The decision to base the poverty threshold on the cost of food rather than on goods and services was due to there being no standardized cost or minimum quantity of all the goods and services required by a family during a one year time frame (Fisher, 1992). In addition, at the time of the creation of the poverty threshold, Orshansky estimated food expenses would be account for roughly 1/3 of a family’s income (Fisher, 1992). After 1963, the poverty threshold was calculated using the Consumer Price Index, rather than the Department of Agriculture’s estimation of food cost (US Department of Health and Human Services, 2012, <http://aspe.hhs.gov/poverty/faq.shtml#programs>). Currently, the US Census Bureau uses poverty thresholds to estimate the number of persons living in poverty. The Census Bureau can further classify the number of persons living in poverty by race/ethnicity, age,

gender, region of residence, etc (US Census Bureau, 2012). The poverty thresholds do not vary based on the geographical location of the family.

Poverty thresholds differ from poverty guidelines in that they are easier to understand and often used to determine eligibility for federal aid programs. These guidelines are created on an annual basis by the Department of Health and Human Services and published at the start of the calendar year. This is in contrast to the poverty threshold, a number which is only finalized in the following calendar year. Thus, poverty thresholds are used for statistical purposes whereas poverty guidelines are have a more practical application used to determine level of federal assistance (US Department of Health and Human Services, 2012). Types of federal assistance include such programs as Medicaid, Headstart, food stamps, reduced cost/free school lunch, job training programs, and legal assistance (Health and Human Services, 2012, <http://aspe.hhs.gov/poverty/faq.shtml#programs>). When determining poverty status, the government examines income “earnings, unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources,” (US Census Bureau, 2012, <http://www.census.gov/hhes/www/poverty/about/overview/measure.html>).

One of the most significant challenges facing individuals who are addressing issues of poverty is that many people are not classified by federal government programs as being in poverty and yet continue to encounter unmet needs (Yoshikawa, Aber, & Beardslee, 2012). There are many individuals in the US who are classified as being in lower socioeconomic status and struggle personally, economically, and culturally because of this status. The recent

economic changes in the last 5-10 yrs. has significantly increased the numbers of individuals in the US in this category, often these are people struggling with employment, housing, and food sustainability. It is based on these issues that many agencies and organizations have recommended differing methods for assessing and defining who is living in poverty (Haveman, 2009). While the United States government uses income to qualify poverty status, other ways of classifying low SES and unmet need include absolute poverty, asset poverty, relative poverty, and being a member of the “working poor,” (Yoshikawa, Aber, & Beardslee, 2012).

Absolute poverty is qualified as having lack of basic needs, such as food and shelter. Absolute poverty is often measured by some external qualification, such as the poverty threshold numbers set by the US government on a yearly basis (Yoshikawa, Aber, & Beardslee, 2012). An example of absolute poverty would be a family that has difficulty maintaining housing due to financial difficulties or has to seek assistance from the food bank on a regular basis.

Asset poverty is defined as one’s lack of resources. These resources include finances other than income, such as investments in stocks/bonds or home equity (Shobe, 2002). If families are not able to build assets without jeopardizing their public assistance that addresses immediate needs (such as food, shelter, medical care), they are unable to have the assets benefit their children, continuing the trend of low socioeconomic status, (Shobe, 2002).

Relative poverty is defined as income that is 50-60% lower than the national median household income (Aber, Jones, & Raver, 2007). Relative poverty thresholds are determined by spending habits or income of a population (National Academic Press, 1995). For example, when establishing the relative poverty threshold, the median amount of income of a population is divided by 50%, so a family earning 50% less than other families is in relative poverty. The family has access to only half of the (median) income earned by other families. Relative poverty

is subjective in nature and fluctuates based on participants surveyed and their perception of required income to maintain a minimal standard of living. Although this way of measuring poverty is not stable and can be difficult to define from year to year, it might offer more insight into the true level of income needed to maintain all aspects of a family's living expenses, National Academic Press, 1995).

The “working poor” is not a term that is used by the US Census Bureau to describe a group of people (US Census Bureau, 2013, <http://www.census.gov/hhes/www/poverty/methods/definitions.html>), as there are multiple definitions of the term. For example, a household of 1 full time worker and 2 dependents might fall below the poverty line although full time hours are being maintained at a minimum wage job and be considered a member of the “working poor”. This is an example cited in the most recent State of the Union Address by President Obama to outline his proposal for an increase in hourly minimum wages to \$9/hour (Office of the Press Secretary, 2013). Other researchers cite the “working poor” as households whose income level falls within 250% of the poverty threshold (Simmons & Swanburg, 2008).

When examining the types of low SES states and the “working poor” status, it can be helpful to have an understanding of minimum wage earnings in the United States. Currently, the federal minimum wage is \$7.25/hour. There are 5 states (Alabama, Louisiana, Mississippi, Tennessee, and South Carolina) with no laws designating a state minimum wage requirements and no data is provided by the Department of Labor concerning pay rates per hour for these states. There are 19 states (and District of Columbia) with state laws requiring minimum wage to be greater than the federal standard of \$7.25 (Department of Labor, 2012). The two states with the lowest (standard) minimum wage are Georgia and Wyoming at \$5.15/hour. Finally,

there are 3 states that have special minimum wage rates based on the income of the business. In the state of Oklahoma, businesses with less than 10 full time employees OR businesses with annual gross sales of less than \$100,000 may pay their employees a rate of \$2/hour. In Montana, businesses with a gross annual income of \$110,000 or less may pay their employees a rate of \$4/hour. Lastly, businesses in Minnesota with an income of less than \$625,000 may pay employees at a rate of \$5.25/hour. The state of Washington is the highest rate of hourly pay at \$9.19/hour. Washington is the only state that pays workers a minimum hourly rate over \$9.00/hour (United States Department of Labor, 2013).

As demonstrated above, the simple income “cut off” of the poverty threshold does not accurately capture the picture of lower socioeconomic status. The poverty threshold does not illustrate how a lack of resources is *more* than simply a lack of income. CACREP and ACA both understand how the obstacles associated with lower socioeconomic status impact society. These organizations understand persons living in poverty face a myriad of challenges in addition to simply a low household income. As a result, both set forth standards that counselors are to recognize the social and economic barriers and the social, educational, physical health and mental health manners in which they impact clients (CACREP, 2009; ACA, 2005).

The Impact of Low Socioeconomic Status on Clients

As discussed above, the designation of low socioeconomic status can include persons living in poverty as classified by the US government, persons who do not have access to adequate resources, the working poor, and food insufficient households. There are a number of ways low socioeconomic status can have an impact on clients, including mental, physical, social, career, and educational consequences (Alaimo, Olsen & Frongillo, Jr.,2001; Alaimo et al., 2001; Dashiff, DiMicco, Myers & Sheppard, 2009; Wadsworth et al., 2008). The importance of

considering SES in treatment planning cannot be overstated, as this understanding will give the counselor a more complete understanding of the complexities of the client's presenting problem and potential treatment considerations applicable to client's unique situation.

When examining mental health of those individuals living in poverty, researchers have found that low SES can have an effect on mood states, feelings of helplessness, shame, inferiority, anxiety, depression, dependence, issues with maladaptive social behavior, increased substance use, and general demoralization (Dashiff, DiMicco, Myers & Sheppard, 2009; Sue & Sue, 2008; Wadsworth et al., 2008). These mental health issues are understandable, considering individuals of lower SES report feeling they have less control over their situation, (Kraus, Piff, & Keltner, 2009). These symptoms impact both the parents and children within the family.

In addition to mental health concerns, low SES clients may experience a lack of resources that can impact physical health. Researchers have found higher levels of income, in addition to resources such as private insurance, significantly predicted better physical functioning and slower rates of physical decline among middle age to older adults (Kim & Richardson, 2012). Belle (2003) discusses how women in particular often have employment that is underpaid, without medical leave time, and without healthcare benefits. A combination that often leaves women deciding between paying out of pocket for expensive health care while potentially losing a job due to extended absence OR not seeking health care and maintaining employment (Belle, 2003). In addition to healthcare concerns seen by adults in low SES families, the negative consequences can also be seen in the child's state of health. A state of stress is constantly activated in children of low SES, impacting the effectiveness of the immune system (Blair & Raver, 2012; Essex Klein, Cho & Kalin, 2002; Lupien, King, Meaney, & McEwen, 2000 as cited in Yoshikawa, Aber, & Beardslee, 2012).

There are a number of social consequences of lower SES when examining the client and family. For example, researchers have shown parents of low SES often have less time and financial resources to dedicate to their children's educational achievement (Yoshikawa, Aber, & Beardslee, 2012). In addition, having few resources predicts caregiver stress level and unresponsive parenting style which in turn impacts child social and emotional development (Yoshikawa, Aber, & Beardslee, 2012). When observing client living arrangements, the impact of SES can again be observed having both educational and social consequences. Children living in poverty might also have difficulty within the school environment, as students whose families do not own a home, but rather rent, are more likely to have to moved repeatedly, thus disrupting the school year and the child's social and educational environment (Shobe, 2008). In addition, children living in food insufficient households have been shown to demonstrate problematic classroom/social behaviors with other children and lower academic achievement (Alaimo, Olsen & Frongillo, Jr., 2001; Alaimo et al., 2001). Research indicates that the consequences of low SES can be cumulative, and a child impacted at an early developmental stage can be delayed in future stages (Yoshikawa, Aber, & Beardslee, 2012).

Attitudes and Attributions Associated with Low Socioeconomic Status

The literature discusses a myriad of issues the client of low SES might encounter within the physical and mental health settings. In addition, the research clearly identifies other negative impacts of low SES on social, vocational, and educational functioning. Identifying how the low SES impacts clients in daily life is one aspect of counselor education related to multicultural counseling. Another facet of counselor training related to SES has to do with attitudes held regarding persons of low SES and beliefs about how the client came to be in the position of

lower SES. These beliefs about the causes of poverty can be linked to negative attitudes and stereotypes toward persons of low SES (Sigelman, 2012).

An attribution is defined as a general belief about the cause of something (Davidson, 2009). In the case of socioeconomic status, there are three general beliefs about the causes of poverty or wealth: Individual attributions, structural attributions, or fatalistic attributions (Bullock, Williams, & Limbert, 2003). Individualistic attributions are related to the person living within poverty (Davidson, 2009). A person with an individualistic attribution of poverty might believe there is a flaw within another person of low SES (Lott, 2002). For example, believing one of low SES is lazy, a poor manager of resources, of low intelligence, has a substance abuse problem, etc. Structural attributions of poverty are ones related to social and economic factors within the environment (Bullock, Williams, & Limbert, 2003). For example, poor school systems, the economy, discrimination, and other social barriers are to blame for the causes of poverty. Lastly, fatalistic attributions of poverty are related to poor luck or other ill-fated circumstance (Bullock, Williams, & Limbert, 2003). An example of a fatalistic event would be family illness and medical bills, a car accident, or other unforeseen unfortunate event.

In general, Americans tend to have an individualistic attribution of poverty (Bullock, Williams, & Limbert, 2003; Davidson, 2009; Sigelman, 2012). In addition, Americans tend to believe that a wealthy person is also responsible for their fortunate financial situation (Sigelman, 2012). Research has shown even children as young as first grade perceive a wealthier person as more competent than a poor person, but had difficulty explaining concepts of wealth and poverty when asked by researchers (Sigelman, 2012). When examining the attitudes and attributions related to poverty of counselors-in-training, Neynaber (1992) found “significant patterns of bias against clients from low social class backgrounds and those with physical disabilities,” (Toporek

& Pope-Davis, 2005, p. 260). Knowing these trends, it is important counselor education programs address bias and negative stereotypes so that helping professionals will be able to deliver appropriate services to low SES clients (Sue & Sue, 2008).

When examining attitudes and attributions related to poverty among helping professionals, research has demonstrated multicultural counselor education increasing structural attributions of poverty and decreasing individualistic attributions of poverty (Davidson, 2009; Toporek & Pope-Davis, 2005; Weaver & Yun, 2010). Boysen (2009) discusses the importance of examining bias when engaged in multicultural counselor education activities such as awareness, knowledge, and skills. When engaging in counselor education training, students will have the opportunity to examine preconceived notions associated with their beliefs about persons in poverty and the causes of poverty. Toporek & Pope-Davis (2005) found students increased structural attributions of poverty as the number of multicultural counseling courses completed increased. In addition, the same study found practicing counselors could engage in continuing education activities after graduation, such as multicultural workshops, to decrease individualistic attributions of low socioeconomic status. This is particularly important after students graduate from counselor education programs and are practicing within the community (Toporek & Pope-Davis, 2005).

Types of Training Related to Multiculturalism

Hayes (2008) discusses how themes of multicultural counselor training have grown beyond cultural sensitivity and include a consideration of marginalized groups in society. As the literature above has shown, multicultural counseling training does have an impact on trainee attitudes and bias related to SES. There are a variety of training methods related to multicultural training including course assignments, course readings, and course topics, (Pieterse, Evans,

Risner-Butner, Collins, & Mason, 2009). These methods can be further divided into specific activities. For example, after an examination of 54 syllabi related to multicultural training, researchers found 8 common task within course assignments: cultural autobiography, cultural immersion experience, midterm and final examination, term paper, self awareness exercise, counseling skills assessment, group project, and social justice advocacy project, (Pieterse et al., 2009). When examining course reading assignments, the same researchers found of the 54 course syllabi, 26 courses offered a text that discussed aspects of inequality or oppression in addition to racial/cultural diversity themes. Lastly, when examining course topics of the same syllabi sample, 12 of the 54 syllabi included social class as a course topic, with only 7 syllabi specifically including poverty as a course topic. Overall, the authors found that counselor education programs are starting to include issues of multiculturalism beyond racial themes, however the inclusion of social justice issues, such as poverty and classism, is not yet considered an “area of sustained and focused instruction,” (Pieterse et al., 2009). As the inclusion socioeconomic status lacks standardized “focused instruction” in multicultural coursework, the following section will include different models and multicultural training that have been used to expose students to issues of training related to socioeconomic status.

Traditional Models of Multicultural Training

Some of the interventions used to address stereotypes and bias are cognitive in nature, since of course stereotypes themselves are cognitive. One of the interventions Boysen (2010) recommends for counselor educators is to teach counselors in training the concepts of dual processing. Dual processing is defined as “the existence of both automatic processes that require little to no conscious thought and of controlled processes that necessitate extensive use of cognitive resources,” (p. 213). In learning about the way thoughts are “programmed” into one’s

mind through repetition over the years, the thoughts become automatic and often come quickly to the mind when presented with a particular situation. Knowing this, counselors in training can begin to understand how stereotypes start and how they are maintained in the thought processes as implicit biases. Implicit bias is defined by Greenwalk, McGhee, & Shwartz (1998) in Boysen (2010) as, “actions of judgments that are under the control of automatically activated evaluation, without the performer’s awareness of that causation,” (p. 1464). With the knowledge of this process, counselors-in-training can discuss or reflect on how they feel they have been impacted by this process and how they might begin to change these unconscious biases.

Didactic and Experiential Learning

When examining concepts related to socioeconomic status, one can see how social barriers, discrimination, and oppression themes associated with low SES also align with concepts of social justice and advocacy (Sue & Sue, 2008). Social justice and advocacy are components of CACREP 2009 standards and will continue to be present in the 2016 standards. Counselor Educators are called to include topics of advocacy in student training that address barriers to client wellbeing and growth (CACREP 2009). Although there are not an overwhelming number of models on teaching advocacy within the classroom, there are several models that have been examined in the literature over the past several years, such as the Liberation Model, “First Year Experience” (FYE) participation by first year doctoral students at Boston College, or a combination of didactic and experiential learning (Abreu, 2001; Steele, 2008; Goodman et al., 2004).

The Liberation Model includes four major components outlined by Steele (2008) for teaching advocacy within the classroom. The model is based on the work of Paulo Freire and is commonly used to work with master’s level graduate students. The first phase involves the class

exploring the majority cultural and political values and ideas. The students often explore these themes from accessing print in society (such as magazines or newspapers) or television. The class then discusses and analyzes the findings in addition to writing some type of reflection about the experience. Next, the class engages in the same process as it relates to counseling and examines the dominant values within the field of counseling. Students are able to access this information through professional journals and the results are discussed and analyzed in the classroom. Students also typically write some type of reflection to accompany this stage of the learning process. Thirdly, students define and study one of the issues they discovered in examining both the dominant values in both culture and counseling. The students work in small groups to research this issue further. Lastly, the students work in small groups to discuss solutions to this issue, develop a plan of action (advocacy interventions) and present their findings to the rest of the students within the class, (Steele, 2008).

Another model commonly used within the classroom to teach advocacy skills or address social justice issues includes service learning. In examining the concept of service learning, in which students go out into the field and partner with programs that target specific populations, one can see how students can take the knowledge they gained in the classroom and apply it within the community. For example, first year doctoral students at Boston College are required to spend 6 hours a week working with a community organization that addresses the needs of the people within the community. The organizations are typically schools, courts, health departments, or organizations that address specific needs of the people within the community. The students are exposed to issues they might not experience within the confines of an office at the local mental health center. “Rather than working in traditional roles at these sites, students

develop skills in prevention, interprofessional collaboration and advocacy,” (Goodman et al., 2004, p. 808).

The concepts of service learning or advocacy experiences again are suggested when looking at cognitive interventions to address stereotypes. Boysen (2010) also suggests that students have the opportunity to develop a relationship with populations stereotyped in order to decrease stereotypes. By doing so, the implicit bias toward the group will decrease (Aberson, Shoemaker, & Tomolillo in Boysen, 2010). Other methods of change include having the students become involved with multicultural advocacy groups or researching/writing about admired figures from multicultural backgrounds. Researchers have found that students engaging in service learning experiences do model a decrease in individualistic attributions related to the causes of poverty and enhance student multicultural competencies (Davidson, 2009; Baggerly, 2006).

Another training method discussed in the literature is one of José Abreu, who discusses a twofold approach to training: a classroom component as well as an experiential component. Abreu (2001) gives formatting composed of six sections designed for lectures within the classroom: *bias, prejudice, and racism as a continuum, functions of cognitive schema and stereotypes, automaticity in perceptual bias, automaticity in racial bias, stereotypes and counselor bias*, and the findings of *research on stereotype change*. In the first section, *bias, prejudice, and racism as a continuum*, students examine how prejudice can exist in a variety of overt and covert ways. The next four sections examine how stereotypes are developed, the types of stereotypes within the counselor in training or client, and how these stereotypes may be *automatic*, or outside the conscious awareness (ie: implicit bias). These are all activities that occur within the classroom setting. The next portion of the training includes students engaging

in experiential activities outside of the classroom. The activities include student role playing and partnering with another student from a culturally different background to discuss their different experiences Abreu (2001).

These models are similar to the program Auburn University follows within the *Counseling Diverse Populations* Course offered to graduate students. Similarly to the Liberation Model, students identify the dominant cultural views and beliefs within the country and the world of mental healthcare. This is done verbally in the classroom and students are asked to identify current issues and then come to class prepared to report and share these issues with their peers. Students document this experience both in journal writings required as a portion of the course content, but also reflect on their experiences in the professional portfolio degree program requirement. Next, the students break into small groups and select a topic of interest. The small groups research the topic and spend a portion of the semester preparing to teach the class about the topic. The group works together to identify the implications for their peers who will take the information with them into the workplace (Crumley, Iarussi, Stafford, Lacy, & Tyler, 2012). In addition to presenting to the classroom and educating their peers on the findings related to the group topic, Auburn students also complete a service learning component to the project, such as putting into action some advocacy actions that could be taken to address the social justice issue. This plan of action is similar to the teaching model used by Boston College in their First Year Experience service learning, in which students get the chance to see firsthand the issues within the community related to social justice and advocate for change.

When considering the effectiveness of poverty intervention strategies, a comprehensive literature review by Yoshikawa, Aber, & Beardslee (2012) revealed several implications for educators and practitioners. First, interventions targeting the community can have a positive

impact on children's mental, emotional, and behavioral health; however, there is not much evidence to support these interventions actually decreasing the family poverty level. The researchers also established poverty reduction programs (i.e. government tax programs or other community programs) as a way of increasing family income and having a positive impact on the mental, social, and behavioral health of the child. Knowing this connection, counselors can recall their advocacy skills to make a positive impact within their community on a larger level, such as bringing attention to the need for beneficial programs in their particular city. A third implication for educators resulting from Yoshikawa, Aber, & Beardslee (2012) is that a combination of strategies and interventions (involving parents, peer-based, or classroom) delivered at the same time are very effective for the client and family. There is no one ultimate intervention to include on a treatment plan when considering clients of low SES. Counselor educators and counselors practicing in the community must be mindful that a number of methods might be useful in treatment planning. Although clients all have the common factor of experiencing low SES, interventions and strategies for helping will need to be adjusted for each particular client situation (Yoshikawa, Aber, & Beardslee, 2012).

Summary

Issues related to multicultural counselor education and training are expanded beyond the traditional training related to racial and ethnic differences among clients to include other oppressed or marginalized groups, (Pieterse et al., 2009). As such, among the multiple aspects of diversity identified in CACREP's training related to diversity, issues related to socioeconomic status are included in multicultural and diversity training (CACREP, 2009). In addition, ACA and CACREP both direct counselors and counselors in training to be mindful of barriers and inequalities that impede client growth and well being, (ACA, 2005; CACREP, 2009).

There are a number of ways socioeconomic status has a negative impact on the well being of clients. Mental health, physical health, vocational, educational, and social aspects of the client's life are all impacted by low socioeconomic status (Dashiff, DiMicco, Myers & Sheppard, 2009; Lott, 2002; Sue & Sue, 2008; Wadsworth et al., 2008) In addition, stereotypes or bias related to socioeconomic status can have a negative impact on clients (Lott, 2002; Sigelman, 2012). Helping professionals who have not had the chance to examine and address bias associated with low SES might not provide appropriate services to clients of low SES status (Sue & Sue, 2008).

There are a multitude of ways the administrator might address issues of bias within the academic environment related to multiculturalism and student bias. These interventions are meant to be used both within the classroom with students in addition to being used with school professional staff. The use of professional judgment of the administrator or teacher is required to determine which of the above methods will be most effective for the each of the target populations, in addition to determining the age appropriateness of the activities. When addressing issues of bias, it is important to not judge students or professionals, but rather explore how stereotypes might influence their responses to multicultural situations and cultural diversity (Balkin, Schlosser, & Levitt, 2009).

Chapter 3: Methodology

Introduction

This purpose this study is to examine future helping professional's attitudes and beliefs related to persons of low socioeconomic status (SES). In addition, the study will examine the attributional style of counselors-in-training and examine perceived self efficacy when working with multicultural clients. Lastly, the study will examine the types of training incorporated within counselor education training programs related to socioeconomic status. The basis for this study is founded in the literature that discusses how bias might negatively impact a client or counselor-in-training self efficacy.

The way to address the research questions will be to measures to examine participants' attitudes concerning low SES, attributions regarding the causes of low SES, perceived ability to work with individuals of low SES/different cultural backgrounds, and types of training related to SES received in counselor education programs. The measures are quantitative in nature and will include a researcher created demographics form, the Attributions of Poverty Scale (Bullock, Williams & Limbert, 2003), the Attitudes about Poverty and Poor People (Atherton et al., 1993), and a researcher revised version of the Multicultural Counseling and Training Survey (Holcomb-McCoy & Myers, 1999; Revised Stafford & Carney, 2013). The Multicultural Counseling and Training Survey has been revised with permission from the authors and will address issues of participant knowledge of multicultural issues, awareness, definition of important terms, identity

development, and skills related to SES. This chapter will serve to describe the study participants, measures, procedures, and data analysis.

Research Questions

In order to examine counselors-in-training beliefs associated with socioeconomic status, efficacy, and training, the following research questions will be examined:

1. What attitudes do counselors-in-training hold regarding low SES?
2. What attributions do counselors-in-training hold regarding causes of low SES?
3. What is the level of perceived self efficacy counselors-in-training have when considering working with clients from low SES backgrounds?
4. What is the relationship between counselor-in-training demographic variables (age, socioeconomic background, education, gender, and race) and counselor-in-training attitudes regarding persons of low SES?
5. What is the relationship between counselor-in-training self efficacy and attitudes regarding low SES and counselor-in-training explanations about the causes of poverty?

Measures

Demographics Questionnaire (Appendix E). A number of participant personal demographic characteristics will be examined. For example, information such as gender, race/ethnic background and family of origin socioeconomic status will be gathered. In addition, participants will be asked questions related to their counselor education training experiences. These questions will solicit information about the number of credit hours completed in participant educational programs and types of multicultural counselor training in which participants have engaged. Lastly, in order to better understand the social status background of the participant, questions related to parent(s)/guardian(s) occupation and education level will be

examined. These factors were chosen to be examined based on Hollingshead's (1975) research related to social status and power being identified as more than simply income level, but also occupation and education level.

Attributions of Poverty Scale (Bullock, Williams & Limbert, 2003) (Appendix F).

The *Attributions of Poverty Scale* is a 45 item scale designed to examine the participant's explanation of poverty. These includes individualistic (the individual is to blame), structural (society is to blame), or fatalistic (bad luck is to blame) reasons for poverty. The alpha coefficients for the three scales were found to be .91, .92 and .75 and overall variance for all three scales was 44% (Bullock, Williams, & Limbert, 2003). Sturm (2008) later conducted a study using the 36 highest loading factors in each of the three categories, giving the instrument an overall coefficient alpha of .82. For purposes of this study, the 36 item scale used by Sturm denoting the items with the highest factor loadings will be utilized. Participants answer questions about their beliefs associated with the causes of poverty using a 5 point Likert Scale (1=Not at all important as a cause of poverty and 5=Extremely important as a cause of poverty). The higher score on a particular subscale (individualistic, structure, fatalistic), the more likely the participant is to attribute that particular factor as an explanation for poverty.

Attitudes about Poverty and Poor People (Atherton et al., 1993) (Appendix G). The *Attitudes toward Poverty* scale is a 37 item Likert-type scale which measures participants attitudes related to the causes of poverty. Researchers developed by scale by first identifying 100 favorable and non favorable statements to describe persons of low SES. The statements were then were then reviewed by scale authors and 50 statements were selected for use in the scale. Ninety-nine social work students' responses were analyzed to calculate coefficients and discriminate validity for each item. Items with low discriminate validity were removed from the

survey (.5 or less). The resulting instrument contained 37 items and was again distributed to sample of 98 students within the social work program, (Atherton et al., 1993).

The resulting 37 item scale demonstrates an overall Chronbach's alpha of 0.93 and a split-half reliability of 0.87 (Atherton et al., 1993). A higher participant score indicates a more favorable attitude toward persons of low SES, whereas a lower score indicates a less favorable attitude toward persons of low SES. Scores from the social work students ranged from 37-185 with a mean score of 119.65 and a standard deviation of 21.97. Authors found the scores to be "fairly normal and only slightly skewed in a positive direction," (Atherton et al., 1993).

In order to address validity of the newly developed scale, Atherton et al. distributed the same 37 item scale to a population of business students. This was an attempt to find a sample with views that would likely differ from the original sample of social work students. This sample of 113 business students showed an average score of 110.43 with a standard deviation of 14.69. The Cronbach's alpha for the sample of business students was found to be .89 (Atherton et al., 1993). Thus, the authors demonstrated the scale was both reliable and valid for examining a participant's attitudes about poverty and individuals of low SES. Since the development of the scale, researchers have used it as recently as 2010 to measure social workers-in-training attitudes toward poverty and poor persons in Canada, (Weaver & Yun, 2010).

Multicultural Counseling and Training Survey Revised-SES Form (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). (Appendix H). The Multicultural Counseling and Training Survey (MCCTS) was developed in 1999 by Holcomb-McCoy & Myers and used to examine perceived counselor self efficacy related to multicultural counseling skills. Specifically, the measure examined those counselor multicultural skills in the following 5 areas: knowledge of multicultural issues, awareness, definition of important terms, racial identity

development, and skills (Holcomb-McCoy & Myers, 1999). In order to gain an understanding of the revised MCCTS that addresses counselor perceived self efficacy of multicultural counseling skills related to client SES (proposed for use in this study), it is important to understand the background of the original measure created by Holcomb-McCoy & Myers in 1999.

The original MCCTS was developed using the multicultural competences listed by the Association for Multicultural Counseling and Development (AMCD) Professional Standards Committee. The AMCD three areas of competency are: (a) awareness of one's own personal worldviews and how one is the product of cultural conditioning, (b) knowledge of the worldviews of culturally different clients, (c) skills necessary for work with culturally different clients (Corvin & Wiggins, 1989; D'Andrea, Daniels, & Heck, 1992; Sue et al. 1992 as cited in Holcomb-McCoy & Myers, 1999).

A 61 item survey was sent to a stratified sample of 500 ACA members, with half the sample coming specifically from the AMCD division. The sample was stratified by ethnic background and recentness of graduation. From the 61 item survey, based on participants responses and feedback from experts in the area of multicultural counseling, the items were divided into 6 areas: (1) multicultural counseling curriculum in entry level graduate program, (2) faculty and students in entry level program, (3) multicultural clinical experiences in entry level program, (4) postgraduate multicultural training and experience, (5) demographic information, and (6) self assessment of multicultural counseling competence and training (Holcomb-McCoy & Myers, 1999).

The sixth section, self assessment of multicultural counseling competence and training, is a 32 item list of behavioral statements are designed to target "self perceived competence, adequacy of training received concerning this specific competency, and what types of training

had been received,” (Holcomb-McCoy & Myers, 1999). The 32 item survey employs a 4 point Likert-type scale with a higher score indicating a higher level of competence. The initial survey was distributed to 500 American Counseling Association (ACA) members drawn in a stratified sample from the ACA membership pool. A total of 151 participants returned their completed surveys. During data analysis, 5 factors were identified: Knowledge of Multicultural Issues, Awareness, Definition of Important Terms, Racial Identity Development, and Skills. The alpha coefficients for the five factors range are .92, .92, .79, .66, and .91, with a total variance of 63%.

The MCCTS was selected for revision and use in the current proposed study for several reasons. First, it was determined the MCCTS addressed several multicultural counseling skills associated with general multicultural self efficacy that are also related to client socioeconomic status. For example, specific measure items included recognizing personal bias, being able to define terms such as prejudice/discrimination/stereotype, and identifying the cultural basis of communication style. These skills are ones that can be used by counselors-in-training when working with clients of diverse racial backgrounds and diverse SES backgrounds. In addition, the MCCTS did have one survey item that directly addressed issues of client poverty and corresponding multicultural skills of counselors. As no single survey was found to address *all* multicultural counseling skills related to client socioeconomic status, it was determined by the researcher and committee chair that the MCCTS was the measure that was the most similar to a desired self efficacy scale measuring multicultural counseling skills related to client socioeconomic status.

Lastly, when determining the MCCTS was the most appropriate measure for the purposes of the current study, the primary researcher was able to identify several other studies that have successfully used the MCCTS to measure levels of self efficacy. The measure was used to collect

data from a population of community counselors during its development in 1999 by the original authors. In addition, the measure has been used to examine perceived multicultural self efficacy in play therapists by Ritter & Chang in 2002 and for school counselors by Holcomb-McCoy & Day-Vines in 2004. The measure was later revised for use with a population of school counselors in 2005 by Holcomb-McCoy. In this revision, the word “client” was changed to “student” so the survey would more accurately reflect the client population of school counselors.

As the MCCTS was found by this researcher to include survey items associated with general multicultural competence with some survey items directly related to issues of socioeconomic status diversity, the measure was selected for revision and use in the proposed study. With the permission of original authors, the MCCTS was revised for the purposes of examining counselor perceived multicultural competence related to socioeconomic status.

The revisions were based on research related to attitudes, attributions and beliefs towards individuals based on SES and the manner in which these factors impact the counseling relationship (Lott, 2002; Toporek & Pope-Davis, 2005; Sue & Sue, 2008; Dashiff, DiMicco, Myers, & Sheppard, 2009; Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009). The revisions focused on the integration of SES in the five factors listed above. Specific revisions were made to 25 of the original 32 items created by Holcomb-McCoy and Myers. The revisions included changing the word “culture” to “socioeconomic status.” All changes were reviewed by a secondary reviewer with experience in research on poverty and SES to determine appropriateness of the revisions. A side-by-side comparison of the original scale items and revised scale items can be seen in Appendix I.

Procedures

The present student will examine several aspects related to counselors-in-training. The study measures will gather information related to participant attitudes regarding persons of low SES, attribution style of counselors-in-training when considering individuals of low SES, perceived self efficacy when working with individuals of low SES, and types of multicultural training included in counselor education programs. Recruitment methods will include graduate counselors-in-training at several southern universities.

Selection of Participants

Participants must be at least 19 years of age and enrolled in a master's level counselor education program clinical mental health or school counseling program. Participants may be from either CACREP or non-CACREP accredited educational programs within the United States. Participation will be restricted to those currently enrolled in a master's level training programs.

Recruitment

The study will require a minimum of 40 participants due to Cohen's recommendation of 5-10 participants per dependent variable (Morrison, Manion, & Cohen, 2008). There are no expected risks associated with this study. Upon approval from the Auburn University Institutional Review Board, participants will be recruited using the following method.

The collection method will include distribution and collection of survey materials within the master's level counseling programs at several southern universities. These participants will be provided a packet containing an informational sheet about the study and copies of the measures (Appendices B, E-H). Students will have the option to anonymously complete and

submit the instruments to the researcher or return the incomplete packet to the researcher if they do not wish to participate/do not meet criteria for participation.

Interested participants will receive an informational letter describing the study and a brief overview of participant criteria, anticipated risks, benefits, compensation, cost, and how to discontinue/opt out of survey participation if desired. Within the informational letter, potential participants will be asked to NOT take part in the survey if they are not at least 19 years of age or are not currently enrolled in a master's level counselor education training program. If the participant does meet both criteria for participation, he or she will be directed (via information sheet) to begin the first measure of the study included in the survey packet.

The order of study measures will be randomized when the researcher (or researcher's representative) constructs the survey packets. Throughout the survey measures, participants will have the option to self select out of the survey by ceasing to complete measures and placing them back into their survey packet envelope. Participants who return their survey packet to the researcher will not be able to withdraw their answers once submitted, as the survey packet envelope will not contain identifying information about the participant and thus, cannot be identified and separated from other complete survey packets.

Data will be collected over a period of three weeks by a researcher or researcher appointed representative. Both researcher and researcher appointed representative will have completed the IRB required CITI training related to ethical gathering of research data. Paper-and-pencil copies of the measures will be collected from participating universities. Research collected by a researcher appointed representative will be collected and mailed via certified mail to the primary researcher in Lubbock, TX. Physical copies of survey materials collected through

paper and pencil means will be kept in a locked drawer in the researcher's home until the study is complete. Upon completion of the study, physical survey data will be shredded.

Data Analysis

The present study will use surveys to gather information with the intention of examining in a master's level counselors-in-training population the relationship of the following: attitudes regarding SES, attributions regarding the causes of low SES, perceived self efficacy when working with clients from backgrounds of low SES, counselor training, and demographic factors. Data collection will occur in counselor education courses via paper and pencil surveys by researcher (or designated CITI trained assistant).

Data analysis will be performed utilizing the computer software Statistical Product for Social Sciences (SPSS) Statistical Analyses System version 21. Using the SPSS software, the researcher will use Cronbach's alpha to establish internal validity for each measure. In addition, Pearson's R analysis will be used to determine if a correlation can be found between the independent variables (i.e., program of study, household income, gender, age, ethnic background, counselor training) and dependent variables (i.e., attitudes toward individuals from low SES, attributions about the causes of low SES, self efficacy related to working with clients of low SES). Linear regression will also be conducted to further examine the variables studied and any potential relationships that exist between them. Descriptive statistics regarding the population of the study will also be provided.

Summary

This chapter provided an overview of the research study methods, including the research questions to be addressed, participant recruitment procedures, instrument selection, and data analysis methods. In summary, this study will recruit counselors-in-training from counselor

education programs. Students from both CACREP and NON-CACREP accredited programs will be encouraged to participate. The instruments used for the study will include measures related to participant's attitudes and beliefs related to low SES, participant's attributions of low SES, and participant's perceived ability to provide services to clients of low SES. In addition, information about quantity and types of multicultural training will be gathered in demographic data. Collected data will be analyzed using the SPSS statistical package. Data analysis will include descriptive statistics, Cronbach's alpha, Pearson's R, and linear regression.

Chapter 4: Results

This chapter will review the results of data analysis for the current study. The purpose of the study is to examine the attitudes toward poverty, attributions of poverty, and perceived self efficacy of counselors-in-training when working with clients from a low socioeconomic (SES) background. Data analysis includes an examination of demographic factors, participant scores on three survey measures, and the relationships between these factors. For the purposes of this study, Clinical/Community Mental Health counselors-in-training from three separate universities were targeted.

Assessment of Measure Reliability

Reliability for each survey was measured using Chronbach's alpha. When examining the *Attitudes toward Poverty Scale* (Atherton et al., 1993) using the entire sample (n=91), Chronbach alpha was measured at 0.923, demonstrating high overall reliability. Split half reliability for this scale was measured at 0.919. When analyzing the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003) using the entire sample population (n=91), overall scale reliability was measured at .860, indicating high overall scale measurement reliability. The reliability for the measurement subscales was also tested, measuring at 0.89 (individual), 0.866 (structural), and 0.708 (fatalistic), demonstrating acceptable reliability for the subscales. Lastly, reliability for the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013) was analyzed using the entire sample population (n=91). Overall scale reliability was measured at 0.973, indicating high reliability. In addition, the 5 factors identified by the original scale authors were examined. Reliability for these 5

factors was as follows: 0.961 (Knowledge of Multicultural Issues), 0.808 (Awareness), 0.922 (Definition of Important Terms), 0.719 (Racial Identity Development), and 0.86 (Skills).

Demographic Information

For the purposes of this study, data was collected from three universities in the Southern United States. Institutional Review Boards at each university approved of data being collected in “paper and pencil” format from graduate level students currently enrolled in counselor education courses (see Appendix A). Ninety one participants submitted completed or partially completed survey packets. The target population for this study was Community/Clinical Mental Health (CCMH) counselors-in-training. Secondary analysis included the use of non-Community/Clinical Mental Health (NON-CCMH) counselors-in-training as a comparison group. Of the 91 returned packets, 70 participants indicated enrollment in a CCMH counseling training program, 20 participants were enrolled in a NON-CCMH counselor education program (e.g.: “school counseling,” “sports psychology,” “counseling,” or “middle school counseling,”), and 1 participant failed to indicate a program type. When considering the survey scales, 81 participants successfully completed the *Attitudes toward Poverty Scale*, 89 participants completed the *Attributions of Poverty Scale*, and 85 participants completed the *Multicultural Counseling and Training Survey Revised-SES Form*.

Since both overall CCMH/NON-CCMH sample and CCMH only sample were used in analysis, demographic information for both samples can be seen below in Tables 1-4. Information was gathered regarding gender, racial/ethnic background, age, family of origin income, mother/female guardian level of education, and father/male guardian level of education.

Table 1

Participant Demographic Information: Gender & Racial/Ethnic Background

| Variable: | Combined Sample (n=91) | | CCMH Sample (n=70) | |
|---|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| Male | 17 | 19% | 14 | 20% |
| Female | 74 | 81% | 56 | 80% |
| Total | 91 | 100% | 70 | 100% |
| American Indian or Alaska Native | NA | NA | NA | NA |
| Asian | NA | NA | NA | NA |
| Black or African American | 4 | 4% | 2 | 3% |
| Native Hawaiian or Other Pacific Islander | NA | NA | NA | NA |
| Hispanic or Latino | 15 | 17% | 13 | 19% |
| White or Caucasian | 68 | 75% | 52 | 74% |
| Two or More Races | 3 | 3% | 2 | 3% |
| Other | 1 | 1% | 1 | 1% |
| TOTAL: | 91 | 100% | 70 | 100% |

Table 2

Participant Demographic Information: Age

| Age | Combined Sample (n=91) | | CCMH Sample (n=70) | |
|-------|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| 19-23 | 16 | 18% | 12 | 19% |
| 24-28 | 34 | 37% | 30 | 43% |
| 29-33 | 15 | 17% | 10 | 14% |
| 34-38 | 11 | 12% | 8 | 11% |
| 39-43 | 7 | 8% | 4 | 6% |
| 44-48 | 4 | 4% | 1 | 1% |
| 49-53 | 2 | 2% | 2 | 3% |
| 54-58 | 1 | 1% | 1 | 1% |
| 59-63 | 1 | 1% | 1 | 1% |
| TOTAL | 91 | 100% | 70 | 100% |

Table 3

Participant Demographic Information: Family of Origin Income

| Income Bracket: | Combined Sample (n=91) | | CCMH Sample (n=70) | |
|--------------------|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| Under \$15,000 | 1 | 1% | 1 | 1% |
| \$15,000-\$24,999 | 1 | 1% | 1 | 1% |
| \$25,000-\$34,999 | 7 | 8% | 7 | 10% |
| \$35,000-\$44,999 | 6 | 7% | 3 | 4% |
| \$45,000-\$54,999 | 6 | 7% | 5 | 7% |
| \$55,000-\$64,999 | 7 | 8% | 6 | 9% |
| \$65,000-\$74,999 | 9 | 10% | 9 | 13% |
| \$75,000-\$84,999 | 12 | 13% | 5 | 7% |
| \$85,000-\$94,999 | 4 | 4% | 3 | 4% |
| \$95,000-\$104,999 | 7 | 8% | 6 | 9% |
| \$105,000+ | 19 | 21% | 15 | 21% |
| Missing: | 12 | 13% | 9 | 13% |
| TOTAL: | 91 | 100% | 70 | 100% |

Table 4

Participant Demographic Information: Parent/Guardian Level of Education

| | Combined Sample (n=91) | | CCMH Sample (n=70) | |
|-------------------------------------|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| Mother/Female Guardian: | | | | |
| Less than 7 th Grade | 5 | 6% | 3 | 4% |
| Junior High (9 th grade) | 2 | 2% | 2 | 3% |
| Partial High School | NA | NA | NA | NA |
| High School Graduate | 26 | 29% | 21 | 30% |
| Partial College | 16 | 18% | 12 | 17% |
| College Graduate | 34 | 37% | 25 | 36% |
| Graduate Degree | 7 | 8% | 6 | 9% |
| Unknown/Missing | 1 | 1% | 1 | 1% |
| TOTAL: | 91 | 100% | 70 | 100% |
| Father/Male Guardian: | | | | |
| Less than 7 th Grade | 5 | 5% | 3 | 4% |
| Junior High | 2 | 2% | 2 | 3% |
| Partial High School | 2 | 2% | 1 | 1% |
| High School Graduate | 21 | 23% | 17 | 24% |
| Partial College | 17 | 19% | 13 | 19% |
| College Graduate | 28 | 31% | 21 | 30% |
| Graduate Degree | 10 | 11% | 8 | 11% |
| Unknown/Missing | 6 | 7% | 5 | 8% |
| TOTAL | 91 | 100% | 70 | 100% |

In addition to background demographic variables, information was also gathered regarding educational demographic variables. Due to both the overall sample (CCMH & NON-CCMH) and the CCMH only sample being used in analysis, educational demographic information was analyzed for both sample groups. Information regarding CACREP status, completion of multicultural counseling coursework, inclusion of client SES within multicultural coursework, and workshop training related to client SES is shown in Table 5.

Table 5

Participant Demographic Information: Educational Variables

| Variable: | Combined Sample (n=91) | | CCMH Sample (n=70) | |
|--|------------------------|---------|--------------------|---------|
| | Frequency | Percent | Frequency | Percent |
| CACREP | 56 | 61% | 51 | 73% |
| NON-CACREP | 35 | 39% | 19 | 27% |
| TOTAL | 91 | 100% | 70 | 100% |
| Completion of Multicultural Course | 46 | 51% | 42 | 60% |
| Non-completion of Multicultural Course | 45 | 49% | 28 | 40% |
| TOTAL | 91 | 100% | 70 | 100% |
| Inclusion of SES in Multicultural Coursework | 42 | 46% | 37 | 53% |
| Non-inclusion of SES in Multicultural Coursework | 42 | 46% | 30 | 43% |
| Missing | 7 | 8% | 3 | 4% |
| TOTAL | 91 | 100% | 70 | 100% |
| Workshop Attendance | 21 | 23% | 14 | 20% |
| No Workshop Attendance | 70 | 77% | 56 | 80% |
| TOTAL | 91 | 100% | 70 | 100% |

Research Question 1

The first research question of this study sought to identify the attitudes CCMH counselors-in-training hold regarding low SES. In order to address this question, 70 participants completed the 37 item *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Using the sample of CCMH counselors-in-training, scale reliability was measured at 0.92, showing high overall reliability. The CCMH counselors-in-training sample (n=62) participant mean score for this scale ranged from 94 to 174. The CCMH sample mean was measured at 129.02 with a standard deviation of 17.38. When examining these scores, higher scores indicate more favorable the attitude towards poor persons.

A secondary analysis was conducted to compare CCMH and NON-CCMH participant scores. For this analysis, 81 participants completed the 37 item *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Scale reliability was measured at 0.923, showing high overall reliability. The overall sample (n=81) individual mean for this scale ranged from 76 to 174. The total sample mean was measured at 126.52 with a standard deviation of 17.75. Distribution of CCMH counselors-in-training and NON-CCMH counselors-in-training attitude scores were examined using a Shapiro-Wilk test ($p > .05$) and a visual inspection of histograms, QQ plots, and box plots. Results indicated data was approximately normally distributed.

When comparing CCMH counselors-in-training and NON-CCMH counselors-in-training attitude scores, CCMH counselors-in-training (n=62) demonstrated a mean score of 129 and NON-CCMH counselors-in-training (n=18) demonstrated a mean of 117 on the *Attitudes toward Poverty Scale*. These means were compared using an independent sample t test analysis. Levene's Test for Equality of Variances could be assumed and CCMH counselors-in-training

showed significantly more positive attitudes toward poor persons when compared to NON-CCMH counselors-in-training with a significance level of $t=2.59$, $p = .011$.

Research Question 2

The second research question of this study attempted to identify the attributional style of CCMH counselors-in-training. In order to obtain information regarding counselor-in-training attributional style, 66 CCMH participants completed the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003). Of these 66 participants, 24 participants identified their primary attributional style as structural, 24 identified their primary attributional style as individual, and 18 identified their primary attributional style as fatalistic. A total of 4 participants only partially completed scale items, thus a primary attributional style was not determined for these individuals. Participants' attributional style was determined by subscale scores on the attributional style measure. Mean scores were calculated for each of the three attributional style subscales; with the highest mean score indicating the participant's primary attributional style. Attributional style mean scores can be observed in Table 6:

Table 6

CCMH Counselors-in-Training Attributional Style

| Factor | N | Percent | Mean | Std. Deviation |
|------------------------|----|---------|------|----------------|
| Individual Attribution | 24 | 34.4% | 3.61 | .42 |
| Structural Attribution | 24 | 34.4% | 3.83 | .59 |
| Fatalistic Attribution | 18 | 25.7% | 3.90 | .49 |
| Missing | 4 | 5.7% | | |

Research Question 3

The third research question of this study sought to identify the level of perceived self efficacy counselors-in-training hold concerning their ability work with clients within the low SES population. In order to address this question, 64 CCMH participants completed the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). Overall scale reliability was measured at 0.97, indicating high reliability. In addition, the 5 factors identified by the original scale authors were examined. Reliability for these 5 factors in the current study using the CCMH sample is: 0.958 (Knowledge of Multicultural Issues), 0.817 (Awareness), 0.916 (Definition of Important Terms), 0.703 (Racial Identity Development), and 0.853 (Skills).

CCMH participants' (n=64) individual mean scores for this scale range from 1.63 to 4.00. The CCMH population overall mean was measured at 3.09 with a standard deviation of .56. The higher total score on this scale indicates a higher overall perceived self efficacy when working with individuals from a lower SES background. This scale offered participants that opportunity to indicate their perceived level of self efficacy when working with clients from a low SES background, ranging from 1 (*Not competent*), 2 (*Somewhat competent*), 3 (*Competent*), and 4 (*Extremely Competent*). In addition to an overall scale score related to perceived self efficacy, the scale includes 5 factors contributing to this total score of self efficacy. An examination of the CCMH sample (n=64) in relation to these five factors can be observed in Table 7:

Table 7

CCMH Counselors-in-Training Levels of Perceived Self Efficacy

| Factor | N | Range | Minimum | Maximum | Mean | Std. Deviation |
|-----------------------------------|----|-------|---------|---------|------|----------------|
| Definition of Important Terms | 68 | 2.00 | 2.00 | 4.00 | 3.38 | .56 |
| Awareness | 67 | 2.20 | 1.80 | 4.00 | 3.31 | .55 |
| Skills | 67 | 3.00 | 1.00 | 4.00 | 3.14 | .68 |
| Racial Identity Development | 68 | 2.50 | 1.50 | 4.00 | 2.99 | .71 |
| Knowledge of Multicultural Skills | 68 | 2.69 | 1.31 | 4.00 | 2.91 | .63 |
| Valid N (listwise) | 64 | | | | | |
| Efficacy Total Scale Mean | 64 | 2.38 | 1.63 | 4.00 | 3.09 | .56 |

Several paired sample t tests were utilized to example the differences between the five self efficacy factor means within the CCMH participant population. Results of this analysis can be seen in Table 8:

Table 8

CCMH Population: Differences in Perceived Self Efficacy Mean Factor Scores

| Factor | Factor | n | Mean | Std. Deviation | T | df | Sig. (2 tailed) |
|-------------------------------|------------------------|----|------|----------------|-------|----|-----------------|
| Know. of Multicultural Skills | Awareness | 66 | -.40 | .49 | -6.62 | 65 | <.001 |
| Know. of Multicultural Skills | Def of Important Terms | 67 | -.45 | .45 | -8.09 | 66 | <.001 |
| Know. of Multicultural Skills | Racial ID Development | 67 | -.08 | .41 | -1.64 | 66 | .106 |
| Know. Of Multicultural Skills | Skills | 66 | -.24 | .48 | -4.01 | 65 | <.001 |
| Awareness | Def of Important Terms | 66 | -.07 | .51 | -1.14 | 65 | .26 |
| Awareness | Racial ID Development | 67 | .32 | .52 | 5.04 | 66 | <.001 |
| Awareness | Skills | 66 | .16 | .47 | 2.82 | 65 | .006 |
| Def of Important Terms | Racial ID Development | 67 | .38 | .55 | 5.62 | 66 | <.001 |
| Def. of Important Terms | Skills | 66 | .23 | .53 | 3.54 | 65 | .001 |
| Racial ID Dev | Skills | 66 | -.16 | .55 | -2.40 | 65 | .019 |

Analysis demonstrated there were significant differences in self efficacy factor scores within the CCMH sample population. These differences are as follows: *Knowledge of Multicultural Skills* efficacy was significantly higher than *Awareness, Definition of Important Terms, and Skills* efficacy, *Awareness* efficacy was significantly higher than *Racial Identity Development and Skills* efficacy, *Definition of Important Terms* efficacy was significantly higher

than *Racial Identity Development* and *Skills* efficacy, and *Racial Identity Development* efficacy was significantly higher than *Skills* efficacy.

A secondary analysis comparing CCMH counselors-in-training and NON-CCMH counselors-in-training was performed to examine perceived self-efficacy between the two groups. Distribution of perceived self-efficacy mean score was examined using Shapiro-Wilk test ($p > .05$), visual inspection of histograms, QQ plots, and box plots. These analyses showed scores were approximately normally distributed.

When comparing CCMH counselors-in-training and NON-CCMH counselors-in-training perceived levels of self-efficacy, CCMH counselors-in-training ($n=64$) demonstrated a mean score of 3.09 ($SD=.56$) and NON-CCMH counselors-in-training ($n=20$) demonstrated a mean of 2.94 ($SD=.67$) on the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). These overall mean scores were compared using an independent sample t test. Analysis showed Levene's Test for Equality of Variances could be assumed. Analysis demonstrated a significance level of $t=.991$, $p = .324$. This result indicates CCMH counselors-in-training did not show a significant difference in levels of overall perceived self efficacy when compared with NON-CCMH counselors-in-training.

Research Question 4

The fourth research question examines the relationship between CCMH counselor-in-training attitudes toward poor persons and demographic factors. Multiple regression was used to examine a grouping of demographic factors related to participant history. There were 50 participants that indicated a response to all of the following variables: age, gender, racial/ethnic background, family of origin income, mother education level, and father education level were examined in relation to participant total score on the *Attitudes toward Poverty Scale*, (Atherton et

al., 1993). Overall, this grouping of demographic factors failed to produce significant results, yielding $F(6,43)=.996$, $r=.35$, $r^2=.12$, $p=.44$. Results for each variable can be seen in Table 9:

Table 9

Multiple Regression: CCMH Population Demographic Information and Overall Attitude Score

| Model | Semi-Partial Correlation | Standardized Coefficients | T | Sig. |
|---------------------------|--------------------------|---------------------------|-------|------|
| Age | 1.36 | .14 | .95 | .35 |
| Gender | .07 | .09 | .52 | .61 |
| Race/Ethnic Background | .10 | .11 | .68 | .50 |
| Family of Origin's income | .21 | .22 | 1.47 | .15 |
| Mother's Education Level | .14 | .19 | .98 | .33 |
| Father's Education Level | -.21 | -.25 | -1.45 | .15 |

a. Dependent Variable: Attitude Total Scale Score

In order to further examine these variables, backward elimination regression analysis was performed. The analysis yielded no significant results.

Next, multiple regression was used to examine a second grouping of demographic factors related to CCMH participant educational background and CCMH participant total score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Participant CACREP status (n=59), completion of a multicultural course (n=59), inclusion of SES within multicultural coursework (n=59), and participant workshop attendance (n=59) were examined in relation to participant total score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Overall, this grouping of demographic factors failed to produce significant results, yielding $F(4,54)=1.317$, $r=.30$, $r^2=.089$, $p=.275$. Results for each variable can be seen in Table 10:

Table 10

Multiple Regression: CCMH Population Educational Demographic Information and Overall Attitude Score

| Model | Semi Partial Correlation | Standardized Coefficients | T | Sig. |
|-----------------------------------|--------------------------|---------------------------|-------|------|
| CACREP Accreditation | -.01 | -.01 | -.09 | .93 |
| Completed Multicultural Class? | -.03 | -.05 | -.23 | .82 |
| Multicultural Class included SES? | -.14 | -.24 | -1.11 | .27 |
| Attended SES workshop? | -.06 | -.06 | -.44 | .66 |

a. Dependent Variable: Attitude Total Scale Score

In order to further examine these variables, backward elimination regression analysis was performed. During analysis, variables were eliminated due to non significance. *Multicultural Coursework included aspect of SES* was the only demographic variable that demonstrated significance, at $t(1,56) = -2.26, p = .028$. R was shown to be .287 with $r^2 = .082$.

Lastly, the relationship between CCMH participant completed counselor education degree hours and score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined. The correlation between number of counselor education hours completed and *Attitudes toward Poverty Scale* score, the CCMH sample (n=61) demonstrated a non-significant Pearson correlation of $r = -.043, p = .742$.

Data analysis was also conducted to determine if there were differences within CCMH counselors-in-training groups when considering educational demographic factors. This analysis included examining the differences between the following CCMH groups: CACREP status, counselors-in-training who completed a multicultural course, counselors-in-training who completed a multicultural course that specifically included socioeconomic status as a factor of

diversity, and counselors-in-training who had attended a workshop related to socioeconomic multicultural diversity. Distribution of CCMH participant attitude scores, simple regression, and independent sample t tests were used to determine if there were statistically significant between group differences when considering educational demographic factors.

First, simple regression was conducted to examine the relationship between CCMH participant counselor education program CACREP status and CCMH participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). The distribution of the attitude scale score between CACREP (n=45) and NON-CACREP (n=17) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed. CCMH CACREP participants attitude scale scores demonstrated a skewness of .016 (SE=.354) and a kurtosis of .023(SE=.695). CCMH NON-CACREP participants attitude scale scores demonstrated a skewness of .797 (SE=.550) and a kurtosis of 1.881 (SE=1.063). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=1.859$, $p=.068$. Simple regression analysis was not computed due to a non-significant independent sample t test result. There was no significant difference in attitude scores between CCMH CACREP and CCMH NON-CACREP counselors-in-training.

The second demographic variable examined related to educational background was CCMH participants' completion of a multicultural counselor education course. This relationship of course completion and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in several ways. The distribution of overall attitude scale score between COURSE COMPLETED (n=37) and NON-COURSE COMPLETED (n=25) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots

showed scores were approximately normally distributed, with a COURSE COMPLETED skewness of $-.003$ ($SE=.388$) and a kurtosis of $.298$ ($SE=.759$) and NON-COURSE COMPLETED skewness of $.630$ ($SE=.464$) and a kurtosis of $.715$ ($SE=.902$). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=2.03$, $p=.046$. Simple regression analysis ($n=62$) yielded a significant result of $F(1,60)=4.15$, $p=.046$ with a variance of $r^2=.065$ or 6.5%. CCMH Counselors-in-training who had completed a multicultural counseling skills course scored significantly higher on the attitude measure when compared to CCMH counselors-in-training who had not completed a multicultural counseling skills course.

The third demographic variable examined related to CCMH educational background was inclusion of client SES within multicultural counselor education coursework. This relationship of client SES inclusion within multicultural counselor education training and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in multiple ways. The distribution of overall attitude scale score between SES INCLUSION ($n=33$) and SES NON-INCLUSION ($n=26$) was examined using a Shapiro-Wilk test ($p >.05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed, with SES INCLUSION skewness of $.543$ ($SE=.409$) and a kurtosis of $.424$ ($SE=.798$) and SES NON-INCLUSION skewness of $.321$ ($SE=.456$) and a kurtosis of $-.092$ ($SE=.887$). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=2.260$, $p=.028$. Simple regression analysis ($n=59$) yielded a significant result of $F(1,57)=5.109$, $p=.028$ with a variance of $r^2=.082$ or 8.2%. CCMH Counselors-in-training who had multicultural counseling skills education that included client SES as a factor of diversity scored significantly higher on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) than

CCMH counselors-in-training who did not have client SES included as a factor of diversity within multicultural counselor skills education.

The fourth CCMH educational background demographic variable analyzed was related to participant attendance of at least one workshop related to client SES in the context of multicultural counselor education. This completion of workshop(s) and CCMH participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in multiple ways. The distribution of overall attitude scale score between WORKSHOP (n=12) and NO WORKSHOP (n=50) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed, with WORKSHOP skewness of $-.956$ (SE=.637) and a kurtosis of 2.829 (SE=1.232) and NO WORKSHOP skewness of $.483$ (SE=.337) and a kurtosis of $.116$ (SE=.662). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=1.03$, $p=.306$. Simple regression analysis was not computed due to this non-significant independent sample t test result. CCMH Counselor-in-training workshop attendance was not found to be significantly related to CCMH participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993).

Secondary Analysis. A secondary data analysis was conducted using the entire sample population (CCMH and NON-CCMH counselors-in-training) to determine if there were differences between groups when considering educational demographic factors. The sample included 70 participants identified as CCMH counselors-in-training and 20 NON-CCMH counselors-in-training. Analysis included examining the differences between the following educational demographic factors: CACREP status, counselors-in-training who completed a multicultural course, counselors-in-training who completed a multicultural course that

specifically included socioeconomic status as a factor of diversity, and counselors-in-training who had attended a workshop related to socioeconomic diversity. Distribution of participant attitude scores, simple regression, and independent sample t tests were examined to determine if there were statistically significant within group differences when considering educational demographic factors.

The first demographic variable examined related to educational background was participants' completion of a multicultural counselor education course. Analysis was conducted using the CCMH and NON-CCMH sample population. The relationship between participant counselor education program CACREP status and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined. The distribution of overall attitude scale score between CACREP (n=48) and NON-CACREP (n=33) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed. CACREP participants attitude scale scores demonstrated a skewness of $-.05$ ($SE=.34$) and a kurtosis of $-.05$ ($SE=.67$). NON-CACREP participants attitude scale scores demonstrated a skewness of $-.18$ ($SE=.41$) and a kurtosis of 1.98 ($SE=.80$). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=3.02$, $p=.003$. Simple regression analysis (n=81) yielded a significant result of $F(1,79)=9.14$, $p=.003$ with a variance of $r^2=.104$ or 10.4%. When considering the total sample population (CCMH & NON-CCMH), counselors-in-training from a CACREP program scored significantly higher on the attitude measure when compared to counselors-in-training from NON-CACREP programs.

The second demographic variable examined related to educational background was participant's completion of a multicultural counselor education course. This relationship of

course completion and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in several ways. The distribution of overall attitude scale score between COURSE COMPLETED (n=40) and NON-COURSE COMPLETED (n=41) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed, with a COURSE COMPLETED skewness of $-.09$ ($SE=.37$) and a kurtosis of $.19$ ($SE=.73$) and NON-COURSE COMPLETED skewness of $.12$ ($SE=.37$) and a kurtosis of 1.31 ($SE=.72$). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=3.00$, $p=.004$. Simple regression analysis (n=81) yielded a significant result of $F(1,79)=8.9$, $p=.004$ with a variance of $r^2=.102$ or 10.2%. When considering the total sample population (CCMH and NON-CCMH), counselors-in-training who had completed a multicultural counseling skills course scored significantly higher on the attitude measure when compared to counselors-in-training who had not completed a multicultural counseling skills course.

The third demographic variable examined related to educational background was inclusion of client SES within multicultural counselor education coursework. This relationship of client SES inclusion within multicultural counselor education training and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in several ways. The distribution of overall mean attitude scale score between SES INCLUSION (n=37) and SES NON-INCLUSION (n=38) was examined using a Shapiro-Wilk test ($p > .05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed, with SES INCLUSION skewness of $.24$ ($SE=.39$) and a kurtosis of $.25$ ($SE=.76$) and SES NON-INCLUSION skewness of $.39$ ($SE=.38$) and a kurtosis of $.10$ ($SE=.75$). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=2.47$, $p=.02$.

Simple regression analysis (n=75) yielded a significant result of $F(1,73)=6.08$, $p=.016$ with a variance of $r^2=.077$ or 7.7%. When considering the overall sample population (CCMH & NON-CCMH), counselors-in-training who had multicultural counseling skills education that included client SES as a factor of diversity scored significantly higher on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) than counselors-in-training who did not have client SES included as a factor of diversity within multicultural counselor skills education.

The last educational background demographic variable analyzed was related to participant attendance of at least one workshop related to client SES in the context of multicultural counselor education. This completion of workshop(s) and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was examined in several ways. The distribution of overall attitude scale score between WORKSHOP (n=18) and NO WORKSHOP (n=63) was examined using a Shapiro-Wilk test ($p >.05$). A visual inspection of histograms, QQ plots, and box plots showed scores were approximately normally distributed, with WORKSHOP skewness of $-.37$ (SE=.54) and a kurtosis of $-.067$ (SE=1.04) and NO WORKSHOP skewness of $.21$ (SE=.30) and a kurtosis of $.60$ (SE=.60). An independent sample t test analysis showed equal variances could be assumed and results indicated $t=.81$, $p=.42$. When considering the overall sample (CCMH & NON-CCMH), counselor-in-training workshop attendance was not found to be significantly related to participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993).

A summary of the results regarding the group differences related to participant educational demographics and overall score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) based on independent sample t test results can be seen in Table 11:

Table 11

Summary of Group Differences

| Educational Demographic Factor: | CCMH Sample | CCMH & NON-CCMH Sample |
|---|---|--|
| CACREP status? | No significant difference in scores | CACREP counselors-in-training scored significantly higher at a p=.003 level. |
| Completion of a multicultural course? | Participants who completed a multicultural course scored significantly higher at a p=.046 level. | Participants who completed a multicultural course scored significantly higher at a p=.004 level. |
| Inclusion of SES diversity within multicultural coursework? | Participants who had SES included as a factor of diversity scored significantly higher at a p=.028 level. | Participants who had SES included as a factor of diversity scored significantly higher at a p=.02 level. |
| Completion of a SES multicultural workshop? | No significant differences in scores. | No significant differences in scores. |

Research Question 5

The fifth research question examines CCMH counselor-in-training attitudes toward persons in poverty and self efficacy when working with clients of low SES. Specifically, this research question seeks to determine if there is a relationship between CCMH participant scale scores (self efficacy, attitude) and identified participant attributional style regarding the causes of poverty. As discussed in research question 2, participant primary attributional style was determined by identifying on which of the three attributional subscales the participant scored the highest. In order to answer research question 5, CCMH participants were grouped by scale score into one of three attributional style groups: individual, structural, or fatalistic. Next, one way ANOVA analysis was completed on the three groups to compare mean scores on the *Attitudes*

toward Poverty Scale, (Atherton et al., 1993) and the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013).

When examining CCMH participant population scores on the *Attitudes toward Poverty Scale* (Atherton et al., 1993), participants were split into three groups according the attributional style indicated after participant completion of the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003). Descriptive statistics can be seen in Table 12:

Table 12

Descriptive Statistics: CCMH Total Attitude Score

| Attributional Style | N | Mean | Std. Deviation |
|------------------------|----|--------|----------------|
| Structural Attribution | 22 | 136.86 | 14.40 |
| Individual Attribution | 22 | 115.46 | 12.57 |
| Fatalistic Attribution | 16 | 133.75 | 14.01 |
| Valid N (listwise) | 60 | | |

Data analysis from the ANOVA indicates a significant difference between group scores at $F(2,57)=15.346, p<.001$. Specifically, post hoc tests indicate there was a significant difference in overall attitude scores between attributional style groups. Post hoc analysis can be seen in Table 13:

Table 13

Multiple Comparisons: Post Hoc Analysis of CCMH Attitude Score and Attributional Style

| Post Hoc Analysis | Overall Attribution | Overall Attribution | Mean Difference | Std. Error | Sig. | 95% Confidence Interval | |
|-------------------|---------------------|---------------------|-----------------|------------|-------|-------------------------|-------------|
| | | | | | | Lower Bound | Upper Bound |
| Bonferroni | Structural | Individual | 21.41* | 4.12 | <.001 | 11.26 | 31.56 |
| | | Fatalistic | 3.11 | 4.48 | 1.00 | -7.95 | 14.18 |
| | Individual | Structural | -21.41* | 4.12 | <.001 | -31.56 | -11.26 |
| | | Fatalistic | -18.30* | 4.48 | <.001 | -29.36 | -7.23 |
| | Fatalistic | Structural | -3.11 | 4.48 | 1.00 | -14.18 | 7.95 |
| | | Individual | 18.30* | 4.48 | <.001 | 7.23 | 29.36 |

Dependent Variable: Attitude Total Scale Score

*. The mean difference is significant at the 0.05 level.

Post Hoc analysis indicates there was a significant difference between counselor-in-training attitude scores and attributional style. Analysis demonstrates counselors-in-training with structural and fatalistic attributional styles score significantly higher on the attitude measure than counselors-in-training who identify as primarily having an individual attributional style.

When examining CCMH participant population scores on the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013), participants were split into three groups according the attributional style indicated after participant completion of the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003). Descriptive statistics can be seen in Table 14:

Table 14

Descriptive Statistics: CCMH Self Efficacy Mean Scores

| Attributional Style | N | Mean | Std. Deviation |
|------------------------|----|------|----------------|
| Structural Attribution | 23 | 3.14 | .63 |
| Individual Attribution | 21 | 3.16 | .55 |
| Fatalistic Attribution | 17 | 2.96 | .61 |
| Valid N (listwise) | 61 | | |

Data analysis from the ANOVA fails to demonstrate a significant difference between group scores at $F(2,58)=0.737$, $p=.483$. There was not a significant difference between counselor-in-training attributional style and perceived levels of self-efficacy when working with clients from a low SES background.

Summary

The purpose of this study was to examine CCMH counselors-in-training attitudes regarding persons in poverty, attributions about the causes of poverty, and levels of perceived self efficacy when working with clients of low SES. These factors were examined by having CCMH counselors-in-training complete several survey measures. These measures included an author created demographic measure, the *Attitudes toward Poverty Scale* (Atherton et al., 1993), the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003), and the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). Data analysis included use of reliability statistics, descriptive statistics, independent sample t test, one way ANOVA, Pearson’s correlation, and regression.

Chapter 5: Discussion

The purpose of this study was to examine counselors-in-training attitudes associated with low SES, attributions about the causes of low SES, and perceived level of self efficacy when working with clients from low SES backgrounds. In addition, this study gathered information related to counselor education and training. Participants were recruited from three university Community/Clinical Mental Health (CCMH) counselor education programs and completed three survey measures and one demographics form. The following chapter will examine descriptive analysis and independent t test results regarding the participant population and score on survey measures. In addition, this chapter will examine relationships through regression analysis to review the relationships between counselor in training attitudes, attribution, and perceived self efficacy related to client SES. Lastly, this chapter will review the limitations regarding the current study and discuss recommendations for future study of this topic.

Overview

The importance of counselors in training being prepared to provide services for persons from diverse socioeconomic backgrounds is one of the many imperative aspects of multicultural counselor education. The US Census Bureau (2012) indicates that 15.1% of the general population and 22% of the US child population living at or below the poverty level. As such, the probability of helping professionals providing services to this population is highly likely.

Both CACREP (2009) and ACA (2005) include mandates regarding diversity within counselor education programs. Socioeconomic status is included within aspects of client diversity and can have a sizable impact on client well being. A review of the literature has shown

the stressors of poverty can impact clients in many ways. Depression, feelings of helplessness, shame, anxiety, maladaptive social behaviors, increased likelihood of substance abuse, negative stereotypes regarding client character, or other concerns might impact the client (Dashiff, DiMicco, Myers, & Sheppard, 2009; Lott, 2002; Toperek & Pope-Davis, 2005; Wadsworth et al., 2008). In addition, helping professionals are called to advocate for clients and empower clients to advocate for themselves (ACA, 2005). Included within multicultural counselor education, counselors in training are called to identify barriers to client success and issues regarding client power within the workplace, school, or community setting (CACREP, 2009; ACA 2005).

The dangers of counselors-in-training and other helping professionals who fail to examine personal bias associated with socioeconomic status are very real. For example, counselors-in-training might fail to recognize positive client qualities, understand the client's presenting problem, or hold negative stereotypes toward the client (Lott, 2002, Sue & Sue, 2008; Haverkamp, 1994; Morror & Deidan, 1992 in Toperek & Pope-Davis, 2005). As such, the counseling relationship might not be as effective as possible (Sue & Sue, 2008).

Discussion of Results

The first research question of this study sought to identify the attitudes of counselors-in-training hold regarding low socioeconomic status. In order to answer this research question, 70 participants CCMH counselors-in-training completed the 37 item *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Secondary analysis was also completed comparing CCMH counselors-in-training with NON-CCMH counselors in training. When examining the data analysis result, CCMH counselors-in-training scored significantly higher on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) than the NON-CCMH counselors-in-training. This analysis

indicates counselors-in-training enrolled in a community/clinical mental health counselor education program report more favorable attitudes toward persons in poverty when compared to counselors-in-training enrolled in other types of counselor education programs.

The second research question in this study sought to identify the attributional style of CCMH and NON-CCMH counselors-in-training. In order to answer this question, 66 CCMH participants completed analyzing the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003). Results indicate 24 participants identified their primary attributional style as structural. Analysis indicates these counselors-in-training identify social and economic factors within the environment as an explanation of poverty status (Bullock, Williams, & Limbert, 2003). Within the same sample, 24 participants identified the individual attributional style as their primary explanation for the cause of low SES or poverty. Persons who identify primarily as holding an individualistic attribution of poverty might believe there is a flaw within another person of low SES (Lott, 2002). Lastly, within the CCMH sample population, 18 counselors-in-training identified their primary attributional style as fatalistic. Persons with fatalistic attributions of poverty believe poverty or low SES status is a result of poor luck, such as illness or a car accident (Bullock, Williams, & Limbert, 2003).

The third research question examined the level of perceived self efficacy CCMH counselors-in-training report when working with clients from low SES backgrounds. In order to address this question, 64 participants completed the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). This scale offered participants that opportunity to indicate their perceived level of self efficacy when working with clients from a low SES background, using the following scale: 1 (Not competent), 2 (Somewhat competent), 3 (Competent), and 4 (Extremely Competent). Upon

review of this analysis, the overall sample of CCMH counselors-in-training reported feeling “competent” when working with clients from a low SES background.

The *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013) also included 5 scale factors related to counselor-in-training perceived self efficacy: knowledge of multicultural skills, awareness of self, definition of important terms, racial identity development, and skills. Of these 5 factors, the CCMH sample population (n=64) indicated feeling most comfortable with the “definition of important terms” skill and least comfortable with “knowledge of multicultural skills.” Holcomb-McCoy (2005) identifies multicultural skills as “actively developing and practicing appropriate intervention strategies needed for work with culturally different clients,” (p. 2). As counselors-in-training are still enrolled as students within a counselor education program, it is possible their comfort level related to multicultural counseling skills might increase as their “real life” counseling experiences increase. Also not surprisingly, as students within a training program, participants reported being most comfortable with “definition of important terms” related to counseling. It is possible this higher comfort level associated with defining important terms related to multicultural counseling is due to the training and classroom experience students receive within their master’s level programs.

Lastly, when examining reported levels of perceived self-efficacy, the scale score of CCMH and NON-CCMH counselors-in-training was examined to determine if there was a difference in self-efficacy levels between the two sample groups. Analysis revealed there was not a significant difference between CCMH and NON-CCMH counselor-in-training levels of perceived self efficacy.

The fourth research question sought to identify potential relationships between CCMH counselor-in-training score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) and demographic variables. First, participant background demographic variables (age, racial/ethnic background, family of origin income, mother's education level, and father's education level) were examined in relation to overall attitude score. Data analysis revealed these factors failed to show a significant relationship in predicting CCMH counselor-in-training attitude score. Next, participant educational demographic variables (CACREP status, completion of a multicultural course, inclusion of SES within multicultural coursework, attendance of a workshop related to SES and multicultural counseling skills) were examined in relation to overall attitude score. Analysis revealed these factors failed to show a significant relationship in predicting CCMH counselor-in-training attitude score. Analysis also revealed there was no significant correlation between number of degree hours completed and attitude scores.

In order to examine the differences between the participant educational demographic variables and score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993), the data was examined in several ways. Analysis included examination of the CCMH sample population for between group differences related to CACREP status, completion of a multicultural counselor education course, inclusion of SES within multicultural counselor education coursework, and attendance of a workshop related to SES and multicultural education. Secondary analysis was then conducted to examine the same between group differences using the entire sample population of both CCMH and NON-CCMH counselors-in-training.

When examining the CCMH population in regards to CACREP status and attitude score, analysis revealed there were no significant differences between scores for CACREP and NON-CACREP participants on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Secondary

analysis of the entire sample population (CCMH and NON-CCMH) indicated there was a significant difference in participant attitude scores. This analysis result indicates when considering the overall CCMH and NON-CCMH sample population, counselors-in-training from CACREP programs had a more favorable attitude toward persons in poverty when compared to counselors from NON-CACREP programs.

The next educational demographic factor considered was counselor-in-training completion of a multicultural counseling course and score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). Within the CCMH sample population, counselors-in-training who had completed a multicultural counseling course scored significantly higher on the attitude measure than did counselors-in-training who had not completed a multicultural counseling course. When examining the overall CCMH and NON-CCMH sample population, secondary analysis indicated participants who had completed a multicultural course again demonstrated a higher attitude score than participants who had not completed a multicultural course. This result suggests counselors-in-training who had completed a multicultural counseling course have more favorable attitudes toward persons in poverty compared to counselors-in-training who had not completed multicultural counseling coursework.

The next demographic variable examined in regards to participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993) was inclusion of SES topics within multicultural counselor education training programs. Data analysis of the CCMH sample population indicated counselors-in-training that were exposed to multicultural counselor education specifically related to client SES scored significantly higher on the *Attitudes toward Poverty Scale*, (Atherton et al.) when compared to counselors-in-training who had not been exposed to multicultural counselor training that included client SES as a factor of diversity education. When considering the overall

CCMH and NON-CCMH sample population, secondary analysis demonstrated participants who had completed a multicultural course that specifically addressed issues related to client SES scored higher on the attitude measure than participants who had completed a multicultural course without inclusion of client SES diversity. These results indicates persons who had counselor education related to SES multicultural diversity training reported having more favorable opinions regarding persons in poverty when compared to counselors-in-training who had not had multicultural counselor training that included client SES as a factor of diversity education.

The last educational demographic factored analyzed was workshop attendance and participant score on the *Attitudes toward Poverty Scale*, (Atherton et al., 1993). When examining the CCMH participant population, data analysis revealed there was no significant difference in attitude scores between counselors-in-training who attended workshops related to SES multicultural counseling skills and counselors-in-training who did not attend workshops related to SES multicultural counseling skills. This trend was also found to be true when considering the overall CCMH and NON-CCMH counselor-in-training sample population during secondary analysis.

The fifth research question examined the relationship between three variables: counselor-in-training attributions regarding the causes of poverty, counselor-in-training attitudes regarding poverty, and counselor-in-training perceived self efficacy when working with clients from low SES backgrounds. To examine this relationship, the *Attributions of Poverty Scale* (Bullock, Williams & Limbert, 2003), the *Attitudes toward Poverty Scale* (Atherton et al., 1993), and the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013) were utilized.

Data analysis of CCMH participant attributional style and score on the *Attitudes toward Poverty Scale* (Atherton et al., 1993) scale revealed there was a significant score difference between several of the groups. CCMH counselors-in-training who identified as structural attributional style scored significantly higher on the attitude measure than did CCMH counselors-in-training who identified as individual attributional style. This result indicates CCMH counselors-in-training who identified as structural attributional style have a more favorable opinion of persons in poverty when compared with CCMH counselors-in-training who identify as individual attributional style. In addition, analysis also indicated CCMH counselors-in-training who identified primarily as individual attributional style scored significantly lower on the attitude measure than CCMH counselors-in-training who identified as primarily fatalistic or individual attributional style. This result suggests CCMH counselors-in-training with primarily individual attributional style have a lower opinion of persons in poverty than do counselors-in-training who have a primarily fatalistic attributional style. There was not a significant difference in attitude scores when comparing CCMH counselors-in-training with primarily structural attributional style versus CCMH counselors-in-training with primarily fatalistic attributional style.

In addition to examining attributional style and score on the *Attitudes toward Poverty Scale* (Atherton et al., 1993), data analysis was also conducted to examine the relationship between CCMH counselor-in-training attributional style and CCMH counselor-in-training score on the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). Analysis revealed there was no significant difference in counselor-in-training perceived levels of self efficacy and counselor-in-training primary attributional style.

Implications for Counselor Educators and Counselor Education Programs

The results of this study have several implications for CCMH counselor education programs. First, it is promising to see data analysis reveals several factors that contribute to more favorable opinions regarding persons in poverty. For example, CCMH counselors-in-training who completed a general multicultural counseling skills course and included discussion of client SES within multicultural counselor education coursework demonstrated higher scores on the *Attitudes toward Poverty Scale* (Atherton et al., 1993) when compared to their CCMH counselor-in-training counterparts without these demographic variables. In addition, secondary analysis of the total CCMH and NON-CCMH sample population demonstrated counselors-in-training who were enrolled in a CACREP program or a Community/Clinical Mental Health counselor education program demonstrated higher scores and thus a more favorable attitude toward persons in poverty.

Secondly, when examining CCMH counselor-in-training attributional style, students with structural or fatalistic attributional styles were more likely to have more favorable opinions regarding persons in poverty than did students with individual attributional styles. This is again valuable information for counselor educators. Including discussions about attributional style within counselor education curriculum would offer a valuable opportunity for participants to challenge bias or negative stereotypes regarding the causes of low SES. Counselors-in-training having the opportunity to challenge bias and stereotypes is of the utmost importance, as failure to do so can render the counseling relationship less effective, potentially lead to discrimination against the client, and failure of the counselor to examine environmental factors related to the client's presenting problem (Lott, 2002; Sue & Sue, 2002; Toporek & Pope-Davis, 2005).

When examining CCMH counselor-in-training self-efficacy related to providing services to clients from low socioeconomic backgrounds, the CCMH sample population reported feeling generally competent to provide these services. Participants reported feeling most competent with “definition of important terms” related to socioeconomic multicultural competency and least competent with “knowledge of multicultural skills” related to socioeconomic multicultural competency. This analysis is somewhat supported by the original survey authors finding that a sample of professional counselors identified “definition of important terms” as feeling the most competent (Holcomb-McCoy & Myers, 1999). The same sample of professional counselors reported feeling less competent with “racial identity development” and “knowledge” factors (Holcomb-McCoy & Myers, 1999). By knowing the areas in which students report feeling less prepared (knowledge of multicultural skills), counselor educators can make adjustments to program curriculum as necessary based on student demand.

Limitations

Although this study yielded some interesting data concerning CCMH counselors-in-training and attitudes, attributions, and self efficacy related to client SES, there are also several limitations of the study. First, the overall sample population was rather homogenous in racial background and gender. When considering racial background, the sample was largely White/Caucasian (75%), with a smaller reporting sample of Hispanic/Latino (17%) and African American/Black (4%). In addition, when considering gender, 81% of the sample population reporting identifying as female, with only 19% of the sample population reporting as male. In addition, this survey data was collected from three universities in the Southern United States. An increase in racial, gender, and regional diversity might increase the possibility of shift in reported attitudes, attributions, or perceived levels of counselor-in-training self efficacy when considering

client SES. In addition, scale authors discuss the need for continued testing and use of the scale measures to establish strong scale norms for participants from diverse multicultural backgrounds (Atherton et al., 1993; Bullock, Williams, Limbert, 2003; Holcomb-McCoy, Myers, 1999)

A second limitation is in regards to the secondary analysis and comparison between groups regarding educational demographic variables. There were 70 CCMH counselors-in-training and 20 NON-CCMH counselors-in-training in the overall sample population. Secondary analysis results could have been stronger with a larger NON-CCMH sample. For this reason, the primary sample of CCMH counselors-in-training were used for most analyses throughout this study.

Another limitation associated with this study is the use of the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013). This survey was revised from the original Multicultural Counseling and Training Survey (Holcomb-McCoy & Myers, 1999). The original version of this survey focused on counselor-in-training perceived self efficacy when working with clients/students from diverse racial backgrounds. The revised version of the survey focused on examining aspects of counselor-in-training self efficacy when working with clients from diverse socioeconomic backgrounds. Although the overall revised scale demonstrated high reliability, this is a scale that has never been used prior to the current study to measure counselor-in-training reported self efficacy related strictly to client socioeconomic background. While this revised measure shows promise, it is very new and needs additional validation with other sample populations before it can be considered a reliable and valid measure of counselor-in-training perceived self efficacy when working with clients of low SES backgrounds.

Lastly, limitations associated with the use of self report and perceived self efficacy should be considered. In particular, the *Multicultural Counseling and Training Survey Revised-SES Form* (Holcomb-McCoy & Myers, 1999; revised Stafford & Carney, 2013) relies heavily on the use of self report and self evaluation regarding multicultural counseling skills. It is possible counselors-in-training might have an inflated, or perhaps deflated, opinion of their clinical skill level. In addition, within all of the surveys, it is possible participants might select a survey answer based on social desirability (Holcomb-McCoy, 2005). Future research might expand on exploration related to counselors-in-training and perceived levels of self-efficacy. The original authors of the MCCTS also cite the need to examine self-efficacy perceptions versus self-efficacy during counseling practice.

Recommendations

Several recommendations for future research related to multicultural counselor education can be gleaned from the current study. The current study only examined Community/Clinical Mental Health counselors-in-training from three universities in the Southern United States. Future research might benefit from examining a larger sample population from across the United States. In addition, future research might benefit from examining counselors-in-training from different educational programs, such as social work, counseling psychology, or school counseling programs.

The current research study broadly examines the relationship between counselor-in-training completion of multicultural coursework and attitudes toward persons in poverty. While the current study does show a relationship between completion of a multicultural course and a more favorable attitude toward persons in poverty, future studies might more closely examine the contents of that multicultural coursework. *What* components of multicultural coursework have

this positive impact on counselor-in-training attitude scores? For example, do students learn best from experiential course components such as service learning or classroom discussion?

Lastly, while the counseling relationship is an important one within the helping profession, research regarding attitudes and attributions about poverty might be expanded beyond the Clinical/Community Mental Health counselors in training population. For example, school counselors and other professions within the school setting interact with students daily and help meet the needs of families with the school setting. Further studies might examine attitudes of poverty, attributions about the causes of poverty, self-efficacy when working with clients from a lower SES background, and aspects of multicultural training for other helping professionals.

Summary

The goal of this study was to examine counselors-in-training and their attitudes regarding persons in poverty, attributions about the causes of poverty, and perceived levels of self efficacy when working with clients from a lower socioeconomic background. Ninety-one counselors-in-training from both CACREP and non CACREP accredited programs were surveyed using three measures and a demographic form. Results indicate several factors influence participant having more favorable attitudes regarding persons in poverty. These factors include being enrolled in a CCMH program, being enrolled in a CACREP accredited program, completing a multicultural counseling education course, completing a multicultural counseling education course that specifically addresses SES as a factor of diversity education, and having a structural or fatalistic attributional style. An additional goal of this study is to add to the general knowledge of counselor education programs so that training programs might increase the effectiveness of the counseling relationship when working with clients from low socioeconomic backgrounds and challenge negative stereotypes or bias.

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Appendix A

IRB Approval/Modification Information via Email

Dear Ms. Stafford,

Your protocol entitled " An Exploration of Counselors' in Training Multicultural Competency when working with persons of low Socioeconomic Status: An Examination of Attitudes, Attributions, and perceived self efficacy " has been approved by the IRB as "Exempt" under federal regulation 45 CFR 46.101(b)(2).

Official notice:

This e-mail serves as official notice that your protocol has been approved. A formal approval letter will not be sent unless you notify us that you need one. By accepting this approval, you also accept your responsibilities associated with this approval. Details of your responsibilities are attached. Please print and retain.

Consent document:

Your approved, stamped consent document(s) will soon be sent. Please make copies as needed.

Please note that *you may not begin your research that involves human subjects unless you use the new document(s)* with an IRB approval stamp applied. You must use copies of that/those document(s) when you consent participants, and provide a copy (signed or unsigned) for them to keep.

Expiration – Approval for three year period:

*****Note that the new policy for Exempt approvals is a *three year approval*.** Therefore, your protocol **will expire on February 20, 2017**. Put that date on your calendar now. About three weeks before that time you will need to submit a renewal request.

When you have completed all research activities, have no plans to collect additional data and have destroyed all identifiable information as approved by the IRB, please notify this office via e-mail. A final report is no longer required.

If you have any questions, please let us know.

Best wishes for success with your research!

Susan

IRB Administration
Office of Research Compliance
115 Ramsay Hall (basement)
Auburn University, AL 36849
(334) 844-5966
IRBadmin@auburn.edu (for general queries)
IRBsubmit@auburn.edu (for protocol submissions)

from: Dabbs, Jennifer <Jennifer.Dabbs@lcu.edu>
to: Emily Stafford <ess0002@tigermail.auburn.edu>
date: Wed, Apr 2, 2014 at 3:13 PM
subject: RE: IRB Submission – LCU
mailed-
by: LCU.EDU

April 2, 2014

To: Emily Stafford, M.Ed.; B.S.

The Lubbock Christian University IRB Committee has reviewed your application for the project entitled: “An Exploration of Counselor’s-in-Training Multicultural Competency when Working with Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived Self Efficacy”. Your project has been approved. You may proceed with your research. If there are any significant changes made to the way you carry out the research at a later date, you will need to resubmit your application with the changes noted. Please send us an update if you publish or present your results.

Jennifer Dabbs, Ph.D.
IRB Chair
Lubbock Christian University

From: Shupe, Rick
Sent: Wednesday, February 19, 2014 9:26 AM

To: Crews, Charles; Stafford, Emily
Subject: IRB 504315 - Approval Letter

Dr. Crews and Ms. Stafford,
Attached is a copy of your approval letter for the human subjects research project, expedited category, you submitted for review, **IRB 504315**.
I hope your project goes well.

Dr. Charles Crews
Educ Dean's Ofc
Mail Stop: 1071

Regarding: 504315 An Exploration of Counselors'-in-Training Multicultural Competency when Working with Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived Self Efficacy

Dr. Charles Crews:

The Texas Tech University Protection of Human Subjects Committee approved your claim for an exemption for the protocol referenced above on February 18, 2014.

Exempt research is not subject to continuing review. However, any modifications that (a) change the research in a substantial way, (b) might change the basis for exemption, or (c) might introduce any additional risk to subjects must be reported to the Human Research Protection Program (HRPP) before they are implemented.

To report such changes, you must send a new claim for exemption or a proposal for expedited or full board review to the HRPP. Extension of exempt status for exempt protocols that have not changed is automatic. The HRPP staff will send annual reminders that ask you to update the status of your research protocol. Once you have completed your research, you must inform the HRPP office by responding to the annual reminder so that the protocol file can be closed.

Sincerely,
Rosemary Cogan, Ph.D., ABPP
Protection of Human Subjects Committee
Box 41075 | Lubbock, Texas 79409-1075 | T [806.742.3905](tel:806.742.3905) | F [806.742.3947](tel:806.742.3947) | www.vpr.ttu.edu
An EEO/Affirmative Action Institution

Appendix B

Consent/Information Letters



AUBURN

UNIVERSITY

DEPARTMENT OF
SPECIAL EDUCATION,
REHABILITATION, AND COUNSELING

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

INFORMED CONSENT

for a Research Study entitled

“An Exploration of Counselors’-in-Training Multicultural Competency when Working with Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived Self Efficacy”

You are invited to participate in a research study to examine counseling student’s multicultural training experiences related to client socioeconomic status. The study is being conducted by Emily S.H. Stafford, doctoral candidate, under the direction of Dr. Jamie Carney, Professor, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were selected as a possible participant because you are currently enrolled as a master’s level clinical mental health counseling graduate student and are age 19 or older. If you are NOT currently enrolled in a master’s level clinical mental health counseling program OR you are NOT at least 19 years of age, please return the survey materials to the envelope and discontinue participation.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a series of surveys and provide demographics information. Your total time commitment will be approximately 15-20 minutes.

Are there any risks or discomforts? There are no anticipated risks associated with this study.



AUBURN

UNIVERSITY

DEPARTMENT OF
SPECIAL EDUCATION,
REHABILITATION, AND COUNSELING

INFORMATION LETTER

for a Research Study entitled

“An Exploration of Counselors’-in-Training Multicultural Competency when Working with Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived Self Efficacy”

You are invited to participate in a research study to examine counseling student’s multicultural training experiences related to client socioeconomic status. The study is being conducted by Emily S.H. Stafford, doctoral candidate, under the direction of Dr. Jamie Carney, Professor, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were selected as a possible participant because you are currently enrolled as a master’s level counseling graduate student and are age 19 or older. If you are NOT currently enrolled in a master’s level counseling program OR you are NOT at least 19 years of age, please return the survey materials to the envelope and discontinue participation.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a series of surveys and provide demographics information. Your total time commitment will be approximately 15-20 minutes.

Are there any risks or discomforts? There are no anticipated risks associated with this study. Any medical treatment incurred is not the responsibility of the investigator or of Lubbock Christian University.

Are there any benefits to yourself or others? If you participate in this study, you can expect to contribute to the research field associated with counselor education and multicultural training. We/I cannot promise you that you will receive any or all of the benefits described.

Will you receive compensation for participating? There is no compensation associated with participation in this study.

Are there any costs? There is no cost associated with participation in this study.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling or the College of Education or Lubbock Christian University.

Any data obtained in connection with this study will remain anonymous. We will protect your privacy and the data you provide by maintaining a locked filing cabinet. Information collected through your participation may be used to fulfill an educational requirement, published in a professional journal, and/or presented at a professional meeting.

If you have questions about this study, *please ask them now or* contact Emily S. H. Stafford at ess0002@tigermail.auburn.edu or Dr. Jamie Carney at carnejs@tigermail.auburn.edu

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334)-844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Investigator's signature Date

Emily S. H. Stafford

Print Name



TEXAS TECH UNIVERSITY™

DEPARTMENT OF EDUCATIONAL
PSYCHOLOGY AND LEADERSHIP

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

INFORMATION LETTER

for a Research Study entitled

“An Exploration of Counselors’-in-Training Multicultural Competency when Working with Persons of Low Socioeconomic Status: An Examination of Attitudes, Attributions, and Perceived Self Efficacy”

You are invited to participate in a research study to examine counseling student’s multicultural training experiences related to client socioeconomic status. The study is being conducted by Emily S.H. Stafford, doctoral candidate, under the direction of Dr. Jamie Carney, Professor, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. At Texas Tech University, the study is conducted under the direction of Dr. Charles Crews, Associate Professor in the Educational Psychology and Leadership Department. You were selected as a possible participant because you are currently enrolled as a master’s level clinical mental health counseling graduate student and are age 19 or older. If you are NOT currently enrolled in a master’s level clinical mental health counseling program OR you are NOT at least 19 years of age, please return the survey materials to the envelope and discontinue participation.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a series of surveys and provide demographics information. Your total time commitment will be approximately 15-20 minutes.

Are there any risks or discomforts? There are no anticipated risks associated with this study.

Are there any benefits to yourself or others? If you participate in this study, you can expect to contribute to the research field associated with counselor education and multicultural training. We/I cannot promise you that you will receive any or all of the benefits described.

Will you receive compensation for participating? There is no compensation associated with participation in this study.

Are there any costs? There is no cost associated with participation in this study.

Appendix C

Script Read to participants by CITI trained researcher: Auburn University

“Good morning/afternoon. You are invited to participate in a research study to examine attitudes and beliefs about poverty. The study is being conducted by Emily Stafford and Dr. Jamie Carney within the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were selected as a possible participant because you are a graduate student within a clinical mental health counseling education program and are 19 years of age or older.

If you decide to participate in this research study, you will be asked to complete a series of surveys and a demographic measure. Your total time commitment will be approximately 15-20 minutes. There are no risks associated with participation in this study.

Your participation in this study is totally voluntary. If you choose to participate you will be asked to complete the measures provided in the survey envelope. If you choose not to participate, simply return the uncompleted survey measures in the provided envelope. Once survey packets have been returned, you will be unable to withdraw from the study because survey results are not individually identifiable or linked to your signed informed consent letter. Your decision about whether or not to participate will not jeopardize your future relations with Auburn University and the Department of Special Education, Rehabilitation, and Counseling.

If you have questions about this study, please ask them now or contact Emily S.H. Stafford at ess0002@tigermail.auburn.edu or Dr. Jamie Carney at carnejs@tigermail.auburn.edu or 334-844-2885.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by 334-844-5966 or email at hsubjec@auburn.edu or IRBChair@auburn.edu
Add LCU script (in email)

Appendix D

Script to be read by CITI trained researcher: Texas Tech University & Lubbock Christian University

“Good morning/afternoon. You are invited to participate in a research study to examine attitudes and beliefs about poverty. The study is being conducted by Emily Stafford and Dr. Jamie Carney within the Auburn University Department of Special Education, Rehabilitation, and Counseling. [At Texas Tech, this project is being supervised by Dr. Charles Crews, within the Educational Psychology and Leadership Department.] You were selected as a possible participant because you are a graduate student within a clinical mental health counseling education program and are 19 years of age or older.

If you decide to participate in this research study, you will be asked to complete a series of surveys and a demographic measure. Your total time commitment will be approximately 15-20 minutes. There are no risks associated with participation in this study.

Your participation in this study is totally voluntary. If you choose to participate you will be asked to complete the measures provided in the survey envelope. If you choose not to participate, simply return the uncompleted survey measures in the provided envelope. Once survey packets have been returned, you will be unable to withdraw from the study because survey results are not individually identifiable. Your decision about whether or not to participate will not jeopardize your future relations with [Texas Tech University, the College of Education, or the Educational Psychology and Leadership Department] or [Lubbock Christian University].

If you have questions about this study, please ask them now or contact Emily S.H. Stafford at ess0002@tigermail.auburn.edu or Dr. Jamie Carney at carnejs@tigermail.auburn.edu or 334-844-2885.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by 334-844-5966 or email at hsubjec@auburn.edu or IRBChair@auburn.edu. [You may contact the Texas Tech Institutional Review Board by phone at (806) 742-2064 or email at hrpp@ttu.edu] or [You may contact the Lubbock Christian Institutional Review Board by email jennifer.dabbs@lcu.edu or phone (806) 720-7835].

Appendix E

Demographic Information

1. Please indicate your age:
 19-23 34-38 49-53 64-68
 24-28 39-43 54-58 68+
 29-33 44-48 59-63
2. Please indicate your program of study:
 Community Counseling Masters
 Other: _____
3. Is your counselor education program accredited by CACREP (Council for Accreditation of Counseling and Related Educational Programs)?
 Yes
 No
4. Please indicate your gender:
 Male
 Female
 Other
5. Please indicate your racial/ethnic background:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Hispanic or Latino
 White or Caucasian
 Two or More Races
 Other : _____
6. Please indicate the number of coursework hours you have **completed** in your degree program: _____
7. During your coursework, have you **completed** a multicultural counseling skills course?
 Yes
 No

8. Has your multicultural counseling coursework included skills training specific to client low socioeconomic status?
 _____ Yes. If yes, which courses: _____
 _____ No
9. Have you attended workshops related to multicultural counseling skills specific to client low socioeconomic status?
 _____ Yes
 _____ No
10. Please indicate your family of origin's income level for the 2012 year:
 _____ under \$15,000
 _____ \$15,000-\$24,999
 _____ \$25,000-\$34,999
 _____ \$35,000-\$44,999
 _____ \$45,000-\$54,999
 _____ \$55,000-\$64,999
 _____ \$65,000-\$74,999
 _____ \$75,000-\$84,999
 _____ \$85,000-\$94,999
 _____ \$95,000-104,999
 _____ \$105,000+
 _____ Unknown
11. Please indicate your parent/guardian(s) level of education by placing an "X" in the category that best describes them. If you lived in a single parent/guardian household, only indicate the education level of the adult you lived with.

| Mother/Female Guardian | Father/Male Guardian | Level of Education |
|-------------------------------|-----------------------------|-------------------------------------|
| | | Less than 7th grade |
| | | Junior high (9th grade) |
| | | Partial high school (10th or 11th) |
| | | High school graduate |
| | | Partial college (at least one year) |
| | | College graduate |
| | | Graduate degree |

Appendix F

Attributions of Poverty Scale (Bullock, Williams, & Limbert, 2003)

Please rate how important each of these reasons are for explaining why some people are poor in the United States and others are not. Please use the following scale:

| | 1 | 2 | 3 | 4 | 5 |
|---|--|---|---|---|---|
| | Not at all important as a cause of poverty. | | | | Extremely important as a cause of poverty. |
| 1. Structuralistic inequalities that don't give all people equal choices..... | 1 | 2 | 3 | 4 | 5 |
| 2. Negative attitudes and anti-work mentality among the poor. | 1 | 2 | 3 | 4 | 5 |
| 3. Unfortunate circumstances. | 1 | 2 | 3 | 4 | 5 |
| 4. A capitalistic society in which the wealth of some is contingent upon the poverty of others..... | 1 | 2 | 3 | 4 | 5 |
| 5. An unwillingness to work at a competitive level that is necessary to make it in the world. | 1 | 2 | 3 | 4 | 5 |
| 6. Sickness and disability..... | 1 | 2 | 3 | 4 | 5 |
| 7. Discrimination against minorities and the poor..... | 1 | 2 | 3 | 4 | 5 |
| 8. A lack of motivation that results from being on public assistance..... | 1 | 2 | 3 | 4 | 5 |
| 9. Not having the right contacts to find jobs..... | 1 | 2 | 3 | 4 | 5 |
| 10. An economic system that fosters competition over cooperation..... | 1 | 2 | 3 | 4 | 5 |
| 11. Loose morals..... | 1 | 2 | 3 | 4 | 5 |
| 12. Not inheriting money or property from relatives..... | 1 | 2 | 3 | 4 | 5 |
| 13. Being taken advantage of by the rich..... | 1 | 2 | 3 | 4 | 5 |
| 14. Lack of drive and perseverance..... | 1 | 2 | 3 | 4 | 5 |
| 15. Being born into poverty..... | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| 16. Corporate downsizing and U.S. companies relocating to foreign countries that can pay lower wages..... | 1 | 2 | 3 | 4 | 5 |
| 17. Lack of motivation and laziness..... | 1 | 2 | 3 | 4 | 5 |
| 18. Lack of money..... | 1 | 2 | 3 | 4 | 5 |
| 19. The failure of society to provide good schools..... | 1 | 2 | 3 | 4 | 5 |
| 20. Being too picky and refusing to take lower paying jobs..... | 1 | 2 | 3 | 4 | 5 |
| 21. Just plain bad luck..... | 1 | 2 | 3 | 4 | 5 |
| 22. Low paying jobs with no benefits..... | 1 | 2 | 3 | 4 | 5 |
| 23. Lack of intelligence..... | 1 | 2 | 3 | 4 | 5 |
| 24. Lack of transportation..... | 1 | 2 | 3 | 4 | 5 |
| 25. A federal government which is insensitive to the plight of the poor..... | 1 | 2 | 3 | 4 | 5 |
| 26. Lack of effort among the poor to improve themselves..... | 1 | 2 | 3 | 4 | 5 |
| 27. Being from a family without the resources to financially help at critical points in one's life..... | 1 | 2 | 3 | 4 | 5 |
| 28. A vicious cycle that perpetuates poor work habits, welfare dependency, laziness, and low self-esteem..... | 1 | 2 | 3 | 4 | 5 |
| 29. High taxes that take money away from the poor..... | 1 | 2 | 3 | 4 | 5 |
| 30. Not having positive role models to teach children about adult drive and ambition..... | 1 | 2 | 3 | 4 | 5 |
| 31. Prejudice and discrimination in the hiring process..... | 1 | 2 | 3 | 4 | 5 |
| 32. A weak safety net that doesn't help people get back on their feet financially (i.e. low welfare benefits)..... | 1 | 2 | 3 | 4 | 5 |
| 33. Lack of childcare..... | 1 | 2 | 3 | 4 | 5 |
| 34. The ability to save, spend, and manage money wisely..... | 1 | 2 | 3 | 4 | 5 |
| 35. The break-up with families (e.g. increased divorce rate)..... | 1 | 2 | 3 | 4 | 5 |
| 36. Not receiving a high school diploma..... | 1 | 2 | 3 | 4 | 5 |

Appendix G

Attitudes toward Poverty and Poor People (Atherton et al., 1993)

Listed below are statements about poverty and poor people. Please read and rate these statements using the following scale:

| If you strongly agree, please mark: | If you agree, please mark: | If you are neutral on the item, please mark: | If you disagree, please mark: | If you strongly disagree, please mark: |
|---|----------------------------|--|-------------------------------|--|
| SA | A | N | D | SD |
| 1. A person receiving welfare should not have a nicer car than I do..... | SA | A | N | D SD |
| 2. Poor people will remain poor regardless of what's done for them..... | SA | A | N | D SD |
| 3. Welfare makes people lazy..... | SA | A | N | D SD |
| 4. Any person can get ahead in this country..... | SA | A | N | D SD |
| 5. Poor people are satisfied receiving welfare..... | SA | A | N | D SD |
| 6. Welfare recipients should be able to spend their money as they choose..... | SA | A | N | D SD |
| 7. An able-bodied person using food stamps is ripping off the system..... | SA | A | N | D SD |
| 8. Poor people are dishonest | SA | A | N | D SD |
| 9. If poor people worked harder, they could escape poverty..... | SA | A | N | D SD |
| 10. Most poor people are members of a minority group..... | SA | A | N | D SD |
| 11. People are poor due to circumstances beyond their control..... | SA | A | N | D SD |
| 12. Society has the responsibility to help poor people..... | SA | A | N | D SD |
| 13. People on welfare should be made to work for their benefits..... | SA | A | N | D SD |
| 14. Unemployed poor people could find jobs if they tried harder..... | SA | A | N | D SD |
| 15. Poor people are different from the rest of society..... | SA | A | N | D SD |

| | | | | | |
|---|----|---|---|---|----|
| 16. Being poor is a choice..... | SA | A | N | D | SD |
| 17. Most poor people are satisfied with their standard of living..... | SA | A | N | D | SD |
| 18. Poor people think they deserve to be supported..... | SA | A | N | D | SD |
| 19. Welfare mothers have babies to get more money..... | SA | A | N | D | SD |
| 20. Children raised on welfare will never amount to anything..... | SA | A | N | D | SD |
| 21. Poor people act differently..... | SA | A | N | D | SD |
| 22. Poor people are discriminated against..... | SA | A | N | D | SD |
| 23. Most poor people are dirty..... | SA | A | N | D | SD |
| 24. People who are poor should not be blamed for their misfortune..... | SA | A | N | D | SD |
| 25. If I were poor, I would accept welfare benefits..... | SA | A | N | D | SD |
| 26. Out-of-work people ought to have to take the first job that is offered..... | SA | A | N | D | SD |
| 27. The government spends too much money on poverty programs..... | SA | A | N | D | SD |
| 28. Some “poor” people live better than I do, considering all their benefits..... | SA | A | N | D | SD |
| 29. There is a lot of fraud among welfare recipients..... | SA | A | N | D | SD |
| 30. Benefits for poor people consume a major part of the federal budget..... | SA | A | N | D | SD |
| 31. Poor people use food stamps wisely..... | SA | A | N | D | SD |
| 32. Poor people generally have lower intelligence than non-poor people..... | SA | A | N | D | SD |
| 33. Poor people should be more closely supervised..... | SA | A | N | D | SD |
| 34. I believe poor people have a different set of values than do other people..... | SA | A | N | D | SD |
| 35. I believe poor people create their own difficulties..... | SA | A | N | D | SD |
| 36. I believe I could trust a poor person in my employ..... | SA | A | N | D | SD |
| 37. I would support a program that resulted in higher taxes to support social programs for poor people..... | SA | A | N | D | SD |

Appendix H

Multicultural Counselor Training Survey-Socioeconomic Status (MCCTS-SES) (Holcomb-McCoy & Myers, 1999; Stafford & Carney, Revised 2013)

Listed below are competency statements based on Association for Multicultural Counseling and Development (AMCD)'s Multicultural Counseling Competencies and Explanatory Statements. Please read each competency statement and evaluate your multicultural competence using the following 4-point scale.

- 1-Not competent (Not able to perform at this time)
- 2- Somewhat competent (More training needed)
- 3-Competent (Able to perform completely)
- 4-Extremely competent (Able to perform at a high level)

| | | | | | |
|-----|---|---|---|---|---|
| 1. | I can discuss my own socioeconomic status..... | 1 | 2 | 3 | 4 |
| 2. | I am aware of how my socioeconomic background and experiences have influenced my attitudes about psychological processes..... | 1 | 2 | 3 | 4 |
| 3. | I am able to discuss how my socioeconomic status has influenced the way I think..... | 1 | 2 | 3 | 4 |
| 4. | I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my clients..... | 1 | 2 | 3 | 4 |
| 5. | I verbally communicate my acceptance of socioeconomically different clients..... | 1 | 2 | 3 | 4 |
| 6. | I non-verbally communicate my acceptance of socioeconomically different clients..... | 1 | 2 | 3 | 4 |
| 7. | I can discuss my family's perspective regarding acceptable and non acceptable codes of conduct..... | 1 | 2 | 3 | 4 |
| 8. | I can discuss and contrast the values of different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 9. | I can define poverty..... | 1 | 2 | 3 | 4 |
| 10. | I can define prejudice..... | 1 | 2 | 3 | 4 |
| 11. | I can define discrimination..... | 1 | 2 | 3 | 4 |

| | | | | | |
|-----|--|---|---|---|---|
| 12. | I can define stereotype..... | 1 | 2 | 3 | 4 |
| 13. | I can identify the cultural basis of my communication style..... | 1 | 2 | 3 | 4 |
| 14. | I can identify my negative and positive emotional reactions toward persons of another socioeconomic status..... | 1 | 2 | 3 | 4 |
| 15. | I can identify my reactions that are based on stereotypical beliefs about persons from a different socioeconomic status..... | 1 | 2 | 3 | 4 |
| 16. | I can give examples of how stereotypical beliefs about persons from different socioeconomic status levels impact the counseling relationship.... | 1 | 2 | 3 | 4 |
| 17. | I can articulate the possible differences between the nonverbal behaviors of persons from different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 18. | I can articulate the possible differences between the verbal behaviors of persons from different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 19. | I can discuss the counseling implications for working with individuals from different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 20. | I can discuss within-group differences among different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 21. | I can discuss how socioeconomic status affects a client's vocational choices. | 1 | 2 | 3 | 4 |
| 22. | I can discuss how socioeconomic status affects the help seeking behavior of clients..... | 1 | 2 | 3 | 4 |
| 23. | I can discuss how socioeconomic status affects the manifestations of psychological disorders..... | 1 | 2 | 3 | 4 |
| 24. | I can describe the degree to which a counseling approach is appropriate for a specific socioeconomic group..... | 1 | 2 | 3 | 4 |
| 25. | I can explain how factors such as poverty and powerlessness have influenced the current conditions of at least two ethnic groups..... | 1 | 2 | 3 | 4 |
| 26. | I can discuss research regarding mental health issues and relevance to socioeconomic status..... | 1 | 2 | 3 | 4 |
| 27. | I can discuss how the counseling process may conflict with the cultural values of individuals from different levels of socioeconomic status..... | 1 | 2 | 3 | 4 |
| 28. | I can list at least three barriers that prevent low socioeconomic status clients from using mental health services..... | 1 | 2 | 3 | 4 |

| | | | | | |
|-----|---|---|---|---|---|
| 29. | I can discuss the potential bias of two assessment instruments frequently used in the counseling process as it relates to socioeconomic status..... | 1 | 2 | 3 | 4 |
| 30. | I can discuss the process of therapy with families from different socioeconomic status levels..... | 1 | 2 | 3 | 4 |
| 31. | I can anticipate when my helping style may be inappropriate for a socioeconomically different client..... | 1 | 2 | 3 | 4 |
| 32. | I can help clients determine whether a problem is based on a client's socioeconomic status level..... | 1 | 2 | 3 | 4 |

Appendix I

A comparison of the original and revised Multicultural Counselor Training Survey

Item revisions are shown in **bold**.

| MCCTS- Holcomb-McCoy & Myers, 1999 | MCCTS-SES (Stafford & Carney, Revised 2013) |
|---|---|
| I can discuss my own ethnic/cultural heritage | I can discuss my own socioeconomic status |
| I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes | I am aware of how my socioeconomic background and experiences have influenced my attitudes about psychological processes |
| I am able to discuss how my culture has influenced the way I think | I am able to discuss how my socioeconomic status has influenced the way I think |
| I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my clients | I can recognize when my attitudes, beliefs, and values are interfering with providing the best services to my clients |
| I verbally communicate my acceptance of culturally different clients | I verbally communicate my acceptance of socioeconomically different clients |
| I non-verbally communicate my acceptance of culturally different clients | I non-verbally communicate my acceptance of socioeconomically different clients |
| I can discuss my family's perspective regarding acceptable and non acceptable codes of conduct | I can discuss my family's perspective regarding acceptable and non acceptable codes of conduct |
| I can discuss models of White racial identity development | I can discuss and contrast the values of different socioeconomic status levels |
| I can define racism | I can define poverty |
| I can define prejudice | I can define prejudice |
| I can define discrimination | I can define discrimination |
| I can define stereotype | I can define stereotype |

| | |
|--|---|
| I can identify the cultural bases of my communication style | I can identify the cultural basis of my communication style |
| I can identify my negative and positive emotional reactions toward persons of other racial and ethnic groups | I can identify my negative and positive emotional reactions toward persons of another socioeconomic status |
| I can identify my reactions that are based of stereotypical beliefs about different ethnic groups | I can identify my reactions that are based on stereotypical beliefs about persons from a different socioeconomic status |
| I can give examples of how stereotypical beliefs about culturally different persons impact the counseling relationship | I can give examples of how stereotypical beliefs about persons from different socioeconomic status levels impact the counseling relationship |
| I can articulate the possible differences between the nonverbal behaviors of the five major ethnic groups (i.e., African/Black, Hispanic/Latino, Asian, Native American, European/White) | I can articulate the possible differences between the nonverbal behaviors of persons from different socioeconomic status levels |
| I can articulate the possible differences between the verbal behaviors of the five major ethnic groups (i.e., African/Black, European/White, Hispanic/Latino, Asian, Native American) | I can articulate the possible differences between the verbal behaviors of persons from different socioeconomic status levels |
| I can discuss the counseling implications for at least two models of “Minority Identity Development.” | I can discuss the counseling implications for working with individuals from different socioeconomic status levels |
| I can discuss within-group differences among ethics groups (e.g., low socioeconomic status [SES] Puerto Rican client vs. high SES Puerto Rican client) | I can discuss within-group differences among different socioeconomic status levels |
| I can discuss how culture affects a client’s vocational choices | I can discuss how socioeconomic status affects a client’s vocational choices. |
| I can discuss how culture affects the help seeking behavior of clients | I can discuss how socioeconomic status affects the help seeking behavior of clients |
| I can discuss how culture affects the manifestations of psychological disorders | I can discuss how socioeconomic status affects the manifestations of psychological disorders |
| I can describe the degree to which a counseling approach is appropriate for a specific group of people | I can describe the degree to which a counseling approach is appropriate for a specific socioeconomic group |

| | |
|--|---|
| I can explain how factors such as poverty and powerlessness have influenced the current conditions of at least two ethnic groups | I can explain how factors such as poverty and powerlessness have influenced the current conditions of at least two ethnic groups |
| I can discuss research regarding mental health issues and culturally different populations | I can discuss research regarding mental health issues and relevance to socioeconomic status |
| I can discuss how the counseling process may conflict with the cultural values of at least two ethnic groups | I can discuss how the counseling process may conflict with the cultural values of individuals from different levels of socioeconomic status |
| I can list at least three barriers that prevent ethnic minority clients from using mental health services | I can list at least three barriers that prevent low socioeconomic status clients from using mental health services |
| I can discuss the potential bias of two assessment instruments frequently used in the counseling process | I can discuss the potential bias of two assessment instruments frequently used in the counseling process as it relates to socioeconomic status |
| I can discuss family therapy from a cultural/ethnic perspective | I can discuss the process of therapy with families from different socioeconomic status levels |
| I can anticipate when my helping style is inappropriate for a culturally different client | I can anticipate when my helping style may be inappropriate for a socioeconomically different client |
| I can help clients determine whether a problem stems from racism or bias in others | I can help clients determine whether a problem is influenced by a client's socioeconomic status level |