Article 10

Counselor Training and Poverty-Related Competencies: Implications and Recommendations for Counselor Training Programs

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Abstract

In 2013, nearly 50 million Americans were living at or below the poverty line. Current research reflects that impoverished individuals are 2–3 times more likely to exhibit psychological distress than are their middle and upper class counterparts. Researchers also suggest that individuals living in poverty who seek counseling services often drop out or do not complete treatment for a number of reasons. This paper will explore the multifaceted difficulties impoverished individuals often face when seeking mental health counseling services including both systematic barriers and counselor bias. The authors of this paper posit that a major source in preventing early termination or drop out is to provide the appropriate training for addressing the complexities of poverty in relation to mental health to counselors while in counselor training programs. Two

main training methods will be discussed: the CARE model and multicultural training (MCT). The authors will discuss limitations of the current training models, along with implications and recommendations for counselor training programs based on the current literature and supported research findings surrounding the CARE model and MCT.

Keywords: poverty, counselor-training programs, CARE model, MCT, experiential learning

Multicultural competence is essential in counselor training programs. In order to fulfill those competency requirements, it is imperative that counselors-in-training learn to work with populations in poverty. According to Smith (2010), individuals in poverty are more vulnerable to mental health issues due to increased stress, inadequate housing, financial concerns, health care, child care, and insurance, and they proceed to be largely underserved by mental health professionals. Despite this population's dire need for mental health services, the values, requirements, and therapeutic techniques presented in counseling may not fully accommodate the needs of those in poverty (Foss, Generali, & Kress, 2011).

The few studies conducted to examine poverty as it relates to clinical services show that when issues of poverty arise in clinical practice, counselors may lack the skills and training needed to effectively serve their clients (Smith, Li, Dykema, Hamlet, & Shellman, 2013). Consequently, when clients in poverty seek counseling services, the likelihood of gaining much benefit is slim. Counselors may also believe that the client's issues are too complex and overwhelming largely due to their own lack of preparation and knowledge. Smith et al. (2013) also found that the absence of skills to fill gaps in experience and social equality may limit the counselor and client from establishing appropriate rapport.

A potential barrier to effective counseling may also include the counselor's beliefs about clients in poverty. Toporek and Pope-Davis (2005) asserted that counselors need to be trained to notice the presence of systematic oppression versus individual dispositional factors, therefore allowing the client to receive the necessary help. According to a study conducted by Smith et al. (2013) examining the perceptions of professionals who served in low-income communities, poverty is often associated with mental illness, laziness, and violence, thus undermining the professional's desire to work with the client. Counselor bias and naivety might also cause the client to experience self-blame or feel misunderstood (Toporek & Pope-Davis, 2005). The client's difficulties, in addition to the counselor's unfavorable position, further limit individuals in poverty from receiving adequate help.

The *ACA Code of Ethics* (American Counseling Association [ACA], 2014) requires counselors to establish cultural and contextual competence and provide those services when counseling. Cultural competence involves self-awareness as well as the knowledge and awareness of a culture and the skills that efficiently serve that population. Foss et al. (2011) discussed the term "culture of poverty" (p. 163). In describing this term, they defined "culture" as a distinct group's norms, values, and behaviors. To better serve clients in poverty, it is critical that counselors obtain more knowledge about the culture of poverty. Counselors may also benefit from more effective training curricula and therapeutic techniques (Smith et al., 2013). The CARE model, which focuses on

*C*ultivating relationships, *A*cknowledging realities, *R*emoving barriers, and *E*xpanding on the client's strength, and multicultural training (MCT) present as two possible methods to facilitate the training of counselors to better understand and manage issues of poverty as they are related to mental health services.

The CARE model highlights the need for a holistic clinical approach while also acknowledging the impact multiple systems have on populations in poverty (Foss et al., 2011). MCT assists counselor educators in implementing a curriculum aimed at increasing the opportunities for counselors-in-training to learn about and engage diverse cultures (Toporek & Pope-Davis, 2005). The overall focus is for counselors-in-training to obtain greater cultural awareness. Considering the various issues populations in poverty experience, it is imperative that counselors are prepared to work with them. Despite a dearth of research concerning poverty in relation to counseling, we aim to develop a greater understanding of this issue. This paper will discuss issues of poverty and provide recommendations for counselors on how to incorporate cultural competencies in counselor training programs in order to better manage populations in poverty.

Poverty

The context of poverty continues to transform over time in relation to the ever-changing climate of societal norms and looks different for everyone. Currently, poverty is described as the inability for individuals or families to meet certain needs including food security, safe housing, adequate clothing, and health care needs due to earning at or below a certain amount of money annually (Kiviat, 2011). According to *Poverty in the United States* (2013), the average annual income for families declined from 2011 to 2012 from an average of $51,100 to an average of $51,017. The 2013 Population Survey data reported that nearly 46.5 million people, or 15% of Americans, live at or below the government-defined poverty line (Abramsky, 2013).

It is important to recognize that poverty can be defined in different ways but usually includes individuals or families that are unemployed or underemployed (Lein, 2013). Abramsky (2013) stated that those who work with the hungry, the homeless, the uninsured, and the underpaid/unemployed recognize that the government-defined poverty line is not an adequate measure. It is imperative that current counselors and counselors-in-training be cognizant of aspects of poverty—in addition to annual income—so that they may gain a fuller understanding of what poverty truly entails for some individuals. As Abramsky (2013, p. 1) stated, "by more reasonable measures, poverty in this country is even more pervasive" than is described by a family's placement below the government-defined poverty line.

Poverty and Mental Health

As mentioned above, the evidence that poverty can directly affect mental health is clearly demonstrated. Specifically, poverty-related stressors previously described such as poor living conditions and limited resources for basic needs and health care may exacerbate psychological stress. Researchers suggest that people living in poverty are two times more likely to manifest psychological stress than those living in the upper and middle classes (Foss et al., 2011). However, research results indicate that the

underprivileged are underrepresented among the population of individuals who seek mental health services. Researchers have speculated that regardless of the emphasis on various therapeutic techniques, counselors are not competent to effectively aid clients in oppressive situations (Toporek & Pope-Davis, 2005). Additionally, researchers have suggested that when impoverished clients seek mental health services, their outcome is less favorable than middle-class individuals (Smith et al., 2013). This finding could be related to counselors' attitudes and perceptions about socioeconomic status due to the common social privilege that counselors often experience. Similarly, the expectation that the underprivileged will be less successful in therapy is also a factor (Smith et al., 2013). The gaps of experience between counselor and client were described in Chalifoux's (1996) qualitative study in which the counselor provided unrealistic suggestions to the client, which increased feelings of shame. One participant felt that her counselor was unaware of her own class values, leading the counselor to not fully understand that "freedom of choice takes money" (Chalifoux, 1996, p. 30). It is important for counselors to understand the daily challenges individuals living in poverty face in order to meet their basic survival needs (Foss et al., 2011).

The stigma associated with poverty has also found itself in the counseling relationship. In a study by Smith et al. (2013), counselors-in-training disclosed their personal stereotypes regarding impoverished clients that could be detrimental to both the client and the counselor relationship. These findings were not based on lack of sympathy or purposeful unkindness, but rather lack of knowledge and awareness of their personal class values (Chalifoux, 1996). This concern should be addressed when training counselors as it has been shown that individuals living in poverty value relationships over possessions, because it is one part of life that remains consistent (Foss et al., 2011). It is recommended that counselors consider the numerous factors mentioned above when tailoring services to individuals living in poverty.

Current Training Methods

Multicultural Counseling

In the past several years, programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have begun to offer multicultural counseling courses in order to promote the development of cultural competence with multicultural counseling (Liles & Wagner, 2010). Sue and Torino (2005) described multicultural counseling as a helping role and process that utilizes techniques and sets goals consistent with the life experiences on the clients. Multicultural counseling recognizes the unique challenges of the client and provides services accordingly. Multicultural counseling training leads to the development of multicultural counseling competence, which is defined as the counselor's ability to successfully communicate and aid clients from diverse backgrounds to maximize optimal development (Sue & Sue, 2012; Sue & Torino, 2005). Because of growth and awareness of oppressive populations in past years, research has expanded and theories have emerged to help counselors-in-training become more responsive to clients living in poverty.

The CARE Model

Foss et al. (2011) developed a humanistic and social justice framework, the CARE model, "which highlights the need to *C*ultivate relationships, *A*cknowledge realities, *R*emove barriers, and *Ex*pand the strengths of poor clients" (p. 161). Specifically, the CARE model capitalizes on the importance of recognizing the experiences and daily challenges that clients in poverty face. While strengthening the therapeutic alliance, the model may promote positive treatment outcomes (Foss et al., 2011).

Advocacy is a component of the CARE model, which encourages counselors to consider lack of transportation when providing services. Being knowledgeable of community transportation services and agency services are important to appropriately aid underprivileged clients in being compliant with treatment (Foss et al., 2011). Being prepared to provide resources to clients about obtaining transportation will reduce one barrier for clients to seek services, but counselors should also consider other barriers common among those living in poverty. Barriers that may impact treatment success include substance use and/or abuse and unplanned pregnancies, which should be explored in order to apply counseling uniquely to the client's immediate needs (Foss et al., 2011). A survey compiled by Stevens, Seid, Mistry, and Halfon (2006) reported that both clients and counselors felt that counseling was irrelevant when these barriers were not explored effectively. Advocacy has been found to positively aid counselors in better understanding the challenges of their clients, which could lead to positive treatment outcomes (Foss et al., 2011; Smith et al., 2013).

The CARE model also focuses on the clients' strengths to help build self-esteem, problem-solving skills, and multifaceted support. This aspect of the model is designed to help develop unique plans to improve client health from a holistic perspective (Foss et al., 2011). The various components of the CARE model have been created to help counselors consider social justice while fostering therapeutic relationships, acknowledge challenges of poverty, and help produce the development of applicable coping strategies (Foss et al., 2011).

Multicultural Training

Multicultural training (MCT) is another model used in the training of counselors to work competently with clients who identify as living in poverty. MCT courses are used to prepare counselors for working with diverse populations (Abreu, Chung, & Atkinson, 2000). However, in various studies, MCT was shown to focus primarily on racial and ethnic issues and did not address social class differences or poverty (Toporek & Pope-Davis, 2005). There is a paucity of research considering the correlation between MCT and client-related problems with poverty. Toporek and Pope-Davis (2005) found that MCT has the potential to increase the understanding of the multilevel components of poverty in counselors-in-training. With this knowledge, counselors will be able to better serve impoverished people with appropriate interventions to address oppressive situations. It has been noted that counselors working with people living in poverty find the experiences emotionally demanding and exhausting at times.

Smith et al. (2013) suggested that experiential learning should be included in multicultural training programs in order to help counselors provide a holistic and competent service with knowledge of the oppressive and stressful situations that clients

endure. Nickols and Nielsen (2011) explored the effectiveness of experiential learning on the view of poverty among counselors-in-training. The study found that after the participants experienced the poverty simulation, they indicated greater empathy for impoverished populations. After the simulation, the qualitative findings suggested fewer stereotypes and racial attitudes. Researchers suggest using experiential learning such as a poverty simulation may help educators identify how to help counselors-in-training improve their understanding of poverty and increase their empathy (Nickols & Nielsen, 2011). With various components of MCT and the CARE model, counselors-in-training can grow to understand the realities of poverty and help clients meet their immediate needs with therapeutic treatment (Foss et al., 2011; Smith et al., 2013; Toporek & Pope-Davis, 2005).

Limitations of Current Models

It should be noted that models, training, and curriculum attempt to outline effective approaches in working with the oppressed, but the utilization of only one component is impractical. Each component is applied with the intention of effecting change, but some techniques may need revision in order to benefit a specific client's circumstances (Sue & Sue, 2012). Consequently, more action-oriented and educational approaches (e.g., community resource awareness) may prove more helpful with underprivileged clients. Counselors-in-training are encouraged to expand their techniques beyond rigid models and role-based interventions, recommending utilization of integrated approaches to meet the client's needs (Sue & Sue, 2012).

Implications for Counselor Training Programs

The *ACA Code of Ethics* (2014) states that counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. Counselor educators actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. As mentioned previously, counselors are being prepared to work with diverse populations through multicultural training courses (Abreu et al., 2000) but often find themselves underprepared to treat clients surviving the material and social stressors associated with poverty (Smith et al., 2013). Since individuals living in poverty are more likely to manifest psychological stress than those of the upper and middle classes (Foss et al., 2011), it is essential that counselor educators are stressing the importance of being prepared to effectively work with issues related to poverty. Being effectively prepared includes not only knowledge about the additional psychological concerns that correlate with poverty, but also an expanded sense of awareness that counselors-in-training must obtain to effectively help the impoverished. The example in the Smith et al. (2013) study of negative perceptions of professionals who served a low-income population should receive a tremendous amount of focus. When there is a negative stigma attached to poverty amongst professionals (e.g., mental illness, laziness, and violence), effective services will not be provided to this population. If students are going to work effectively with the increasing impoverished population, there must be a focus not only on racial and ethnic issues but also on social class differences and poverty, while attempting to facilitate growth in a counselor-in-training's multicultural counseling competency, awareness, knowledge, and skills.

Counselor educators are responsible for promoting the use of techniques, procedures, and modalities that are grounded in theory and/or have empirical or scientific foundation (ACA, 2014). It is important that counselor educators use evidence-based models in the training of counseling students on issues related to poverty. However, many traditional counseling models are found to be more consistent with middle-class values rather than the values exhibited by the impoverished of society (Foss et al., 2011). Yoshikawa, Aber, and Beardslee (2012) claimed that research studies clearly argue against a "magic bullet" approach involving one single intervention to address one single poverty-related risk factor or causal mechanism. They also claim that knowledge on how to strategically target multiple interventions on multiple risk factors and mediating mechanisms are largely unknown. Identifying how to effectively coordinate these multiple strategies for optimal effect also proves to be a tremendous challenge. Taking this into consideration, there is a need for innovative approaches in regards to working effectively with individuals experiencing the multi-faceted aspects of poverty, such as the aforementioned CARE model.

Nickols and Neilsen (2011) claimed that future research using experiential learning such as poverty simulation is recommended with more diverse participants in research studies for the goal of achieving a broader understanding of its effectiveness in developing empathy toward people who are identified as poor. Using this type of experiential learning in a variety of educational institutions may help educators identify how best to enable students to move toward a more comprehensive understanding of poverty and empathy.

Increasing self-awareness and identifying stereotypes for counselors-in-training is important, and it is essential for these future counselors to receive the training they need in order to effectively work with individuals of the impoverished population. As previously mentioned, a limitation of the training models discussed for use in working with the impoverished is that of the impracticality of the utilization of a singular component. Keeping this in mind, an integrated approach by counselor educators including use of innovative counseling interventions, experiential learning, and action-oriented and educational approaches is a step in the right direction for preparing future professionals to work effectively with individuals experiencing poverty.

Summary

As previously discussed, poverty is a widespread issue in America impacting over 50 million individuals in 2010 (Smith et al., 2013). Research now shows that living in poverty is not only a barrier to receiving counseling services but also to the success of the treatment itself (Toporek & Pope-Davis, 2005). Although it has been recognized that individuals living in poverty are often vulnerable to psychological distress emanating from a number of variables, these individuals are largely underserved by counselors (Smith et al., 2013).

After reviewing current research on poverty as it relates to mental health counseling, it is evident that there is a lack of information available for the training of counselors (Chalifoux, 1996; Smith et al., 2013; Toporek & Pope-Davis, 2005). The majority of research lends itself towards use of the CARE model and of multicultural training in counseling programs. We have examined the current literature and research

surrounding both aforementioned methods for the training of mental health counselors on poverty-related competencies. Based on the findings in the literature, we suggest an integration of innovative interventions, including both the CARE model and MCT, along with experiential learning, to be further developed in counselor training programs to maximize counselor competencies in serving the impoverished populations.

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