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Counseling Clients with a Low Socioeconomic Status: Counselors-in-Training Perceptions of their Preparedness

by

Matthew R. Niece

A dissertation

submitted in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy in the Department of Counselor Education and Supervision

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To the Graduate Faculty:

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January 14, 2014

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RE: Your application dated regarding study number 4031: Counseling Clients with a Low Socioeconomic Status: Counselors-in-Training Perceptions of their Preparedness

Dear Mr. Niece:

Thank you for your response to requests from a prior review of your application for the new study listed above. Your study is eligible for expedited review under FDA and DHHS (OHRP) 7. Individual or group behavior designation.

This is to confirm that your application is now fully approved. The protocol is approved through 1/14/15.

You are granted permission to conduct your study as most recently described effective immediately. The study is subject to continuing review on or before 1/14/2015, unless closed before that date.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review; others require full board review. Contact Thomas Bailey (208-282-2179; fax 208-282-4723; email: humsubj@isu.edu) if you have any questions or require further information.

Sincerely,

Ralph Baergen, PhD, MPH, CIP
Human Subjects Chair

Phone: (208) 282-2592 • Fax: (208) 282-4723 • www.isu.edu/research

DEDICATION

To my beautiful wife Karissa Niece, my true love, best friend, and own personal comedian. This achievement truly belongs to US.

ACKNOWLEDGEMENTS

The incredible support and inspiration I have received in the last three years has been truly empowering and an undisputable testament to the magnificence and love of the people I have surrounded myself with. Receiving these gifts is the only way I could have persevered in the pursuit of my PhD, and now have the opportunity to write these words.

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ABSTRACT

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This study explored the perceptions of 13 masters level counselors in training about their programmatic experiences and their level of preparedness to work with clients with a low socioeconomic status. The low SES demographic is rapidly increasing in the United States, and for a number of reasons these clients with a low SES make up a majority of the caseloads for CITs and beginning counselors. Despite these documented concerns, no studies were found pertaining to CITs perceptions of their preparedness to work with people with a low SES. In this Q methodological study, CITs in their final year of their clinical mental health programs, from CACREP accredited universities across the nation, rank ordered statements about knowledge, awareness, skill, and self-efficacy according to how closely they resemble their personal perceptions of preparedness. Factor analyses were executed to uncover themes and patterns in perceptions amongst the 13 participants.

The overarching findings suggested that CITs are not being uniformly and/or consistently trained to work with clients with a low SES. This study is a preliminary exploration that provides structure for important discourse within in the fields of counseling and counselor education. Given the information revealed it is imperative for counselor educators to take notice of documented effective training techniques, substantiated by many of these 13 CITs perspectives, in working with clients of a low SES. This study also provides implications for the justified implementation of particular standards and competencies regarding the low SES demographic.

CHAPTER 1

INTRODUCTION

"To challenge racism or sexism or both without linking these systems to economic structures of exploitation and our collective participation in the upholding and maintenance of such structures… is ultimately to betray a vision of justice for all" (Hooks, 2000, p. 161).

For over 20 years multiculturalism has been identified as the forth force in counseling following the movements of psychoanalysis, cognitive-behaviorism, and existential-humanism (Ratts, 2009). In that time counselors and counselor educators have persisted in making multicultural competence a keystone of education and training within the profession. Founders and proponents of multicultural counseling acknowledged early on the scope of multicultural competence needed to expand beyond addressing ways in which racism and ethnocentrism adversely affect the mental health of persons from diverse backgrounds (Pederson, 1991). Additionally, Constantine et al., (2002) contend as the cultural diversity of the United States exponentially rises with time, the need for mental health professionals to tailor their mental health services to the needs of various cultural populations has become more essential. Despite this, the inclusion of concerns related to socioeconomic status and classism has not yet been fully incorporated within the training of new counselors (Smith, Foley, & Chaney, 2008).

The American Counseling Association (ACA) is the body that governs the ethical guidelines and standards for the counseling profession. The ACA Code of Ethics (2005) mandates counselors acknowledge and respect all clients' cultural aspects and support clients' unique identity within their social and cultural environment. "These standards are a foundation for culturally appropriate practice

and speak to actions, attitudes, and knowledge that counselors must possess when working in an increasingly diverse society" (Hays, Dean, & Chang, 2007, p. 31).

In conjunction with the ACA code of ethics, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) ensures counselors graduating from accredited programs obtain training and demonstrate knowledge in social and cultural diversity (CACREP, 2009). Despite this educational requirement, there is an increasing need to examine counselors' in training (CITs) self-awareness to facilitate multicultural competency (Hill, 2003), especially in regards to the currently high and ever growing pervasiveness of poverty in the United States (Lott & Bullock, 2007). According to Aponte & Wohl (2000), clients with a low socioeconomic status (SES) have fewer services available to them, less experienced clinicians to serve them, and oftentimes find themselves in less desirable service settings under the care of counseling trainees. In a review of the literature no studies were found regarding CITs' perceptions of preparedness for working with the clients they may see most often, clients with a low socioeconomic status (SES).

Statement of Problem and Significance of Study

Notwithstanding the presently large and constantly rising level of people with a low income nationwide, counselors and other health professionals have done little to develop innovative mental health interventions that are geared toward the specific concerns of clients with a low SES (Lott & Bullock, 2007). This scarcity is unsettling given that low SES is heavily correlated with a variety of mental health difficulties (Sareen, Afifi, McMillan, & Asmundson, 2011). The APA Task Force on SES (2007) indicated socioeconomic factors of income, occupation, and educational levels

are principle predictive elements of human functioning across the lifespan including development, wellbeing, and physical and mental health. Although a low SES places individuals at an increased risk for physical and psychological hardships, only a minimal amount of research exists that addresses mental health practices and the low SES demographic.

Of additional concern is despite the call for increased awareness and a development of specific interventions tailored to the experiences of individuals with low SES, there has been little to no research regarding these issues or the perceptions of CITs. Relevant studies in the literature are primarily concerned with counselor trainees' level of confidence in regards to counseling clients from diverse backgrounds and the need for additional focus on diversity in masters level counseling programs (Hays, Dean, & Chang, 2007;Griffen, Norman & Dollarhide, 2004; Hill, 2003; Jordan & Kelly, 2004).

The unemployment rate has been steadily increasing in the last several years resulting in an increasing number of individuals and families being identified as having a low SES. For various reasons including clients with low SES inability to afford services, lack of health insurance, inflexible time constraints, and biases of veteran mental health professionals toward clients with low SES, CITs and beginning counselors are seeing a rising number of the clients with low SES (Aponte & Wohl, 2000; Goodman et al., 2013; Liberman et al., 2006; Maynard et al., 1997). However, there is no existing literature examining CITs' perceptions of their level of preparedness to work specifically with clients of a low SES. This study will be an initial step toward filling the gap in the literature related to CITs' perceptions of

preparedness to work with this demographic and may have implications for the training practices of counselor education programs.

Statement of Purpose

The purpose of this study is to act as an initial investigation into understanding a group of CITs' perceptions of their preparedness to work with clients of a low SES. This preliminary examination is intended to begin a dialogue within the field of counselor education. A discourse of this kind has the potential to illuminate issues surrounding counselor trainees' competencies, as well as curricular experiences and optimal training techniques impacting counseling services provided by CITs to clients with a low SES. There has been a call to action to meet the needs of an exponentially diversifying cultural society (Lott & Bullock, 2007; Sareen, Afifi, McMillan, & Asmundson, 2011; Smith, 2008). This study will inform counselor educators about potential gaps in training and begin a dialogue regarding how to more adequately address the concerns of a growing demographic that have previously been overlooked.

Research Question

The objective of this study is to explore perceptions of preparedness of counselors-in-training to work with clients of low socioeconomic status. The research question guiding this study is:

1. Considering their experiences in their masters' level counseling program, what are a group of CITs' perceptions of their level of preparedness to work with clients with low SES?

Method

Q methodology is a unique approach used to identify and categorize participants' beliefs, attitudes, and points of view about a particular topic. Wilson (2005) describes Q methodology as "a bridge between qualitative and quantitative research, it has the same level of mathematical rigor as quantitative methodology, it provides for direct measure, and has an interpretive component comparable to that of qualitative methodology" (p. 37). Additionally, Q-methodology permits the researcher to glean meaningful data and draw conclusions with a small sample size (Mckeown & Thomas, 1988).

Q-methodology is appropriate for this study because this approach is designed to measure operant subjectivity. In this study Q methodology is employed as a means of understanding a group of CITs' perceptions of preparedness to work with clients with low SES.

The qualitative nature of Q methodology comes in the form of giving voice to the subjective perceptions of participants. Within this study a structured process will be followed in accordance with the Q method. A collection of all pertinent information, known as a concourse, will be created based on the current literature regarding multicultural competence, low SES, counselors' skills training, and CIT self-efficacy. The review of the literature will be presented in Chapter Two and will serve as the concourse for this study. The researcher then identifies themes or categories within the concourse and develops Q statements that reflect possible opinions related to these themes. In this study four categories were identified within the concourse: (1) Counselor in Training Awareness of Own Cultural Values and

Biases, (2) Counselor in Training Awareness of Client's Worldview, (3) Counselor in Training Knowledge of Culturally Appropriate Intervention Strategies, and (4) Counselor in Training Preparation and Self-Efficacy.

Upon reflection of these themes forty Q statements were created to represent the array of perceptions expected in response to the research question and these categories. For example "I am aware of and understand my privilege as it relates to SES" and "My program offered service learning opportunities to increase my preparedness to work with clients of low SES." Student participants will then determine their level of agreement with each statement and sort them into a forced distribution ranging from "most disagree" to "most agree." A factor analysis will be run to analyze the data collected from this Q sorting activity to identify participants' perceptions of preparedness to work with clients with a low SES. An in depth description of the method is provided in Chapter Three.

Assumptions

Although within the Q methodology there are no expectations for outcomes, other various fundamental assumptions have been made about the process of conducting research. The accuracy of the concourse is of central concern as this will inform every crucial aspect of the study. It is assumed this concourse and the deriving Q set are both comprehensive and will illicit meaningful opinions and perceptions. In addition it is assumed each participant in the P set (the group of participants) will be a person who has pertinent experiences and a willingness to share their individual point of view on this specific topic. Each participant will be in the final year of their CACREP accredited masters level program, so it is assumed all

participants will have an understanding of multicultural issues and experience counseling clients. Connected with these assumptions regarding participants, it is also assumed participants will take their time interpreting statements, be mindful of their reactions to the statements, and will be honest in their rankings of the statements.

It is also assumed the adequate actions have been taken to safeguard against researcher bias in both the creation of the concourse and Q statements (Q set), as well as in the process of interpreting themes and narratives in the results of the factor analyses. Safeguards concerning the Q set will include corroborating with a professional statistician familiar with Q methodology, members of the dissertation committee, and a third year CIT to check for accuracy and accessibility of the Q statements.

Delimitations

Participants for this study will be recruited from CACREP masters' level counseling programs at universities in each of the five national regions of the Association for Counselor Education and Supervision (ACES). The intended sample size is relatively small with a desired range of 13-19 total participants. Small sample sizes are common and sufficient in Q methodology (Webler et al., 2009), which raises concerns in terms of generalizability. However, according to Schensul and LeCompte (1999), the purpose of research that is qualitative in nature is to describe rather than to generalize across groups. As this is an initial investigation, the intention of this study is to provide enriching descriptions and detailed insights about a group of CITs perceptions and opinions through a Q methodology rather than generalize to an entire population.

It is not the objective of this study to make concrete claims about CITs' level of preparedness or competency in counseling clients with low SES. Rather the focus is to provide a forum and means for a group of CITs across the country to assert their individual points of view. Furthermore, this study will not advocate for or against specific training techniques or curricular approaches. Instead the intention is to raise awareness of the perceptions of a group of CITs and discuss potential implications.

Definitions

The following are important terms that will be discussed throughout the following chapters and are operationally defined in order to add clarity to their meanings and consistency to the topics discussed.

1) Low Socioeconomic Status (SES) – a term commonly used to define the organization of people according to social and economic dimensions along which individuals in a society are stratified. Indicators of low SES are low income, low paying jobs or minimal employment opportunities, and low education levels (Ostrove & Cole, 2003).
2) Self-Efficacy – "People's beliefs about their capabilities to exercise control over their own level of functioning and other events in their lives" (Bandura, 1991, p. 257). Self-efficacy is not an indication of the skills one possesses, but of self judgment about what he or she can do with the skills possessed (Bandura, 1986).
3) Social Justice Advocacy – professional practice, research, or scholarship intended to identify and intervene in social policies and practices that have negative impact on the mental health of clients who are marginalized on the basis of their social status. Implicit in this definition is that social justice advocacy requires

counselors to (a) know how various social policies and practices can result in mental and emotional distress; (b) possess critical thinking, organizational, collaborative, and leadership skills; and (c) have a highly developed sense of interpersonal and self-awareness (Steele, 2008, p.76).

4) Concourse – an amalgamation of information containing the expressions of all perspectives on a given topic (Webler et al., 2009).
5) Q Methodology – Method of research containing both quantitative and qualitative aspects that measures human subjectivity with mathematical rigor and has an interpretive component allowing participants to express their individual viewpoints on a given topic (Wilson, 2005).
6) Q Set (Q Sample) – a collection of relevant statements created from the concourse which are representative of the entire range of responses regarding the specific research topic (Brown, 1992).
7) Q Sort – an activity participants complete by rank ordering Q statements into a forced distribution based on their level of agreement with each statement (Webler et al., 2009).

CHAPTER 2

REVIEW OF THE LITERATURE

For over a decade counselors and counselor educators have been concerned with the correlation between peoples' multicultural identities, their social environments, and their mental health. The ever-increasing diversity in the United States has been a catalyst for the creation of expansive research and literature addressing how the mental health counseling field can best meet the needs of the evolving demographics comprising the American society. There exists a wealth of literature exploring the necessity of multicultural competencies (Sue & Sue, 1992; Sue, 1998; D'andrea, 2000), how these competencies should be addressed in the counseling curriculum (Hill, 2003; Vereen, Hill, & McNeal, 2008), and ways in which counselors in training (CIT) can be evaluated in these areas (Steward, Wright, Jackson, & Jo, 1998; Coleman, 1998; Cates et al., 2007). However, when specifically looking at socioeconomic status as a particular component of multiculturalism, there is a noticeable gap in the literature.

This chapter will review the current literature relevant to understanding the perceptions of counselors' in training (CIT) preparedness to work with clients from a low socioeconomic status (SES). First, the general training approach of masters level counselors in CACREP programs will be explored, as well as how such training addresses the imperative nature of multicultural competencies. Second, literature depicting the importance of SES within a multicultural framework will be reviewed, specifically regarding the relationship of SES with health and well being. Lastly,

CITs self-efficacy and their sense of preparedness in regards to multicultural competency in general will be explored.

Clinical Training

CACREP standards / requirements. Historically the Council for Accreditation of Counseling and Related Educational Programs (CACREP) has provided the standard to which accredited counseling programs must adhere. CACREP accredited programs must address eight core knowledge areas: (a) professional identity; (b) social and cultural diversity; (c) human growth and development; (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation (CACREP, 2009). In 2001 CACREP revised their standards to emphasize multicultural training in curriculum and clinical instruction to more accurately reflect changing demographics in the United States. The most recent standards (2009) expand this further to ensure all counselors-in-training receive curricular experiences and demonstrate knowledge in social and cultural diversity. To emphasize the principle focus of diversity, each of the eight core knowledge areas now contains standards that speak to social and cultural diversity beyond the focus of the specific core area. In addition, the standards require opportunities during practicum and internships for students to counsel clients who represent the ethnic and demographic diversity of the community (CACREP, 2009).

The American Counseling Association (ACA) Code of Ethics (2005) also emphasizes diversity and multicultural issues stating, “association members 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). Additionally, the ACA Code of Ethics mandates counselors gain knowledge, awareness, and skills pertinent to working with diverse clients (ACA, 2005, section C.2.a). The importance placed on multicultural training and practice requires counselor educators to evaluate and be knowledgeable of appropriate multicultural training processes and opportunities.

Accredited counseling programs address the multicultural standards in many ways, one of which is by requiring a multicultural course (Dickson & Jepsen, 2007) and/or offering students one to two additional courses on cultural foundations and multicultural issues (Vereen, Hill, & McNeal, 2008). A second approach is infusing certain aspects of multicultural training into all courses in the curriculum and a third is combining both approaches (Vereen, Hill, & McNeal, 2008). While coursework is an important path in gaining critical knowledge regarding multicultural issues, researchers are also recommending the infusion of multicultural education not only in the curriculum but in coursework/assignments and supervision as well (Hill, 2003; Vereen et al., 2008). An aim of the current study is to aid counselor educators in better understanding the preparedness of CIT's and their acquisition of multicultural competence and skills in an effort to inform the profession and in turn increase preparedness.

Skills Training

Counselor educators are charged with the task of promoting the development of multicultural competence in counselors-in-training. Counselors who possess multicultural competence have been shown to have improved counseling outcomes

and processes with clients across racial and ethnic differences (Worthington, Soth-McNett, & Moreno, 2007). This calls for counselor educators to provide adequate training and supervision of counselors-in-training to aid them in developing multicultural competence.

As we move further into the twenty-first century, the need for multicultural counseling and competencies is recognized as an important part of counselor preparation. Now more than ever, there are cultures and sub-cultures, qualifiers and categories that are separating individuals from one another. Cultural identity now includes demographic variables such as religion, gender, physical ability, sexual orientation, ethnographic variables like racial/ ethnic identity, as well as SES (Sue & Sue, 2008). A number of these different cultural groups are now recognized as having unique counseling needs (Sue & Sue, 2008). Unfortunately, information is lacking in the current literature about how to best address the current issues many of these cultural groups tend to face.

Multicultural counseling skills are often conceptualized as a construct distinct from general counseling skills and are defined as culturally "appropriate intervention strategies" (Sue et al., 1992, pp. 87-88) that are different from general skills, such as reflecting, paraphrasing, etc.. With this said, it has also been identified that some multicultural skills and general skills overlap. It has been found that counselors rated as being more competent in multicultural skills showed higher functioning in general skills when compared to culturally neutral counselors (Coleman, 1998). Further, it seems poor multicultural skills may lead to counselors being perceived as less competent in general skills, and that for general counseling skills to be effective with

diverse populations, they must be used in a way that demonstrates knowledge of cultural context (Cates et al., 2007).

Role-play. According to Kocerac & Pelling (2003), less research has been conducted on how to increase counselor skills than has been done in the areas of knowledge and awareness. To address this issue, their study found role-plays to be successful in reducing potential hostile attitudes and aggressiveness toward GLBT issues by increasing empathy. This "type of simulation that focuses attention on the interaction of people with one another" (O'Donnell & Shaver, 1990, p.3) appears ideally suited to the learning process involved with counseling and working with many culturally diverse groups.

Pre-practicum. Similar to the role-play, many accredited programs require a pre-practicum or what also might be referred to as a basic skills training course. In the pre-practicum model it is typical that micro-skills are addressed in several lectures throughout the semester, which supplement what is the bulk of the skills training. Students participate in structured small groups where they are provided the opportunity to counsel their peers in various time increments, while being observed by supervisors and other classmates (Woodside, Oberman, Cole, and Carruth, 2007). This approach is conducive to real-time feedback, and also gives CITs who are early in their development a chance to utilize and practice their newly acquired skills in an environment that closely simulates what Furr and Carroll (2003) described as "real-world" experience. Although pre-practicum may offer a simulated real-world experience, Woodside et al. (2007) found that this tactic challenges CITs' personal

values, maturity levels, and client expectations but only minimally addresses their multicultural skills training.

Service learning. In order to more specifically address the development of CITs multicultural competence and social justice advocacy skills for diverse populations, a service learning approach may be employed (Burnett, Hamel, & Long, 2004; Hagan, 2004; Baggerly, 2006). Service learning is the process of leaving the university setting to provide volunteer community service, with the addition of guided reflection to supplement and enrich student learning (Howard, 2001). Burnett et al. (2004) reports that service learning should happen early and often in a counselor's developmental process as it has been shown to increase multicultural competence in a way that classroom activities have not. The three primary rationales for service learning are: (a) the approach meets universities' civic responsibilities, (b) it provides a pedagogy that facilitates multicultural competence, and (c) it promotes counseling students' social justice and advocacy (Baggerly, 2006).

Multiculturalism and Social Justice

Hill (2003) reported multiculturalism has become the "forth force" in the counseling profession. The thrust for multicultural awareness to be so highly recognized today has been a long time coming. In 1992, Sue et al., took on the task to identify specific cultural competencies that each counselor should be able to integrate, or already posses, in order to be considered ethically sound. This undertaking resulted in 31 cultural competencies broken in to three primary categories: awareness of one's own values/beliefs and how this affects their work with clients, knowledge of culturally diverse clients' worldviews without being judgmental of such worldviews,

and the skill to identify and utilize the proper interventions tailored to fit each individual and different client (Sue et al., 1992). These competencies were in response to a call for the profession to align with the changing culture of our society and the clients that were seeking counseling. However, more recently, the 31 competencies have fallen under scrutiny and in some cases even by the authors of the original work. Prominent names in the multicultural field (D'andrea 2000; Vera & Speight 2003) stated the 31 cultural competencies focused primarily on racial diversity, and therefore needed to be revised to include cultural areas such as religion, gender, sexual orientation, socio-economic status (SES), etc. Sue (1998) also acknowledged the competencies were not evidence based and further empirical research is needed to enhance their validity. Despite the criticism these competencies have endured for the past twenty years and continue to provide practicing clinicians, counselor educators, and counselors in training with a framework for a topic that is vital to ethical counseling practice.

In recent years, it is more widely understood that these competencies, and the multicultural perspective in general, need to be amended to include a call to action. Hansen (2006) reports mental health counseling is too remedial, in that we are only seeing clients after a problem has already occurred or as a result of being victimized by a societal system. Vera & Speight (2003) support this idea and state counselors need to get out of the office and into the communities in which clients are experiencing and struggling to cope. This call to action against oppression has sparked much interest as of late, and now social justice is being considered as the "fifth force" in the counseling profession (Ratts, 2009).

Given the rapid diversification of our society, it has become increasingly important for counselors to become competent in both multicultural and social justice competencies (Helms, 2003; Vera & Speight, 2003; Zalaquett et al., 2008; Toporek & Vaughn, 2010). It has been identified by many in the field of counselor education and supervision that counselors are uniquely positioned to address social justice issues based on the profession's emphasis on strength based approaches, prevention, and multiculturalism. However, Zalaquett et al., (2008) point out that despite this growing need to accommodate the increasing diversity in our society, most counselor education programs continue to use traditional counselor training models that are based on European-American norms that may not adequately address today's rapidly changing demographics and/or the widening gap between the upper and lower socioeconomic classes (Blustein, 2006).

Low SES

Though several researchers in the field of multicultural counseling have acknowledged the importance of SES (Frable, 1997; Pope-Davis & Coleman, 2001; Weber, 1998), it has been excluded as a factor of multicultural identity by other theorists who argue that "concepts of multiculturalism can become diluted to the point of uselessness if the definition is expanded to include more than race and ethnicity" (Sue et al., 1998, p.3). However, because SES is a cultural component integral to personhood and values, an individual cannot be fully understood without acknowledging SES in conjunction with other social identities (Ostrove & Cole, 2003). According to Pope and Arthur (2009) the SES aspect of cultural identity warrants augmented focus within the field of multicultural counseling given the

importance of SES for everyday living and its relevance to the health and well-being of individuals, families, and communities.

Levy and O'Hara (2010) report each year the US government sets poverty standards and thresholds that are used to allocate social services and to determine the proportion of citizens living in poverty. According to the Federal Poverty Guidelines for 2013 the poverty threshold for a single member household in the 48 contiguous states is $11,490 annually. While individuals with this income would certainly be considered to have a low SES, poverty guidelines are based solely on monetary income where as indicators of SES tend to be dimensional, measuring such contextual factors as income, occupation, and education level (Ostrove & Cole, 2003). However, these standards can be subjective (Pope & Arthur, 2009). Therefore the term *low SES* refers to the organization of people according to social and economic dimensions along which individuals in a society are stratified and the system which creates a sense of inequality when compared to all others from higher income levels. (Ostrove & Cole, 2003).

Low SES prevalence. In the United States approximately 16% of the population are now considered to be in poverty, the highest level since 1993 (U.S. Census, 2013). Family and child poverty rates have risen rapidly, with over 15 million American children (or about one in every four) living below the poverty line (Wight, Chau, & Aratani, 2011). Communities of color have been hardest hit: While 8.6% of White Americans meet poverty standards, 25.6% of Latinos, 26.1% of African Americans, 12.5% of Asian and Pacific Islanders, and 31% of Native Americans on reservations are considered poor (U.S. Census, 2009). In 2011, 22% of

households experienced one or more possible "hardships" in fulfilling their basic needs in the previous 12 months. These hardships included difficulty meeting essential expenses, not paying rent or mortgage, being evicted, not paying utilities, having utilities or phone service cut off, not seeing a doctor or dentist when needed or not always having enough food. Among all households, 9% experienced one of them, 7% experienced two of the hardships and 6% endured three or more (US Census, 2013). Most households (86%) expected to obtain help from friends, family or community agencies if they had trouble fulfilling any of their basic needs. However, when such needs arose, few actually received such help. For instance, when individuals within a household had trouble making rent or mortgage payments, only 5% received assistance from friends, 17% from family members and 10% from other sources (US Census, 2013).

Issues Faced. A primary aspect of low SES is the lack of income to afford food, shelter, and health care. According to Maslow's (1943, 1954) hierarchy of needs individuals are motivated to achieve certain needs throughout the life span. The ultimate need/goal, according to this theory, is self-actualization. In order to reach this however, one must satisfy lower level and basic needs before progressing to meet higher level growth needs. The levels according to Maslow are: 1) Biological and Physiological needs (air, food, drink, shelter, warmth, sex, sleep), 2) Safety needs (protection from elements, security order, law, limits, stability), 3) Social needs (belongingness and love, work group, family, affection, relationships) 4) Esteem needs (self esteem, achievement, mastery, independence, status, dominance, prestige, managerial responsibility), 5) Self-Actualization needs (realizing personal potential,

self-fulfillment, seeking personal growth and peak experiences). It is believed every person is capable and has the desire to move up the hierarchy, unfortunately this is contextual and progress for low SES individuals is greatly disrupted due to their context-specific barriers.

Aside from the apparent obstacles faced by the poor in attempt to meet their basic needs, there are other common components that get overlooked when examining the challenges impoverished individuals must overcome. The lack of economic and social progress amongst low-income people is a major element of poor mental health and, unfortunately, individuals and families with low socioeconomic status continue to be stigmatized and underserved by the psychological community (Smith, 2008). Many of these determinant components identified by Goodman et al. (2013) can be grouped into three categories: stress and strain, social isolation, and powerlessness.

Beyond the stress and strain caused by the inability to meet basic needs, low SES families are far more likely to experience a wide variety of traumatic life occurrences, including infant mortality, community violence, marital dissolution, imprisonment of self or spouse, intimate partner violence, and other crimes (Bausman & Goe, 2004; Belle et al., 2003; Cunradi, Caetano & Schafer, 2002). Continual experiences of these types of stress and strain have been shown to correlate to negative affective responses such as hopelessness, hostility, anger, fear and worry, as well as behavioral responses such as chronic vigilance, attributions of negative intent, and isolation among low SES individuals (Chen, Matthews, & Boyes 2002; Gallo & Matthews, 2003).

According to Grote et al., (2007), low-income populations often experience a decrease in social connection that could provide emotional and/or material support. Support of this type has been found to be an important element in alleviating stress for individuals of any class, and has been linked to an increase in physical and emotional well-being for low-income families. Strain faced by impoverished individuals is also influenced by community factors such as family fragmentation, workforce discrimination, disparaging public health policies, and a lack of social cohesion (Lorant et al., 2003).

In many instances, because of this stress, strain, and loss of support, low-income individuals lack the opportunities to seize control over their situation. Recurring experiences such as these can result in a sense of powerlessness over one's life and cause feelings of inferiority, self-doubt, and low self-worth (Moane, 2003). Ferrie (2004) demonstrated that, despite individual characteristics, low levels of control, autonomy, and decision making ability in one's work life were related to higher rates of sickness and mental illness.

Despite findings that low SES puts individuals and families at higher risks for emotional distress, there exists only a minimal amount of research in the literature that specifically addresses mental health counseling approaches for people with a low SES. The literature that does address the emotional well-being of low SES populations focuses primarily on the logistical and systemic hurdles impoverished people face when seeking mental health treatment. For the purpose of this study however, it is less necessary to explore logistical concerns and more important to understand the social and psychological factors impact counseling experiences of

clients with low SES. This understanding may help counselor educators to become more aware of preparation issues CITs might be facing when working with this demographic. With that said, it is also important to point out several factors that generally link low SES clients to CITs and beginning counselors.

Low SES demographic becoming CIT clients. It has been shown people with low SES must endure a number of difficulties when attempting to access mental health treatment, such as the cost of such treatment, lack of insurance, and childcare needs (Maynard et al., 1997). Many clinics' service hours do not accommodate workers in low-wage positions whose schedules may be inflexible and/or who may work double shifts (Goodman et al., 2013). When impoverished clients are able to make it to a mental health agency, there are often fewer clinicians who are willing or able to provide services at lower rates, and clients may therefore face long wait times for appointments (Liberman et al., 2006). It is for these reasons, amongst others; CITs are typically assigned to poor clients.

Masters level counseling students are required by CACREP and state licensure boards to accumulate a certain number of face to face supervised hours counseling clients as well as indirect hours related to their client's care. While CACREP requires a total of 700 hours (400 of which are spent counseling clients) for graduation, the number of hours required for licensure varies between states and is determined by licensure boards across the country. In the process of accumulating these internship hours CITs frequently work in clinics on their university campuses and/or in counseling agencies in their communities. Because non-licensed CITs are very seldom if ever eligible for third party reimbursement, their counseling services

are frequently provided at low cost private pay or pro bono. Thus, the clients with whom they work are most frequently comprised of low and very low SES populations.

Traditional techniques and low SES. The research examining psychotherapeutic treatment interventions and outcomes in relation to the low SES demographic is minimal, varied, and in some instances difficult to decipher as principle terms such as low SES, treatment, and outcome are incongruously described through out the literature. The research that does exist has shown that when using traditional forms of counseling (CBT and/or interpersonal therapy) and directly exploring clients' economic stressors there is a reduction in depressive symptoms and increase in global functioning across income levels (Falconnier & Elkin, 2008). However, there also exists research that contradicts these findings and instead argues that reliance on traditional theoretical approaches is problematic in that it promotes modalities of individual, family and group interventions, without attending to the social contexts where injustices typically occur (Kiselica & Robinson, 2001; Vera & Speight, 2003). Vera and Speight (2003) assert that within counselor education, if instructors fail to incorporate social justice and advocacy in their teaching of theories, students may remain unaware of how their theory of choice can ultimately guide their counseling practices to perpetuate or alleviate oppression.

Navigating classism. Whether obtained through one's educational training or independently, all counselors should possess a fundamental knowledge, awareness and skill regarding issues that low SES individuals face, especially as this group comprises 16% (US Census Bureau, 2013) of the United States population. However,

a review of the literature shows counselors generally approach low SES individuals and families from a deficit model, resulting in mental health providers feeling uneasy working with impoverished clients, as empathizing with members of this group is found to be more difficult (Buck, Toro, & Ramos, 2004; Leeder, 1996). It is possible that this reluctance is correlated with the tendency of practitioners to view individuals of low SES as disorganized, inarticulate, apathetic, and insufficiently skilled to engage in or benefit from the therapeutic process (Smith, 2008). These perceptions are likely founded in classism that is based on misinformation, negative expectation, and a preference for middle class worldview and communication styles (Hillerbrand, 1988; Liu, Ali, et al., 2004 in Pope & Arthur, 2009).

The initial task in navigating this type of classism and helping those individuals victimized by the belief that people from certain social and/or economic classes are superior to others is to identify and own the classism taking place within the mental health care system. In accordance with the ACA (2005) code of ethics, it is imperative that counseling professionals acknowledge the ways in which their own values and beliefs concerning SES impacts their professional work with clients.

It is not only important that counselors become aware of personal and professional classism, but also that they acknowledge the existence of organizational and social classism that impoverished individuals must deal with on a daily basis (Liu, Ali, et al., 2004). According to Pope and Arthur (2009) low SES immobility is often attributed to individual deficiencies such as laziness, stupidity or disorganization. Because SES is a component of multiculturalism that can be changed, as opposed to sexual orientation or ethnicity, there is an expectation that

these individuals should naturally want to advance and generally have the ability to do so. It is important for counselors to remember that these sorts of assumptions are the product of privilege and reflect an extremely shallow understanding of the realities at work.

Due to the fact environmental factors and personal resources are inseparable, the conceptualization and treatment of mental health concerns amongst people of low SES should incorporate a broader systemic perspective, rather than locating the source of client problems solely within the individual (Vera & Shin, 2006). Still, it is often the case that counselors avoid addressing this type of content with low-income clients, because of their own discomfort and lack of training (Falconnier & Elkin, 2008; Smith, 2008). According to Goodman et al. (2013),

> According to Goodman et al. (2013), clinicians can improve their services to poor clients by working to enhance the social class competence of traditional mental health interventions. Developing class competence may comprise increasing therapists' (a) levels of self-awareness related to their own social class, (b) awareness of their assumptions about poverty, social class, and therapy, (c) knowledge of poverty's psychosocial impact, and (d) knowledge of effective interventions for addressing the negative psychosocial consequences of poverty. Practitioners who have developed this kind of social class competence would be in a vastly better position to talk effectively with clients about the contextual difficulties in their lives and might empower them to think about how to address these issues themselves (p. 188).

Meeting the Needs of Clients with Low SES

As is the case in most all multicultural counseling experiences, it is imperative counselors do not assume they know the specifics of the individual client's concern

based on their knowledge of people with low SES and the problems this demographic tends to face. In fact, counselors should not assume that low SES is the client's primary concern at all, but instead ponder the ways SES has impacted the client's presenting issue. According to Duncan & Miller (2000), counselors may find it helpful to ask clients about their assumptions regarding the causes of their concerns, the importance of economic and cultural variables, the necessary components for change, the roles in the counseling relationship, and the meaning of social supports.

Although it is vital to understand the individual client's relationship with their cultural makeup, and not conclude in haste that low SES is the clients primary concern, there exists much literature linking poverty to mental illness (Smith, 2005). With this in mind, awareness of several specific counseling approaches that have been shown to be effective when working with low SES problems would be beneficial. Counselors might find a crisis intervention approach (Lehmann & Spence, 2007), a strength-based approach, an interdisciplinary approach (Pope & Arthur, 2009), as well as a social justice advocacy approach (Baggerly, 2006) are beneficial in meeting the needs of clients from this diverse population.

Crisis-intervention approach. Crisis intervention models are short-term techniques designed to aid people who are in a crisis state in order to minimize negative effects and rebuild emotional stability. According to Sandoval, Scott, and Padilla (2009) being in crisis can be described as a state of psychological disequilibrium. "This disequilibrium occurs when a hazardous event challenges normal psychological adaptation and coping. Individuals often behave irrationally and withdraw from normal social contacts. They cannot be helped using usual counseling

or teaching techniques" (p. 246). Crisis intervention is provided at the time when negative outcomes are most likely and may mean both physical and emotional support (Greenstone & Leviton, 2002). Crisis intervention "focuses on helping people in crisis recognize and correct temporary affective, behavioral, and cognitive distortions brought on by traumatic events" (James & Gilliland, 2001, p. 9). Although the primary focus of the crisis intervention approach is to return the client to previous levels of functioning, a secondary benefit may be the acquisition of new creative problem solving skills and adaptive coping techniques (Sandoval et al., 2009). This type of crisis intervention approach may be beneficial especially in regards to working with low SES individuals who need immediate assistance with a specific issue.

Strength-based approach. As previously mentioned the popular way of viewing and talking about people in poverty is from a deficit or problem based approach. However, this type of focus has low effectiveness and leads to greater dependency on social services, disempowerment, and repression (Sousa, Ribeiro & Rodriques, 2006). Further, deficit based approaches lack a pro-active vision that promotes moving forward and instead focuses on moving laterally away.

Strengths based approaches do not require counselors to ignore the problems of clients or ask individuals to forget the obstacles in their lives. Instead strength based counseling promotes the realization that this approach is centered on positive and achievable goals rather than on deficiencies or problems (De Shazer & Berg, 1997). In practice this might look like a counselor making an effort to highlight the clients are experts in their own lives, and to uncover what has worked best for them

previously as well as what they have learned from these experiences. Identifying positives builds on strengths and resources that enable mastery of life's challenges and the health development of the low SES individual and all family members (Sousa, Ribeiro & Rodriques, 2006).

Although the focus is not on solving client issues, all families are problem-solving entities, and any surviving family has navigated thousands of problems, utilizing the resources of individual members and the collective resources of family and friends (Lee, Greene, Hsu, Solovey, Grove, Fraser, Teater, 2009). With this in mind, counselors should be working to help clients understand the strengths, resources, and knowledge that families and individuals already posses as they've previously overcome these struggles.

Encouraging clients to talk about and focus on problems rather than strengths has become the norm. Counselors may feel uncomfortable with aspects of positive challenging and positive goals because their training has oversupplied them with techniques and perspectives that focus on problems rather than solutions (De Jong & Berg, 2001). In addition, clients have come to expect to talk about existing problems and identify external solutions instead of looking within, identifying strengths and recognizing they many times already posses the solutions in which they are seeking. Sousa, Ribeiro and Rodriques (2006) point out in the process of the transformation from a problem to a strength based approach, it becomes important to understand what counselors are already doing from a strengths perspective and how they are combining a strengths perspective with a problem-based approach.

Interdisciplinary Approach. It is well known that poverty is associated with

a variety of negative health and social concerns such as homelessness, physical trauma, circulatory problems, inadequate hygiene, poor nutrition, educational disadvantage, substance and addictive disorders, mental health issues, teenage pregnancy, sexual exploitation, exposure to violence, infectious diseases, sexually transmitted infections, inflammatory conditions and increased risk of death (Wright & Thompkins, 2006; Rachlis et al., 2009; Henderson, 2011; Cross et al., 2012). Due to conventional approaches to service delivery lacking in effectiveness when targeting people struggling with poverty, it is important that creative ways of helping these vulnerable individuals be developed. As described, in many instances the issues that bring clients with low SES to counseling may not be within the particular professional scope and therefore supportive strategies must be expanded beyond the counseling office (Pope & Arthur, 2009). Models of care such as assertive community treatment and intensive case management have been shown to be useful for impoverished individuals with a range of mental and physical and addictive illnesses (Nelson et al., 2007). Pope and Arthur (2009) suggest counselors should be familiar with and ready to refer clients to organizations that can assist in meeting the complex needs of individuals and families of low SES. Having a list of referrals that meet the needs of subsidized child care, debt counseling, emergency shelter, low-cost recreation, food banks, and housing assistance would be beneficial for all counselors to have on hand (Pope & Arthur, 2009).

Across the board, health and helping professionals will undoubtedly be called on to assist in the care of low SES individuals. As the impoverished population continues to grow and to age, there is a need for an

interdisciplinary approach, so that each professional can bring their skills together to work towards better health care for this specifically vulnerable demographic (Cross et al., 2012).

Social Justice Advocacy. Gaining adequate instruction in the area of low SES issues through the lens of social justice and advocacy may prove to be difficult as many programs do not require such training or fall short on highlighting these issues throughout the curriculum (Bemak & Chung, 2005; Field & Baker, 2004).

Still, one of the most prevalent therapeutic approaches found in the current literature in assisting individuals of low SES is that of social justice advocacy (Pope & Arthur, 2009; Baggerly, 2006). *Social justice* and *advocacy* have many different descriptions throughout the literature and in some instances are interchangeable concepts. Inspired by Steele's (2008) usage of these terminologies, the term *social justice advocacy* is used to integrate the two concepts.

> Steele (2008) defines social justice advocacy as professional practice, research, or scholarship intended to identify and intervene in social policies and practices that have negative impact on the mental health of clients who are marginalized on the basis of their social status. Implicit in this definition is that social justice advocacy requires counselors to (a) know how various social policies and practices can result in mental and emotional distress; (b) possess critical thinking, organizational, collaborative, and leadership skills; and (c) have a highly developed sense of interpersonal and self-awareness (p.76).

Historically the counselor education paradigm has focused on the traditional theoretical perspectives, which do not incorporate the importance of social justice advocacy work. The classic approach to counselor education is problematic in that it promotes the standard counseling modalities of individual, family and group

interventions, overlooking the broader social contexts, particularly where social injustices take place (Kiselica & Robinson, 2001; Vera & Speight, 2003).

In adopting the social justice advocacy approach counselors focus on and embrace the social contexts in which their clients live. Counselors become "advocates and change agents when they communicate or interface with structures, organizations, or institutions that marginalized or disenfranchised individuals and are inherently oppressive to their well-being" (Constantine, Hage, Kindaichi, & Bryant, pg. 26, 2007). As counselors move closer to a social justice advocacy identity they also develop the attributes and skills necessary to realize human anguish; maintain a multisystem viewpoint; have organizational intervention skills; understand how to use technology and the media; and have advocacy-oriented assessment and research skills (Kiselica & Robinson, 2001).

In their work with multicultural competence and social justice, Constantine et al (2007) identified nine specific social justice competencies that they believe are important for counselors to consider when working with diverse cultural populations. These competencies according to Constantine et al. (2007) are:

1. Become knowledgeable about the various ways oppression and social inequities can be manifested at the individual, cultural, and societal levels, along with the ways such inequities might be experienced by various individuals, groups, organizations, and macro systems.
2. Participate in ongoing critical reflection on issues of race, ethnicity, oppression, power, and privilege in your own life.
3. Maintain an ongoing awareness of how your own positions of power or

privilege might inadvertently replicate experiences of injustice and oppression in interacting with stakeholding groups (e.g., clients, com- munity organizations, and research participants).

4. Question and challenge therapeutic or other intervention practices that appear inappropriate or exploitative and intervene preemptively, or as early as feasible, to promote the positive wellbeing of individuals or groups who might be affected.
5. Possess knowledge about indigenous models of health and healing and actively collaborate with such entities, when appropriate, in order to conceptualize and implement culturally relevant and holistic interventions.
6. Cultivate an ongoing awareness of the various types of social injustices that occur within international contexts; such injustices frequently have global implications.
7. Conceptualize, implement, and evaluate comprehensive preventive and remedial mental health intervention programs that are aimed at addressing the needs of marginalized populations.
8. Collaborate with community organizations in democratic partnerships to promote trust, minimize perceived power differentials, and provide culturally relevant services to identified groups.
9. Develop system intervention and advocacy skills to promote social change processes within institutional settings, neighborhoods, and communities (p. 25-26).

Although several of these factors seem inherent in the general counselor responsibilities, many professionals, educators, and students in the field of counseling are currently questioning whether social justice advocacy work fits with counselor identity (Hunsaker, 2008). With this in mind Steele (2008) recommends counselor educators have transparent conversations with CITs before the implementation of instruction on the social justice advocacy approach. Further, it is important to highlight the pros and cons of this approach, all the while conveying to students the understanding that the ultimate extent to which one engages in social justice advocacy is a personal choice (Steele, 2008).

CIT Self Efficacy

Bandura (1991) defined self-efficacy as "people's beliefs about their capabilities to exercise control over their own level of functioning and other events in their lives" (p. 257). The concept known as self-efficacy is substantiated in a larger theoretical structure known as social cognitive theory, which suggests a person's accomplishment depends on interactions between one's behaviors, personal factors (e.g., thoughts, beliefs), and environmental conditions (Bandura, 1986, 1997).

Self-efficacy impacts the way people think, feel, motivate themselves, and act in certain situations. Self-efficacy is not an indication of the skills one possesses, but of one's judgment about what one can do with the skills one possesses (Bandura, 1986). An individual is more likely to utilize a possessed skill if there is a strong sense of efficacy associated with that skill. People possess a level of self-efficacy for any activity in which they participate, which is an important factor in their ability to attain perceived success (O'Bannon, 2003). Larson and Daniels (1998) proposed

counseling self-efficacy beliefs are central elements of effective counseling behavior.

In a review of the literature, no study was found that focused on CITs sense of their self-efficacy or preparedness in counseling individuals of low-SES. As a result, this section will instead look at CIT self-efficacy in regards to their perceptions of multicultural preparedness in general.

CIT Perceptions of Multicultural Preparedness

Though there is a dearth in the literature specifically examining counselors in training perceptions of preparedness to work with low SES clients, there is more expansive research done on educational training techniques for multicultural competence as well as how CIT's perceive their educational experience to have prepared them to handle culturally diverse concerns in general.

In a review of masters' level counseling students' perceptions of their multicultural training experience, Dickson and Jepsen (2007) found three general approaches many counselor education programs take in the training of multicultural competence. According to their findings these overarching methods are: (a) conventional tactics, featuring lectures and reading assignments that highlight explicit information to advance students' intellectual knowledge of cultural customs and values (Reynolds et al., 1995); (b) involvement tactics, including lively student engagement, self-reflection, and analysis of attitudes and beliefs through class discussions, role-play, and case studies (Kim & Lyons, 2003; Pedersen, 2000); and (c) experiential tactics, offering students affective experiences and providing opportunities to interact and converse with minority group members to advance students' empathy and thoughtfulness toward individuals from diverse cultures

(Ridley et al., 1994). These overarching methods have been substantiated through out the existing literature (Heppner & O'Brien, 1994; Neville et al., 1996; Burnett, Hamel, and Long, 2004; Roysircar, Gard, Hubbell, and Ortega, 2005).

According to a 2010 study done by Dickson, Argus-Calvo, and Tafoya, there are two foundational levels to explore when understanding a student's prejudicial attitudes and multicultural counseling competencies: cognitive racial attitudes (how a student thinks about a minority group member) and affective racial attitudes (how a student reacts emotionally to a minority group member). Research has shown (Burnett et al., 2004; Roysircar et al., 2005; Dickson et al., 2010) that, in general, CITs describe an expansion in their awareness and analysis of their own cultural biases after engaging in multicultural counseling course work that incorporated service learning experiences and self-reflective projects. "They also identified self-reflective assignments (e.g., journal writing, exploration of personal biases and racial identity) as the most influential aspects of their training" (Dickson et al., 2010, p. 259). These self-reflective involvement tactics are not only essential in stimulating multicultural knowledge, awareness and skills, but appear to contest negative cognitive racial attitudes as well.

Additional research has revealed that in order to most optimally develop a positive affective racial attitude (Dickson et al., 2010) CITs preferred experiential tactics (Ridley et al., 1994). In this approach, interacting with individuals from diverse backgrounds, talking with peers about cultural issues and insecurities, introduction to information regarding different cultures, and didactic reading assignments were reported by CITs as beneficial to their development of multicultural

competencies as well (Heppner & O'Brian, 1994; Neville et al., 1996).

Understandably, throughout the existing literature CITs have also expressed apprehensions about their multicultural competencies and their self-efficacy in this area. One such concern is that CITs may feel confident in their multicultural knowledge about minority populations, but lack an understanding of how to skillfully apply that knowledge in real time (Heppner & O'Brien, 1994). Another common theme found in the research is CITs are most often concerned about their lack of interaction with culturally diverse clients and the perceived impact this has on their ability to be effective counselors. As a result a popular request among CITs is for additional "exposure activities" (Dickson et al., 2010).

It is important to point out not all individual students benefit in the same way from particular tactics such as exposure activities. In fact, Coleman (2006) suggests that CITs from different racial and/or ethnic backgrounds may experience aspects of multicultural training differently as a result of differing and unique life experiences. With this in mind it is imperative that counselor educators not rely on a blanketed approach for the implementation of multicultural competence, understand multicultural training might exceed course work, and maintain a continual awareness of how students' culture may be impacting their journey towards cultural competency.

In order to address CIT's perceptions of preparedness when working with people with a low SES, more studies are needed to explore the way in which CITs are being educated to offer specific types of counseling and interventions to best meet the needs of low SES clients (e.g., crisis interventions, strength based approaches,

integrative approaches, and social justice advocacy). Working to understand CITs self-efficacy in these areas would aid in understanding CITs' perceptions of their preparedness and their confidence when counseling clients with a low SES.

Critique of Relevant Literature

This review of the literature examined the general training approach of masters' level counselors in CACREP programs (CACREP, 2009; ACA, 2005; Constantine et al., 1996; Vereen, Hill, & McNeal, 2008; Hill, 2003), as well as how such training addresses the imperative nature of multicultural competencies (Sue & Sue, 1992; Coleman, 1998; D'Andrea, 2000; Cates et al., 2007). The literature depicting the importance of SES within a multicultural framework (Frable, 1997; Pope-Davis & Coleman, 2001; Weber, 1998; Ostrove & Cole, 2003; Pope and Arthur, 2009; Levy and O'Hara, 2010) was discussed, as was the prominence of SES in our society (U.S. Census, 2009, 2013; Wight, Chau, & Aratani, 2011) and the relationship of SES with health and wellbeing (Maslow, 1943, 1954; Cunradi, Caetano & Schafer, 2002; Belle et al., 2003; Chen, Matthews, & Boyes 2002; Gallo & Matthews, 2003; Lorant et al., 2003; Moane, 2003; Bausman & Goe, 2004; Ferrie, 2004; Smith, 2008; Grote et al., 2007; Goodman et al., 2013). The literature also addressed CITs self-efficacy and their sense of preparedness in regards to multicultural competency in general (Heppner & O'Brien, 1994; Neville et al., 1996; Burnett, Hamel, and Long, 2004; Roysircar, Gard, Hubbell, and Ortega, 2005; Coleman, 2006; Dickson, Argus-Calvo, and Tafoya, 2010).

It is evident there is an abundance of current literature addressing multicultural competence, from the importance it has in the field of counseling,

training, and educational approaches, to CITs perceptions of their preparedness. Despite the quantity of research addressing these areas, nothing was found that specifically attended to the analysis of the perceptions of master's level CITs perceptions of their preparedness to counsel clients from a low SES, therefore warranting an initial exploration.

Method for Analysis

In examining the methods by which multicultural training and CITs cultural competence have been explored, it was discovered that both quantitative and qualitative approaches have been employed when studying these topics across counselor education and counselor professional settings at large. However, no research was found that specifically addressed quantifiable perceptions of the qualitative sense of preparedness of individual CITs. In particularly, no studies currently exist that look specifically at CITs sense of their preparedness to work with low SES clients in a quantifiable way.

For the present study, a Q sort methodology will be employed as a means to combine the quantitative and qualitative approaches toward research. A mixed methods design, Q methodology is a scientific approach to measuring human subjectivity (McKeown & Thomas, 1988). Q methodology is a natural fit for the current study, as a primary goal in understanding the subjective perceptions of CITs regarding their preparedness is to comprehend participants through both a qualitative and quantitative lens.

Chapter three outlines in detail the methodology of this study, with a specific analysis of the development of the Q sort concourse and explanation of the variables.

The participants, who will be masters level CITs currently enrolled and active in a CACREP program, will be thoroughly explored, as will the sampling procedure for this study.

CHAPTER 3

METHODOLOGY

Throughout the existing literature the competence of CITs and their levels of effectiveness have been a principle concern and area of interest, especially in regard to the counseling of culturally diverse clients. The comprehensive literature review provided in Chapter Two documents a more thorough understanding of the preparedness of CITs when facing multicultural concerns on a macro level. Narrowing the focus to low socioeconomic status (SES), Pope and Arthur (2009) reported SES, as an aspect of cultural identity, warrants increased attention within the field of multicultural counseling given the prevalence and importance of SES for everyday living and its influence on the mental health of this growing demographic. As such, it could be argued it is important to conduct empirical research exploring CITs' self-efficacy in regards to their work with clients of low SES. The purpose of this study is to gain a clear and more complete understanding of a group of CITs' perceptions of their preparedness to counsel clients with a low SES.

In order to capture CITs' perceptions of preparedness from both a quantitative and qualitative lens, Q methodology will be utilized. This chapter outlines Q methodology in its entirety. A history of the method is provided, as is a detailed description of the Q method procedure. Additionally, this chapter will describe the population, the sampling plan, instrumentation, data collection techniques, as well as the data analysis process.

Q Methodology

History and Overview of the Q method

Q methodology was created by British psychologist William Stephenson in the 1930's as a way to explore individuals' subjective perspectives and opinions (Cross, 2005). Initially, Stephenson had a difficult time gaining credibility as his Q method foundationally defied the more popular positivist view that dominated the field of research and psychology at that time. According to van Axel and de Graaf (2005), in the 1980's Stephen Brown brought Q methodology to the United States and found greater traction in the quest toward credibility, as the subjective experiences in social sciences were becoming a new and accepted trend.

Both Stephenson (1935) and Brown (1993) shared a common interest and passion for the foundational components of Q method, highlighting the method as a balanced combination of both qualitative and quantitative approaches to research (Greenly, 2005). A common misconception of Q methodology is that it is solely qualitative in nature given the focus is primarily on individuals' subjective viewpoints, however it is also quantitative in that these viewpoints are statistically coded in a way that allows for identifiable comparisons between one another in order to identify an overarching theme (Block, 2008; Cross, 2005). According to van Axel and de Graaf (2005), it is unclear what the "Q" stands for in Q methodology, but some have posited it represents the qualitative/quantitative blend.

Q Method Procedure

Within Q methodology respondents are asked to rank statements on a particular topic based upon their level of agreement. Q analysis of these rankings is

then used as a means of identifying a limited number of corresponding ways in which the statements have been sorted. This is based on the assumption people who arrange the statements in a comparable way have similar perspectives. In this study participants who arrange the statements similarly will have comparable perceptions of their preparedness (Brown 1980; Cross, 2005; Van Exel & De Graaf 2005). A factor analysis is then applied with the participant respondents (not the statements) as the variables (Webler et al., 2009).

The purpose of Q methodology is to gain a better understanding of principle perceptions/opinions of identified individuals on a specific topic from participants' own points of view (van Exel & de Graaf, 2005). The procedure a Q researcher follows in obtaining these viewpoints is fairly linear (Webler et al., 2009) and can be broken down in to six general categorical steps: (1) identify the topic and research question, (2) select participants, (3) create a concourse from existing literature and/or interviews with participants and experts in the field, (4) create the Q statements from the concourse, (5) have participants do the Q sort, (6) analyze the results through factor analysis and report the findings (Brown, 1993; van Exel & de Graaf, 2005; Webler et al., 2009).

Topic and Research Question

A Q researcher must first identify a topic in which they are interested in investigating. According to Thomas and Watson, (2002) it is important the topic is one that invokes a variety of opinions and from which the researcher is enthusiastic to ascertain peoples' subjective perceptions.

The primary objective of this Q study is to gain a clearer and more complete understanding of the level at which a group of mental health CITs believes their programmatic experiences prepared them to work with individuals of a low SES. To aid in clarifying the process, the following research question was developed: Considering the training received in their CACREP accredited masters program, what are a group of CITs' perceptions of preparedness for working with clients with low SES?

Participants

Webler et al. (2009) indicated participants for Q research are purposefully selected, as the researcher believes these individuals have something interesting and valuable to say regarding the topic. Some Q researchers insist these individuals have different levels of experience and knowledge about the topic in order to capture a wider perspective, but this is not a requirement (van Axel & de Graaf, 2005). Given the purpose of this study, Q participants will be chosen from students currently enrolled in CACREP accredited, masters' level counseling programs. Students will be in their final year of graduate work and seeing clients as part of their internship. In an attempt to obtain a variety of perceptions and opinions, participants will be recruited from each of the five national regions that comprise the Association for Counselor Education and Supervision (ACES).

The explicit number of participants needed for Q methodology research remains elusive after exhausting the current literature. A variety of studies have produced numerous ways to determine the optimal number of research participants. Two perspectives that seem to be constant throughout the literature are Q

methodology utilizes a small number of participants (McKeown & Thomas, 1988) and there should not be over 40 participants as this tends to result in redundant information (Brown, 1996).

Webler et al (2009) indicated a common ratio of Q statements to participants is three to one respectively, adding it is important to have fewer participants than Q statements. The Q statements are the items participants will use to convey their perceptions of preparedness. Q statements will be examined in detail in the following sections. Campbell (1995) specified the standard for the optimal number of participants in a Q sort study is calculated by halving the number of Q statements to be used in the study, minus one. For the purpose of this study, both Webler et al. (2009) and Campbell's (1995) recommendations have been taken into account. The number of Q statements to be used for this study is 40. Therefore, aligning with Webler et al.'s (2009) deduction, the number of participants required for this study is 13; while according to Campbell (1995), the number of participants needed would be 19. Consequently, it was determined for the purpose of this study, an appropriate number of participants will be between 13 and 19, providing a level of flexibility in the recruitment process.

Q participants (the P-set) will be acquired through a process of purposeful selection. Two CACREP liaisons at programs in each of the five national ACES regions will be randomly selected and contacted via email and/or phone, given an explanation of the study, and asked to approach masters' students in the final year of their program to participate. In the event that this does not yield the desired number of participants, this process will be repeated and two additional programs from each

of the five national ACES regions will be contacted. All prospective student contributors will then be contacted via email and invited to participate. Preliminary conversations with the selected participants will include an explanation of the study, detailed instructions for completing the Q sort procedure, and informed consent.

Creation of the Concourse

A crucial step in the Q method procedure is the creation of a concourse, as this will generally guide the remainder of the study (van Exel & de Graaf, 2005). A concourse is an amalgamation of information containing the expressions of all perspectives on a given topic (Webler et al., 2009). There are several ways in which a researcher may create a concourse and a variety of sources one might draw from during this task (Amin, 2002). For this study the concourse is the comprehensive literature review presented in Chapter Two.

The concourse contains all relevant aspects of gathered information, from which the researcher begins to identify themes and categories (van Exel & de Graaf, 2005). Through careful examination of the literature review common themes emerged and four overarching categories related to the study were identified. The first three categories that were created are derivative of Sue, Arredondo, and McDavis (1992) multicultural competencies as these are the current standard within the field. The forth category was designed to capture the impact of training and CITs' self-efficacy. The four categories to be used for exploring CITs' perceptions of preparedness in counseling clients with low SES in this study are: (1) Counselor in Training Awareness of Own Cultural Values and Biases, (2) Counselor in Training Awareness of Client's Worldview, (3) Counselor in Training Knowledge of

Culturally Appropriate Intervention Strategies, and (4) Counselor in Training Preparation and Self-Efficacy.

Creation of the Q Statements

As a result of the review of the literature, creation of the concourse, and identification of the general categories, more specific themes regarding the perceptions of CITs' sense of preparedness became evident. According to van Exel and de Graaf (2005), by using the specific themes that evolve, the researcher will then create a certain number of Q statements, called the Q set, that are designed to fully represent the material covered in the concourse. It is important to note Q statements, regardless of the number, are all opinions, not facts, and written in a way each participant can subjectively interpret the statement (Webler et al., 2009).

The optimal number of Q statements has been suggested to be between 20-60 (Webler et al., 2009), with other professionals stating 40-50 is more than adequate as long as the set of statements is comprehensive, but less or more statements are also possible (e.g., Van Eeten 1998). Brown (1995) offers the guiding principle that the number of Q statements should be enough that the participants' viewpoints are adequately covered but not so many the participants are feeling bogged down and fatigued. Taking these suggestions into account 40 Q statements were identified to comprise the Q set. The following is the Q set which depicts the categories and the associated Q statements:

Counselor in Training Awareness of Own Cultural Values and Biases

- I understand how my worldview impacts the way I see clients with low SES

- I have actively engaged in self-reflection related to my beliefs about clients with low SES
- I recognize my bias and/or prejudice toward clients with low SES
- I have reflected on my views about social issues associated with poverty
- I can recognize when I use stereotypes associated with poverty
- I am aware of how I react emotionally to someone with low SES
- I am aware of my thoughts about people with low SES
- I am aware of and understand my privilege as it relates to SES

Counselor in Training Awareness of Client's Worldview

- I am aware of how having a low SES impacts clients' worldviews
- I am aware of the obstacles people with low SES face on a daily basis
- I am aware of how stereotypes impact people with low SES
- I am knowledgeable about how low SES impacts mental illness
- I understand how homelessness impacts mental health
- I understand how the stress of not having enough money to meet basic needs impacts mental health
- I can imagine what it is like to live in poverty
- I am aware of the barriers clients with low SES face in attempting to access services
- I can empathically understand what it is like to live in a society where I do not have privilege

Knowledge of Culturally Appropriate Intervention Strategies

- I am knowledgeable in the use of strength-based approaches

- I know how to establish positive and achievable goals with clients with a low SES
- I am knowledgeable about crisis intervention techniques
- I am knowledgeable in techniques used to decrease the immediate emotional responses of clients in crisis
- I am capable of conducting triage with my clients' concerns regarding basic needs
- I am able to connect with other health care professionals in order to provide social services to my clients with low SES
- I am knowledgeable in the use of social justice advocacy when working with clients with low SES
- I am knowledgeable regarding the most effective interventions for clients with mental illness
- I am knowledgeable about the most culturally appropriate interventions for clients with low SES
- I am knowledgeable about the social services needs of my clients with low SES

Counselor in Training Preparation and Self-Efficacy

- My classroom experiences increased my awareness of my own cultural values and biases toward individuals with low SES
- My classroom experiences increased my awareness of the worldview of clients with low SES

- My classroom experiences increased my knowledge of appropriate intervention strategies for counseling individuals with low SES
- My classroom experiences increased my level of self-efficacy related to working with individuals with low SES
- My program offered service learning opportunities to increase my preparedness to work with clients of low SES
- My supervision experience increased my knowledge of counseling clients of low SES
- My program taught me skills specifically related to working with clients of low SES
- My program taught me about the issues that clients with low SES generally face
- I feel my program utilized a variety of methods to address counseling clients with low SES (discussion, activities, role-play, case studies)
- I feel confident in my ability to counsel clients with low SES
- I believe I was adequately trained to work with clients with a low SES
- I feel my program adequately prepared me to counsel people with mental illness
- I feel my program adequately prepared me to counsel people in crisis

Before the Q set is finalized and given to participants, it will be reviewed by committee members (including a statistician with experience in using Q methodology) and a CIT in his/her final year of a CACREP accredited masters program. Each will be asked to evaluate the completeness of the set and ensure the

statements are easily understood and relevant to understanding CITs' perceptions of preparedness to work with clients with low SES. This action will also corroborate the relative importance of the four categories and the items within each theme. In accordance with the combined recommendations the Q set will be modified as necessary.

Data Collection and Q sort

Once prospective participants are identified, formal invitations to participate in the study, letters of informed consent, and detailed explanations of the study will be distributed via email. Participants will be informed they are able and encouraged to ask any clarifying questions they might have before committing to participate in the study. Participants will be informed their participation is voluntary and they may withdraw from the study at any time. No compensation for participation will be offered in an attempt to avoid any sense of obligation on the part of the participants. Issues of privacy and safety will be addressed by keeping all data confidential and randomly coding all data. For students who commit to participation in the study, instructions for completing the Q sorting activity through the free Internet-based program QSortWare.com will be sent via email, as will a demographic questionnaire.

All prospective student participants will be in the final year of their training program. For the purpose of this study it was identified that additional demographic information would be pertinent to obtain. Demographic information including gender, age, racial/ethnic identity, SES, family of origin's SES, length of time in program, and sexual orientation will be collected from participants. This information may enrich the findings and further outline the ways differing

demographics impact CITs' perceptions of preparedness to counsel clients with low SES. As discussed in the literature review, individual differences in demographics impact the perceptions of self-efficacy and learning preferences in the acquisition of multicultural competence. As such, it makes sense to collect the data described below.

Gender

Participants will indicate their gender by checking the appropriate marker on the demographic sheet as Male, Female, Transgendered Male, Transgendered Female, or Self-Identification with a blank space for participants to provide alternative responses.

Age

Participants will mark their age at the time of the study by writing it in a space provided on the demographic sheet.

Racial/Ethnic Identity

Participants will indicate their racial/ethnic identity by checking the appropriate marker on the demographic sheet as African American, Asian American, Native American, Caucasian, Latino Hispanic, Multiracial/Biracial, or Self-Identification with a blank space for participants to provide alternative responses.

Socioeconomic Status

There is no clear and concise method for determining SES available in the literature. There does exist specific determinates for poverty, however this is solely defined by level of income. Due to the fact SES accounts for occupation and educational level, in addition to income, using the poverty scale would not be sufficient. Therefore,

participants will self identify their personal SES and SES of their family of origin based on their subjective interpretations of the categories listed.

Participants will indicate their current socioeconomic status by checking the appropriate marker on the demographic sheet as Low SES, Low/ Middle SES, Middle SES, Middle/High SES, or High SES.

Family of Origin SES

Participants will indicate the SES of their family of origin by checking the appropriate marker on the demographic sheet as Low SES, Low/Middle SES, Middle SES, Middle/High SES, or High SES.

Length of Time in Program

Participants will indicate the length of time they have been active in their counselor-in-training program by checking the appropriate marker on the demographic sheet as two years, three years, four years, or more than four years. Participants will also indicate whether they took time away from their program and returned. If yes, how long?

Sexual Orientation

Participants will indicate their sexual orientation by checking the appropriate marker on the demographic sheet as heterosexual, gay/lesbian, bisexual, queer, asexual, or self-identification with a blank space for participants to provide alternative responses.

As previously stated, the optimal number of participants for this study is between 13 and 19. Should the recruitment in students exceed 19 committed participants, the first 19 participants to commit will be used for this study as long as there are at least two participants representing each ACES region. Should the number

of committed participants fall below the desired minimum of 13, or if a particular ACES region is under represented/ not represented, reminders will be sent to the faculty members of those universities assisting in the recruiting process. If the need arises additional faculty from CACREP institutions within the region(s) will be identified and solicited for recruitment.

Q Sort

A primary component of the data collection process is the completion of the Q- sorting activity. van Exel and de Graff (2005) indicated the cards comprising the Q set are given to the participant in a pack of randomly numbered cards each with one statement on it. Participants are first asked to sort the statements into three piles, most agree, most disagree, and neutral regarding their personal point of view on the topic. Once this process is complete, participants are asked to use the cards from the "most agree" pile and begin to rank these statements by filling in an inverted bell curve with seven levels of agreement, "most disagree," "disagree," "somewhat disagree," "not sure," "somewhat agree," "agree," and "most agree." This process is then repeated with participants using cards from their "most disagree" pile. The cards from the neutral pile are then used to fill in the remaining columns, accounting for level of neutrality, until each of the 40 statements have been sorted. Finally, the results of the Q sorting activity are documented and returned to the researcher. Sometimes a continuum range from least to most on the same judgment item is used. For theoretical reasons, however, "most" to "most" (with absence of feeling in the middle) should be used wherever possible (Brown 1980).

Most Disagree	Disagree	Somewhat Disagree	Not Sure	Somewhat Agree	Agree	Most Agree

Traditionally researchers used physical Q statements printed on individual cards to have participants sort manually. An alternative approach to physically conducting the Q sort is by using the QSortWare.com, a free Internet program that allows participants to drag and drop their answers in the desired location on the inverted bell curve. Given participants will be located throughout the nation; the Internet Q sorting approach has been determined to be the most appropriate for this sample and study.

It can be argued fixing the number of items to be assigned to each ranking position may seem counter to a qualitative approach; that is the participants aren't able to indicate their own viewpoint without restraints. However, Brown (1993) demonstrated the effect of having either free or forced distribution is minimal on the pattern of factors that emerge. The final product of the Q sort results is a participant's viewpoint.

Data Analysis

A principle concept that differentiates Q methodology from other methods of research is that unlike customary factor analysis where items or variables are grouped

according to shared variance to reveal underlying themes, in Q methodology, participants are clustered to identify underlying shared perspectives (Webler, Danielson, & Tuler, 2009). Essentially, each participant's Q sort is seen as the single variable being studied (Brown, 1996).

When the participants' viewpoints are returned to the researcher, the Q sorted data will be processed using correlational and factor analysis. Aligning with van Exel & de Graaf's (2005) recommendation, a correlation of all Q sorts will be calculated, determining the degree of agreement or disagreement amongst individual Q sorts, and illuminating the variance in viewpoints among individual participants. After the construction of this correlational matrix several factor analyses will be executed. As a result, groupings emerge and are used to identify patterns in clusters of factors that were heavily loaded and other factors that were seen as insignificant to a large portion of participants (Webler et al., 2009). In order to "get the best solution", factors are rotated via the Varimax rotation method which is an algorithm that attempts to rotate the factors so individual participants tend to be associated with just one factor instead of a cluster of factors (Webler et al., 2009, p. 29). Factor rotation is performed also to allow for examination of the collection of viewpoints from different angles (van Exel & de Graaf, 2005). Webler et al. (2009) suggested the following criteria be used in selecting factors: (1) simplicity, (2) clarity, (3) distinctness, and (4) stability. Once the factor scores and difference scores are established they are analyzed for variability which then becomes the basis for interpretations and narratives developed by the individual researcher.

The quantification and data analysis procedure of the Q methodology may be seen as arduous. However, with technological advancement Brown (1996) observed, "Some of the quantitative obstacles to the wider use of Q methodology have been rendered less daunting by virtue of software packages" (p.1). For this study the statistical software program PQMethod will be utilized for the data analysis to further enrich results. According to Brown (1996) this program will compute intercorrelations among Q sorts, which will undergo factor analysis and rotation in order to view participants' perceptions and the connections between them from different points of view. The PQMethod program is also designed to create reports and tables that depict factor loadings, statement factor scores, and consensus statements across factors (Schmolck, 2002).

Critiques of Q Methodology

All research methodologies have advantages and disadvantages. The Q method is no exception. Since the creation of the concourse and the Q statements, which are vital components in any Q study, are created by the researcher there is a possible threat for researcher bias and/or the failure to represent the literature accurately. Furthermore, Shinebourne and Adams (2007) emphasize the importance of allowing factors to emerge from the Q sorts, rather than comparing Q sorts with an "a priori constructed ideal Q sort" (p.107). Both of these threats may be addressed through corroborating the completed concourse, Q statements, and interpretation of the data and results with unbiased colleagues. It is also important to note a safeguard against researcher bias may be the fact the participants that control the classification

process, and the factors are derived statistically from the results of the sorting activities rather than the researcher's conceptualizations.

Cross (2005) highlighted other common concerns with Q method are the question of reliability and generalizability. van Exel and de Graaf (2005) respond to both criticisms in reporting the most important type of reliability for Q method is replicability, which was shown by Brown (1996) the same Q sort given within a year's time to the same participant will be replicated with 85% consistency. In terms of generalizability, it is the sole designation of a Q sort study to investigate the perceptions and points of view of a few, not the opinions of the masses (Block, 2008). Additionally, van Exel and de Graaf (2005) point out it is "the distinct subjectiveness about a topic that are operant, not the percentage of the sample (or the general population) that adheres to any of them" (p.3).

Summary

This chapter described Q methodology and the process of implementing this method to examine counselors-in-training perceptions of their preparedness to counsel clients of low SES. Results of this study will give voice to a group of CITs and may have implications for instruction, training techniques, and counselor education curriculum. A rationale was provided for the use of Q methodology, an approach that combines qualitative and quantitative aspects, in the study of CITs subjective points of view. The results of the study are detailed and analyzed in chapter 4, and the interpretative conclusions made regarding these results will be explored in chapter 5.

CHAPTER 4

RESULTS

The purpose of this study was to gain a clear and more complete understanding of a group of CITs' perceptions of their preparedness to counsel clients with a low SES. Q-methodology was utilized to explore subjective points of view of masters level CITs regarding this preparedness. In accordance with the Q method, a correlation matrix was created, factors were identified and studied, then factor scores and difference scores were established and analyzed for variability, which became the basis for the interpretation and narratives.

Perceptions and opinions can be difficult to quantify due to their subjectivity, but factor analysis enables researchers to uncover theoretical frames in an empirical way (Webler et al., 2009). McKeown and Thomas (1988) reported factor analysis helps researchers interpret results by collating and narrowing the perceptions of a group of participants about subjective issues to a few common themes. This Q sort was designed to identify themes among a group of mental health CITs regarding their preparedness to work with individuals of a low SES.

This chapter provides demographic information on the participants of this study and a brief review of the recruitment process of the sample. The correlation and factor analysis conducted using the PQMethod program (Schmolck, 2002) and the factors revealed in this study are discussed. In addition, defining sorts from the primary factors and preliminary interpretations of the represented themes will be explored.

Description of the Sample

A sample of participants were identified and chosen based on the guidelines of Q-methodology and characteristics pertinent to the research question. Data were gathered from 13 masters level counselors in training in the last year of their clinical mental health track program. While there is no unifying standard for the number of participants needed for Q methodology, within this study two different, but equally popular perspectives regarding the sufficient number of participants were considered (Webler et al., 2009; Campbell, 1995) and it was determined the sample size required range from 13 – 19 participants. Webler et al (2009) indicated a ratio of three to one Q statements to participants, while Campbell (1995) specified the number of Q statements is halved, and then subtracted by one to reach the optimal number of Q participants. Given the number of Q statements utilized in this study was 40, in conjunction with applying the standards described, the number of suggested participants was determined to be a minimum of 13 and a maximum of 19.

Q participants (the P-set) were recruited and acquired through a process of purposeful selection. The first step of the recruitment process was to create a list of CACREP accredited universities with a specialty in clinical mental health in each of the five national ACES regions, and identify their CACREP liaisons. From this list, schools were randomly selected and then contacted via email and/or phone and each liaison was provided with an explanation of the study. The next step was to have these liaisons identify prospective students that might be interested in participating and fit the required participant criteria. Then each prospective student contributor was contacted via email and invited to participate. Preliminary conversations with

the selected participants included an explanation of the study, detailed instructions for completing the Q sort procedure, and informed consent. Once participants had officially consented to participate, they were provided an email with a link to a secure website, QSortWare.com, where they performed their Q sort and demographic questionnaire online.

To ensure the clarity and quality of this process a faculty member from the researcher's program participated in a pilot study, in which no revisions were found necessary. Using this software program, participants sorted the statements into three initial piles following the prompt, "Please start by reading each statement carefully. Drag and drop each statement into one of the three categories that most resonates with you: agree, neutral, disagree." The participants were then asked to place the statements into the distribution framework, filling each box of each column (ranging from +4 "most agree" to -4 "most disagree") based on their level of agreement or disagreement. However, counter to a Likert-style survey where agreement or disagreement is identified by viewing statements in isolation, CITs participating in this "Low SES Q Sort Activity" were instructed to rank order the statements in relation to all other statements in the Q sample.

In an effort to obtain a variety of viewpoints, 20 CACREP accredited mental health counseling departments across the country were contacted for assistance in the recruitment of prospective participants. A goal was set to equally represent each of the five national regions that comprise the Association for Counselor Education and Supervision (ACES). Of these 20 programs, ten provided contribution. Eighteen prospective CIT participants were identified, of which 15 officially consented to

participate and were provided the link to the online Q sort activity. Thirteen of the 15 Q sorts were completed and submitted for analysis; three from the Western region, three from the Rocky Mountain region, three from the Southern region, two from the North Central region, and two from the North Atlantic region. The overall response rate was 86.7%. Each of the 13 submitted Q sorts were filled out appropriately and in their entirety, therefore each of the 13 Q sorts was utilized in the data analysis process.

Demographic Information

To participate in this study all CIT contributors were required to be in the final year of their program and in a clinical mental health track. Based on the relevant information discovered in the review of current literature (discussed in both chapters two and three), it was recognized acquiring further demographic information might be significant when working to better understand the subjective opinions of the participants. The correlation with this demographic information and the results of the data analysis will be discussed later in this chapter and in chapter five.

As previously stated, data for this study were gathered from 13 masters level counselors in training in the last year of their clinical mental health program. Twelve of the participants were female (92.3%) and one was male (7.7%). The ages of the participants ranged from 23 years old to 47 years old, with a mean age of 26.1. Ten participants identified as Caucasian (77%), two as Bi / Multi-racial (15.4%), and one as Latino(a) (7.7%). Participants were asked to identify both their personal current socioeconomic status and the socioeconomic status of their family of origin. Four participants identified their personal current SES status as Low/Middle SES (30.8%),

six as Middle SES (46.2%), and three as Middle/High SES (23%). In regards to participants' family of origin SES, one identified as Low/Middle SES (7.7%), six as Middle SES (46.2%), four as Middle/High SES (30.8%), and two as High SES (15.4%). It is interesting to note no participants identified as Low SES in either their family of origin or in their own current status. While all participants are in the last year of their program just over half of the CIT participants reported being in the second year of their masters program (N=7, 53.8%), five reported being in their third year (38.5%), and one reported this was the fourth year he/she has been in the program (7.7%). Almost all participants identified they had not taken any time away from their program (N=12, 92.3%), with only one participant reporting he/she had taken two and a half years away from his/her program (7.7%). Lastly, the CIT participants were asked to identify their sexual orientation. Eight participants identified as heterosexual (61.6%), three identified as gay/lesbian (23%), and two identified as bisexual (15.4%). Each of the 13 demographic questionnaires were filled out in their entirety and returned. Table 1 depicts the collated demographic information.

Table 1

Demographic Information

Variable	Frequency	%(N=13)
Gender		
Female	12	92.3%
Male	1	7.7%
Transgendered Female	0	

Transgendered Male	0	
Self Identification	0	
Age		
23	1	7.7%
24	1	7.7%
25	2	15.4%
26	2	15.4%
27	1	7.7%
29	1	7.7%
30	1	7.7%
33	1	7.7%
35	1	7.7%
36	1	7.7%
47	1	7.7%
Racial / Ethnicity Identification		
African American	0	
Asian American	0	
Caucasian	10	77%
Latino	1	7.7%
Native American	0	
Biracial/Multiracial	2	15.4%
Self-Identification	0	

Socioeconomic Status		
Low SES	0	
Low / Middle SES	4	30.8%
Middle SES	6	46.2%
Middle / High SES	3	23%
High SES	0	
Family of Origin Socioeconomic Status		
Low SES	0	
Low / Middle SES	1	7.7%
Middle SES	6	46.2%
Middle / High SES	4	30.8%
High SES	2	15.4%
Length of Time in Counselor Training Program		
Two years	7	53.8%
Three years	5	38.5%
Four years	1	7.7%
More than four years	0	
Have you taken time away from the program?		
No	12	92.3%
Yes	1	7.7%
** (If yes, how long: 2.5 years)		
Sexual Orientation		
Heterosexual	8	61.6%
Gay / Lesbian	3	23%

Bisexual	2	15.4%
Queer	0	
Asexual	0	
Self Identification	0	

Statistical Analysis

McKeown and Thomas (1988) identified three procedural components of analyzing the statistical data from Q sort activities: correlation, factor analysis, and computation of factor scores. To address each of these components, the popular PQMethod (Schmolck, 2002) computer program was utilized. The PQMethod provided a clear and linear structure for inputting data and computing statistical analysis. Once each of the 13 completed Q sorts were received, the statements were manually entered into the computer program, as were the exact rank orderings for each finalized Q sort. The PQMethod program then extracted the initial factors and displayed them in a correlation matrix (Table 2), performed an unrotated factor analysis (Table 3), and calculated eigenvalues to identify the primary factors. These primary factors were then rotated using the Varimax method to verify the identified primary factors (Table 4) and illuminate the group of Q statements that assist in illustrating each primary factor (Tables 6 - 14). Finally, the PQMethod program was used to cluster participants into subgroups that defined the three main factors. Each of these steps is described in further detail below.

Correlational Analysis

First, a correlation matrix was created by collating the results of each completed Q sort in order to illustrate the level of agreement/disagreement between each individual sort (Van Exel & De Graaf, 2005). Q sort results refer to the overall rank ordering of the 40 statements rather than placement of individual statements. This rank ordering is the subjective viewpoint for each participant. The correlation matrix compares and contrasts each participant's viewpoint with those of all other participants. A score of 1.00 shows a positive correlation of participants to his/her own sort, and therefore 1.00 is a perfect positive correlation. Correlations between the sorts range from -1 (disagreement) to 1 (agreement), where a 0 signifies total neutrality and/or no relationship between the sorts. In examining Table 2, it is clear participants 9 and 3 share the highest level of agreement amongst all participants at a correlation of .65 (bolded in the correlation matrix below). Likewise, it is also identified participants 9 and 6 share the highest level of disagreement amongst all participants at a correlation of -.46. Neither .65 or -.46 are strong correlational values, initially indicating there was no significant agreement or disagreement among any of the 13 participants' perspectives. It is important to point out, the correlation matrix does not offer specifics in terms of what participants agree or disagree upon exactly, rather that they simply share similarities or dissimilarities in their subjective perspectives.

Table 2

Correlation Matrix

Sorts	1	2	3	4	5	6	7	8	9	10	11	12	13
1	1.00												
2	.02	1.00											
3	.48	-.28	1.00										
4	.44	.10	.42	1.00									
5	.16	.13	.15	.26	1.00								
6	-.26	.38	-.34	-.02	.08	1.00							
7	.38	.23	.38	.49	.24	.24	1.00						
8	-.21	.19	.16	.14	-.04	.29	.42	1.00					
9	.58	-.14	**.65**	.22	.15	**-.46**	.26	-.03	1.00				
10	.57	.04	.48	.50	.28	-.25	.43	.01	.55	1.00			
11	.21	.19	.32	.37	.12	-.07	.01	-.11	.24	.34	1.00		
12	.15	.16	.06	.17	.09	.12	.25	.02	-.04	.24	.38	1.00	
13	.18	.06	.06	-.12	-.12	-.08	-.06	.04	.24	-.09	.24	.06	1.00

Factor Analysis

Once the correlations were calculated, the data were subjected to an unrotated factor analysis. This process determines each potential factor or theme that might be present amongst the 13 various perspectives. The PQMethod statistical program used a default so that no more than eight factors could be created to represent CIT's

perspectives. Table 3 depicts the level at which the 13 participants' perspectives agree or disagree with each of the eight initial emergent themes or unrotated factors.

Table 3

Unrotated Factor Matrix

	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8
1	.7631	-.1526	.0809	-.0269	.2763	-.3941	.0378	.2236
2	.0017	.6503	.3416	.0432	.4275	-.1149	-.3412	-.2998
3	.7700	-.2044	-.2396	.1991	-.2148	.2204	.0289	.0597
4	.6762	.3099	-.0875	-.1859	-.1691	.0516	-.3440	.3616
5	.3444	.2598	-.0551	-.4715	.4028	.5309	.3572	-.0150
6	-.3144	.7615	.0196	.0418	.0749	.0086	.1005	.3003
7	.5727	.5636	-.3412	.1555	.0404	-.2201	.1496	.0727
8	.0498	.5390	-.4137	.5748	-.1815	.2140	-.0369	-.2129
9	.7443	-.3854	-.0822	.2282	.2145	.0360	.0398	-.2073
10	.8090	.0355	-.0363	-.1993	-.0003	-.1327	-.0548	-.2733
11	.4786	.0713	.6653	-.0150	-.2583	.3383	-.2662	.0110
12	.2827	.3692	.5104	-.0749	-.4456	-.2149	.4651	-.1544
13	.1015	-.1686	.4941	.6936	.2865	.1089	.1716	.2121

Eigenvalues were then calculated and applied to the unrotated factors. Eigenvalues, as defined by Marcus and Minc (1988), are a special set of scalars, or system of measurement, generally associated with a matrix equation and help to identify characteristic values among the data. Any factor that exceeded 1.00 in

eigenvalues was determined significant and utilized in further data analysis. Factors 1, 2, 3 and 4 were identified as the only significant factors with eigenvalues of 3.7077, 2.1593, 1.4347 and 1.1341 respectively.

Factor Rotation

As a means of verifying the initial primary factors revealed in the unrotated factor analysis, the factors were then rotated using the Varimax rotation via the PQMethod computer program. Rotational methods seek to simplify the statistical structures by providing a different vantage point from which data are reviewed (McKeown &Thomas, 1988). Rotating the factors does not change individual Q sorts or the existing relationship between Q sorts, but instead offers another perspective in identifying as many Q sorts loading on one specific factor. After the factor rotations, the factor loadings were calculated to determine the degree with which each sort correlated with a factor.

The four meaningful factors are represented in Table 4, as is the level of agreement and disagreement of each of the 13 CIT participants with each of the four factors. Each factor in this study contains at least one defining sort. Defining sorts can be better understood as sorts with increased agreement (or disagreement in the case of a negative sort) with the overall perspective the factor represents. All sorts were measured by what is referred to as factor loading scores. Any sort with a factor loading score of .55 or higher in this study was deemed a defining sort. The table below depicts participants 1, 3, 4, 9 and 10 are the defining Q-sorts for Factor 1 with factor loading scores of .7374, .8371, .5930, .8614 and .7025 respectively. Participants 6, 7 and 8 are the defining Q sorts for Factor 2 with factor loading scores

of .5546, .7167 and .8732 respectively. Participants 2, 11 and 12 are the defining sorts for Factor 3 with factor loading scores of .5897, .7280, and .6872 respectively.

Unlike these first three primary factors, Factor 4 did not result in what is referred to as a neatly loaded sort. One of the defining sorts (participant 5) had a factor loading score of .5823, which is just over the significant range. The other defining sort (participant 13) had a high factor loading score but it was negative (-0.7928), which was also the only significant negative loading score of all four factors. It has been suggested (Donner, 2001) not to assign participants to factors based on negative loadings because they can be hard to interpret clearly. Factor 4 was also deemed arbitrary based on the low eigenvalue score accounting for very little of the overall variance. For these reasons Factor 4 was omitted from further analysis. Later in this chapter the three remaining primary factors will be more clearly illustrated in displaying each factor's characterizing, distinguishing, and consensus Q statements.

Table 4

Primary Factor Matrix (defining sorts are bolded and marked with **X**)

	Factor 1	Factor 2	Factor 3	Factor 4
1	**.7374 X**	- .0574	.2312	.1111
2	- .2650	.3451	**.5897 X**	.0668
3	**.8371 X**	.1617	- .0676	.0147
4	**.5930 X**	.2609	.2982	.4421
5	.1602	.0203	.2152	**.5823 X**
6	- .4516	**.5546**	.2818	.1477
7	.3928	**.7167 X**	.1594	.3046

8	- .0048	**.8732 X**	- .0994	- .1487
9	**.8614 X**	- .0281	- .0355	- .1316
10	**.7025 X**	.0497	.2503	.3717
11	.3248	- .1841	**.7280 X**	- .0878
12	.0517	.0441	**.6872 X**	.0747
13	.1924	.0258	.3126	**- .7928 X**

Table 5

Correlation Between Factor Scores

	Factor 1	Factor 2	Factor 3
Factor 1	1.0000	.1365	.1749
Factor 2	.1365	1.0000	.0733
Factor 3	.1749	.0733	1.0000

Table 5 exhibits the correlation between the three primary factors identified in the unrotated factor analysis and verified in the Varimax rotation. In reviewing this correlation table it is clear there is no significant correlation between any of the three primary factors. These factors were viewed as operating independently of each other, and will therefore be discussed in individual detail in the following sections.

Factors and Related Statements

When analyzing the factors and interpreting the subjective meanings three different types of statements were computed by the PQMethod program and taken into account; (a) characterizing statements, (b) distinguishing statements, and (c)

consensus statements. All three of these types of statements are valuable and provide the researcher different information. It is important to note however, regardless of the type of statement being examined the researcher must consider the statements in the context of the overall factors, not just isolated Q statements (Webler et al., 2009). Moreover, because of the subjective nature of Q methodology, each participant's interpretation impacts the primary factors, and therefore different factors may relate to different aspects of meaning in the same statement.

Characterizing statements are the most simplistic of the three types as they solely represent the key statements of each primary factor in isolation of other statements, and do not account for the impact other factors might be having. These statements are the ones most agreed and most disagreed on when the sorts represented in that factor are combined. The overall theme represented in each factor is illustrated by the rank ordering of the Q set (total 40 statements) from most agree to most disagree. Characterizing statements are the statements ranked at both extreme ends of this ordering and are used as a preliminary description of the potential overall perspective represented by that particular factor. For each of the three primary factors, eight characterizing statements are documented in Tables 6, 8, 10 and 12. The four characterizing statements with the Q sort value (on a scale from +4 to -4) identify the statements participants agree with most. Conversely, the four characterizing statements with the lowest Q sort value signify the statements participants representing that factor agree with the least.

Distinguishing statements are similar to characterizing statements in that they are generally found at the extreme ends of the factors. However, in order for a

statement to be distinguished (and statistically significant), its z-score must exceed the numerical difference score between a statement's score on any two factors. In this study, z-scores are used to measure how far a statement lies from the middle of the distribution, and aide in identifying the significance of a statement. Due to the statistical significance of distinguishing statements these are more sufficient for the determination of differences between factors and for the identification of factor interpretations. Every distinguishing statement, for each of the three primary factors, is displayed in Tables 7, 9, 11 and 13 below.

Consensus statements are statements signifying similarities across the three primary factors. These statements are ranked in a similar position by the majority of the Q participants. This further indicates a certain level of agreement on the importance of the statements regardless of the overall perspective the participants represent. Consensus statements do not distinguish between any pair of factors. As shown in Table 14, consensus statements are viewed as statistically not significant, and are generally found in the middle of the Q sort distribution illustrating a sense of neutrality amongst the participants' individual perspectives.

Initial Interpretations

As discussed in chapters two and three, in reviewing the multicultural competencies and other relevant literature four overarching categories were revealed: (a) counselors in training awareness of own cultural values and biases, (b) counselors in training awareness of client's worldview, (c) knowledge of culturally appropriate intervention strategies, and (d) counselors in training preparation and self-efficacy. These categories resemble the results of the factor analyses and will be used in this

section, and in more depth in chapter five, to aid in interpreting the three primary factors. For sake of brevity in discussion these categories will be referred to as: (a) self-awareness, (b) SES empathy, (c) application, and (d) training/self-efficacy.

Table 6

Characterizing Statements for Factor 1

No.	Statement	Q sort value
	Most Agree	
1	I understand how my world view impacts the way I see clients with low SES	+ 4
6	I am aware of how I react emotionally to individuals with low SES	+ 4
2	I have actively engaged in self-reflection related to my beliefs about clients with low SES	+ 3
5	I can recognize when I use stereotypes associated with poverty	+ 3
	Most Disagree	
20	My classroom experience increased my knowledge of appropriate intervention strategies for counseling individuals with low SES	- 3
22	I am knowledgeable in techniques used to decrease the immediate emotional responses of clients in crisis	- 3
36	I feel my program utilized a variety of methods to address counseling clients with low SES (discussion, activities, role play, case studies)	- 4
24	I am capable of conducting triage with my clients' concerns regarding basic needs	- 4

Table 7
Distinguishing Statements for Factor 1

No.	Statement	z-score
	Most Agree	
1	I understand how my world view impacts the way I see clients with low SES	2.10
6	I am aware of how I react emotionally to individuals with low SES	1.75
5	I can recognize when I use stereotypes associated with poverty	1.55
	Most Disagree	
23	My classroom experiences increased my awareness of my own cultural values and biases toward individuals with low SES	- 0.92
22	I am knowledgeable in techniques used to decrease the immediate emotional responses of clients in crisis	-1.48
24	I am capable of conducting triage with my clients' concerns regarding basic needs	-1.67

Five Q sorts were recognized using the PQMethod program as the defining sorts for Factor 1 (participants 1, 3, 4, 9 and 10). Given these five participants make up 38% of the sample, it was identified the point of view represented in Factor 1 is the most prevalent among these CITs. Using the distinguishing statements as a guide (because of statistical significance), the salient point is the participants defining Factor 1 seem to agree their individual self-awareness is high, especially in regards to people with low SES. On the other hand, these five participants implied they gained this self-awareness outside of the classroom and are lacking knowledge of appropriate interventions with clients in crisis or struggling to meet their basic needs. The perception represented in Factor 1 was labeled High self-awareness /Low application.

Table 8

Characterizing Statements for Factor 2

No.	Statement	Q sort value
	Most Agree	
23	My classroom experiences increased my awareness of my own cultural values and biases toward individuals with low SES	+ 4
4	I have reflected on my views about social issues associated with poverty	+ 4
2	I have actively engaged in self-reflection related to my beliefs about clients with low SES	+ 3
25	I am able to connect with other health care professionals in order to provide social services to my clients with low SES	+ 3
	Most Disagree	
10	I am aware of the obstacles people with low SES face on a daily basis	- 3
17	I can empathically understand what it is like to live in a society where I do not have privilege	- 3
29	I am knowledgeable about the most culturally appropriate interventions for clients with low SES	- 4
15	I can imagine what it is like to live in poverty	- 4

Table 9

Distinguishing Statements for Factor 2

No.	Statement	z-score
	Most Agree	
4	I have reflected on my views about social issues associated with poverty	1.80

20	My classroom experience increased my knowledge of appropriate intervention strategies for counseling individuals with low SES	1.02
21	I am knowledgeable about crisis intervention techniques	0.94

Most Disagree

26	I am knowledgeable in the use of social justice advocacy when working with clients with low SES	-1.25
17	I can empathically understand what it is like to live in a society where I do not have privilege	-1.49
15	I can imagine what it is like to live in poverty	-2.19

Three CITs (participants 6, 7, and 8) were revealed to be the principle defining sorts for Factor 2, implying three of the 13 participants (23%) shared the perspective Factor 2 represents. Based on the information provided in Table 9, it is inferred these three participants believe they are knowledgeable of their views regarding the issues those in poverty face and are aware of appropriate interventions. The distinguishing statements also suggest these CITs believe they lack knowledge of social justice advocacy implementation and awareness of impoverished clients' worldview. The perception embodied in Factor 2 was labeled High application / Low SES empathy.

Table 10

Characterizing Statements for Factor 3

No.	Statement	**Most Agree**	Q sort value
33	My supervision experiences increased my knowledge of counseling clients with low SES		+ 4

17	I can empathically understand what it is like to live in a society where I do not have privilege	+ 4
39	I feel my program adequately prepared me to counsel people with mental illness	+ 3
16	I am aware of the barriers clients with low SES face in attempting to access services	+ 3
	Most Disagree	
20	My classroom experience increased my knowledge of appropriate intervention strategies for counseling individuals with low SES	- 3
29	I am knowledgeable about the most culturally appropriate interventions for clients with low SES	- 3
32	My program offered service learning opportunities to increase my preparedness to work with clients of low SES	- 4
26	I am knowledgeable in the use of social justice advocacy when working with clients with low SES	- 4

Table 11

Distinguishing Statements for Factor 3

No.	Statement	**Most Agree**	z-score
33	My supervision experiences increased my knowledge of counseling clients with low SES		2.49
39	I feel my program adequately prepared me to counsel people with mental illness		1.21
16	I am aware of the barriers clients with low SES face in attempting to access services		1.08

Most Disagree

24	I am capable of conducting triage with my clients' concerns regarding basic needs	-0.88
32	My program offered service learning opportunities to increase my preparedness to work with clients of low SES	-1.92
26	I am knowledgeable in the use of social justice advocacy when working with clients with low SES	-2.65

Three CITs' (participants 2, 11 and 12) Q-sorts were identified as defining sorts for Factor 3. As in Factor 2, 23% of the participants shared points of view similar to that represented by Factor 3. Using the defining statements to decipher the theme of Factor 3, these CITs appeared to acknowledge their supervision experiences helped prepare them to work with clients with low SES, their program helped prepare them to work with clients with mental illness, and they have a certain level of empathic understanding of client's with low SES struggles. Conversely, these CITs seem to feel they lack application skills in triage, social justice advocacy, and other appropriate interventions when working with clients with low SES. The perception conveyed in Factor 3 was labeled High training/self-efficacy / Low application.

Table 12

Consensus Statements Across all Factors

No.	Statement	**Neutral/Non-Significant Statements**	Factor Arrays (+4 to -4) 1	2	3
19	I know how to establish positive and achievable goals with clients with a low SES		-1	-1	-1
34	My program taught me skills specifically related to working with clients with a low SES		0	-1	-2

38	I believe I was adequately trained to work with clients with a low SES	0	0	-1
40	I feel my program adequately prepared me to counsel people in crisis	-2	-1	-1

As stated previously in this section, consensus statements signify similarities across the three primary factors and generally indicate a certain level of agreement on the importance of the statements regardless of the overall perspective. In studying Table 14, it is understood CIT participants across each of the three primary factors disagreed with statement 19 (I know how to establish positive and achievable goals with clients with a low SES), with scores of -1, -1, -1. The four statements (No. 19, 34, 38 and 40) presented in Table 14, are the statements most similarly ranked amongst each of the 13 participants across all three primary factors. The Consensus vs. Disagreement chart can be found in Attachment D. This chart provides the rank values for each of the 40 Q- statements across the factor array. The dissimilarity in the consensus statements above, as well as the factors themselves, translates into a contrast of overall perspectives as well as CITs perceptions of their preparedness to counsel clients with low SES.

Demographic Information and Factor Relationships

The overall results of the factor analysis illuminates the themes represented in the three primary factors not only contradict one another but also lack substantial strength in both agreement and disagreement from each of the 13 participants. In an attempt to uncover other correlating variables that could assist in understanding these outcomes, an exhaustive exploration of the demographic information was carried out. At the conclusion of this examination it was identified no meaningful relationship

exists between any of the defining participants from each primary factor and their relative perspectives. Evaluations of these particular findings will be discussed further in chapter five.

Summary

This chapter explained the use of Q methodology to investigate the perceptions of masters level counselors in training concerning their preparedness to counsel clients with a low socioeconomic status. The participants of this study included 13 masters level CITs in the final year of their program in a clinical mental health track. All five regions of ACES (Association for Counselor Education and Supervision) were represented in this study; 3 participants from WACES, 3 from RMACES, 3 from SACES, 2 from NCACES, and 2 from NARACES. The analysis of the Q sort results revealed three primary factors or perspectives regarding CITs preparedness. Factors were labeled “High self-awareness / Low application” for Factor 1, “High application / Low SES empathy” for Factor 2, and “High training/self-efficacy / Low application” for Factor 3. Chapter five will discuss the conclusions drawn from these results, as well as the limitations, implications, and recommendations of this study.

CHAPTER 5

DISCUSSION

This chapter addresses four overarching components. A summary of the study is provided, including a brief exploration of the significance, problem, and procedures. Then the major findings are explored, which involves examining the specific research question, an in depth description of the themes/factors revealed, and the relationship with the demographic information. A discussion elaborating the importance and relevance of the findings is presented. Also provided in this section is an examination of potential limitations of the study. The final component discusses implications and suggested future research.

Summary of the Study

A specific definition of socioeconomic status (SES) is debated throughout the literature. There is currently no unifying definition from which to draw upon so it is important to note this study places great importance on income level and poverty in defining SES. As of January 2014, the United States has 50 million people living in poverty (US Census, 2014). The poverty barometer traditionally gauges income level and number of people in the household, which can ebb and flow for individuals across time. However, according to the Census, the number of impoverished individuals has gone virtually unchanged from a year earlier with the overall poverty rate at 16 percent.

Pope and Arthur (2009) reported the SES aspect of identity necessitates increased attention among counselors given the importance of SES for everyday living and its relevance to the health and well-being of individuals, families, and

communities. A principle component to low SES is the hindrance in securing one's basic needs like food, shelter, and health care. These obstacles faced by people with low SES are high as are the additional concerns often left unnoticed. The scarcity of economic and social progress, as well as the continued stigmatization amid people with a low SES plays a key role in poor mental health (Smith, 2008). These findings, along with many others in relevant literature depict the strong relationship between low SES and mental health issues (Goodman et al., 2013; Bausman & Goe, 2004; Belle et al., 2003; Cunradi, Caetano & Schafer, 2002; Chen, Matthews, & Boyes 2002; Gallo & Matthews, 2003; Grote et al., 2007; Moane, 2003; Ferrie, 2004).

Despite indications low SES places individuals and families at higher risks for emotional distress, there exists only a minimal amount of research in the literature specifically addressing what the counseling profession is doing to meet the needs for this population. Within a review of the literature it was revealed veteran clinicians are often unwilling to work with clients with a low SES based on stereotypical perspectives of this demographic, clients' inability to afford services, and scheduling constraints (Maynard et al., 1997; Liberman et al., 2006; Smith, 2008; Goodman, 2013). For these reasons, amongst others; counselors in training (CITs) are typically assigned to clients with a low SES.

Much of diversity training is based on the multicultural competencies developed by Sue et al (1992) which ask CITs and counselors to develop knowledge, awareness, and skills for working with cultures that are different from their own. There are a number of ways programs implement the competencies and also meet the additional CACREP standards addressing diversity. The literature explains there are

different schools of thought when it comes to best practice in meeting or exceeding these standards. Popular options include having a specific semester long multicultural class, infusing multicultural topics into all classes across the curriculum, or employing both of these concepts simultaneously.

Relevant literature regarding skills training for work with culturally diverse clients speculates interactive experiences such as role play, pre practicum experiences, and service learning activities are among the most effect approaches when helping CITs increase empathic awareness and self-efficacy regarding abilities to implement specific skills. These skills go beyond traditional counseling interventions of paraphrasing and feeling reflections. Identified as effective techniques to employ when working with impoverished clients are social justice advocacy (Pope & Arthur, 2009; Baggerly, 2006), crisis intervention techniques (Sandoval et al., 2009), strength based counseling (Sousa, Ribeiro & Rodriques, 2006), and an interdisciplinary approach (Nelson et al., 2007; Pope & Arthur, 2009) where counselors are involved with several additional health professionals as a part of a "care team" for that client. However, no research was found that spoke to CITs self-efficacy when it comes to implementing these types of non-traditional interventions, techniques, and services, especially in regards to clients who are struggling to meet their basic needs.

Current research focuses primarily on master's level CITs self-efficacy regarding multicultural competence indicating CITs may feel confident in their multicultural knowledge about minority populations, but lack an understanding of how to skillfully apply that knowledge with clients (Heppner & O'Brien, 1994).

Another common theme found in the research is CITs are most often concerned about their lack of interaction with culturally diverse clients and the perceived impact this has on their ability to be effective counselors. As a result a popular request among CITs is for additional "exposure activities" such as service learning projects (Dickson et al., 2010).

A wealth of literature addresses multicultural competence and the importance it has in the field of counseling and counselor education. Numerous studies address training, educational approaches, and even CITs preparedness (Dickson et al., 2010; Burnett et al., 2004; Roysircar et al., 2005) but no studies were found specifically attending to the analysis of master's level CITs perceptions of their preparedness to counsel clients with a low SES. The current study was designed to help counselor educators become more aware of preparation issues CITs might be facing when working with this demographic that makes up so much of their case load. This study employed Q methodology to gain an understanding of these perceptions held by a group of CITs in the final year of their master's level training at universities from across the nation.

Q methodology provides a basis for the systematic study of subjectivity, a person's perception, opinion, beliefs, and attitude (Brown, 1993; Van Exel & de Graaf, 2005). By having participants rank each statement in relation to other statements, as opposed to having them rate each statement independently as done with Likert scales, participants assign their subjective meaning to the statements, which results in personal perspectives (Smith, 2001). This Q sorting process allows the researcher to perform quantitative analysis on subjective data because a

distribution is created. The data produced by each participant are then correlated with other participants and clusters of similar Q sort responses show possible themes that could be anticipated to occur in related groups of individuals within the sample.

There were three primary factors, or points of view, that surfaced in conclusion of data analysis regarding CITs preparedness: "High awareness of self / Low application," "High application / Low SES empathy," and "High training & self-efficacy / Low application." These factors assisted in providing additional insight into what might be more efficient and effective training approaches for this group of CITs, and other CITs alike, in working with clients with a low SES. Furthermore, as discussed later in this chapter, these perspectives may also have exciting implications for new curriculum standards nationwide.

Statement of the Problem

With the continual increase in cultural diversity of the United States population, it has become a necessity for counseling professionals to adapt their services to meet the needs of numerous cultural groups (Constantine et al., 2002). Regardless of this obligation, the inclusion of issues associated to SES and classism has not yet been fully integrated within the preparation of counselors in training (Smith, Foley, & Chaney, 2008). The ACA code of ethics, as well as the Council for Accreditation of Counseling and Related Educational Programs (CACREP), dictates counselors graduating from accredited programs obtain training and demonstrate knowledge in social and cultural diversity (CACREP, 2009). Despite this educational requirement, there is an increasing need to examine CITs self-awareness to facilitate

multicultural competency (Hill, 2003), especially in regards to the currently high and ever growing pervasiveness of poverty in the United States (Lott & Bullock, 2007).

The call for augmented awareness and a development of specific interventions tailored to the experiences and struggles of individuals with low SES has gone unaddressed and there has been little to no research regarding these issues or the perceptions of CITs. Relevant published studies predominantly examine CITs' level of self-efficacy concerning their work with culturally diverse clients at large and the importance of additional focus on diversity and inclusion of general multicultural issues in masters level counseling programs (Griffen, Norman & Dollarhide, 2004; Hays, Dean, & Chang, 2007; Jordan & Kelly, 2004) but do not look specifically at low SES.

The lack of research in general and in relation to CITs is further concerning because CITs are seeing an influx of clients with a low SES. Because clients with a low SES have a general inability to afford services, lack health insurance, have inflexible time constraints, and face biases of veteran mental health professionals, CITs and beginning counselors have clients of a low SES as a majority of their case load (Aponte & Wohl, 2000; Goodman et al., 2013; Liberman et al., 2006; Maynard et al., 1997). This study will be an initial step toward filling the gap in the literature related to CITs' perceptions of preparedness to work with this demographic and may have implications for the training practices of counselor education programs.

Statement of Procedures

Q methodology was used to examine master's level CITs perceptions of their preparedness to work with clients with a low SES. A thorough review of current and

relevant literature was conducted in order to develop the concourse for this study. After careful scrutiny of the concourse and subsequent creation of numerous Q statements representing the four overarching concourse categories, a total number of 40 statements were decided on as the official Q Sample.

Thirteen CITs, from 10 different clinical mental health CACREP accredited programs from across the 5 ACES regions volunteered for this study. Participants varied in age from 23-47 years old. Twelve were female and one was male. Ten of the participants identified as Caucasian, two as biracial/multiracial, and one as Latino(a). Four participants identified their personal current SES status as Low/Middle SES, six as Middle SES, and three as Middle/High SES. In regards to participants' family of origin SES, one identified as Low/Middle SES, six as Middle SES, four as Middle/High SES, and two as High SES. None of the 13 participants identified as Low SES in either their family of origin or in their own current status. Seven of the CIT participants identified being in the second year of their masters program, five reported being in their third year, and one reported this was the fourth year he/she has been in their program. Lastly, eight participants identified as heterosexual, three as gay/lesbian, and two as bisexual. All participants were provided a link to the Internet based computer program QSortWare.com webpage where they performed this demographic questionnaire, as well as the Q sort activity itself. The researcher tested the QSortWare.com program and later a pilot study was conducted with an ISU faculty member to troubleshoot any potential errors in the sorting process. No errors were found in these trials, and no issues were reported by any of the 13 participants.

Each of the 13 Q sorts were completed and returned, at which time they were entered into the PQMethod program and analyzed. Using this program a correlation analysis and several factor analyses were conducted. Three primary factors were revealed during this process, as were specific characterizing statements, distinguishing statements, and consensus statements for these factors. The researcher then interpreted results regarding similar and dissimilar perspectives among the 13 participants, in an attempt to address the overall research question for this study.

Major Findings

The purpose of this study is to act as an initial investigation into understanding a group of CITs' perceptions of their preparedness to work with clients with a low SES. The study explored perceptions of preparedness from CITs who were in the last year of their clinical mental health program and were working with clients with a low SES. The findings suggest potential concerns regarding counselor trainees' competency to work with this population and inadequate training experiences relating to clients with a low SES.

Research Question

The research question guiding this study was: Considering the training received in their CACREP accredited masters program, what are a group of CITs' perceptions of preparedness for working with clients with low SES? Data was gathered and analyzed using the Q methodology approach. Thirteen CIT participants completed individual Q sorts in order to express their personal perspectives on this topic. The finalized Q sorts and demographic questionnaires were the sole data for this study. Once all the data was received it was subjected to a correlation analysis, a

factor analysis, and factor rotations. Three primary factors/themes were revealed and characterizing, distinguishing, and consensus statements were identified for each of the three factors.

Factor Interpretations

When creating the concourse that acts as the foundation for this study, four overarching categories were identified to aide in effectively filtering the broad concourse into 40 representative Q statements. These four categories were: (a) CITs awareness of own cultural values and biases, (b) CITs awareness of client's worldview, (c) CITs knowledge of culturally appropriate intervention strategies, and (d) CITs preparation and self-efficacy. The three primary factors later revealed through data analysis of the Q sort results indicate similarities to these categories. The four general concourse categories were shortened and referred to as: (a) self-awareness, (b) SES empathy, (c) application, and (d) training/self-efficacy. When deciphering the themes of each factor it is important to note quality Q sort statements are subjective to each participant and can have multiple interpretations (Webler et al., 2009). This was taken into account when overlap in both the defining statements and the general categories was encountered. For example, it was determined statements from the categories "application" and "training/self-efficacy" are sometimes entwined which is understandable as training/self-efficacy is intrinsically connected and directly impacts the ability to apply what was learned. However, it was important to maintain each of these categories in order to stay consistent with the dimensions of the multicultural competencies awareness, knowledge, and skill (Sue et al., 1992), and other sub sets identified in the literature review that were integral in the

development of the concourse and Q sample.

Factor 1: "High self-awareness/ Low application"

Factor 1 was comprised of five defining sorts (38% of the sample), the most of the three primary factors. Factor 1 is clearly the most prevalent perspective among the total sample of CIT participants as it accounts for 26% of the total variance, which is almost twice as much as both Factor 2 (14%) and Factor 3 (14%). The five defining sorts from Factor 1 were from participants 1, 3, 4, 9, and 10.

This factor was represented by each of the five national regions of ACES, as there was one participant from each of the five regions. Four participants were from a two year program and one was from a three year program. Four participants reported having a family of origin with a Mid/High SES, a fifth participant reported their family of origin as Low/Mid SES. Two CITs identified their personal SES as Low/Mid, two as Mid SES, and a fifth as Mid/High SES. Four CITs identified as Caucasian, one as bi-racial. Three CITs identified as heterosexual, one as lesbian, and one as bi-sexual. Participants' ages were 24, 25, 26, 29, and 33 years old. All five of the defining CIT participants were female.

These five sorts identified a collective perspective that indicated a high level of self awareness regarding how their personhood effects their beliefs about clients with a low SES and/or who are in poverty. However, the participants from Factor 1 implied they acquired this self-awareness through means outside of their programmatic experience. This is inferred as the defining statements for Factor 1 indicate this set of CITs believe their classroom experiences did not provide them with information on the low SES population. These individuals also signified they

were lacking knowledge of application when it came to appropriately intervening with clients in crisis. These defining statements are an example of the potential overlap described above. While several of these statements may be interpreted to belong in either the "application" or the "training/self-efficacy" categories, each were created to represent the application category.

The perception of this set of CITs suggests they feel prepared regarding their self-awareness. "Awareness", according to Sue et al. (1992), refers to the awareness of one's own values and beliefs, and how this affects their work with clients. Awareness is one of three dimensions of Sue et al.'s (1992) multicultural competencies, from which three of the categories for the concourse in this study were created. Although these five CITs suggest they have high self-awareness, it is important to point out the classroom experience was not the impetus of this awareness.

The "skill" to identify and utilize the proper interventions to fit each individual client is another of the three dimensions of the multicultural competencies (Sue et al., 1992). The equivalent category to skill in this study is application and knowledge of culturally appropriate intervention strategies. The five defining participants from Factor 1 implied they are lacking a level of knowledge regarding skill application when it comes to clients in crisis and clients struggling to meet basic needs. As described in Chapter 2, both crisis and basic needs concerns are strongly correlated with problems individuals with a low SES often face. When presented with issues of meeting basic needs, it is important for counselors to be able to identify which needs to focus on first. Based on the defining statements, it is further implied

this group of CITs struggled to help prioritize client's basic needs within session.

Given the viewpoint of the CITs from Factor 1, it would behoove counselor educators to set up classroom experiences that not only spark awareness in CITs regarding their own values and beliefs about poverty and low SES concerns, but also promote empathy and awareness of the worldview of clients with a low SES. The perspective of Factor 1, "High awareness/Low application," also appears to suggest CITs would benefit from increased knowledge in helping clients in crisis and being able to work with clients on prioritizing goals in order for those clients to address and meet their basic needs.

Factor 2: "High application / Low SES empathy"

Factor 2 was defined by three of the 13 participants (23%) and accounted for 14% of the total variance. The percentages of Factor 2 for defining sorts and total variance are the same as Factor 3, inferring the participants' perspective of Factor 2 are as equally established as the perspective of individuals from Factor 3. Participants 6, 7, and 8 created the defining sorts for Factor 2. Of these three CITs, two were from the same three-year program at a university in the Rocky Mountain region of ACES. The third was from a two-year program in the Western region. Two students identified their family of origin SES as Middle SES, and one reported being from a High SES family of origin. Two reported a current personal SES of Mid/High, with a third reporting a Middle SES. All three participants were Caucasian. One identified as heterosexual, one as bi-sexual, and one as lesbian. The ages of the participants were 27, 35, and 36 years old. Two of these CITs were female one was male.

Interestingly this set of participants' perspective was in opposition to the participants' perspective from Factor 1 pertaining to the element of "application." Factor 2 is labeled "High application/Low SES empathy" while Factor 1 is labeled "High self-awareness/Low application." The fact that one of only three perspectives had an inverted placement of a key category with that of another primary perspective further exemplifies the high level of variance across all participants in the study and the variance between overall points of view.

The three defining CITs for Factor 2 indicated their classroom experiences increased their knowledge of culturally appropriate interventions with clients with a low SES. This set of participants also suggested they know about crisis intervention techniques, which is useful given the correlation with crisis issues and clients with a low SES. Additionally, the distinguishing statements insinuate these participants lack a degree of empathic understanding of what it is like to live without privilege or in poverty, two common experiences for people with a low SES.

Although these participants most agreed they had reflected on social issues associated with those in poverty, they seemed to express a lack of knowledge in ways to advocate for clients to overcome these social justice issues. This clear lack of knowledge in social justice advocacy techniques with a client of low SES is problematic for a CIT. Social justice advocacy has been identified as the "fifth force" in the counseling profession (Ratts, 2009), and has been identified by many researchers (Pope & Arthur, 2009; Baggerly, 2006) as an affective intervention and integral component when working with clients with a low SES.

It was discovered in the literature review acquiring sufficient training in social justice advocacy may be difficult for CITs as programs are not yet emphasizing social justice issues throughout the curriculum (Bemak & Chung, 2005; Field & Baker, 2004). However, the effectiveness of this approach for clients of low SES, coupled with CITs perceptions of a lack of preparedness in this area, suggests there is an apparent need for counselor educators to ensure CITs have experience with and adequately understand social justice advocacy.

Equally concerning is the indication these CITs do not have an empathic understanding of their underprivileged and impoverished clients. According to Sue et al. (1992) to be multiculturally competent a counselor must have knowledge of culturally diverse clients' worldviews without judgment. An unfortunate but prominent perception of people with low SES is that they are disorganized, inarticulate, apathetic and insufficiently skilled to engage in counseling (Smith, 2008), which often results in difficulty empathizing with individuals of a low SES (Buck, Toro, & Ramos, 2004). Based on the inference these CITs from Factor 2 benefited from classroom experiences increasing their knowledge of appropriate interventions for clients with a low SES, it makes sense counselor educators would also utilize time in the classroom for experiences that would challenge these students to explore the worldview of individuals from this demographic.

Factor 3: "High training/self-efficacy / Low application"

As in Factor 2, Factor 3 was defined by three of the 13 participants (23%) and accounted for 14% of the total variance. The defining sorts for Factor 3 were from participants 2, 11, and 12. Of these three participants, one was from the North

Atlantic region, one was from the Southern region, and one was from the North Central region of ACES. Two were from three year programs and one was from a two year program. One reported being from a family of origin with a High SES, one from a Mid/High SES, and one from a Mid SES. Regarding their current personal SES two reported as Mid SES and one as Low/Mid SES. Two participants identified as Caucasian, and one as bi-racial. Two CITs identified as heterosexual, one identified as lesbian. The ages of these participants were 25, 26, and 30. All three CITs defining Factor 3 were female.

The defining CITs in Factor 3 suggest supervision was valuable in preparing them to counsel clients with a low SES. These three participants also expressed their programmatic training prepared them to counsel people with mental illness, which is often a key issue in the low SES demographic (Goodman et al., 2013; Bausman & Goe, 2004; Belle et al., 2003; Cunradi, Caetano & Schafer, 2002; Chen, Matthews, & Boyes 2002; Gallo & Matthews, 2003; Grote et al., 2007; Moane, 2003; Ferrie, 2004). However, similar to the five participants in Factor 1, the CITs in Factor 3 implied they were unable to conduct triage or address clients concerns prioritizing basic needs. This particular component of the Factor 3 perspective is unsettling as it was clear in the literature review clients with a low SES frequently find themselves in crisis situations. Low SES individuals and families are at a higher risk for trauma including infant mortality, community violence, marital dissolution, imprisonment of self or spouse, intimate partner violence, and other crimes (Bausman & Goe, 2004; Belle et al., 2003; Cunradi, Caetano & Schafer, 2002). Sandoval, Scott, and Padilla (2009) assert traumatic occurrences and crisis conditions “cannot be helped using

usual counseling or teaching techniques" (p. 246).

Comparable to the perspective of Factor 2, the CITs in Factor 3 denoted they are aware of the barriers clients with low SES face when attempting to access services, but most disagree they are knowledgeable in utilizing social justice advocacy to help these clients. It is understood there is ample room for subjectivity when interpreting "barriers that clients with low SES face when attempting to access services." However, it is important to point out often times these barriers are specific to a lack of privilege and the unjust oppressive nature of the social system clients with a low SES must continually battle (Maynard et al., 1997; Liberman et al., 2006). In conjunction with their lack of knowledge regarding social justice advocacy, the set of CITs from Factor 3 also disagreed their programs offered service learning opportunities, which has been documented as an effective educational component in the training of social justice advocacy (Burnett, Hamel, & Long, 2004; Hagan, 2004; Baggerly, 2006).

Training applications to meet the interpreted needs for the CITs from this viewpoint include the continued use of supervision to enhance CITs' knowledge of counseling clients with a low SES and continuing to implement preparation techniques for working with mental illness across the curriculum and in all facets of the programmatic experience. It would also be important to educate these CITs about alternative services available in the community and provide them with opportunities to collaborate with individuals offering these services and other health care professionals. Counselor educators could also mandate CITs get involved in assisting this population in overcoming specific barriers when attempting to access

services, therefore increasing their exposure to social justice advocacy.

Consensus Statements

Supplementing the three primary CIT perspectives revealed in Factors 1, 2, and 3 were also four consensus statements, which signified the commonalities among the participants' points of view. The general function of a consensus statement is to emphasize likeness between factors and identify perceptions shared by every CIT. The consensus statements for this study mainly illustrated a sense of neutrality and spoke to how their programs teach specific skills to work with clients with a low SES, and a belief they were adequately trained to work with clients with a low SES. Their neutral stance on these issues indicates neither an agreement nor disagreement with these statements. The statements each participant somewhat disagreed with indicated these 13 CITs do not feel knowledgeable in establishing positive and achievable goals with clients with a low SES, nor do they feel their programs adequately prepared them to counsel people in crisis. These findings and those of the factor interpretations will be discussed in detail below.

Discussion

The aim of this study was to examine how master's level counselors-in-training perceived their preparedness to work with clients with a low socioeconomic status. The Q method employed produced three distinct perspectives, each of which revealed interesting individual results. Conversely, it was also identified these perspectives and the subsequent information revealed were often overlapping and shared meaningful findings.

Perhaps the most pertinent conclusion of this study was related to these

overlaps, and the lack of noteworthy consistency that existed among these CITs regarding their perceptions of preparedness to work with clients with a low SES. The level of variability presented in each step of the data analysis also continually indicated there was no significant agreement amongst participants. It is interesting to note no participant loaded as highly to their respective factors than participant 8 with Factor 2 at a factor loading score of .8732. Although this factor loading score is the highest of all 13 CITs, it is not considered strong. When looking for significance concerning level of agreement, scores are not considered strong until they reach .9 or above (Tivis, personal conversation, April 3, 2014). As such, similar to the lack of significant agreement amongst participants, there is also a lack of significant agreement with participants and the factors/themes they defined.

In an attempt to better understand this variance, and to uncover any relationship between participants and the primary perspectives, the demographic information for the participants representing each defining sort was analyzed. The high level of variance identified in all other aspects of analysis was also found among the demographic information of the participants. Across all three factors there were no significant correlations within the demographics, indicating there were no cultural implications for how participants responded. This further exemplifies there is truly no overarching consistency in terms of how this group of CITs perceived their preparedness to work with clients with a low SES. The high level of variance and lack of consistency among this group suggests CITs are not being uniformly trained to work with the low SES population, a group that has been shown to be a large part of CITs' case-loads in their internships and upon graduation (Liberman et al., 2006).

Given this apparent lack of adequate training there may be sufficient reason to create and establish training standards and competencies as they have been for other diverse groups (ALGBTIC Competencies for Counseling LGBTQIA Individuals, ASERVIC Spiritual Competencies for addressing Spiritual and Religious Issues in Counseling, etc.). By translating the information gleaned from the defining sorts and distinguishing statements detailed above, suppositions were made about this group of CITs perceptions of preparedness. Coupling this information with that obtained through the literature review, preliminary components for the foundation of these standards and competencies can be explored.

Based on the variance in the perspectives regarding the forum and manner that best prepared CITs to work with clients of a low SES, it appears this group of CITs would benefit from these topics being addressed in each area they encounter throughout their programmatic experience. For example, classroom, supervision, and internship experiences, as well as service learning and interdisciplinary activities, were identified by CITs as beneficial or desired practices. Furthermore, each of these is substantiated in the literature as positively impactful approaches when learning how to work with clients with a low SES (O'Donnell & Shaver, 1990; Woodside et al., 2007; Burnett, Hamel, & Long, 2004; Baggerly, 2006; Pope & Arthur, 2009). Mandating the increased inclusion and specificity of standards in the curriculum of CACREP accredited programs could ensure CITs are being sufficiently trained to work with this demographic.

Upon examination of the distinguishing statements, the consensus statements, and the categories defining each primary perspective, several areas of deficit stood

out. Among these concerns was the lack of competency and skill application regarding crisis interventions. Although crisis training does exist in the current CACREP standards it is evident among this group of CITs these are not translating in their work with clients with a low SES. As described in Chapter 2, a crisis intervention approach is documented as a primary technique in meeting the needs of clients with a low SES. Individuals from this population often times experience crises and traumas as a result of their social context. Physical trauma, sexual exploitation, exposure to violence and increased risk of death are associated with many individuals with a low SES (Wright & Thompkins, 2006; Rachlis et al., 2009; Henderson, 2011; Cross et al., 2012). A benefit experienced by receiving crisis intervention is the acquisition of new creative problem solving skills and adaptive coping techniques (Sandoval et al., 2009). Competency in this area seems essential for CITs working with clients of a low SES.

Of additional concern was each of the 13 CIT participants in this study indicated they do not feel knowledgeable in establishing positive and achievable goals with clients with a low SES. It is an unfortunate, yet typical response for helping professionals to view many people with a low SES in a deficit or problem based approach (Sousa, Ribeiro & Rodriques, 2006) and consequently struggle with helping the client move forward. However, the information gathered in the literature review that informed the essential concourse for this study revealed a strengths-based approach is an effective technique in establishing positive and achievable goals for clients with a low SES (De Shazer & Berg, 1997). If CITs were trained to systematically identify strengths they could build upon these as resources to enable

mastery of life's challenges within individuals with a low SES (Sousa, Ribeiro & Rodriques, 2006).

The final concern discussed in this section is the competency issues within social justice advocacy identified by this group of CITs. There is currently a substantial push for the counseling profession to move in the direction of social justice advocacy. Social justice advocacy has been recognized as a necessary philosophy and prevalent therapeutic approach in serving individuals with a low SES (Pope & Arthur, 2009; Baggerly, 2006). Despite this established importance, many programs across the nation are holding steadfast to the classic approach to counselor education, while the important social contexts in which social injustices occur are being unaddressed (Kiselica & Robinson, 2001; Vera & Speight, 2003). A majority of the CITs in this sample seem to have been affected by their programs lack of inclusion of social justice advocacy. Six of the 13 CITs (46% of the total sample), all from Factors 2 and 3, implied they are not knowledgeable in the use of social justice advocacy when working with clients with a low SES.

Limitations

Limitations specific to the method. The intent of this study was to act as an initial exploration of a group of CITs' perceptions of their preparedness to work with clients with a low SES. A supplemental purpose was to provide a forum and means for this group to assert their individual points of view on this topic. There are however limitations to this study. Several limitations were foreseen at the outset of this research while others emerged throughout data collection and data analysis processes.

As a function of Q methodology this study cannot be generalized to all CITs because only a limited number of CITs participated. Further, generalizability is limited based on the strict identifying factors required for participation. CIT participants had to be in the last year of their clinical mental health counseling track at CACREP accredited programs. During data collection four ineligible CITs contacted the researcher to participate in the study. Three were rejected when it was identified they were in the school counseling track, and the forth was rejected as he/she was only in the first year of the program.

It was the goal of this study to equally represent each of the five national ACES regions with at least three participants from each region. By the time data collection closed, three regions had three participants; the other two regions had two participants. In addition the sample size was at the minimum end of the stipulated spectrum at 13 participants, with ratio of females to males equaling 12:1.

Each of these limitations thus far addresses issues regarding generalizability. However, small sample sizes are common and sufficient in Q methodology (Webler et al., 2009). The qualitative component of this mixed methodology is meant to portray the points of view of the group, not to focus on generalizing across groups. As this study was to act as a first investigation, the objective was to allow for insightful descriptions of this group of CITs perceptions rather than provide a representation of an entire population.

Other limitations include the interpretative nature inherent in Q methodology and an issue that emerged during data collection. Early in the study it became clear the term “low SES” was ambiguous. A concrete definition for socioeconomic status

was never found in the review of current literature. To compensate for this several peer-reviewed definitions were combined to make up the primary definition of low SES for this study. The resulting definition of Low Socioeconomic Status (SES) was, "a term commonly used to define the organization of people according to social and economic dimensions along which individuals in a society are stratified. Indicators of low SES are low income, low paying jobs or minimal employment opportunities, and low education levels." This definition was included in the instructions of how to complete the Q sort activity that each participant received.

Another limitation regarding the process of interpretation was related to the subjective nature of both the creation of the concourse and translation of the themes that emerged from the Q sorts. A common critique of Q methodology is a possible threat for researcher bias in a Q study (Shinebourne & Adams, 2007). However, as stated in Chapter 3, this limitation was safeguarded by corroborating the completed concourse, Q statements, and interpretations of the data and results with unbiased colleagues.

Limitations specific to this study. A limitation that may have effected the process of interpreting the participants' perspectives in this particular study is the absence of a post-sort interview with the individual CITs. Van Exel and de Graaf (2005) point out that the explanations Q sorters give during a follow-up interview can be helpful, although not necessary, in ex-post verification of the interpretation of the primary themes. The geographical distance between the researcher and the participants, as well as the logistical difficulties in connecting with each participant, were primary reasons for the decision to forgo follow up interviews with participants.

The distance in proxemics between the researcher and participants affected the second limitation specific to this particular study. Webler et al (2009) suggests that it can be beneficial for the researcher to be present when participants are performing the actual Q sort activity. Having the researcher present during each participant's sort not only allows for further data collection as the participant discusses their rank ordering decision process in the moment, but the presence of the researcher also encourages the participant to take their time and thoroughly consider their reaction to each Q statement (Webler et al., 2009). As described previously each Q sort for this study was conducted using the Qsortware.com computer program, which allowed the participants to perform the sort at their leisure in whatever environment they saw fit. The average documented time for the 13 CIT participants to complete the Q sort activity and demographic questionnaire was 15 min 37 sec. This time suggests that participants may not have carefully reflected on their level of agreement with each individual Q statement, and instead might have performed the sort in haste.

Implications and Future Research

This study was an initial investigation into CITs perspectives regarding their awareness, knowledge, skills, training, and self-efficacy for work with individuals with low SES. Signified within this study was the notion counselor education programs are not uniformly training CITs to adequately meet the needs of clients with a low SES, a demographic that will make up a majority of their caseload. Future research should continue to consider CITs perspectives regarding their preparedness in order to help create more effective ways of training CITs to work with this population.

This study was conducted with 13 masters level CITs in the last year of their clinical mental health, CACREP accredited program. Participants were located across the nation at 10 universities from five different ACES regions. A principle recommendation would be for future Q studies to be conducted utilizing a larger sample and with participants that share more similar demographic qualities. Perhaps gathering participants specifically from regions that have a large population of low SES individuals. Additionally, as the present study did not have any participants identify they were personally of a low SES, conducting a study including low SES CIT participants may be useful in revealing any correlation with this and preparedness.

It is recommended that in Future Q research on this topic researches have additional contact with participants, such as post sort interviews with the individual sorters. Although the subjective interpretations of factors and the subsequent translations of these into descriptive narratives is a process intrinsic to Q methodology, it might be helpful to corroborate these determined perspectives with the individuals they represent.

Conclusions from the current study implied there are specific effective methods for counseling individuals with a low SES and a majority of this group of CITs did not feel prepared to utilize these with their clients. That being said, this study may have uncovered several practical implications in the areas of pedagogical approaches, classroom activities, simulated learning experiences, and exposure activities to help CITs better understand these effective methods and assist them in making decisions as to the best skills to use in these cases.

A social constructivist pedagogical approach may assist in addressing these concerns as a primary focus of this approach is in on “felt-significance”. Felt-significance occurs when feelings merge into meaning and a way to understand experience is then achieved (Gowin, 1981, p. 43). It has been identified that educators within the social constructivist approach, have a responsibility to relate material in a meaningful way to what is happening with the individual self and the world being experienced, and to elicit opinions, thoughts, and emotional reactions concerning an individual’s values and beliefs (Hillman, 1973). It is suggested that future research focus on the social constructivist approach and felt significance, as well as other specific pedagogical approaches, in order to more substantially identify particular classroom activities that could help CITs in their empathic connections with their clients with a low SES, as well as assist them in the identification and implementation of the best skills and techniques to employ with this clientele.

Social justice advocacy and crisis intervention techniques were the approaches perceived by CITs to lack adequate focus and instruction within the experiences of members from this group. Future qualitative studies are suggested to examine preparedness of CITs in these techniques individually. It is the hope that the nature of qualitative methods would also allow for the development of a deeper and richer understanding of CITs programmatic training experiences relative to these specific approaches, and offer suggestions on integrating these approaches within the counselor education curriculum. Future studies of this type may also corroborate and enhance existing research on assignments that require students to become familiar with social services in their cities through service learning projects, exposure

activities, and opportunities to collaborate with other helping professionals as a means of promoting CIT self-efficacy with social justice advocacy and crisis intervention techniques.

The nature of Q methodology restricts the number of participants and therefore more traditional quantitative studies are recommended to include a greater sample and increase generalizability. Furthermore, because quantitative studies generally cast a larger net when obtaining participants they would be useful to verify the inconsistent nature of training students with regards to counseling clients with a low SES. Quantitative studies could include surveys of CITs within each CACREP accredited clinical mental health program and also expand to include other specialty areas.

Additional studies would seemingly have the potential to expand the findings uncovered in the literature review and substantiated in the data analyses of the present study. These further studies could increase the awareness of additional best practices in counseling clients with a low SES, and strengthen the evidence for these practices. This suggested research should continue to support the notion that further emphasis on training standards is essential, either in the form of increased inclusion in the curriculum, development/implementation of competencies, or both.

Conclusion

This study explored master's level counselors-in-training perceptions of their preparedness to work with clients of a low socioeconomic status. The overall finding implied the perceptions of this group of CITs were greatly varied and overlapping. As there was no significant correlation found between participants' demographic

information and their respective points-of-view, it was identified there were no cultural implications for how participants responded. Given these overarching results, the inferred conclusion was CITs are potentially not being uniformly trained to work with clients with a low SES. This study provided an introductory examination that sets the framework for important discourse within in the fields of counseling and counselor education. Provided the information revealed it is imperative for counselor educators to take notice of documented effective training techniques, substantiated by many of these 13 CITs perspectives, in working with clients of a low SES. Furthermore, this study has implications for the justified implementation of particular standards and competencies regarding the low SES demographic. In order to better understand how to create and implement specific standards and/or competencies more research is needed.

References

American Counseling Association. (2005). ACA code of ethics. Alexandria, VA: Author

American Psychological Association. (2006). Task force on socioeconomic status (SES): Final report, August, 2006. Washington, DC: Author.

Amin, A. (2002). Q methodology—A journey into the subjectivity of human mind. *Singapore Medical Journal, 41*(8), 410-414.

Baggerly, J. (2006). Service Learning With Children Affected by Poverty: Facilitating Multicultural Competence in Counseling Education Students. *Journal Of Multicultural Counseling & Development*, 34(4), 244-255.

Bandura, A. (1986a). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1991a). Self-efficacy mechanism in physiological activation and health-promoting behavior. In J. Madden, IV (Ed.), Neurobiology of learning, emotion and affect (pp. 229-270). New York: Raven, 1991.

Bandura, A. (1997a). Self-efficacy: The exercise of control. New York: Freeman.

Bausman, Kent, Goe, W. Richard . An examination of the link between employment volatility and the spatial distribution of property crime rates. *American Journal of Economics and Sociology*. 63, (3), 665-695.

Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination as sources of depression among U.S. women. *Psychology of Women Quarterly*, 27, 101-113.

Bemak, F. & Chung, R. C-Y. (2005). Advocacy as a critical role for urban school

counselors: Working toward equity and social justice. *Professional School Counseling*, 8, 196-202.

Block, J. (2008). The q-sort in character appraisal. Washington D.C.: American Psychological Association.

Blustein, D. L. (2006). *The psychology of working: A new perspective for career development counseling, and public policy*. Mahwah, NJ: Erlbaum.

Brown, S. R. (2008). Q Methodology. In L. M. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods,* 669-702. Thousand Oaks, CA: Sage.

Brown, S. R. (1996). Q methodology and qualitative research. *Qualitative Health Research, 6*(4), 561-567.

Brown, S. R. (1993). A primer on Q methodology. *Operant Subjectivity, 16*(3/4), 91-138.

Brown, S. R. (1980). Political subjectivity: Applications of Q methodology in political science. New Haven, CT: Yale University Press.

Buck, P. O., Toro, P. A., & Ramos, M. A. (2004). Media and professional interest in homelessness over 30 years (1974-2003). *Analyses of Social Issues and Public Policy*, 1, 151-171

Burnett, J. A., Hamel, D., & Long, L. L. (2004). Service learning in graduate counselor education: Developing multicultural counseling competency. *Journal of Multicultural Counseling and Development*, 32, 181-191.

Cates, J. T., Schaefle, S. E., Smaby, M. H., Maddux, C. D., & Le Beauf, I. (2007).

Comparing multicultural with general counseling knowledge and skill competency for students who completed counselor training. *Journal of Multicultural Counseling and Development*, 35, 26-39.

Campbell, T. C. (1995). Investigating structures underlying relationships when variable are not the focus: Q-technique and other techniques. Presented at the Annual Meeting of the American Educational Research Association. San Francisco, CA, April 18-22, 1995

Chen, E., Matthews, K. A., & Boyce, W. T. (2002). Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 295–329.

Coleman, H. L. K. (1998). General and multicultural counseling competence: Apples and oranges? *Journal of Multicultural Counseling and Development*, 26, 147-156.

Coleman, M. N. (2006). Critical incidents in multicultural training: An examination of student experiences. Journal of Multicultural Counseling and Development, 34, 168-182.

Constantine, M. G., Ladany, N., Inman, A. G., & Ponterotto, J.G. (1996). Students' perceptions of multicultural training in counseling psychology programs. *Journal of Multicultural Counseling and Development*, 24, 241-253.

Constantine, M. G., Hage, S. M., Kindaichi, M. M., & Bryant, R. M. (2007). Social Justice and Multicultural Issues: Implications for the Practice and Training of Counselors and Counseling Psychologists. Journal Of Counseling & Development, 85(1), 24-29.

Council for Accreditation of Counseling and Related Educational Programs (2009). CACREP accreditation standards and procedures manual. Alexandria, VA: Author.

Cross, R. M. (2005). Exploring attitudes: The case for Q methodology. *Health Education Research*, *20*(2), 206-213.

Cunradi, C. B., Caetano, R., & Schafer, J. (2002). Socioeconomic predictors of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal Of Family Violence*, 17(4), 377-389.

DeJong, P. & Berg, I. K. (2001). *Interviewing for solutions*. 2 ed. Pacific Grove: Brooks/Cole.

De Shazer, S., & Berg, I. K. (1997). What works? Remarks on Research Aspects of Solution-Focused Brief Therapy. *Journal of Family Therapy*, 19, 121-124.

Dickson, G. L., Argus-Calvo, B., & Tafoya, N. G. (2010). Multicultural counselor training experiences: Training effects and perceptions of training among a sample of predominately Hispanic students. *Counselor Education and Supervision*. 49, 247-265.

Dickson, G. L., & Jepsen, D. A. (2007). Multicultural training experiences as predictors of multicultural competencies: Students' perspectives. *Counselor Education and Supervision*, 47, 76-96.

Donner, J. (2001). Using Q-Sorts in participatory processes: an introduction to the methodology. In *Social analysis: Selected tools and techniques* (Social Development Papers No. 36, pp. 24-59). Washington, DC: The World Bank, Social Development Department.

Duncan, B. L., & Miller, S. D. (2000). The Heroic Client: Principles of Client-Directed, Outcome-Informed Therapy. San Francisco, CA: Jossey-Bass.

Falconnier, L., & Elkin, I. (2008). Addressing economic stress in the treatment of depression. American Journal of Orthopsychiatry, 78, 37–46.

Ferrie, J. E. (2004). Work, stress and health: Findings from the Whitehall II study. *Occupational Health Review*, 111, 20-21

Field, J. E., & Baker, S. (2004). Defining and Examining School Counselor Advocacy. *Professional School Counseling*, 8(1), 56-63.

Frable, D. E. S. (1997). Gender, racial, ethnic, sexual, and class identities. Annual Review of Psychology, 48, 139 –163.

Furr, S. R., & Carroll, J. J. (2003). Critical incidents in student counselor development. Journal of Counseling & Development, 81, 483-489.

Gallo, L. C., & Matthews, A. K. (2003). Understanding the Association Between Socioeconomic Status and Physical Health: Do Negative Emotions Play a Role? *Psychological Bulletin*, 1, 10-51.

Goodman, L. A., Pugach, M., Skolnik, A., & Smith, L. (2013). Poverty and mental health practice: Within and beyond the 50- minute hour. *Journal Of Clinical Psychology*, *69* (2), 182-190.

Gowin, D.B. (1981). *Educating*. Cornell Press.

Greenstone, J. L., & Leviton, S. C. (2002). *Elements of crisis intervention*, Second Edition. Pacific Grove, CA: Brooks/Cole.

Griffin, J. E., Norman, D. M., & Dollarhide, C. T. (2004). Challenging clients of counselors-in-training: Emerging themes. Guidance & Counselling, 19 (3),

103-107.

Grote, N. K., Zuckoff, A., Swartz, H., Bledsoe, S. E., & Geibel, S. (2007). Engaging women who are depressed and economically disadvantaged in mental health treatment. Social Work, 52, 295–308.

Hagan, M. (2004). Acculturation and an ESL program: A service learning project. *Journal of Multicultural Counseling and Development*, 32, 443-44.

Hays, D. G., Dean, J. K., & Chang, C. Y. (2007). Addressing privilege and oppression in counselor training and practice: A qualitative analysis. Journal Of Counseling & Development, 85(3), 317-324.

Helms, J. E. (2003). A pragmatic view of social justice. *The Counseling Psychologist*, 31(3), 305-313.

Heppner, M. J., & O'Brien, K. M. (1994). Multicultural counselor training: Student perceptions of helpful and hindering events. *Counselor Education and Supervision*, 34, 4-18.

Hill, N. R. (2003). Promoting and celebrating multicultural competence in counselor trainees. *Counselor Education and Supervision, 43,* 39-51.

Hillerbrand, E. (1988). The relationship between socioeconomic status and counseling variables at a university counseling center. Journal of College Student Development, 29, 250-254.

Hillman, Aaron (1973). Concepts and Elements of Confluent Education (Life Is Possibilities, Not Probabilities). New York, N.Y.: Ford Foundation

hooks, b. (2000). Where we stand: Class matters. New York: Routledge.

Howard, J. (2001). *Praxis I: A faculty casebook on community service-learning*. Ann

Arbor, MI: Office of Community Service Learning Press.

Hunsaker, P. (2008). Training In Interpersonal Skills, Fifth Edition . Pearson Prentice Hall (5th ed).

James, R. K., & Gilliand, B. E. (2001). *Crisis intervention strategies* (4th ed.). Belmont, CA: Brooks/Cole.

Kim, B. S. K., & Lyons, H. Z. (2003). Experiential activities and multicultural counseling competence training. *Journal of Counseling & Development*, 81, 400-408.

Kiselica, M. S., & Robinson, M. (2001). Bringing advocacy counseling to life: The history, issues, and human dramas of social justice work in counseling. Journal of Counseling & Development. 79, 387-397.

Kocarek, C. E., & Pelling, N. J. (2003). Beyond knowledge and awareness: Enhancing counselor skills for work with gay, lesbian, and bisexual clients. *Journal of Multicultural Counseling and Development*. 31, 99-112.

Larson, L. M. & Daniels, J. (1998). Review of the counseling self-efficacy literature (Monograph). *The Counseling Psychologist*, 26, 179-218.

Leeder, E. (1996). Speaking rich people's words: Implications of a feminist class analysis and psychotherapy. *Women & Therapy*, 18(3/4), 45.

Levy, L.B., & O'Hara, M.W. (2010). Psychotherapeutic interventions for depressed, low-income women: A review of the literature. *Clinical Psychology Review*, 30, 934-950.

Liu, W. M., Ali, S. R., Soleck, G., Hopps, J., Dunston, K., & Pickett, T., Jr. (2004). Using social class in counseling psychology research. *Journal of Counseling*

Psychology, 51, 3-18.

Lorant, V. V., Deliege, D. D., & Eaton, W. W. (2003). Review: there is marked socioeconomic inequality in persistent depression. *Evidence Based Mental Health*, 6(3), 75.

Lott, B., & Bullock, H. (2007). Psychology and economic injustice: Personal, professional, and political intersections. Washington, DC: American Psychological Association

Marcus, M. & Minc, H. (1988). Introduction to linear algebra. New York: Dover.

Maslow A. (1943). A theory of human motivation. Psychological Review 50, 370–396.

Maslow, A. H. (1954). Motivation and Personality. New York: Harper and Row.

McKeown, B. & Thomas, D. (1988). Q Methodology: Quantitative applications in the social sciences. Newbury Park, CA: Sage Publications.

Moane, G. (2003). Bridging the personal and the political: Practices for a liberation psychology. *American Journal Of Community Psychology*, 31(1/2), 91.

Neville, H. A., Heppner, M. J., Louie, C. E., Thompson, C. E., Brooks, L., Baker, C. E. (1996). The impact of multicultural training on White racial identity attitudes and therapy competencies. *Professional Psychology: Research and Practice*, 27, 83-89.

O'Bannon, B. (2003). *A psychometric study of the School counselor self efficacy scale*. (doctoral dissertation). Argosy University

O'Donnell, N., & Shaver, L. (1990). The use of role play to teach communication skills.

Ostrove, J. M., & Cole, E. R. (2003). Privilege and class: Toward a critical psychology of social class in the context of education. *Journal of Social Issues*, 59, 677-692.

Pedersen, P. B. (1991). Multiculturalism as a generic approach to counseling. Journal of Counseling & Development, 70, 6–12.

Pedersen, P. B. (1999). *A handbook for developing multicultural awareness.* Alexandria, VA: American Association for Counseling and Development.

Pedersen, P. (2000). A handbook for developing multicultural awareness (3rd ed.). Alexandria, VA, US: American Counseling Association.

Pope, M. (1995). The "salad bowl" is big enough for us all: An argument for the inclusions of lesbians and gay men in any definition of multiculturalism. *Journal of Counseling & Development.* 73 301-304

Pope-Davis, D. B., & Coleman, H. L. K. (Eds.). (2001). *The intersection of race, class, and gender in multicultural counseling*. Thousand Oaks, CA: Sage.

Pope, J. F., & Arthur, N. (2009). Socioeconomic Status and Class: A Challenge for the Practice of Psychology in Canada. Canadian Psychology, 50(2), 55-65.

Rachlis, Beth, Evan Wood, Ruth Zhang, Julio S.G. Montaner, Thomas Kerr. (2009). "High Rates of Homelessness among a Cohort of Street-Involved Youth." *Health and Place*, 15, 10-17.

Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling, Education and Development, 48,* 160-172.

Reynolds, A. L., Ponterotto, J. G., Casas, J. M., Suzuki, L. A., Alexander, C. M.

(1995). Handbook of multicultural counseling. Thousand Oaks, CA, US: Sage Publications.

Ridley, C. R., Mendoza, D. W., & Kanitz, B. E. (1994). Multicultural training: Reexamination operationalization, and integration. *The Counseling Psychologist*, 22, 227-289.

Roysircar, G., Gard, G., Hubbell, R., & Ortega, M. (2005). Development of counseling trainees' multicultural awareness through mentoring English as a second language students. *Journal of Multicultural Counseling and Development*. 33, 17-36.

Sareen, J., Afifi, T. O., McMillan, K. A., & Asmundson, G. G. (2011). Relationship between household income and mental disorders: Findings from a population-based longitudinal study. Archives Of General Psychiatry, 68(4), 419-426.

Schensul, J. J., & LeCompte, M. D. (1999). Ethnographer's toolkit. Walnut Creek, CA: Atamira.

Schmolck, P. (2002). *PQMethod Q methodology analysis program.* Retrieved from http://www.lrz-muenchen.de/~schmolck/qmethod/.

Shinebourne, P. & Adams, M. (2007). Q-methodology as a phenomenological research method. Existential Analysis, 18(1).

Slaikeu, K. A. (1984). *Crisis intervention: A handbook for practice and research*. Boston: Allyn & Bacon.

Smith, L. (2008). Psychotherapy, classism, and the poor: Conspicuous by their absence. American Psychologist, 60, 687-696.

Smith, L. (2008). Positioning classism with counseling psychology's social justice

agenda. The Counseling Psychologist, 36, 895–924.

Smith, L., Foley, P. F., & Chaney, M. P. (2008). Addressing classism, ableism, and heterosexism in counselor education. Journal Of Counseling & Development, 86(3), 303-309.

Sousa, L., Ribeiro, C., & Rodriques, S. (2006). Are practitioners incorporating a strengths-focused approach when working with multi-problem poor families? *Journal of Community & Applied Social Psychology,* 17, 53-66.

Steele, J. M. (2008). Preparing counselors to advocate for social justice: A liberation model. *Counselor Education & Supervision.* 48, 74-85.

Stephenson, W. 1935. Technique of factor analysis. Nature 136: 297.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53, 440-448.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477-486.

Sue, D. W. & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6^{th} ed.). Hoboken, New Jersey: John Wiley & Sons.

Thomas, D. M. & Watson, R. T. (2002). Q-sorting and MIS research: A primer. *Communications of the Association for Information Systems, 8,* 141-156.

Toporek, R. L., & Vaughn, S. R. (2010). Social justice in the training of professional psychologists: Moving forward. *Training and Education in Professional Psychology*, 4(3), 177-182.

U.S. Census Bureau. (2010). Income, Poverty, and Health Insurance Coverage in the

United States: 2009, U.S. Government Printing Office, Washington, DC. Retrieved October 10, 2013, from http://www.census.gov/prod/2010pubs/p60-238.pdf.

U.S. Census Bureau. (2013). Income, Poverty, and Health Insurance Coverage in the United States: 2012, U.S. Government Printing Office, Washington, D.C. Retrieved October 10, 2013, from http://www.census.gov/prod/2013pubs/p60-245.pdf.

van Excel, J., & de Graaf, G. (2005). Q methodology: A sneak preview. Retrieved October 3, 2013 from http://qmethod.org/articles/vanExel.pdf

Vereen, L. G., Hill, N. R., & McNeal, D. T. (2008). Perceptions of multicultural counseling competency: Integration of the curricular and the practical. Journal of Mental Health Counseling, 30(3), 226-236.

Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. The Counseling Psychologist, 31, 253–272.

Webler, T., Danielson, S., & Tuler, S. (2009). Using Q method to reveal social perspectives in environmental research. Greenfield, MA: Social and Environmental Research Institute.

Wight, V.R., Chau, M., & Aratani, Y. (2011). WHO ARE AMERICA'S POOR CHILDREN? The Official Story. *Childhood Education*, 87(4), 302.

Wilson, I. B. (2005). Person-place engagement among recreation visitors: A Q-method inquiry. (Doctoral dissertation, Oklahoma State University). Dissertation Abstracts International, B 66/02, 788.

Wohl, J., & Aponte, J. F. (2000). Common themes and future prospects for the twenty-first century. In J. F. Aponte, J. Wohl (Eds.) , Psychological intervention and cultural diversity (2nd ed.) (pp. 286-300). Needham Heights, MA US: Allyn & Bacon.

Worthington, R. L., Soth-McNett, A. N., & Moreno, M. V.(2007). Multicultural counseling competencies research: A 20-year content analysis. Journal of Counseling Psychology, 54(4), 351-361. DOI:10.1037/0022-0167.54.4.351

Wright N. M. J., & Tompkins C. N. E. (2006). How can health care system effectively deal with the major health needs of homeless people? *The British Jouranl of Generic Practice*, 56(525), 286-293.

Zalaquett, C. P., Foley, P. F., Tillotson, K., Dinsmore, J. A., & Hof, D. (2008). Multicultural social justice training for counselor Education Programs and Colleges of Education: Rewards and challenges. *Journal of Counseling & Development*, 86, 323-329.

APPENDIX A

Participant Invitation Letter

Dear participant,

You have been identified by your faculty as an individual that has a valued point of view regarding your perception of preparedness to counsel clients with a low socioeconomic status. This is a topic dear to my heart, and thus the focus of my dissertation study. Thank you for taking the time out of your busy final year to further acquaint yourself with the particulars of this study. Your involvement will ideally aide in the quest for optimal delivery of counseling services to a population that is very much in need, and unfortunately ever increasing.

After reviewing the attached informed consent document, **please send me an email officially confirming that you consent to participate**. I will then send you an email containing a link to a secure web based system directly connecting you with the Q-sort activity. A Q-sort essentially has participants rank order a number of statements according to the level at which participants agree with each statement. Once you have clicked on the provided link, you will be prompted to do the following: (a) read each statement as it comes up; drag and drop the statement into one of three categories (agree, neutral, disagree); press the "continue" button, (b) re-sort these same statements into more specific categories (most agree, agree+, agree, somewhat agree, neutral, etc.); confirm that each of the 9 categories contains the reserved number of statements; press the "continue" button, (c) complete the demographic questionnaire; press "OK"; submit the results by answering "yes" to "Would you like to save your data?". You're finished! This process, start to finish, is estimated to take around 10-30 minutes.

It is important to highlight that your identity and responses will be anonymous and confidential, and that you may withdraw at any time with out penalties. If you should have any questions regarding this study in general or difficulty performing the Q-sort, please feel free to contact me at any time via email:niecmatt@isu.edu, or phone: (208)-241-4226.

I am deeply appreciative for your time and involvement in this endeavor.

Kindly,

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