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Perceptions of Poverty: Exploring Counseling Students' Reactions to Presenting Concerns

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Perceptions of Poverty: Exploring Counseling Students’ Reactions to Presenting Concerns

Abstract

Understanding counseling students’ preferences, competence, and perceived training related to presenting concerns is important information for counselor training programs. Given the association between poverty and mental health concerns, we compared counseling students’ reactions to presenting concerns often linked to poverty (e.g., financial concerns/assistance) to their reactions toward other clinical issues (e.g., gender identity development). Students’ provided ratings of clinical preference for working with various presenting concerns, and concerns that may be prevalent among clients living in poverty ranked last. Additionally, we utilized a repeated measure design to examine differences in students’ perceived competence and perceived training across four case vignettes depicting various presenting concerns. Our findings revealed that counseling students felt most competent and most trained to address self-growth issues as compared to poverty, substance use, or Posttraumatic Stress Disorder.

Keywords

counselor training, poverty, multiculturalism, competence, clinical preference

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Perceptions of Poverty:

Exploring Counseling Students' Reactions to Presenting Concerns

The American economic landscape continues to divide as an ever-growing chasm separates the socioeconomically privileged from those living in poverty. In the United States, poverty is measured using federal income thresholds. In 2019, the federal poverty threshold for one adult was $13,300 and $25,926 for a family of four (two parents/guardians and two children; U.S. Census Bureau, 2018). By this definition, 11.8% of the American public, or 38.1 million people, live at or below the federal poverty threshold (Semega et al., 2019). An even larger number of individuals are living near poverty, with over 51.7 million people earning incomes below 125% of the poverty line (Semega et al., 2019). Racial and ethnic minority groups are disproportionately impacted by poverty, with 10.1% of Asian Americans, 17.6% of Hispanic Americans, and 20.8% of Black Americans living below the poverty line, compared with 8.1% of non-Hispanic White Americans (Semega et al., 2019).

It is imperative for counselors to be aware of the unique experiences of clients in poverty given the correlation between poverty and mental health concerns (Goodman et al., 2012; Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). Counselors' clinical competence may be affected by a variety of variables including experiences in counselor-training programs, internalized bias, and stigma. One way to assess these variables is to consider counseling students' clinical preferences among various presenting concerns and utilize this information to inform counselor training strategies.

Poverty and Mental Health Concerns

More than earning an income below a federally recognized number, poverty refers to inadequate financial means to support one's basic needs including food, shelter, and clothing

(Goodman et al., 2012; Smith, 2010). Along with heightened risk for physical health concerns (Conroy et al., 2010), individuals in poverty face heightened risk for mental health concerns (Goodman et al., 2012; SAMHSA, 2016). According to SAMHSA (2016), among the 9.8 million American adults who have a serious mental illness, 2.5 million (25.51%) live below the poverty line. Furthermore, Hudson (2005) examined records of acute psychiatric hospitalization across seven years in Massachusetts and found a strong, inverse relationship between socioeconomic status, community economic hardship, and mental illness. Moreover, in a study of 501 low-income mothers (at or below 200% of the poverty threshold), researchers found that participants experienced an average of 3.3 childhood adversities and 3.7 adult adversities (Mersky et al., 2018). Almost 24% of the sample met screening criteria for depression, 21.2% for anxiety, and 21.8% for PTSD (Mersky et al., 2018). Additionally, data from the National Health Interview Survey confirmed that as income decreases, serious psychological distress increases (Weissman et al., 2015). Specifically, only 1.2% of those with incomes 400% or higher than the poverty threshold experienced serious psychological distress compared to 8.7% of those below the poverty line (Weissman et al., 2015). These studies support the link between poverty and mental health concerns, yet most of these data are correlational and cross-sectional in nature; thereby poverty may be a precursor the development of mental health concerns, mental health concerns may precede experiences of poverty, or the two may occur simultaneously. It is clear, however, that a relationship exists between mental health concerns and poverty, thus counseling services are particularly important for this population.

Stigma of Poverty

The stigma associated with poverty differs from the stigma related to other marginalized statuses in America (Smith, 2010). When compared to other cultural characteristics, Smith

(2010) noted, “people who are poor, on the other hand, may be tacitly assumed to have brought their predicament on themselves” (p. 9). Scholars posit that classism is fueled by the competition inherent in a capitalistic economic system and “the working class and poor are judged less intelligent, less capable, lazy, and less deserving than those who supposedly earned their own way to the top” (Greenleaf et al., 2016, p. 655). Often, individuals in poverty internalize these negative messages, resulting in self-stigma (Greenleaf et al., 2016).

Further compounding the impacts of poverty are the effects of multiple marginalized statuses (e.g., low socioeconomic status and marginalized racial group membership). Crenshaw (1989) coined the term *intersectionality* to describe the unique experience of oppression resulting from the combination of more than one marginalized social categorization. As economics are one of many means by which racial and ethnic minority groups have experienced systemic oppression, marginalized racial group members are overrepresented among those living in poverty (Lin & Harris, 2008; Semega et al., 2017). Therefore, intersectionality is a prevalent experience for individuals in poverty and creates compounding layers of stigma and discrimination.

Along with the general population, stigma and bias associated with poverty may be prevalent among helping professionals. Researchers found that among 285 master’s level members of the American Counseling Association (ACA), those low in multicultural awareness, knowledge, and skills, and high in color-blind racism attributed poverty to individual characteristics (Bray & Balkin, 2013). Furthermore, in the study of 513 members of the American School Counseling Association (ASCA), researchers found that differences in learning styles affected views pertaining to poverty (Bray & Schommer-Aikins, 2015). Specifically, those counselors with higher levels of separate knowing (non-emotional, impersonal, and judgmental

knowing) attributed the cause of poverty to individuals, while those counselors who balanced separate knowing and connected knowing (empathic and understanding knowing) were more likely to attribute poverty to systemic causes (Bray & Schommer-Aikins, 2015). Addressing stigma and bias is essential for the development of multiculturally competent counselors.

Addressing Social Class Bias

The importance of identifying and addressing biases and negative attitudes is clearly outlined in multicultural counseling competencies and models. Specifically, the first domain of the Multicultural and Social Justice Counseling Competencies (MSJCC: Ratts et al., 2015) is *counselor self-awareness* and necessitates that counselors become aware of and actively work to dismantle their biases against members of oppressed groups (including socioeconomic oppression). Furthermore, Foss-Kelly et al. (2017) updated their 2011 CARE model for counseling clients in poverty to the new I-CARE model. The authors proposed that competent counseling for clients in poverty requires the counselor to internally reflect on personal beliefs and biases, cultivate strong clinical relationships with those in poverty, acknowledge and appreciate the realities of poverty, remove barriers clients in poverty face, and expand upon client strengths used to survive poverty (Foss-Kelly et al., 2017). Additionally, Goodman et al. (2012) suggested that counselors strive to develop class competence, including self-awareness regarding one’s own social class, identification of assumptions related to poverty, an understanding of the psychological effects of poverty, and knowledge pertaining to effective interventions. Thus, multiple models emphasize the need for counselor self-awareness regarding potential biases and assumptions related to poverty and social class.

Counselor preparation programs are tasked with preparing multiculturally competent counselors who can effectively serve diverse clients (ACA, 2014; Kaplan et al., 2014, Ratts et

al., 2015). One way to empirically investigate beliefs and attitudes about poverty is to compare counseling students' reactions to presenting concerns that may be experienced among clients in poverty with their reactions to other prevalent clinical issues. Specifically, student attitudes toward clinical work with clients in poverty may be discerned by assessing their preference, perceived level of competence, and perceived level of training regarding poverty-related presenting concerns as compared with other client issues. In the current study, we selected three presenting concerns for comparison with poverty-related concerns; each representing a distinct issue including substance use, Posttraumatic Stress Disorder (PTSD), and self-growth concerns.

Purpose of the Study

In light of the mental health needs of those living in poverty, potential stigma among helping professionals, and the importance of identifying biases in the development of cultural competence, we sought to investigate counseling students' reactions to presenting concerns that may be prevalent among clients in poverty as compared to reactions to other clinical issues. Specifically, we designed the study to address two research questions: (a) to what extent do counseling students prefer to work with presenting concerns relevant to clients in poverty compared to other presenting concerns, and (b) among counseling students currently seeing clients, do significant differences in perceived competence and training exist across clinical case vignettes of four presenting concerns (i.e., self-growth, poverty, substance use, PTSD)?

Method

Procedures

We recruited participants by asking program faculty members at five universities across three ACA regions (Midwestern, Western, and Southern) to disseminate our online survey among their counseling students. This method of convenience sampling allowed for

collaboration with counseling program faculty in various geographical regions. To estimate the minimum sample size required, we ran an a priori power analysis using the G*Power statistical software program (Faul et al., 2009). Although a Freidman's test cannot be estimated in G*Power, we used the parametric *F*-test equivalent for a repeated measures analysis of variance (ANOVA), within-subject factors. With an effect size of .25, alpha level of .05, power of .80, one group, and four measurements, our study required a minimum sample size of 37 participants. Following approval from our institutional review board, we disseminated the survey via the Qualtrics software program. Program faculty members at the five participating universities agreed to distribute the online survey to their students. Participation in the study was voluntary and participants had the option to be included in a drawing for a $25 gift card. Of the 482 distributed surveys, 154 were returned, yielding a 32% response rate, which is comparable to the average online response rate found among 98 studies published in four prominent counseling journals (34.2%; Poynton et al., 2019). After removing 23 surveys in which participants failed to respond to items on our primary measure, our adjusted response rate was 27.2%.

Participants

Survey respondents (N = 131) included both master's level (n = 110, 84%) and doctoral level (n = 21, 16%) students. One hundred and seven participants (81.7%) were women, 21 (16%) were men, 2 (1.5%) were transgender, and 1 (.8%) identified as another gender identity. Participants ages ranged from 21 to 65 with a mean of 29.76 years (SD = 8.89). Participants reported their ethnic/racial identities as White (n = 89, 67.9%), Hispanic/Latino/Latina (n = 17, 13%), Black/African American (n = 8, 6.1%), Biracial (n = 4, 3.1%), Asian/Pacific Islander (n = 4, 3.1%), Multiple Heritage/Multiracial (n = 3, 2.3%), Native American or Aleut (n = 2, 1.5%), Middle Eastern and North African (n = 1, .8%) or other (n = 3, 2.3%). Participants identified

their sexual orientation as heterosexual (*n* = 102, 77.9%), bisexual (*n* = 13, 9.9%), lesbian (*n* = 5, 3.8%), queer (*n* = 5, 3.8%), gay (*n* = 2, 1.5%), questioning (*n* = 1, .8%), or another sexual orientation (*n* = 3, 2.3%). With regard to the social class of their families of origin, 65 identified as middle class (49.6%), 36 upper middle class (27.5%), 22 low-income (16.8%), 4 impoverished/poor (3.1%), and 4 wealthy/affluent (3.1%).

Among those counseling students currently seeing clients (a subset of our larger sample currently in practicum or internship; *n* = 71), the reported number of clock hours dedicated to learning about poverty or social class in their graduate programs were: 0 (*n* = 1, 1.4%), 1-3 (*n* = 7, 10%), 4-6 (*n* = 23, 32.9%), 7-10 (*n* = 12, 17.1%), or more than 11 (*n* = 27, 38.6%). One participant did not respond to this item. Additionally, we inquired as to the settings in which these participants received training related to counseling clients in poverty (participants could select all responses that applied). Twenty-one students (29.6%) received training in their undergraduate programs, 61 (85.9%) in their graduate programs, 31 (43.7%) at their internship sites, 24 (33.8%) in professional workshops or presentations, 35 (49.3%) through self-study, and 3 (4.2%) had never received training for clinical work with clients in poverty.

Measures

Demographics

Participants completed a demographic questionnaire comprised of items related to age, gender, sexual orientation, and religious identification. All respondents were asked to identify if they had seen or were currently seeing clients in their graduate coursework such as in practicum or internship. Participants also estimated the number of graduate program hours dedicated to topics of poverty or social class and to identify settings in which they received training related to counseling clients in poverty.

Ranking of Presenting Concerns

We asked participants to review a list of 11 potential presenting concerns that may lead clients to counseling. The presenting concerns included: career attainment, anxiety, substance use, financial concerns/assistance, trauma history, gender identity development, grief and loss, self-growth, serious mental illness, relationship concerns, and education access. Within this list of concerns, career attainment, financial concerns/assistance, and education access represented issues that may be prevalent among clients in poverty (Foss-Kelly et al., 2017). Although not an exhaustive list, the remaining nine concerns represented a variety of issues with which a client may present to counseling (Perez-Rojas et al., 2017). Participants received the prompt to "rank the following concerns in order of your clinical preference for working with this issue in counseling". Participants assigned a value to each concern ranging from 1 (most preferred) to 11 (least preferred). Each value could be assigned only once, thus the 11 presenting concerns were assigned all values between 1 and 11 with lower values indicating more preference.

Clinical Case Vignettes

Case vignettes can be powerful research tools particularly when studying attitudes and beliefs (Atzmuller & Steiner, 2010; Hughes & Huby, 2002). A vignette is a "short, carefully constructed description of a person, object, or situation, representing a systematic combination of characteristics" (Atzmuller & Steiner, 2010, p. 128). This method of quantitative survey research is beneficial as it presents a more realistic scenario given the context provided in the vignette's description (Atzmuller & Steiner, 2010). Previous counseling researchers have utilized narrative case summaries or vignettes in the exploration of counselor perceptions of culture and diagnoses (Hays et al., 2010) and attitudes pertaining to elements of mental health treatment (Kirk et al., 2016).

We believed the within-subjects vignette design, a repeated measures design, was a helpful means of assessing counseling students' attitudes and preferences related to various presenting concerns. Field (2018) indicated that repeated measure designs are most appropriate when examining the same construct at multiple time points, or when examining the same construct across dissimilar conditions measured all at one time; we chose the latter approach for this investigation. Therefore, the first and third authors drafted four clinical case vignettes, each representing a unique presenting concern: (a) self-growth, (b) poverty, (c) substance use, and (d) PTSD. We sought to create distinct conditions by selecting concerns with large degrees of discrimination from one another. Specifically, we chose a maladaptive behavior (substance use), a mental health concern (PTSD), a desire to increase personal insight absent of diagnostic symptoms (self-growth), and our concern of interest, namely, poverty. We selected these discrete concerns in order to minimize overlapping characteristics between vignettes.

We developed the content of the vignettes based on our own collective clinical experiences, yet the cases were hypothetical and did not represent actual clients. Two counselor educators, each with clinical experience related to the presenting concerns, reviewed the vignettes independently for accuracy in symptomology and clinical presentation. The first two authors revised the vignettes based on the external experts' feedback. The resulting vignettes were approximately one paragraph in length and differed only in the presenting concern. Client demographics remained constant across vignettes. To control for between-subject variability among sample participants (i.e., differing lengths of time in graduate programs), we chose to assess perceived competence and perceived training only among students who were providing direct services to clients from the community (e.g., students who currently were in or had completed practicum or internship). After reading each vignette, participants responded to two

Likert-type items (1 = *low* to 7 = *high*) indicating their perceived level of competence and training in relation to working with the client described in each vignette.

Although scores from a single-item measurement are widely used in the social sciences (Millner et al., 2015), some question the reliability, sensitivity, and content validity of the single-item design (Sauro, 2018). However, researchers (e.g., Bergkvist & Rossiter, 2007; van Doorn et al., 2010; Wanous et al., 1997) have demonstrated that a single-item may be appropriate for constructs that are concrete and one-dimensional (Sauro, 2018), which applied to our assessment of perceived competence and perceived training. Evidence of reliability can be evaluated for a single-item using test-retest methods, however, both competence and training were evaluated under varying conditions (i.e., four unique case vignettes) in subsequent administrations, thus violating the "same condition" assumption. As expected, correlates on perceived competence and training across the clinical case vignettes ranged from .39 to .66 and .38 to .63, respectively, indicating the presence of test-retest variability among subsequent test administrations. Given that individual differences were theoretically minimized by using a within-subjects design, scores derived from a single-item may be the result of each case vignette's discriminatory ability on outcomes of competence and training, although other confounding factors influencing scores are unknown.

Data Analysis

To answer the first research question, we examined the means and standard deviations of the values participants assigned to each presenting concern (1 to 11). To address the second research question, we employed two Friedman tests for the ordinal outcomes of competence and training. The Friedman test is a non-parametric equivalent to the repeated measures analysis of variance statistic, and commonly employed when estimating whether significant differences exist

across three or more time points or conditions for an ordinal level dependent variable (Field, 2018). Given the exploratory nature of our study, we controlled for the accumulated type 1 error in our omnibus tests that resulted from performing multiple statistics using a Bonferroni correction (.05/2 = .025). Post hoc procedures consisted of tests of multiple comparisons using the Wilcoxon signed-rank test to determine where differences existed among conditions on perceived competence and training. The Wilcoxon signed-rank test is a non-parametric equivalent to the dependent samples t-test, and commonly employed when estimating whether significant differences exist between only two time points or conditions for an ordinal level dependent variable (Field, 2018). Similar to the omnibus tests, a Bonferroni correction (.05/12 = .004) was employed to control for the accumulated type 1 error that results from performing multiple statistics on the sample. To estimate practical significance for the omnibus Friedman tests, we used Kendall's *W* which measures the level of agreement among participants, ranging from 0 = *no agreement* to 1 = *complete agreement*, and is interpreted using Cohen's *d* (1988) guidelines of small = .3, medium = .5, and large = .8. To estimate practical significance for the post hoc Wilcoxon signed-rank tests, we used the rank-biserial correlation coefficient (r_{rb}), which estimates the proportion of variance accounted for by the difference between the two conditions, and is interpreted using Cohen's *r* (1988) guidelines of small = .1, medium = .3, and large = .5.

Results

To address the first research question, we examined the means and standard deviations for the values assigned to each presenting concern utilizing the entire sample of counseling graduate student participants ($N = 131$). Results indicated that anxiety ($M = 3.64$, $SD = 2.04$) and self-growth ($M = 3.68$, $SD = 2.40$) were nearly tied for the most preferred presenting concern to

address in counseling, while educational access (*M* = 8.32, *SD* = 2.73) and financial concerns/assistance (*M* = 8.35, *SD* = 2.26) were nearly tied for the least preferred presenting concern. Students ranked the remaining presenting concerns as follows: trauma history (*M* = 4.29, *SD* = 2.85), relationship concerns (*M* = 4.47, *SD* =2.43), grief and loss (*M* = 5.11, *SD* = 2.51), gender identity (*M* = 6.35, *SD* = 2.74), substance use (*M* = 6.95, *SD* = 2.82), serious mental illness (*M* = 7.21, *SD* = 3.17), and career attainment (*M* = 7.64, *SD* = 3.05). It is important to note that the presenting concerns that may be particularly relevant among clients in poverty (Foss-Kelly et al., 2017) were the lowest ranked clinical concerns among participants. Additionally, presenting concerns related to anxiety, self-growth, and trauma history were ranked most preferred.

To address the second research question, we utilized two Friedman tests, one for perceived competence and the other for perceived training, to determine if statistically significant differences existed across the four case vignettes, using only those participants who reported that they have seen clients ($n = 71$). An alpha level of .025 was used for the omnibus tests. A statistically significant within-subjects effect was observed across the four vignettes (i.e., self-growth, poverty, substance use, and PTSD) on perceived competence, $\chi^2(3) = 82.67$, $p < .001$, Kendall's $W = .39$. This result indicated a 39% concordance among participants' evaluations across the four vignettes on competence, which is suggestive of a moderate effect. A statistically significant within-subjects effect was also observed across the four vignettes (i.e., self-growth, poverty, substance use, and PTSD) on perceived training, $\chi^2(3) = 58.02$, $p < .001$, Kendall's $W = .27$. This result indicated a 27% concordance among participants' evaluations across the four vignettes on training, which is suggestive of a small effect. Thus, differences in both perceived competence and perceived training existed across the four vignettes.

To determine where difference existed across the four vignettes on both competence and training, post hoc analyses consisted of 12 Wilcoxon signed-rank tests interpreted using a Bonferroni corrected alpha level of .004. For competence, the medians (IQR) for self-growth, poverty, substance use, and PTSD conditions were 6 (5 to 7), 5 (5 to 6), 4 (3 to 5), and 5 (4 to 6), respectively. There were statistically significant differences between self-growth and poverty ($Z = -3.79$, $p < .001$, $r_{rb} = -.32$), self-growth and substance use ($Z = -6.53$, $p < .001$, $r_{rb} = -.54$), self-growth and PTSD ($Z = -4.97$, $p < .001$, $r_{rb} = -.42$), poverty and substance use ($Z = -5.62$, $p < .001$, $r_{rb} = -.47$), and substance use and PTSD ($Z = -5.01$, $p < .001$, $r_{rb} = -.42$). However, there was no statistically significant difference between poverty and PTSD ($Z = -1.18$, $p = .24$, $r_{rb} = -.10$). In sum, students felt more competent addressing self-growth as compared to poverty, yet more competent addressing poverty as compared to substance use. The effect sizes for these differences in perceived competence were moderate approaching large.

For training, the medians (IQR) for self-growth, poverty, substance use, and PTSD conditions were 6 (5 to 7), 5 (5 to 6), 4 (3 to 5), and 5 (4 to 6), respectively. There were statistically significant differences between self-growth and poverty ($Z = -4.28$, $p < .001$, $r_{rb} = -.36$), self-growth and substance use ($Z = -6.13$, $p < .001$, $r_{rb} = -.51$), self-growth and PTSD ($Z = -4.02$, $p < .001$, $r_{rb} = -.34$), poverty and substance use ($Z = -4.58$, $p < .001$, $r_{rb} = -.38$), and substance use and PTSD ($Z = -4.55$, $p < .001$, $r_{rb} = -.38$). However, there was no statistically significant difference between poverty and PTSD ($Z = -.21$, $p = .83$, $r_{rb} = -.02$). In sum, students felt more trained to address self-growth as compared to poverty, yet more trained to address poverty as compared to substance use. The effect sizes for these differences in perceived training were moderate approaching large.

Discussion

Among a sample of 131 graduate counseling students from five universities, a majority of participants least preferred to address career attainment, education access, and financial concerns/assistance in counseling and most preferred to address concerns related to anxiety, self-growth, and trauma history. The remaining concerns (relationship concerns, grief and loss, gender identity development, substance use, and serious mental illness) fell somewhere between the two ends of this continuum. Although the lowest ranked concerns could be relevant to any client, they may be particularly pertinent to individuals living in poverty (Foss-Kelly et al., 2017). For example, researchers interviewed 30 refugees, of which 89.3% were unemployed, who had participated in a mental health support group in the United States and found that participants preferred support group content related to their immediate needs such as transportation, employment, financial literacy, and advocacy (Mitschke et al., 2017).

The notion that clients in poverty may present with unique needs is not new. Lorion (1974) asserted that clients in poverty hold different expectations of therapy than their psychotherapists and directed psychotherapists to identify the unique needs of clients and adapt treatment accordingly. In order to provide culturally-sensitive and affirming counseling, it is critical that counselors are prepared to address the goals of clients who present to counseling with the expectation of addressing their physiological or safety needs regardless of counselor preferences. Furthermore, it is important to conceptualize efforts to meet basic needs (financial, educational, and career-oriented), as meaningful therapeutic interventions rather than supplemental tasks. This conceptualization encourages interdisciplinary collaboration between counselors and other helping professionals who provide social services.

Competence and Training

Our results indicated that counseling graduate students who work with clients ($n = 71$) feel significantly less competent and less trained to address clients in poverty, clients with substance use, or clients with PTSD than they do clients seeking self-growth. Specifically, participants felt significantly more competent addressing self-growth in counseling as compared to poverty concerns, substance use, and PTSD. Furthermore, participants felt significantly more competent addressing poverty and PTSD than substance use, while there was no perceived competence difference for client concerns of poverty and PTSD. A similar phenomenon emerged for perceived training. Specifically, participants felt more trained to address self-growth issues in counseling as compared to poverty concerns, substance use, and PTSD. Moreover, participants perceived receiving more training to address poverty and PTSD than substance use, while there was no perceived training difference for client concerns of poverty and PTSD.

On a 7-point Likert-type scale, competence medians ranged from 4 (substance use) to 6 (self-growth) and training medians ranged from 4 (substance use) to 6 (self-growth) indicating moderate levels of competence and training for all four vignettes. The median perceived competence (5) and perceived training (5) scores for poverty were not poor, yet indicate that there may be room for improvement within counselor training and preparation curricula related to working with clients in poverty. Furthermore, according to our results, 11.4% of students working with clients had three or fewer clock hours in their graduate coursework dedicated to the study of poverty and social class. Additionally, although 85.9% reported receiving training regarding counseling clients in poverty in their graduate programs, 33.8% also received training through professional workshops and 49.3% received training through self-study. These numbers may imply that counseling students working with clients are seeking additional information to supplement their graduate training related to addressing the needs of clients in poverty. It also is

possible that training related to substance use, poverty, and PTSD may occur concurrently with practicum and internship, thus our findings may represent the fact that students have not yet had the opportunity to learn these strategies. If this is, in fact, true, then much supervision is needed to ensure client welfare during practicum and internship experiences while counseling students are obtaining skills and competence related to these presenting concerns.

Implications for Counselor Education

Foss-Kelly et al. (2017) noted that clients in poverty may already expect judgment from their counselors as a result of the negative evaluations they experience from society at large. Subtle indications that presenting concerns related to financial assistance are not preferable subjects of clinical focus may confirm clients' suspicions. Thus, counselor educators can help students honestly evaluate whether internal biases exist regarding favored presenting concerns and support students in realigning their preferences with the definition of counseling, which states that counselors seek to meet diverse clients' "mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 368).

Additionally, given the results of this study, counselor educators should honestly assess the extent of poverty-related competence or training gaps within their counselor preparation programs. Beyond inclusion within one diversity course, content and knowledge pertaining to the unique needs of clients in poverty can be infused throughout numerous courses within the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) eight core areas, including human growth and development, counseling and helping relationships, group counseling and group work, and career development. For example, Greenleaf et al. (2016) suggested that counselors should utilize empowerment-based approaches when working with clients in poverty to help clients combat self-stigma by externalizing the

effects of systemic oppression. Therefore, instructors of helping relationships or counseling skills courses can provide opportunities for students to observe effective counseling sessions with clients in poverty and subsequently practicing empowerment-based skills, such as using person-first language (e.g., "person in poverty" rather than "poor person"; Greenleaf et al., 2016) and reflecting and affirming client strengths (e.g., resiliency, resourcefulness, adaptability, and perseverance).

Counselor educators also can emphasize training in various domains of advocacy related to the needs of clients in poverty. The ACA has endorsed the necessity of counselors' competence in domains of advocacy that extend beyond the counseling room (e.g., community collaboration, systems advocacy, social/political advocacy, and collective action; Ratts et al., 2010). Knowledge related to advocacy efforts for clients in poverty may need to be enhanced in counselor-training programs, given that qualitative research has revealed that mental health professionals often feel unprepared to address the practical needs of clients in poverty (Smith, Li, Dykema et al., 2013). Thus, a more straightforward understanding of ways in which to advocate for clients in poverty at individual, community, and public levels, may promote an increase in counselor competence to address the varied needs this population.

A final way in which counselor-training programs could augment counseling students' competence for working with clients in poverty is the infusion of quality experiential learning activities into the curriculum. Indeed, experiential activities offer opportunities for students to create new knowledge by engaging in and reflecting upon meaningful experiences (Dewey, 1938; Kolb, 1984). With regard to the topic of poverty, these experiential activities could include facilitating students' volunteer experiences with non-profit agencies dedicated to serving those in poverty, participating in poverty simulations (Engler et al., 2019), or engaging in community

advocacy efforts to raise awareness and/or change systemic social class oppression. Moreover, counselor educators may choose to invite case workers and local social service providers to class as guest speakers to help inform students about interdisciplinary collaboration and accessing community resources to aid clients in poverty.

Limitations

Readers should consider the aforementioned findings in light of several limitations. First, although we sought to gain participants from several geographic regions, the participation of five institutions is far from representative of all counseling students in the United States. Furthermore, we had an adjusted response rate of 27% without opportunity to assess potential differences between those who chose to respond to the survey and those who did not. Additionally, our participants came from both CACREP and non-CACREP accredited programs, thus there may be differences regarding program structure or curriculum standards. We did not assess participants' specific tracks (e.g., clinical mental health counseling, school counseling) or how many semesters they had completed in their current programs. Additionally, we did not provide specific parameters related to how students should rank their preferences, thus variance in interpretations of "preference" may exist. Finally, there are limitations associated with the use of vignette study designs. Although we sought to create discrete presenting concerns, participants may not have conceptualized them as fully distinct. Additionally, readers must consider the possibility of carryover effect; as participants sequentially read the vignettes their responses may have been influenced by preceding cases. All vignettes were displayed in the same order in the electronic survey, thus the benefits of randomized item presentation do not apply.

Suggestions for Future Research

In the current study, we sought to empirically assess counseling students' reactions to presenting concerns relevant to clients in poverty as compared to other types of clinical concerns. Future researchers may choose to explore intersectionality by assessing preference, competence, and training among case vignettes representing multiple marginalized group memberships (e.g., low socioeconomic status coupled with a physical disability or marginalized sexual orientation). Furthermore, researchers may analyze additional information related to student's specific educational program track or level of advancement within their program to investigate the ways in which variations within educational experiences may impact student's clinical preferences. Additionally, researchers can expand the study design by analyzing covariates of interest or varying the severity of the presenting concerns (e.g., mild to severe impairment of functioning). Finally, we assessed students who were seeing clients, yet future researchers may choose to examine differences among practicum-level students versus internship-level students.

Conclusion

It is important to routinely assess counseling students' attitudes toward presenting concerns to ensure quality client care. The fact that our sample least preferred to address presenting concerns related to poverty and felt significantly more competent addressing self-growth compared to poverty, PTSD, and substance use indicates a need to examine the curriculum of counselor training programs. Counselor educators should identify opportunities to integrate poverty training into current coursework in order to prepare students to attend to the clinical needs of socioeconomically diverse clients.

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