WESTERN MICHIGAN UNIVERSITY

The Hilltop Review

October 2018

Problems Facing the Working Poor: Implications for Counseling

Tristan D. McBain
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/hilltopreview

Part of the Counselor Education Commons

Preferred Citation Style (e.g. APA, MLA, Chicago, etc.)
APA

WESTERN MICHIGAN UNIVERSITY

Problems Facing the Working Poor: Implications for Counseling

Tristan McBain

Poverty is a concerning problem for people in the United States. Historic trends in poverty rates demonstrate that poverty fluctuates with economic cycles, thus growing during recessionary ages and declining during times of economic growth (Department of Health and Human Services [DHHS], 2016). In 1964, there were 36.1 million Americans living in poverty, but this number decreased to 23 million by the early 1970's due to economic expansion and higher wages (DHHS, 2016). By the early 1990's, the number of people in poverty had risen to 39.3 million but declined to 31.6 million by the year 2000 (DHHS, 2016). Then, the official poverty rate began to rise in 2001 and continued to rise through most of the 2000's, growing more rapidly with the Great Recession in 2007 (DHHS, 2016). The number of people in poverty reached 46.3 million in 2010 (DHHS, 2016) and 46.6 million in 2014 (U.S. Census Bureau, 2017). Since 2014, the number of people in poverty has declined and as of 2016, the most current year for which data is available, there were 40.6 million people living in poverty in the United States (U.S. Census Bureau, 2017). While decreasing numbers is hopeful news, it is likely that historical trends will continue and the poverty rate will increase again with continued fluctuations in the economy. Furthermore, while nearly all demographic groups saw a decrease in the number of people in poverty from 2015, adults aged 65 and older saw an increase (U.S. Census Bureau, 2017).

For the 40.6 million people still living in poverty, their lives continue to be affected despite efforts to rise above the poverty guideline. The 2018 poverty guideline for an individual person is $12,140 and $25,100 for a family of four (DHHS, 2018). American culture embraces the perception that with hard work, one can achieve financial stability and gain momentum for building a better life (Slack, 2010). However, many families find that despite a willingness to work they encounter obstacles that perpetuate a life in poverty. As many as 8.6 million people in the United States are estimated to be amongst this population, known as the working poor (U.S. Bureau of Labor Statistics, 2017).

Living in poverty for an extended length of time can have adverse effects, and poverty can even be a risk for mental illness (Kuruvilla & Jacob, 2007; Murali & Oyebode, 2004). The prolonged stress of barely making ends meet can lead to frustration, sadness, and hopelessness. Counselors and counselor educators have a professional and ethical obligation to develop their competence for counseling diverse populations (American Counseling Association [ACA], 2014), and this includes the working poor. The counseling ethical code (ACA, 2014) requires that counselors work within their boundaries of competence, with multicultural counseling competence further developing through experiential work with diverse clientele. This necessitates counselors to work deliberately with the working poor in order to gain exposure to the problems and issues facing this population. Unfortunately, the counselor education literature is severely lacking in articles focused on counseling the working poor. An advanced search in PsycInfo for peer-reviewed articles pertaining to both the working poor and the field of counselor education netted virtually no results. Furthermore, there are no specific guidelines for how to prepare prospective counselors on how to best respond to and support clients who are the working poor (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016). Thus, the purpose of this article is to explore the problems the working poor face today and discuss implications for counselor education and counseling practice.

Who Are the Working Poor?

While it is assumed that the working poor are able-bodied individuals, worthy of an above-poverty standard of living, there are varying definitions of what classifies a person as part of the working poor (Slack, 2010; Wicks-Lim, 2012). Theoretically, anyone who

is formally employed and earns an income that cannot support them above the poverty guideline (e.g. $12,140 for an individual and $25,100 for a family of four) is within the working poor population (Slack, 2010).

The U.S. Bureau of Labor Statistics (2017) classify the working poor as people who spent a minimum of 27 weeks of the year working or looking for work, and still had an income level that fell below the poverty guideline. Measuring by this standard, roughly 8.6 million people identified as the working poor in 2015 (U.S. Bureau of Labor Statistics, 2017). This includes both full time (3.4%) and part time (14.1%) workers, and teenagers as young as sixteen, assuming that they work at least half of the year. This number also includes 4.6 million families, with families that had children under the age of 18 living in the home being five times more likely to be living in poverty than families without children; 11.1% and 2.2%, respectively (U.S. Bureau of Labor Statistics, 2017). For the families with minor children, the working poor rate was higher for those households maintained by women (24.8%) than by men (15.3%), but the lowest rate was households with married-couple families at 6.2 percent (U.S. Bureau of Labor Statistics, 2017). Additionally, not only are women more likely to be among the working poor than men (6.3% compared to 5.0%), but so are racial minorities (U.S. Bureau of Labor Statistics, 2017). In 2015, African Americans (11.2%) and Hispanics (10.1%) continued to have working poor rates more than twice that of Asians (4.1%) and White Americans (4.8%) (U.S. Bureau of Labor Statistics, 2017, Wicks-Lim, 2012).

The likelihood of living in poverty as a member of the working poor decreases as educational attainment increases (Boushey, 2005; Fouad et al., 2012; U.S. Bureau of Labor Statistics, 2017; Wicks-Lim, 2012). According to the U.S. Bureau of Labor Statistics (2017), those with a high school diploma had a working-poor rate less than half (7.6%) of those with less education than a high school diploma (16.2%). Those with a college degree had the lowest working-poor rates, with 3.8% for an associate's degree and 1.7% for a bachelor's degree or higher. Women were more likely than men to be among the working poor in all levels of educational attainment with the exception of those with a bachelor's degree or higher, at which their likelihood of being among the working poor was the same (U.S. Bureau of Labor Statistics, 2017). African Americans and Hispanics were generally more likely than Whites and Asians to be among the working poor with the same level of education attained (U.S. Bureau of Labor Statistics, 2017).

Labor Market Issues Facing the Working Poor

The working poor are typically employed in manual, blue collar jobs (Fouad et al., 2012; Lautsch & Scully, 2007; Siegel & Abbott, 2007) that usually do not require high levels of educational attainment and receive low wage earnings (U.S. Bureau of Labor Statistics, 2017). The U.S. Bureau of Labor Statistics (2017) reported on five occupational categories with the following working poor rates for 2015: Management, professional, and related occupations (1.8%), service occupations (11.6%), sales and office occupations (5.5%), natural resources, construction, and maintenance occupations (6.9%), and production, transportation, and material-moving occupations (5.7%). The largest working poor rate was found within the natural resources, construction, and maintenance occupation sector, which was farming, fishing, and forestry occupations at 14.1 percent (U.S. Bureau of Labor Statistics, 2017). Of the five occupational categories, the service sector had the highest working poor rate at 11.6 percent and employs 38 percent of all those who are classified as the working poor (Siegel & Abbott, 2007; U.S. Bureau of Labor Statistics, 2017; Wicks-Lim, 2012). Service occupations include jobs such as cooks, waitresses, hairdressers, child care workers, nursing aids, receptionists, and janitors. These and many others with high working poor rates generally do not offer much opportunity for advancement and may not be as rewarding as

other types of occupations often held by the middle class (Fouad, et al., 2012).

There are three major labor market problems that may inhibit one's ability to rise above the poverty threshold (U.S. Bureau of Labor Statistics, 2017). The first is low wages. As previously noted, it is typical for these workers to be paid a low-wage (Siegel & Abbott, 2007; U.S. Bureau of Labor Statistics, 2017), but in 2015, 68 percent of the working poor identified low wages as the most common problem they experienced, either as the sole problem or in conjunction with other labor market issues (U.S. Bureau of Labor Statistics, 2017). The two other major labor market problems are involuntary part time hours and periods of unemployment (U.S. Bureau of Labor Statistics, 2017). In 2015, 31 percent of the working poor experienced unemployment as the main problem or in combination with another problem (U.S. Bureau of Labor Statistics, 2017). It is clear to see how these problems are intertwined. Increasing work hours alone is not a soluble solution, as most people would remain under the poverty guideline even if they worked full time due to the low wages they are paid (Wicks-Lim, 2012). In 2010, more than two in five poor workers had full time, year-round jobs, and they were still unable to attain adequate income to make ends meet due to low wages (Wicks-Lim, 2012). Additionally, Boushey (2005) found that more than one third of workers are still employed in a minimum wage job after three years, and have few opportunities to advance.

While many contingent workers and those in the service sector find that they cannot get enough hours, some workers in factory settings find themselves dealing with the impact of overtime. Lautsch and Scully (2007) found that members of the working poor identified benefits to working overtime, such as providing a basic standard of living. The tradeoff was missing out on time with family, but these workers often saw this as a worthwhile investment because their families needed the extra income. However, exhaustion and stress often accompanies extreme work schedules (Dyk, 2004).

The labor market issues do not end there. The jobs of the working poor are often high in insecurity and low in overall satisfaction and trust in the organization (Siegel & Abbott, 2007). Transportation and access to child care are other barriers to seeking or keeping employment (Dyk, 2004; Siegel & Abbott, 2007). Some workers must face the reality that in the event they must call in due to illness or lack of childcare, they run the risk of losing their jobs. These barriers to employment are additional problems that the working poor face.

Mental Health Issues

Individuals and families living in poverty are at a higher risk for chronic and uncontrollable distress than the general population (Ennis, Hobfoll, & Schroder, 2000) due to financial insecurity, unrewarding or stressful work, lack of opportunity, reduced accessibility to resources, exposure to violence, conflict among family members, and frequent transitions such as moving (Kuruvilla & Jacob, 2007; Murali & Oyebode, 2004; Wadsworth et al., 2008). Working poor parents find it difficult to attain paid work leave or flexible hours that would permit them to be available for the educational or health needs of their children, leading to the additional stressor of managing work-life balance. These persistent stressors increase the risk for anxiety, depression, and posttraumatic stress disorder (Cunradi, Caetano, & Schafer, 2002; Wadsworth et al., 2008). Deficits in cognitive skills and educational achievements in children are strongly associated with poverty (Duncan & Brooks-Gunn, 1997).

The working poor are a marginalized and stigmatized population. A popular social construct within American culture is that with hard work and self-discipline, one can achieve financial security. This notion inherently preserves the ideal that not being able to make a living wage comes down to individual shortcomings rather than structural and systemic factors (Cozzarelli, Wilkinson, &

Tagler, 2001). This individualistic value leads public attitudes toward the poor to include traits such as lazy, stupid, and dirty (Cozzarelli et al., 2001). Lott and Saxon (2002) confirmed that these beliefs extend to the working class. Perceptions about the poor can illicit the same type of unconscious responses as race- or gender-related biases that are deeply acculturated and lead to a perceived separation between the poor and the rest of society, an effect that Lott (2002) called cognitive and behavioral distancing from the poor. These negative messages and stereotypes about being poor negatively impact identity development and lead to further social exclusion of low-income individuals.

Implications for Counseling

The working poor are a population of individuals who need access to counseling services given the complexity of the mental health issues they encounter. However, there is a high instance of underutilization of counseling services and premature termination for those living in poverty (Coiro, 2001; Gonzalez, 2005). Community mental health agencies are likely to be the places sought out by working poor individuals for counseling services (Gilens, 1999). The results of a survey administered by Sohn, Barrett, and Talbert (2014) at fourteen outpatient community mental health centers indicated that clients were found to be generally satisfied with services if they positively evaluated their services in regard to access, quality, and participation in treatment planning. Based on these results, it is possible that working poor clients may feel more content with the counseling they receive, and therefore be more likely to remain in counseling for the duration of treatment, if they are able to attain services and feel their needs are adequately being met.

Access to counseling services proves to be a difficult barrier to overcome. Cost of services, lack of insurance, childcare, transportation, and location are all identified barriers to mental health treatment for people living in poverty (Davis, Ressler, Schwartz, Stephens, & Bradley, 2009; Snowden &

Thomas, 2000). Santiago, Kaltman, and Miranda (2012) assert that intensive outreach on behalf of the clinician, such as building trust by phone prior to visits, increases service utilization. They also suggest that communicating cultural sensitivity improves engagement into services. Concern has been expressed that traditional psychotherapy paradigms are not relevant for the poor or working class because they were created based on experiences of the White middle class and may inadvertently direct clinicians toward culturally specific middle class values and assumptions (Kim & Cardemil, 2012; Sue & Lam, 2002). Clients living in poverty, including the working poor, need to feel that their experiences are understood for counselors to expect that they will continue services.

Financially struggling families often live in present-time orientation (Campbell, Richie, & Hargrove, 2003; Foss, Generali, & Kress, 2011), meaning that issues that need addressed *today* take priority over goals in the long term. These clients are focused on identifying where the next meal will come from, how the rent will get paid, or securing transportation for work, in addition to typical struggles of the average parent or employee. Counselors who are not aware of the lens through which these clients view their world, and how this influence daily decisions, may be perceived as unhelpful and thus, counselors must incorporate management of present time issues into counseling. Elements of solution focused brief therapy (SFBT) may be a successful intervention to achieve this ambition. The solution focused model acknowledges both the present and the future and is typically brief in nature. The process of SFBT includes finding what clients want rather than what they do not want, not labeling clients with pathology, encouraging clients to do what does work, not what does not work, and keeping therapy brief as if each session were the last (Walter & Peller, 1992). This approach to counseling the working poor may be effective because it can help the client work within their own strengths, instills hope, and

maximizes each session, factors that are all important to the working poor population, given that their access to consistent services can be obstructed. Solution focused therapy is also considered to be cost effective because of the short duration of services (Corcoran & Pillai, 2009), meaning that it may be more affordable, and therefore a more realistic choice for working poor individuals, over other counseling strategies. Finally, the SFBT interventions can also be tailored to the unique needs of individual clients (Murphy, 2008), meaning the contextual factors for working poor clients will be taken into consideration.

In addition to counseling working poor clients from a solution focused orientation, counselors may also look at models developed specifically for counseling clients living in poverty. Cholewa and Smith-Adcock (2013) propose a strengths-based approach to conceptualizing and discussing poverty. The authors described finding strengths within the family as a *treasure hunt* which includes elements of counselor reflection, client advocacy, building therapeutic relationships, unassuming curiosity, and constructing a new family story that emphasizes how challenges have been overcome (Cholewa & Smith-Adcock, 2013). Another article by Foss et al. (2011) describes the CARE model. Rooted in a humanistic and social justice framework, the CARE model considers both intrapersonal and individual issues when counseling poor clients. The CARE model emphasizes the importance of *cultivating* positive relationships with clients, *acknowledging* the taxing reality poor clients regularly face, *removing* barriers for healthy functioning, and *expanding* the personal strengths of poor clients (Foss et al., 2011). Foss-Kelly, Generali, and Kress (2017) more recently expanded the model to I-CARE, with the addition of *internal* reflection on behalf of the counselor to examine personal experience, beliefs, or biases about people living in poverty. The model recognizes the convoluted and multidimensional impact that is the culture of poverty and attempts to bridge both the individual and societal contexts (Foss et al.,

2011; Foss-Kelly et al., 2017). While additional research needs to be conducted to verify the effectiveness of the I-CARE model with the working poor, it is a pioneering model for counselors who serve this population.

Beyond the attempts to address barriers to counseling and implementing effective counseling interventions, training for counselor educators could also be enhanced. Currently, there are no outlines specifying criteria related to learning about poverty or the working poor in counselor education (CACREP, 2016), meaning that counselors receive varied training in this area. Consideration needs to be given for incorporating strategies for counseling the working poor and those living in poverty into counselor education programs. An article by Krumer-Nevo, Weiss-Gal, and Monnickendam (2009) presents a conceptual framework for education and training of students in social work to work with clients living in poverty. Their model proposes that students will acquire theoretical knowledge regarding poverty theories and social policy, students will use self-reflection to recognize their own attitudes about people living in poverty in an effort to avoid othering, students will gain practical knowledge about current programs and be able to critically assess the welfare system, and finally, students will gain practical experience from the individual to the policy level and move toward integrative work and perceptions. Krumer-Nevo et al. (2009) make three recommendations for incorporating their proposed framework into social work training: 1) integrate study about poverty into general student curricula; 2) develop courses specific to the topic of poverty for the general student population, and; 3) improve concentrations on the topic of poverty for students seeking specialization. This framework provides an excellent model for how to include poverty education into social work training and details why this would benefit students and the social work field. Counselor education programs could construct a similar process that includes providing

counseling students an opportunity to learn about working poor clients in their core courses or through specialization classes. This training would assist counselors in becoming more informed of the lived experiences of the working poor and ultimately ensure they are better prepared for servicing working poor clients effectively. A qualitative study by Thompson et al. (2015) found that mental health treatment providers (which included an unspecified number of counselors) believed they had not actually been trained to work with low-income clients and felt unprepared to assess and implement individualized treatment to meet the needs of their clients. In another qualitative study by Smith, Li, Dykema, Hamlet, and Shellman (2013), ten therapists, including three self-identified mental health counselors, were interviewed about their work with poor clients. These therapists indicated that their graduate training programs did not adequately prepare them to assist clients living in poverty with the material and social stressors they experienced. The therapists were left to find their own ways of coping with the challenges and reported a desire for more supervision. Additionally, the participants revealed that the development of their own self-awareness on previously held biases and stereotypes was a critical piece missing from their training (Smith et al., 2013). These studies point toward the need for more visibility and training in counselor education programs on how to work with the working poor and other clients living in poverty.

Finally, counselors must take all intersections of race, ethnicity, gender, and social class into account, as failing to do so directly conflicts with the practice of multicultural counseling (Constantine, 2002). This means that counselor education programs need to be training counseling students about intersectionality so that students better understand client experiences based on their cultural identities. A thorough history and conceptualization of racism, oppression, and privilege in the United States should be integrated in core classes beyond the multiculturalism course. Conversations that emphasize adequate awareness and attention to social class (Thompson et al., 2015) and meritocracy are needed. These discussions will help counselors to identify their own perceptions about the American dream and provide context about social and economic injustices when counseling the working poor.

Summary

The working poor are affected by problems in the labor market and mental health issues. In order to successfully help working poor clients, counselors must understand their expectations and needs by joining both individual and contextual challenges into counseling services. Barriers and limited means to accessing services can create limitations on whether counseling is pursued and maintained. Counselors must remain aware of the financial restrictions placed upon working poor clients and how they might impact attendance and consistency in counseling. Even a small co-pay could become a treatment barrier for a client who still is trying to figure out what they are going to feed their family for dinner that day. It is important for counselors to understand that many of their working poor clients will operate with a present-time orientation. This necessitates counselors to use brief counseling techniques and models while also utilizing client strengths and resiliency.

Counselor education programs can better prepare counselors for servicing the working poor by incorporating theoretical knowledge about poverty into general curricula, developing courses that specifically address counseling clients in poverty and working poor clients, and improving practical skills for counselors through practicum or internship experiences. Counselor education programs can also incorporate more intersectionality in core classes to assist future counselors in developing accurate conceptualizations of the problems facing this population. This will empower them with the ability and competence to incorporate interventions from a multicultural perspective.

References

American Counseling Association. (2014). *Code of ethics.* Retrieved April 5, 2016 from https://www.counseling.org/resources/aca-code-of-ethics.pdf

Boushey, H. (2005). No way out: How prime-age workers get trapped in minimum-wage jobs. *Working USA: The Journal of Labor and Society, 8*, 659-670. Retrieved from http://www.historicalmaterialism.org/news/distributed/working-usa-the-journal-of-labor-and-society

Campbell, C., Richie, S. D., & Hargrove, D. S. (2003). Poverty and rural mental health. In B. H. Stamm (Ed.), *Rural behavioral health care: An interdisciplinary guide* (pp. 41-51). Washington, DC: American Psychological Association.

Cholewa, B., & Smith-Adcock, S. (2013). Counseling families in poverty: Moving from paralyzing to revitalizing. *Michigan Journal of Counseling: Research, Theory, and Practice, 39*(2), 13-27. doi:10.22237/mijoc/1356998520

Coiro, M. J. (2001). Depressive symptoms among women receiving welfare. *Women & Health,32,* 1-23. http://dx.doi.org/10.1300/J013v32n01_01

Constantine, M. G. (2002). The intersection of race, ethnicity, gender, and social class in counseling: Examining selves in cultural contexts. *Journal of Multicultural Counseling and Development, 30*(4), 210-215.doi:10.1002/j.21611912.2002.tb00520.x

Corcoran, J., & Pillai, V. (2009). A review of the research on solution-focused therapy. *British Journal of Social Work, 39*, 234-242. doi:10.1093/bjsw/bcm098

Council for Accreditation of Counseling and Related Educational Programs [CACREP] (2016). 2016 CACREP standards. Alexandria, VA: Author.

Cozzarelli, C., Wilkinson, A. V., & Tagler, M. J. (2001). Attitudes toward the poor and attributions for poverty. *Journal of Social Issues, 57,* 207–227. http://dx.doi.org/10.11 11/0022-4537.00209

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,* 377-389. doi:10.1023/A:1020374617328

Davis, R. G., Ressler, K. J., Schwartz, A. C., Stephens, K. J., & Bradley, R. G. (2009). Treatment barriers for low-income, urban African Americans with undiagnosed posttraumatic stress disorder. *Journal of Traumatic Stress, 21,* 218-222. doi:10.1002/jts.20313

Department of Health and Human Services (2016, March). *Poverty in the United States: 50-Year Trends and Safety Net Impacts* (A. Chaudry, C. Wimer, S. Macartney, L. Frohlich, C. Campbell, K. Swenson, D. Oellerich, S. Hauan, Authors). Retrieved March 26, 2018 from https://aspe.hhs.gov/system/files/pdf/154286/50YearTrends.pdf

Department of Health and Human Services (2018, January). *Poverty guidelines.* Retrieved March 26, 2018 from https://aspe.hhs.gov/poverty-guidelines.

Duncan, G. J., & Brooks-Gunn, J. (Ed.). (1997). *Consequences of growing up poor.* New York, NY: Russell Sage.

Dyk, P. H. (2004). Complexity of family life among the low-income and working poor: Introduction to the special issue. *Family Relations, 53,* 122-126. doi:10.1111/j.0022-2445.2004.00002.x

Ennis, N. E., Hobfoll, S. E., & Schroder, K. E. E. (2000). Money doesn't talk, it swears: How economic stress and

resistance resources impact inner-city women's depressive mood. *American Journal of Community Psychology, 28*(2), 149-173. doi:10.1023/A:1005183100610

Foss, L. L., Generali, M. M., & Kress, V. E. (2011). Counseling people living in poverty: the CARE model. *Journal of Humanistic Counseling, 50*,161-171. doi:10.1002/j.2161-1939.2011.tb00115.x

Foss-Kelly, L. L., Generali, M. M., & Kress, V. E. (2017). Counseling strategies for empowering people living in poverty: The I-CARE model. *Journal of Multicultural Counseling and Development, 45*(3), 201-213. doi:10.1002/jmcd.12074

Fouad, N. A., Cotter, E. W., Carter, L., Bernfeld, S., Gray, I., & Liu, J. P. (2012). A qualitative study of the dislocated working class. *Journal of Career Development, 39*(3), 287-310. doi:10.1177/0894845310389466

Gilens, M. (1999). *Why Americans hate welfare: Race, media, and the politics of anti-poverty policy.* Chicago, IL: University of Chicago Press.

Gonzalez, M. J. (2005). Access to mental health services: The struggle of poverty affected urban children of color. *Child and Adolescent Social Work Journal, 22*, 245-256. doi:10.1007/s10560-005-0036-3

Kim, S., & Cardemil, E. (2012). Effective psychotherapy with low-income clients: The importance of attending to social class. *Journal of Contemporary Psychotherapy, 42*, 27-   35. doi:10.1007/s10879-011-9194-0

Krumer-Nevo, M., Weiss-Gal, I., & Monnickendam, M. (2009). Poverty-aware social work practice: A conceptual framework for social work education. *Journal of Social Work Education, 45*(2), 225-243. doi:10.5175/JSWE.2009.200600144

Kuruvilla, A., & Jacob, K. S. (2007). Poverty, social stress, & mental health. *Indian Journal of Medical Research, 126*(4), 273-278. http://search.proquest.com/docview/195977890? accountid=15099

Lautsch, B. A., & Scully, M. A. (2007). Restructuring time: Implications of work-hours reductions for the working class. *Human Relations, 60*(5), 719-743. doi:10.1177/0018726707079199

Lott, B. (2002). Cognitive and behavioral distancing from the poor. *American Psychologist, 57*(2), 100-110. doi:10.1037//0003-066X.57.2.100

Lott. B., & Saxon, S. (2002). The influence of ethnicity, social class, and context on judgments about U.S. women. *The Journal of Social Psychology, 142*(4), 481-499. http://dx.doi.org/10.1080/00224540209603913

Murali, V., & Oyebode, F. (2004). Poverty, social inequality and mental health. *Advances in Psychiatric Treatment, 10*, 216-224. doi:10.1192/apt.10.3.216

Murphy, J. (2008). *Solution-focused counseling in schools* (2nd ed.). Alexandria, VA: American Counseling Association.

Santiago, C. D., Kaltman, S., & Miranda, J. (2013). Poverty and mental health: How do low-income adults and children fare in psychotherapy? *Journal of Clinical Psychology: In Session, 69*(2), 115-126. doi:10.1002/jclp.21951

Siegel, D. L., & Abbott, A. A. (2007). The work lives of the low-income welfare poor. *Families in Society, 88*(3), 401-412. doi:10.1606/1044-3894.3649

Slack, T. (2010). Working poverty across the metro-nonmetro divide: A quarter century in perspective, 1979-2003. *Rural Sociology, 75*(3), 363-387. doi:10.1111/j.1549-0831.2010.00020.x

Smith, L., Li, V., Dykema, S., Hamlet, D., & Shellman, A. (2013). "Honoring somebody that society doesn't honor":

Therapists working in the context of poverty. *Journal of Clinical Psychology, 69*(2), 138-151. doi:10.1002/jclp.21953

Snowden, L., & Thomas, K. (2000). Medicaid and African American outpatient mental health treatment. *Mental Health Services Research, 2,* 115-120. doi:10.1023/A:1010161222515

Sohn, M., Barrett, H., & Talbert, J. (2014). Predictors of consumer satisfaction in community mental health center services. *Community Mental Health Journal, 50,* 922-925. doi:10.1007/s10597-014-9702-2

Sue, S., & Lam, A. G. (2002). Cultural and demographic diversity. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 401-421). New York: Oxford University Press.

Thompson, M. N., Nitzarim, R. S., Cole, O. D., Frost, N. D., Stege, A. R., & Vue, P. T. (2015). Clinical experience with clients who are low-income: Mental health practitioners' perspectives. *Qualitative Health Research, 25*(12), 1675-1688. doi:10.1177/1049732 314566327

U.S. Bureau of Labor Statistics. (2017). *A profile of the working poor, 2015.* U.S. Department of Labor, Bureau of Labor Statistics, Report 1068. Retrieved March 26, 2018from https://www.bls.gov/opub/reports/working-poor/2015/home.htm

U.S. Census Bureau. (2017, September). *Income and poverty in the United States: 2016.* (Report No. P60-259) (J. L. Semega, K. R. Fontenot, & M. A. Kollar, Authors). Retrieved March 26, 2018 from https://www.census.gov/library/publications/2017/demo/p60-259.html

Wadsworth, M. E., Raviv, T., Reinhard, C., Wolff, B., Santiago, C. D., & Einhorn, L. (2008). An indirect effects model of the association between poverty and

child functioning: The role of the children's poverty-related stress. *Journal of Loss & Trauma, 13,* 156-185. doi:10.1080/15325020701742185

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy.* New York: Brunner/Mazel.

Wicks-Lim, J. (2012). The working poor: A booming demographic. *New Labor Forum, 21*(3), 17-25. doi:4179/NLF.213.0000004